



Report to:	STRATEGIC COMMISSIONING BOARD
Date:	20 June 2018
Officer of Single Commissioning Board	Gill Gibson, Director of Safeguarding and Quality Slawomir Pawlik, Quality and Patient Safety Lead
Subject:	BIMONTHLY QUALITY ASSURANCE REPORT
Report Summary:	The purpose of the 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 commissioned; to highlight any quality concerns and to provide assurance as to the action being taken to address such concerns.
Recommendations:	The Strategic Commissioning Board is asked to: <ol style="list-style-type: none"> 1. NOTE the contents of the report; and 2. COMMENT on the report format.
Financial Implications: (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.
Legal Implications: (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.
How do proposals align with Health & Wellbeing Strategy?	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
How do proposals align with Locality Plan?	Quality assurance is part of the locality plan.
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
Recommendations / views of the Health and Care Advisory Group:	This section is not applicable as the report is not received by the Health and Care Advisory Group.
Public and Patient Implications:	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.
Quality Implications:	The purpose of the 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 commissioned and promote joint working.

How do the proposals help to reduce health inequalities?	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 :	<p>The background papers relating to this report can be inspected by contacting Slawomir Pawlik, Quality and Patient Safety Lead, by:</p> <p> Telephone: 07788647611</p> <p> e-mail: slawomir.pawlik1@nhs.net</p>

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

District Nursing - staff capacity

- 2.1 The Strategic Commissioning Function (SCF) has raised concerns with Integrated Care Foundation Trust (ICFT) in relation to staffing capacity within District Nursing Teams and how this is impacting on the service's capacity to support the Neighbourhood delivery model. As such the SCF has requested a deep dive into the District Nursing which will be presented back to the ICFT Contract Quality and Performance Assurance Meeting..

Tameside and Glossop Q4 Assurance meeting with GM Health and Social Care Partnership

- 2.2 The Tameside and Glossop Q4 Assurance meeting with GM Health and Social Care Partnership was scheduled to take place on the 24 May 2018. In anticipation of this meeting the partnership has requested assurance on the following two areas of quality relating to the ICFT contract.

MRSA Bacteraemia:

- 2.3 In 2017/18 there have been 10 cases of MRSA bacteraemia for Tameside and Glossop Clinical Commissioning Group (CCG); 9 x community and 1 hospital attributed case. This has shown that Tameside and Glossop CCG have a higher rate of infection. All MRSA bacteraemia cases are examined using the national Post Infection Review tool. Two cases were avoidable; in that they identified lapses in care that could have led to the infection. One of these cases, through arbitration process, was apportioned to Stockport NHS Foundation Trust (community). The second case, from March 2018 is apportioned to Tameside and Glossop CCG with the learning outlined from this case found to be required at Tameside and Glossop ICFT.

- 2.4 Learning from this specific case is summarised below with action already implemented by the Trust:

- Adherence to MRSA policy to be reinforced on ward areas where admissions screens not completed;
- Hand hygiene education;
- Documentation when patients are transferred out of Trust;
- Appropriate sites swabbed for MRSA.

- 2.5 The remaining 8 cases were unavoidable and all community; 3 of the cases had no health care involvement (this is known as third party). The main theme from these unavoidable cases is that most of these patients were at significant risk due to their co-morbidities and had numerous admissions or attendance at other hospitals and care providers; they were very poorly patients. Where wider opportunity for learning and improving best practice was found; this has been actioned and shared. Opportunity for system improvements, identified as a result of thematic learning from all health care associated infection cases in 2017/18, are captured in the Infection Prevention Integrated forward plan. This plan informs priority areas for action and improvement for 2018/19 and is monitored via the Health Protection Group.

- 2.6 The Infection Prevention Matron will present quarterly assurance updates at the SCF Quality and Performance Contract meeting with the ICFT.

Never Events

- 2.7 The ICFT have reported two Never Events in 2017/18; both incidents are STEIs reported and undergo a robust investigation process by the ICFT. The CCG / SC quality assure all completed root-cause analysis to ensure there is evidence of a robust investigation, learning has been identified and appropriate action taken to reduce the likelihood of a similar incident occurring in the future. The learning from investigations, which includes the 2 x Never Events, is a standard agenda item at the Quality and Performance Contract meeting held with the Trust.

