

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	17 April 2018
<b>Officer of Single Commissioning Board</b>	Gill Gibson, Director of Safeguarding and Quality Slawomir Pawlik, Quality and Patient Safety Lead
<b>Subject:</b>	<b>BIMONTHLY QUALITY ASSURANCE REPORT</b>
<b>Report Summary:</b>	The purpose of the report is to provide the Single Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.
<b>Recommendations:</b>	The Strategic Commissioning Board is asked to NOTE the content of the report.
<b>Financial Implications:</b> (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	The quality assurance information in this report is presented for information and as such does not have any direct and immediate financial implications.
<b>Legal Implications:</b> (Authorised by the Borough Solicitor)	As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring will be key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. A framework needs to be developed to achieve this. It must include complaints and other indicators of quality.
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
<b>How do proposals align with Locality Plan?</b>	Quality assurance is part of the locality plan.
<b>How do proposals align with the Commissioning Strategy?</b>	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	This section is not applicable as the report is not received by the Health and Care Advisory Group.
<b>Public and Patient Implications:</b>	The services are responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their care.
<b>Quality Implications:</b>	The purpose of the report is to provide the Single Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working.
<b>How do the proposals help to reduce health inequalities?</b>	As above.

**What are the Equality and Diversity implications?**

None currently.

**What are the safeguarding implications?**

Safeguarding is part of the report.

**What are the Information Governance implications? Has a privacy impact assessment been conducted?**

There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.

**Risk Management:**

No current risks identified.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Slawomir Pawlik, Quality and Patient Safety Lead, by:



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## 1. PURPOSE

- 1.1 The purpose of this report is to provide the Strategic Commissioning Board with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services they commission; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns. The report covers data up to the end of November 2017.

## 2. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (Tameside & Glossop Integrated Care Foundation Trust): Acute and Community Services

### **Issues of concerns/remedy**

- 2.1 The last Integrated Care Foundation Trust (ICFT) Contract Quality and Performance Assurance meeting was held on the 8 February 2018; the main areas of concern related to an ongoing issue with stroke repatriation and a decrease in performance in the Health Visiting service.

### Stroke

- 2.2 The issue with the stroke repatriation relates to those patients admitted to other hospitals as a result of a stroke, who are then experiencing a delay in being repatriated to ICFT due to a shortage of available beds. As this has been an ongoing issue it was requested that a deep dive is now undertaken into the ICFT stroke pathway. The aim is to understand the issues, particularly in relation to repatriation and discharge, and for actions to be agreed to improve the areas of concern. It was agreed that the Executive Stroke Team would be best placed to facilitate this deep dive with the outcome being brought back to the contract quality and performance assurance group. If the issue continues, it will be escalated to the main ICFT Contact Meeting.

### Health Visiting Services

- 2.3 The issue with Health Visiting relates to a noted decrease in performance in Quarter 3 for all Public Health England (PHE) Key Performance Indicators (KPIs) for the Health Visiting Service, but particularly in relation to the timeliness of New Birth Visits (NBV). The ICFT have identified an issue with the quality of the data being submitted to EMIS by the service and a priority exercise is being undertaken to ensure that the data quality is improved prior to the PHE submission due mid-February; the expectation is that the data quality exercise should significantly improve the performance data. Alongside the data quality exercise assurance is also being sought as to whether the reduction in timeliness is as a consequence of known capacity issues within the Health Visiting Service.

- 2.4 A deep dive has previously been presented at the December 2017 meeting which highlighted the service pressures, challenges and risk mitigation the service had put into place whilst it is without a full complement of Health Visitors. The challenge for the service is that the mandated PHE KPIs can only be carried out by a qualified Health Visitor and capacity is a challenge within the service. Work continues in relation to recruitment forecasting and workforce projection. The service expects to recruit to full capacity of Health Visiting posts next year. Health Visiting performance has been escalated to the main contracting meeting.

### Looked After Children (LAC)

- 2.5 The December quality report highlighted ongoing concerns in relation to the timeliness of Initial Health Assessments provided for Looked After Children (LAC). The LAC service review has continued, in collaboration with the provider, to ensure Tameside and Glossop CCG has a clear LAC offer to children and young people. Its purpose is to clarify and improve performance and quality for children and young people. The CCG, provider, and Local Authority have continued to work together to resolve issues with timely notification

processes between services and considered how to improve partnership working. Performance in this area has improved with an increase from 45.5% in November 2017 to 90% in December 2017. This will continue to be monitored.