Good practice

Hand Hygiene Week (Part of the GM Ambition to reduce gram negative infections by 50% by 2022).

- 2.8 The Infection Prevention team worked with the hospital and community throughout the week to celebrate and reinforce the benefits of hand hygiene day on 5 May 2018.
- 2.9 On Tuesday the team held a hand hygiene event running from 10:00-14:00, and used the opportunity to educate and improve hand hygiene technique; staff picked up supporting goodies and resources for their areas
- 2.10 On Wednesday the Trust hand hygiene soap and sanitiser supplier 'Deb' visited wards to identify hand hygiene champions. Promotional stands were displayed at Ashton Primary Care. Staff were encouraged to sign their name on our hand hygiene board and post a picture on the Tameside Facebook page to share their commitment to hand hygiene, #TeamTameside.
- 2.11 On Thursday and Friday promotional stands were displayed in Hartshead South and the Infection prevention and the Sepsis team were based in Emergency Department promoting managing Sepsis and hand hygiene.



- 2.12 The next key stage of the project is the launch of the hydration campaign; 'Drink More, Stop Infections' week commencing 4 June 2018. Coverage of the event was promoted by ICFT and SCF communication departments via Social Media.

@morganupnorth

@tandgicft

@TGCCG

#teamtameside

#handhygiene

#sepsis



<http://www.who.int/infection-prevention/campaigns/clean-hands/2017/en/>

Horizon scanning

- 2.13 The SCF continues to work with the ICFT to formalise the new set of measures for the ICFT contract; this is in addition to the existing national quality requirements reported as part of the NHS Standard Contract. This work includes developing how the ICFT will contribute to the economy wide commissioning intention priority outcomes to reduce homelessness and domestic abuse and new quality standards for the Intermediate Care and home based beds.
- 2.14 The ICFT will publish its Quality Account 2017/18 prior to 20 June 2018.

Conclusion

- 2.15 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)¹

- 3.1 During February 2018 there was 1 mixed sex accommodation breach on Tamside Hague Ward. There were no breaches recorded in March 2018..
- 3.2 A Communications and Engagement Plan for Single Sex Accommodation reconfiguration was presented to Trust Board in April 2018. Over the next 2-3 months the organisation will be talking to staff, patients, families and carers asking for their views and considerations, PCFT will act on this feedback in terms of how it take any proposals forward. The Trust will ensure that any final decisions are based on what matters most to staff and patients. The Trust Board approved this plan.

Information Governance Compliance

- 3.3 The Trust submitted a non-compliant Information Governance Toolkit submission to the Department of Health for 2017/18. Although there was a small overall improvement in its compliance score from the 2016/17 submission the non-satisfactory rating was submitted, as the Toolkit operates on a minimum Level 2 compliance for all criteria requirement and the Trust did not meet criteria 112 – Mandatory Information Governance training.
- 3.4 The training criteria target is 95% of staff completing IG training, and despite the best efforts of many officers, the Trust had only achieved 82% compliance by 31 March 2018 and had not met the 95% target at any point within the qualifying period (1 April 2017 to 31st March 2018).
- 3.5 The Trust are in the process of drafting an action plan in order to achieve compliance in 2018/19 and communication for Commissioners in relation to the non-satisfactory submission, where required.

General Data Protection Regulation (GDPR)

- 3.6 The Trust is undergoing a review of its General Data Protection Regulation (GDPR) readiness by our Internal Auditors. The new Regulations, which will replace the existing Data Protection Act 1998, will be in effect from 25th May 2018. One of the requirements of the new Regulations is for the Trust to have a Data Protection Officer, who must be a Senior Officer with access to the Board. The Trust proposal that the DPO role sits within

¹ MSA- sleeping breaches i.e. defined as instances where patients are admitted into a ward where patients of the opposite sex are also admitted.

the Information Governance Team has been considered as part of the initial Internal Audit review.