### **Good practice**

#### Infection Prevention

- 2.6 The ICFT Infection Prevention Team, in partnership with the CCG / SCF Quality Team are leading a piece of work aiming to reduce gram negative infections (with a particular focus on Ecoli) across the health and care economy. This work underpins the delivery of the GM ambition to reduce gram negative infections by 50% in the next 5 years and the delivery of 17/18 / 18/19 Quality Premium Scheme.
- 2.7 A task and finish group, made up of Infection Prevention Leads, Hydration and Continence Specialist Nurses, Public Health and Care Home representation drives the delivery of a range of quality improvement initiatives aiming to reduce gram negative infections. Learning from Ecoli cases has identified that a high number of cases involved adults who did not have any health care involvement and commonly had developed the infections as a result of a Urinary Tract Infection. Therefore consideration has been given as to how the group can influence those people at risk, who may not be accessing any form of health care establishment. One of the quality improvement focuses is a therefore a hydration campaign which aims to deliver accessible messages, across a range of establishments such as Bingo halls, social settings encouraging the public to increase their fluid intake and maintain good hygiene. This will include posters, leaflets and an awareness raising slot on Tameside Radio. The ICFT Infection Prevention Lead has kindly agreed to present the work of the group at the next Quality, Performance and Assurance (QPAG) meeting.

### **Patient Story**

- 2.8 [Please follow the link to a patient story about the care they received at ICFT following their diagnosis of bowel cancer.](#)

### **Horizon scanning**

#### NHS Improvement (NHSI) CDIF Objectives 2017/18

- 2.9 On an annual basis NHSI issue all CCGs with an 'objective' in relation to CDIF bacteraemia cases. The objective sets out the number of cases NHSI expect the CCG not to exceed in the financial year. This figure is then split into acute and community objectives. The ICFT Infection Prevention Service lead on Infection Prevention for both acute and community acquired HCAIs (Health Care Associated Infections), including a programme of audit work with the care home sector. For every CDIF bacteraemia there is a full investigation and any lessons learnt are fed back to individuals, service areas and inform system wide improvement initiatives.
- 2.10 For the financial year 2017/18 T&G CCG were given a CDIF objective of 97, this was split down to 54 acute and 43 community cases. There has been a slight increase in HCAI's in Quarter 3 2017/18 however we are optimistic of achieving the NHSI objective for 2017/18. To date Tameside & Glossop CCG have reported 79 cases of CDIF against an annual plan of 97 cases. This currently places the CCG 18 cases under plan with 2 months of the financial year remaining.

#### NHS Staff Survey<sup>1</sup>

- 2.11 The staff survey results have been released; findings and actions will be discussed at the next quality contract meeting and included in the next QPAG report. [Please follow the link to the full report.](#)

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<sup>1</sup> The NHS Staff Survey results are predominantly aimed at NHS organisations, to inform local improvements in staff experience and well-being. The results are also used by NHS England to support national assessments of quality and safety. The Care Quality Commission uses the results to inform their Intelligent Monitoring work to help to decide who, where and what to inspect

## **Conclusion**

- 2.12 All aspects relating to the quality and performance of the Integrated Care Foundation Trust contract continue to be managed through the monthly Trust Contract Quality and Performance Assurance meeting and issues of concern escalated to the main contract meeting.

## **3. MENTAL HEALTH (PENNINE CARE NHS FOUNDATION TRUST (PCFT))**

### **Issues of concerns/remedy**

#### Mixed Sex Accommodation (MSA)<sup>2</sup>

- 3.1 During December 2017 there were 2 mixed sex accommodation breaches: 1 on Hague Ward and 1 on Summers Ward.
- 3.2 A Mixed Sex Accommodation proposal was presented to Trust Board in December 2018 this proposes reconfiguration of the current accommodation across the PCFT geographical footprint over a 2 year period. The proposal aims to ensure there is improved opportunity to reduce incidents and to enable the separation of older people inpatient with mental health inpatient activities for service users with organic cause of mental ill health. The Board is now considering next steps and is working with Commissioners regarding the requirement to consult on the proposed approach.

#### Care Quality Commission

- 3.3 The latest assessment of progress shows that 178 (66%) of actions within the Care Quality Commission action plan are rated Green, 63 (23%) Amber and 31 (11%) Red. This has improved from the position reported at the end of November 2017.
- 3.4 Clinical Lead/CCG Assurance meeting has moved to 6 weekly monitoring the Compliance and Quality Improvement Plan. CCGs re-introduced the Quality Deep Dive meetings which will be held quarterly.

#### Delayed Transfer of Care (DTC)

- 3.5 The Trust has been working internally and externally to increase the prominence and improve management of delayed discharges. A new dashboard has been created within the PCFT Tableau which provides a daily snap shot of delays by ward and reason code. The Trust monitors the rate of DTCs against the 3.5% target. The target definition is defined as the number of available bed days lost due to DTC. The dedicated clinical resources aligned to the DTC improvement work stream are working closely with the wards and bed management to ensure timely and consistent reporting and escalation of the DTC performance from a ward level, and to provide assurance regarding appropriate plans to move patients on.

### **Good practice**

#### Healthy Young Minds (HYM) Research Unit

- 3.6 HYM has recently established a research unit. Whilst the unit is in its very early stages of development it is an exciting opportunity to conduct research to influence practice, increase engagement in research of both staff teams and Children and young People (CYP) and families and also attract workforce to their services. The Unit has already secured time from several nationally recognised professionals to support the unit and are already in the progress of submitting study applications. A launch event is being planned in spring for relevant partners. This will include opportunities to link with non-clinical research students. It is intended to link to the PCFT vision of developing the use of data in all services.

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<sup>2</sup> MSA- sleeping breaches i.e. defined as instances where patients are admitted into a ward where patients of the opposite sex are also admitted.

## **Patient Story**

### Rehabilitation High Support Directorate

- 3.7 Thirty mental health service users, carers and staff from Pennine Care NHS Foundation Trusts Rehabilitation and High Support Directorate (RHSD) have been celebrating their achievements after completing a number of courses at the college aimed at helping them to achieve better health and wellbeing. The college is based at two of the Trust's RHSD low secure units. These are Prospect Place in Rochdale and the Tatton Unit in Ashton-under-Lyne.
- 3.8 The courses are free, recovery-focused and educational and are aimed at supporting service users with their recovery journey during and after hospital. These courses are all designed by someone with professional skills and someone with lived experience. Two service users from the units now have a formal role as volunteer co-facilitators at the college, using their own experiences to help others take control of their recovery.
- 3.9 Feedback continues to be really positive with one student from Tatton Unit saying,

*'Between 6 and 18 months ago I was depressed very much and just roughly down in the dumps a lot and I could not cope. Since I have started doing the courses and sessions at Tatton I have felt much better.'*

## **Horizon scanning**

### Proposals for Strategic Governance, Accountability and Assurance Architecture

- 3.10 On 20 December 2017 PCFT Board approved proposed changes to strengthening and streamlining the Trust's current governance arrangements. In line with the proposal approved the Board of Directors will meet in public every month with the option to subsequently meet in closed session if required.
- 3.11 The Board also approved to develop two new, monthly sub-committees: the Performance and Finance Committee and Quality Committee, to replace the quarterly Performance and Quality Assurance Committee and Finance Strategy Committee. Additionally a new People and Workforce Committee is being established and will meet on a bi-monthly basis. These changes started to take effect from January 2018.
- 3.12 All Board sub-committees will be chaired by Non-Executive Director, who will provide a Chair's report to each subsequent Board meeting.

### NHS Staff Survey in England, published in March 2018

- 3.13 The staff survey results have been released; findings and actions will be discussed at the next quality contract meeting and included in the next QPAG report. [Please follow the link to the full report.](#)

## **Conclusion**

- 3.14 All aspects relating to the quality and performance of the Tameside and Glossop Pennine Care Foundation Trust mental health services has been and continue to be overseen through the monthly Pennine Care Foundation Trust Quality and Performance Contract Assurance meeting.