Delayed Transfer of Care (DTOC)

- 3.7 The Trust has undertaken a review of Delayed Transfers of Care (DTOC) reporting and recording to ensure a consistent and robust recording and escalation of DTOC's. Targeted work to improve DTOC performance across the Trust footprint has been completed.
- 3.8 At the end of March there were 2 Delayed Transfers of Care on Summers ward out of 11 beds. These patients are waiting for vacancies within a suitable 24-hour placement which are not currently available within the borough. The DTOC for these are: 180 & 78 days in length at the end of March. There is 1 DTOC on Hague who is currently homeless and has been a DTOC for 100 days. Work is underway with housing and the local authority to find suitable accommodation for this patient. The Trust anticipates that discharge will occur in April 2018.

Good practice

Reducing Restrictive Practices (Patient Experience)

- 3.9 The aim of the initiative is to develop a culture in which people using the Trust's services are able to fully participate in formulating plans for their well-being, risk management and care in a collaborative manner, promoting recovery and reducing the need for restrictive interventions.
- 3.10 Following delivery of workshops, a framework for reducing restrictive practices was developed to support teams with making decisions and developing a culture where service users could participate in making decisions about their risk management and care and the safety of the wards.
- 3.11 Monthly reducing restrictive practices meetings were established for staff and service users across the directorate to increase understanding of restrictive practices and to identify blanket restrictions in place on the units.
- 3.12 Care planning training was established with the support of Manchester University's EQUIP team to support staff in developing collaborative care plans with service users.

Horizon scanning

Quality Accounts 2017/18

- 3.13 The Trust has consulted with the key commissioners who make up the Pennine Care Footprint. A collective response was provided on the 8 May 2018.
- 3.14 The Quality Account will be published on NHS Choices on 30 June 2018