## **4. CARE HOMES/HOME CARE**

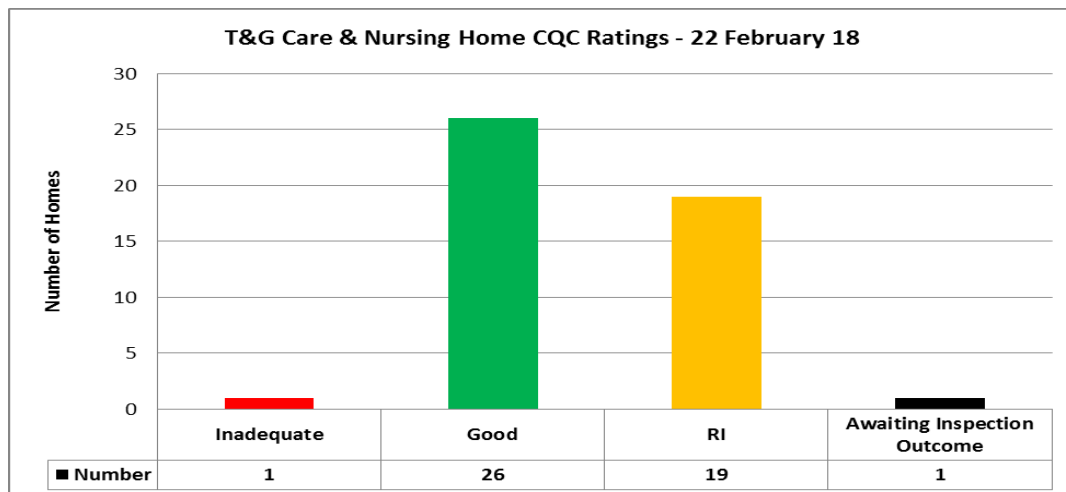
### **Issues of concerns/remedy**

#### Care Homes and with Nursing

- 4.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing<sup>3</sup> is provided in the graph below.

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<sup>3</sup> The Figure includes Glossop Care and Nursing Homes



- 4.2 There is currently 1 home rated inadequate within the locality, a short summary of key issues and support provided is given.

### **Inadequate CQC Ratings**

#### *Oakwood Care Centre*

- 4.3 The Home was initially rated as inadequate by CQC on 22 April 2017 following an inspection 9-11 January 17 (concerns about safe care and treatment, good governance & fit & proper persons employed). Following the CQC inspection the owner voluntarily suspended new admissions to the home. Safe and well checks were undertaken with the feedback from these providing assurances that the resident's needs were being met. A new manager re-established systems and processes and the voluntary suspension was lifted as all appropriate actions had been taken to address concerns identified by CQC. The CQC have recently visited and the provider is waiting for the draft report, this is however likely to remain inadequate due to environmental factors and poor record archiving (now addressed). The Manager has recently been replaced in December 2017. Oakwood Care Centre has been identified as a priority for the new Quality Improvement Team due to its CQC status.

### **Published CQC Ratings**

#### *Charnley House Residential Home*

- 4.4 There has been an improvement rating made by the CQC from Inadequate to Requires Improvement (Published January 2018)
- 4.5 The Home was initially suspended in September 2016 following an inadequate CQC inspection. Key issues highlighted included medicines management, risk assessment, staffing and recruitment and IPC. Support to the home has been ongoing and the suspension was lifted in August 2017. The home was re-inspected again in November 2017 and the report published in January 2018 has moved performance from Inadequate to Requires Improvement. Key issues which were seen to improve related to recording of information. Significant support has been provided to this Home and improvements noted specifically around care planning. The care home fell short of receiving a Good rating due to a failure to record diet for a service user requiring a modified diet.

#### *Hyde Nursing Home*

- 4.6 There has been an improvement rating, made by CQC from Requires Improvement to Good (published February 2018). This home has now been rated as having good performance across all the CQC domains.

#### Polebank Hall Residential Home

- 4.7 There has been an improvement rating made by CQC from Requires Improvement to Good (published February 2018). This home has now been rated as having good performance across all the CQC domains.

#### Balmoral Care Home

- 4.8 There has been an improvement rating made by CQC from Inadequate to Requires Improvement (published February 2018).

- 4.9 Following the inspection undertaken in May 2017 the Commissioners have supported the home, with a specific emphasis on medication administration. Support was also given around care planning. The providers purchased the Cared4 Quality Assurance system to help demonstrate compliance with the CQC Regulations. The home marginally failed to achieve a Good rating due to being unable to demonstrate compliance with Legionella checks.

#### Parkhill Nursing Home

- 4.10 No change in CQC Performance – remained Good (published January 2018).