Conclusion

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

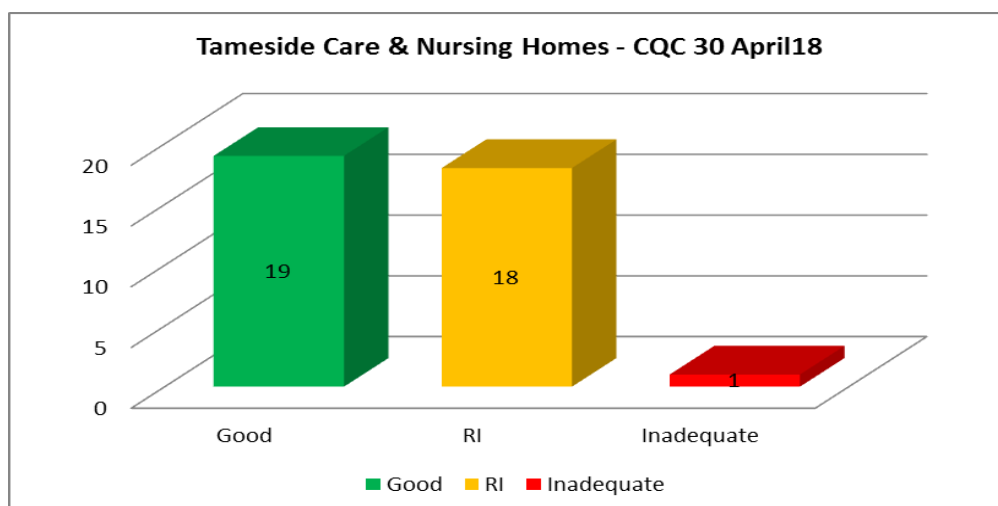
4. CARE HOMES/HOME CARE

Issues of concerns/remedy

Care Homes and with Nursing

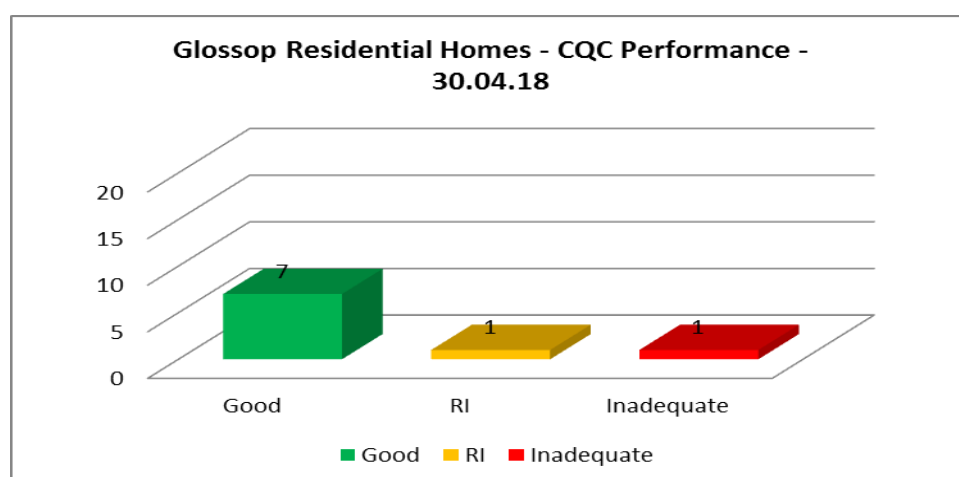
- 4.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing is provided in the graph below.

Tameside position, 30 April 2018)



- 4.2 Kingsfield Residential Home is included in this data but is currently closed for refurbishment.

Glossop Position, 30 April 2018



- 4.3 St Christopher's and Jabulani are included in the data and are included in the scope of the Care Home Data-set discussions.
- 4.4 There are currently two residential homes rated inadequate within the Tameside and Glossop locality, a short summary of key issues and support provided is given.

Inadequate Care Quality Commission Ratings

Oakwood Care Centre

- 4.5 The Home was rated Inadequate by the Care Quality Commission (CQC) on 22 March 18 (previously rated inadequate on 22 April 2017). Issues related to environmental risk assessments, incident reporting, systems/processes, medicines management, staffing and training. This Home has been a primary focus of the new Quality Improvement Team (QIT) with significant support being provided. There is a new manager in post who has been working closely with the QIT to develop an improvement plan.

Regency Hall (Glossop)

- 4.6 The Home was suspended on a voluntary basis following a CQC inspection on 11 January 2018. The report was published on 7 April 18 with an inadequate rating. Concerns were raised over the high turnover of Home Managers, lack of leadership, poor documentation,

cleanliness and staffing levels. A new Manager has been appointed and a Management Consultancy firm is working with the Provider in response to the actions outlined by the CQC. The suspension was lifted on 12 March 2018 following significant improvements observed at a Contractual Visit on 8 March 2018.

Published CQC Ratings (March and April 2018)

Sandon House

- 4.7 The Home has an improved CQC rating of Good following publication of the report on 29 March 18 (visit 8 February 18). The Provider achieved a Good rating across all 5 of the CQC domains.

The Beeches

- 4.8 The Home has retained its CQC rating of Good following publication of the report on 3 March 18 (visit 1 February 18). The Provider achieved a Good rating across all 5 of the CQC domains.

Suspensions Update

Carson House

- 4.9 This Home is currently under suspension with effect from 28 March 2018. The Home has recently been inspected by the CQC and the report is awaited. Ongoing close monitoring continues with this Home and a Director level meeting with the Home Owner is being arranged.

Stamford Court

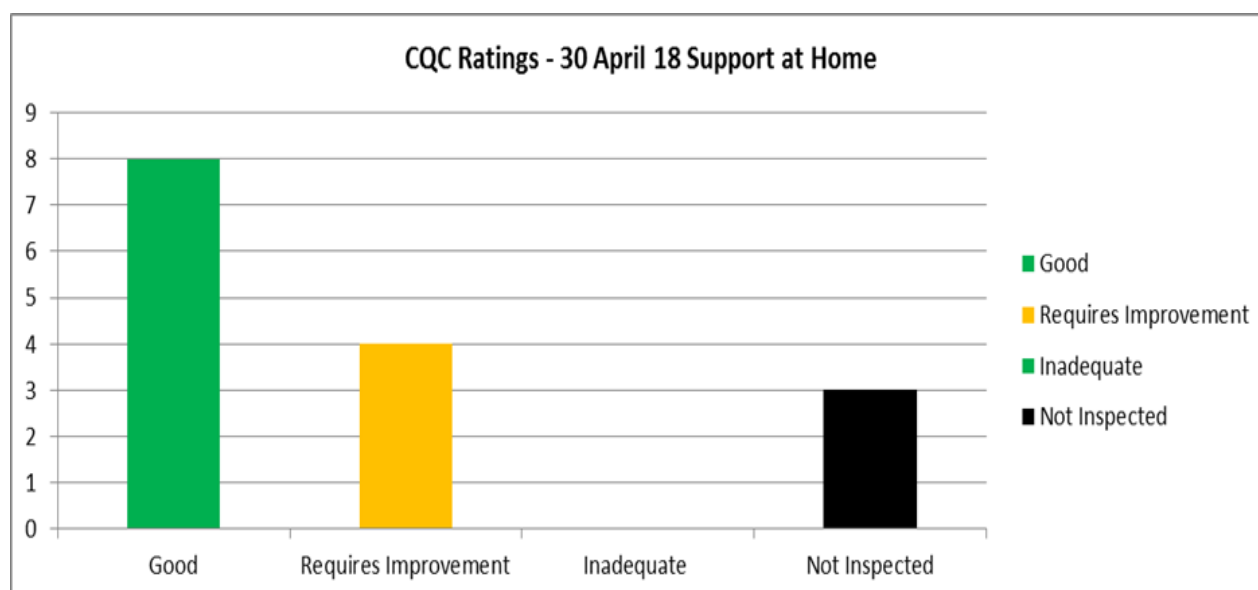
- 4.10 This Home is currently under suspension with effect from 29 March 18. Key issues relate to ongoing medicines management issues. Safe and well checks have been completed and a Commissioner/Provider meeting is being arranged to discuss the ongoing issues in respect of medicines management and systems and processes.

Hurst Hall

- 4.11 This Home has voluntarily suspended admissions with effect from 18 April 2018. Safe and well checks have been completed on all residents. An improvement plan is in place and ongoing close monitoring. Support is being provided to the Home.

Support in the community

- 4.12 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):



- 4.13 During this reporting period no new CQC reports have been published for providers of support in the community.

Quality Improvement Team

- 4.14 A Quality Improvement Team is now operational to support independent providers across the health and social care sector in Tameside to improve the quality of service provision delivered to vulnerable people. 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” or “Requires Improvement” by the CQC, and an overall aim that with the support on offer from the team all homes will achieve good or outstanding ratings. In the longer term, the team would then programme in time to extend the work across the Support at Home Services and more widely across supported accommodation. We have worked with both Homes that are Inadequate /RI but also supported those with a Good rating. We are working with our colleagues from LA/CCG/ICFT and other Community services to provide additional training /resources or guidance that can take place within the Homes to ensure that the outcomes for residents are improved and enhanced.

Good Practice

Auden House

- 4.15 Auden House has been rated as one of the best Care Homes in Greater Manchester by residents and their families on www.carehome.co.uk, this was published in a Manchester Evening News article dated 3 April 2018. Auden House was rated 9.9/10, Guide Lane was also rated extremely positively with a 9.8/10. Ratings are calculated based on residents and relatives reviews of their experience of cleanliness, staff, security, care and value for money.

The Oakwood Care Centre

- 4.16 The Oakwood Care Centre Team and Provider have embraced the support being given by the QIT and significant changes have been made in terms of the cosmetic elements of the Home but also the regulatory requirements. The management within the Home appears to have been strengthened. This has been complimented on by the Neighbourhood Team:

“The client knowledge for the individual was very detailed and person centred. It was evident every attempt had been made to try and support the individual in a person centred way. The individual was also able to speak openly and there was a good working professional relationship between both parties”.