#### Yew Trees

- 4.11 There has been an improvement rating made by CQC from Inadequate to Good (published February 2018).

- 4.12 The Home was originally rated inadequate following a CQC visit on 03 July 2017 (publication 11 October 2017). Several issues were highlighted in relation to training of staff and safeguarding of residents. From this visit a number of safeguarding concerns were raised, which prompted a number of safe & well checks to be undertaken. The overall outcome was that residents' needs were being met, with some examples of good practice noted. The safeguardings raised by the CQC Inspector were not substantiated. A re-inspection was undertaken in December 2017 and the Home has been rated Good in all domains, with the exception of Well-led which has been rated as Requires Improvement. The rationale provided is that a longer term track record of sustainable good practice would need to be demonstrated for a Good rating in this domain.

#### The Lakes Care Centre

- 4.13 A reduction in rating by the CQC to Requires Improvement from Good was made (published January 18). A themed inspection was undertaken following receipt of a Regulation 28 Coroners Report. Issues noted related to the timeliness of actions being taken in relation to falls prevention at mealtimes, and a breach in notification to CQC in line with the regulations.

#### Kingsfield Care Centre

- 4.14 No change in CQC Performance – remained Requires Improvement (published January 2018). Requires Improvement in all domains except Well-Led, which was Inadequate due to continual breaches in regulations that had not been addressed.

### **Suspensions Update**

#### Carson House

- 4.15 This home is no longer under voluntary suspension and as part of the usual process of lifting a suspension there is a restriction in place i.e. only accepting one new service user per week. Evidence from families who have provided positive feedback about the care received at Carson House. Ongoing close monitoring continues with this Home. Issues with paying the provider appropriately have occurred but now been resolved.

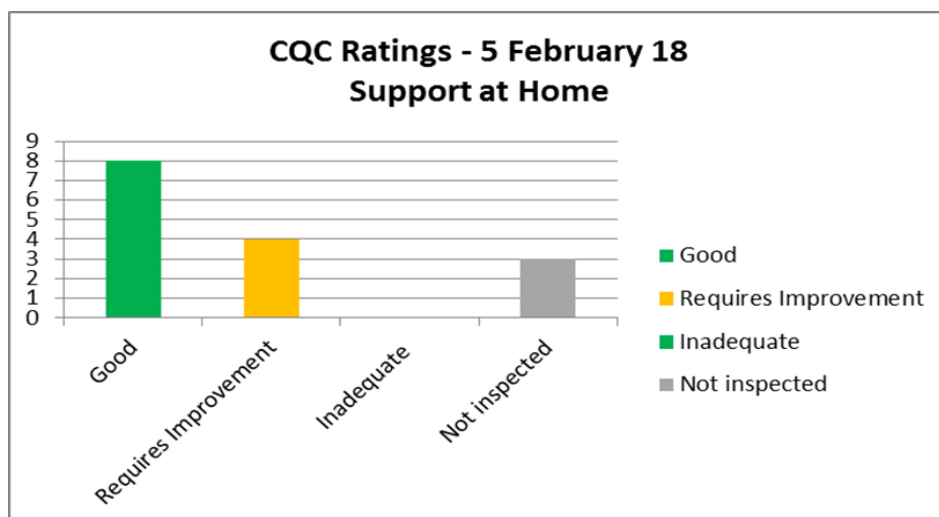


Regency Hall (Glossop)

- 4.16 The home has been suspended on a voluntary basis following a recent CQC inspection (publication is awaited). However, the suspension was lifted on 12 March 2018, but admissions remain limited to one per week for the next four weeks.

Support in the community

- 4.17 The CQC picture of the providers used to supply support in the community in Tameside is noted in the graph below (please note this includes the providers used for the general support at home service (even if the office is not registered in Tameside) and supported living providers):



- 4.18 During this reporting period no new CQC reports have been published for providers of support in the community.
- 4.19 Laurel Bank Support at Home has been a deregistered service since October 2017. No concerns or complaints have been received since the transfer of service users to other facilities.
- 4.20 The new support at home model is being rolled out across all six zoned providers (phase 1 started date in February 2018) so the providers will be working to two models of care initially whilst the new model embeds.