- 4.17 A relatives meeting was held on 27 April 2018 with the Manager and Owner, the relatives were very complimentary about the improvements that have been made so far

Conclusion

- 4.18 The new monthly contractual returns have now been implemented for Care Homes and the Care Home Quality Review Group is meeting monthly. The Terms of Reference for this group are in the process of being updated with the inclusion of the Neighbourhood Managers. The overall aim is to ensure that all intelligence is being gathered and reviewed to allow early identification of issues and focused support to be provided. The Neighbourhood Managers are supporting the model by establishing their own local forums to gather intelligence and identify areas for support. Care Homes and Nursing Homes are also now being identified for support by the Quality Improvement Team

5. SAFEGUARDING

Children’s Safeguarding

- 5.1 There are currently no serious case reviews. During recent weeks there has been a significant injury caused to a child. Dates have been arranged for screening of information

to assess that criteria is reached for a serious case review to be commissioned by the Tameside Strategic Commissioning Board. Further information has been requested of Tameside and Glossop CCG to review GP records. This request has been made by Oldham Local authority with respect to a domestic homicide review. The children of the victim are currently looked after in Glossop.

- 5.2 The Department of Education have requested bids from all local authorities and their partners to be “early adopters” in revision of safeguarding arrangements for children within the locality. Tameside Safeguarding Children’s Board is submitting a bid which will need to be received by the department by 20 May 2018.
- 5.3 Ofsted undertook a recent review of early help services, a part of the ongoing inspections timetabled as a result of the Tameside Safeguarding Children Improvement Plan. The results have been published on the website. Overall Tameside received positive feedback about services which are currently in place for early help for families. A further review will be undertaken by Ofsted in July 2018. This will review services for looked after children.
- 5.4 Further work is underway to develop a Multi -Agency Screening Hib (MASH) for Tameside and to coordinate this work with the development of multi-agency integrated neighbourhood teams for children. It is envisaged that both MASH and integrated neighbourhood services for children will be in place by September 2018.

Looked After Children (LAC)

- 5.5 The CCG, provider, and LA are continuing to work together to resolve issues with timely notification processes between services and considering how we improve partnership working. 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. It is expected that LAC will be the focus of the Ofsted monitoring visit in June. Although progress made so far has been considered satisfactory, partners are not complacent and are continually seeking to improve systems, services and outcomes for LAC.

Adult Safeguarding

- 5.6 A case presented to the Learning and Accountability Sub Group for consideration for a Safeguarding Adult Review did not meet the threshold for a SAR (Care Act 2014). The partnership however agreed that a multi-agency learning review would offer opportunity for learning. The review is planned for June 2018.
- 5.7 Work has been ongoing to develop local guidance for Safeguarding Adult Managers which will support them in their safeguarding decision making. A guidance document is now complete and has been presented to Board Members for their approval and sign off. A launch date will be organised later in the year.

Learning Disability Mortality Review Programme (LeDer)

- 5.8 Tameside hosted the Greater Manchester LeDer development Day, held on 23 March 2018. Guest speakers across GM shared best practice and initiatives and Tameside & Glossop Learning Disability Services presented their work on the development of an anaesthesia pathway.
- 5.9 Local Area Contacts and Reviewers continue to support the LeDer programme. We now have 8 reviewers trained and registered with the Bristol Team. We have had a total of 8 notifications of death and have 8 allocated reviews all undergoing the review process

6. PRIMARY CARE

Issues of concerns/remedy

Risk and Mitigation Stakeholder Event

- 6.1 There is concern within the primary care team that we remain aware of the current and future risks that may arise in primary care, which operates in an ever changing landscape. To better understand what those risks are and to be in a position to mitigate them, the primary care team is hosting a Risk and Mitigation Stakeholder Event in June 2018 to canvass the wider primary care workforce on the potential risks that may be faced by primary care in the future. Representatives are being invited from the following cohorts; patients, practice managers, practice nurses, GPs, Greater Manchester Health and Social Partnership (both from general practice and the wider primary care team), ICFT neighbourhood operational managers and the primary care team. Once current and future risks are better understood the aim is to manage their mitigation