Quality Improvement Team (QIT)

- 4.21 A Quality Improvement Team is being established to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable people. All posts have now been recruited to and the Quality Improvement Team Manager is now in post. The primary focus of the work will initially be on the Care and Nursing Home sector, with a particular focus on those homes rated “inadequate” by the CQC, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. The team would then programme in time to extend the work across the Support at Home Service and more widely across supported accommodation.

**Patient story**

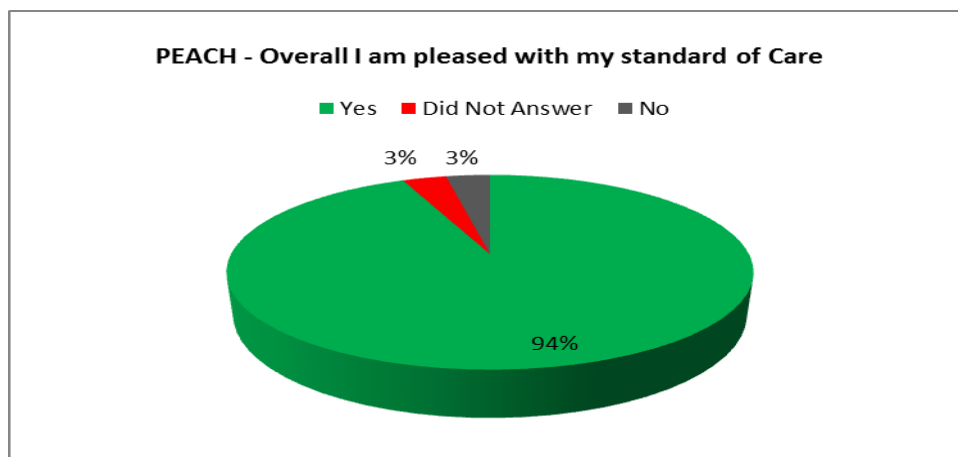
Oakwood Care Centre

- 4.22 Daughter of a resident at Oakwood Care Centre has thanked the Home for the support given to her mother who has mental health needs including anxiety and depression. After moving to Oakwood Care Centre she is now coming out of her room and engaging with other residents after a long period of time remaining in her room. The daughter has reported this has been extremely positive step for both her mother and herself.

## Good Practice

### Patient Experience and Continuing Healthcare (PEACH)

- 4.23 The Patient Experience measure for Continuing Health Care has now been fully embedded into existing processes with every person in receipt of CHC and/or their being asked about their experience of their care provision at their reviews. Feedback is overall positive and more detailed results are being used by the Care Home data-set in conjunction with other data and soft intelligence. A summary for the period from 1 November to 31 January 2018 is provided below (29 responses).



## Conclusion

- 4.24 The new monthly contractual returns have now been implemented for Care Homes and the Care Home data-set will now be meeting monthly. A full Action Log is updated following each meeting and the Group is utilising the data provided by the Homes including trend analysis supported by Business Intelligence. Key actions will be reported to QPAG on a bi-monthly basis.

## 5. SAFEGUARDING

### Children's Safeguarding

- 5.1 There are currently no serious case reviews. Two deaths of children were reviewed at the January 2018 Serious and Significant Screening Panel. It was agreed that these did not fit the criteria for undertaking serious case review. The Ofsted (Office for Standards in Education, Children's Services and Skills) Improvement plan for Tameside has been revised and the corresponding health plan is being revised to ensure that it meets new requirements. New Safeguarding Children Board arrangements are currently being considered in line with proposed changes to legislation and the incorporation of the Wood Review recommendations in to local safeguarding governance and scrutiny arrangements.

### Looked After Children (LAC)

- 5.2 The Improvement Board, whose function is to review the multi-agency action plan for the authority since it was allocated an inadequate judgement, is overseeing the progress being made to ensure that children and young people who are looked after receive appropriate help and support. The progress made so far has been considered satisfactory and outstanding actions are due for completion in February 2018

### Adult Safeguarding

- 5.3 There are no Safeguarding Adult Reviews (SARs) currently underway or for consideration in Tameside & Glossop. Work is ongoing to ensure that care homes are supported in undertaking their safeguarding duties.

### Learning Disability Mortality Review Programme (LeDer)

- 5.4 Tameside and Glossop LeDer Implementation plan has now been submitted to NHS England. Tameside Local Authority and Tameside and Glossop CCG is working with NHSE to convene a Greater Manchester LeDer conference. This has been arranged for 23 March 2018.

## **6. PRIMARY CARE**

### **Issues of concerns/remedy**

#### Medlock Vale Medical Practice

- 6.1 Medlock Vale Medical Practice's CQC report was published on 16 January 2018. The publication confirmed that the practice had been placed in special measures. The practice submitted an action plan to CQC on 5 February 2018. The CQC report findings have been mapped across to the practice's GMS contract and six remedial notices have been issued in the following areas:

- Clinical Governance;
- Infection Control;
- Compliance with Legislation and Guidance;
- Premises;
- Provision of drugs, medicines and appliances for immediate treatment or personal administration;
- Storage of Vaccines.

- 6.2 Remedial notices are issued where a practice is in breach of its GMS contract but where there is a belief that the breaches can be remedied. Consequently, a compliance plan is issued to the practice. The practice then has a period of 28 days to comply with the compliance plan and evidence how it has remedied the highlighted breaches. Medlock Vale submitted its completed compliance plan, including all its evidence, on 20 February 2018.

- 6.3 As the practice has been placed in special measures it is automatically eligible to access the support of the Royal College of General Practitioners within the Greater Manchester GP Excellence Programme. The support the practice receives is bespoke to the issues raised in its CQC report. The initial diagnostic meeting took place on 16 February 2018.

- 6.4 Support from the primary care team, for the practice, is ongoing throughout the whole of this process.

### **Good practice**

#### Haughton Thornley Medical Centres

- 6.5 Haughton Thornley Medical Centres, Hyde, was inspected by CQC on 6 December 2017. It has been rated as *outstanding* by CQC. In the five key lines of enquiry the practice was rated outstanding for services being responsive to people's needs and for services being well-led. It was rated good for services being safe, effective and caring.

- 6.6 CQC found the following to be areas of outstanding practice at Haughton Thornley Medical Centres:

- The practice and Patient Participation Group (PPG) were proactive in encouraging patients to sign up to have full online access to their medical records; to date the practice have 62% of patients signed up for access. The practice were in the process of evaluating the impact and monitoring usage to assess the benefits to patients and the practice,
- The PPG in partnership with Hyde Community Action ran an ESOL course (English for Speakers of Other Languages) with a health theme for 16 female patients in

which they taught them how to access a GP and other health services, how to sign up for online services, medical records access and how to use “My Medication Passport”. Evaluations of this project showed, by the end of the course, 100% of the women reported increased confidence, knowledge, awareness of online access to health records, healthy eating, exercise, pharmacy and other local services and they shared the information with their family and friends. There was a waiting list of 60 patients for future courses,

- The practice secured funding in 2015 for the Hyde Healthy Living project which was to benefit all patients over 75 years of age across the neighbourhood including those registered with other practices. Although the formal funding for the project ended in August 2017 the practice had maintained the social prescribing, additional GP time, and the pharmacist and were working with the local Health and Well-being team to co-ordinate future reviews. Evaluation of the programme to date showed 102 patients and their carers benefitted from the programme and their goals were monitored and outcomes measured using a nationally recognised evaluation tool. We saw from the evaluation, following intervention 53% said they felt more positive, 56% were managing their symptoms. Outcomes for individuals included a review of benefits received, disability badges issued, stair lifts and mobility aids being fitted to help prevent falls and support to attend social events. Hyde Healthy Living Project was awarded the BMJ Primary care team of the year 2016.
- The Healthy Hyde project have integrated social prescribing pathways and templates into the clinical system allowing staff to quickly refer patients for additional support in the community where required, for example to Age UK and the community response team. Data provided by the practice showed 180 social referrals were made by the practice, meaning a quicker more streamlined system for patients.

### **Patient story**

- 6.7 The feedback from patients regarding the extended access service has been very positive. Patients like the convenience of being able to see a GP beyond core hours of 8am – 6.30am and the speed at which they can access these appointments

### **Horizon scanning**

#### *The Greater Manchester GP Excellence Programme*

- 6.8 The Greater Manchester GP Excellence Programme has been developed to support General Practice and act as a programme for improvement. There is a Memorandum of Understanding in place with Royal College of General Practitioners (RCGP). This partnership between GM and the RCGP will support the delivery of the GP Excellence Programme, drawing on the knowledge and expertise of the College while working with the strengths and experience of primary care within Greater Manchester.
- 6.9 The GP Excellence Programme supports GP practices through delivery of a wide menu of support that helps practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. This programme supplements existing mechanisms of support to General Practice and will work with localities to ensure that it aligns with existing quality improvement initiatives.
- 6.10 The programme focuses on both clinical and non-clinical members of a practice and is providing support to strengthen the skills of all staff within practices by offering and providing majority funding for development courses such as the National Association of Primary Care’s Diploma in Advanced Primary Care, Level 3 and Level 5 diplomas in leadership management. There are also shorter one day courses in leadership and working at scale being offered. The aim of these courses is to develop the current and

future leaders of primary care to be able to manage the strategic direction of travel.