Good practice

Manor House Surgery Hadfield

- 6.2 Manor House Surgery Hadfield was inspected by CQC on 11 January 2018. It has been rated as outstanding by CQC in the report, which was published on 22 March 2018. In the five key lines of enquiry the practice was rated outstanding for services being effective and for services being well-led. It was rated good for services being safe, caring and being responsive to people's needs.
- 6.3 CQC found the following to be areas of outstanding practice at Manor House Surgery Hadfield:
- The practice used new tools and tests to improve outcomes for patients, for example C-reactive Protein (CRP) tests to reduce unnecessary antibiotic prescribing and introduced Exhaled Nitric Oxide (FeNO) to maximise asthma management for patients led by the advanced nurse practitioner. Since initiating FeNO early results showed improved symptom control, reduced exacerbations and hospital admissions. Of 203 tests audited, 33 patients had medication reduced, 11 patients had medication stopped, 50 patients had medication increased and 35 reported improvement in their symptoms.
 - The practice worked closely with colleagues from adult social care (ASC) to support patients and their carers. At any one time the practice was engaged jointly in coordinating the care of around 50 patients. ASC advised that the involvement of the practice was unique and the joint working enabled positive outcomes for patients. We were provided with numerous examples especially in relation to end of life care where joint working was crucial but also examples of enabling patient with dementia to remain at home or where patients in crisis due to mental health accessed swift coordinated response led by the GP.
 - The practice initiated a minor injuries service with aim to provide the treatment direct to the presenting patient rather than referring on to the A&E for their management. Data provided by the practice showed of 77 patients treated under the scheme only 5 patients were sent to A&E, 45 were examined and given advice and 20 were sent direct for and x-ray.
 - The practice worked closely with The Bureau (Glossop's Voluntary & Community Network who work to support people to stay physically and socially active, improve mental wellbeing and live independently for longer.) to launch social prescribing (community navigation) as a single point of contact to offer support to patients with their health and social needs. The Bureau, hold a drop in session and booked appointment at the practice weekly. The aim was to reduce repeat attendances and multiple GP appointments where the issues were social. Data provided by the practice showed 23 social referrals have been made by GPs as well as staff promoting the drop in sessions. Evaluation by The Bureau in November 2017 showed Manor House Hadfield were

actively engaged in social prescribing and had referred patients for a range of support including mobility, anxiety/depression, loneliness and social isolation.

Horizon scanning

- 6.4 As technology provides new avenues for patients to access their GP, which may also alleviate workforce issues in general practice the primary care team has been exploring some of the options that are available.
- 6.5 Recent years have seen rapid development of a number of online consultation systems for patients to connect with their general practice. Using a mobile applications or online portal, patients can contact the GP. This may be a follow-up or a new consultation. The e-consultation system may be largely passive, providing a means to pass on unstructured input from the patient, or include specific prompts in response to symptoms described. It may offer advice about self-care and signposting to other sources of help, as well as the option to send information to the GP for a response.
- 6.6 In early adopter practices, these systems are proving to be popular with patients of all ages. They free time for GPs, allowing them to spend more time managing complex needs. Some issues are resolved by the patient themselves, or by another member of the practice team. Others are managed by the GP entirely remotely, in about a third of the time of a traditional face to face consultation. Others still require a face to face consultation, and these are enhanced by the GP already knowing about the patient's issue.
- 6.7 In Tameside and Glossop one practice has implemented an online consultation system and are experiencing positive impact both for practice staff and for patients.
- 6.8 The practice states that the system *"is being promoted at every front desk conversation. Patients have loved it as means on occasion they don't have to have face to face consultations and from our perspective we know it's clinically safe via all relevant questions being asked as per condition and should it not be suitable for online it points patient in a different direction. Nice to have something to offer other than lengthy wait for face to face."* In the early months of adoption the practice was averaging about 20 online consultations per week, circa 4-5 per day and these numbers are increasing.
- 6.9 A GM wide market place event was held at the end of February with a number of providers demonstrating products. In addition, a local demo of the EMIS product was arranged for the Stalybridge neighbourhood in February 2018.
- 6.10 Consideration needs to be given as to how best to utilise the resource available with recognition of the non-recurrent nature of the funding and therefore the longer term continuation of this model of consultation system to support improvements in experience of accessing services and support patients to understand appropriateness of self-care as the first route of care where appropriate and also alternative means of accessing services within primary care.

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.

- 7.2 Tameside MBC Internal Audit have carried out a review which is expected to report this month, Tameside MBC Risk Management are liaising with the Information Commissioner's Office, and CGL are making progress with a Root Cause Analysis. A further update will be given in the next report

Conclusion

- 7.3 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 Healthcare².