- 6.11 Tameside and Glossop practices have expressed much interest in the courses made available so far.

## 7. PUBLIC HEALTH

### Issues of concerns/remedy

#### Substance misuse

- 7.1 Substance misuse provider CGL have been named in a Manchester Evening News report relating to archive case records found by the owner of their former premises in Katherine Cavendish House in Ashton. The records do not relate to CGL activity and have been collected by Tameside Metropolitan Borough Council (TMBC) for safe keeping whilst an investigation is completed. The owner is in dispute with CGL about the future of the lease for the building originally let to former substance misuse service provider Lifeline. The lease is currently held by Lifeline receivers FRP.

### Conclusion

- 7.2 Quality assurance will continue to be sought via monthly contract monitoring meetings.

## 8. SMALL VALUE CONTRACTS (<5MLN)

(Please note that below contracts are monitored on the quarterly or biannual bases)

*Broomwell Healthwatch, Specsavers (Audiology, NWCATS, GM Primary Eyecare Ltd: Tameside and Glossop Glaucoma Repeat Reading Service, Minor Eye Conditions Service and gtd Healthcare<sup>4</sup>.*

- 8.1 No quality issues in Quarter 3.

### Good practice

#### Gtd Healthcare

- 8.2 in Quarter 3 following a series of listening exercises conducted with gtd staff members, it was decided by the Senior Management Team that a deep dive exercise looking at gtd services would take place. The aim of the exercise would be to gather more detail around some of the specific issues raised by staff members in the listening exercises as well as identify areas of service delivery which require improvement.
- 8.3 The exercise took place between Wednesday 13th September and Tuesday 19th September and covered services in Chorley, Preston, Oldham, Southport, Litherland, Wythenshawe, Ashton, Central Manchester, North Manchester and at head office in Denton. Each shift in the morning, afternoon and evening was observed by a manager for three hours and an update teleconference took place during each shift to discuss issues and problems which may have arisen.
- 8.4 Feedback was gathered using a survey and an observation sheet. Specific questions taken from the listening exercises were gathered in the survey. The outcome from the exercise has been pulled together in to a report and actions identified. Action plans are being overseen by Senior Management Team and specific actions assigned to the relevant teams. Themes that have emerged are:
- IT issues especially at remote sites which can impact on service delivery,
  - Improving communication between head office and satellite sites,
  - Quality of facilities in some of our shared sites,
  - Delays in being able to refer patients to secondary care services

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<sup>4</sup> gtd Healthcare- the company uses this spelling in their reports.

## **Horizon Scanning**

### Homeless Friendly

- 8.5 Gtd Healthcare has signed a pledge making it one of the first organisations in the country to be Homeless-Friendly. While gtd Healthcare has already undertaken numerous initiatives to support the homeless community over the past few years including offering and administering free flu vaccines and distributing free dental hygiene packs, being a Homeless Friendly organisation demonstrates their commitment and drive to ensuring gtd Healthcare workforce has the knowledge and understanding of the needs of homeless people. They have been involved in the Manchester Shoe Box appeal. They are liaising with homeless charities, outreach workers and Greater Manchester Combined Authority to arrange how and when they can administer free flu vaccines to the homeless community.

## **9. SUMMARY**

- 9.1 Quality must be the organising principle of our health and care services. It is what matters most to people who use services and what motivates and unites everyone working in health and care. However, quality challenges remain, alongside new pressures on staff and finances. The Quality Team believes that the areas which matter most to people who use services are: Safety - people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned through effectiveness, where people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence; and that people have a positive experience where staff involve and treat patients with compassion, dignity and respect. The services are responsive and person-centred meaning services respond to people's needs and choices and enable them to be equal partners in their care.