- 8.1 No quality issues in Quarter 4.

9. RESEARCH AND DEVELOPMENT

- 9.1 Research is vital to improve the knowledge needed to develop the current and future quality of care for patients. Carrying out high quality research gives the NHS the opportunity to minimise inadequacies in healthcare and improve the treatments patients receive. Below is the summary of the research conducted by our providers in the last financial year.

Tameside and Glossop Integrated Care Foundation Trust

- 9.2 The Research Department is committed to providing patients with the opportunity to participate in research, if they wish. The Trust aims to ask all eligible patients if they would like to participate in a clinical trial.
- 9.3 The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 588 (at 23/01/2018). This has surpassed their target of 544 participants, set by the Clinical Research Network.
- 9.4 Currently, there are 108 research studies, a growth from 2016/17, either in the planned stage, are active or in follow up. They have 34 actively recruiting studies which are adopted on to the National Institute for Health Research (NIHR) Clinical Research Network portfolio. These studies are high quality trials that benefit from the infrastructure and support of the Clinical Research Network (CRN) in England. The Trust currently hosting 4 actively recruiting clinical trials involving medicinal products, with two further Clinical Trial of an Investigational Medicinal Product (CTIMP) studies in the planning stage, which demonstrate the Trusts.

Pennine Care Foundation Trust

- 9.5 During 2017/18, Pennine Care NHS Foundation Trust was involved in the conduct of 44 clinical research studies.
- 9.6 Key achievements within FY2017/18 include the development of a Children's' and Young People's (CYP) Research Unit, the establishment of an integrated clinical practice and academic research partnership with Manchester Metropolitan University (MMU), and the provision of opportunity for over 600 patients to participate in high-quality research that has been badge by the Department of Health (DoH) NIHR as of benefit to patients and the NHS.

² gtd Healthcare- the company uses this spelling in their reports.

- 9.7 There have been a number of important research studies that have recruited mental health (MH) service user participants from the Tameside and Glossop. Included below is a brief summary of a few of these projects:

CARMS (Cognitive AppRoaches to coMbatting Suicidality)

- 9.8 Around 6% of people with experiences of psychosis die by suicide. Many more think about it and attempt suicide. The University of Manchester have developed a psychological therapy which is delivered over 6 months in up to 24 weekly sessions. The therapy targets suicidal thoughts, intentions and plans. The Trust aims to test the efficacy of delivering CARMS therapy in the context of NHS mental health services to see whether it offers any benefit over treatment as usual.

IF CBT (Individual & Family Cognitive Behavioural Therapy)

- 9.9 This study from the Manchester based Psychosis Research Unit (PRU) aims to look at whether combined individual and family cognitive behavioural therapy (CBT) is beneficial for people, who are at risk of developing psychosis. This study has recruited a number of participants that access our Early Intervention in Psychosis services.

MAPS (Managing Adolescent Psychosis)

- 9.10 This feasibility study from the Psychosis research Unit aims to support and develop an evidence base regarding the clinical and cost effectiveness of psychological therapy compared with antipsychotic medication alone for young people aged 14 to 18 years with a first episode of psychosis.

Patient Preferences for Psychological Help

- 9.11 The aim of this University of Oxford research study is to learn more about patient difficulties so that we can improve the psychological help ('talking therapy') offered in the future. We wish to assess the types of problems that are occurring (e.g. sleep problems, self-esteem, worry) and which of them patients would particularly like treated and that this will lead to services being more responsive to patient needs in the future.

10. AMBULANCE CLINICAL QUALITY INDICATORS

- 10.1 Ambulance Clinical Quality Indicators (CQIs) have been in place since 2011 to measure and monitor the impact of ambulance services on patient outcomes, and in particular to provide an overview of the clinical quality achieved by ambulance services.
- 10.2 Following the engagement exercise, and after discussion with the Secretary of State for Health and Social Care, the following focus areas have been agreed:
- STEMI: 999 call to angiography (Mean & 90th percentile)
 - Stroke: 999 call to CT scan, and 999 call to thrombolysis (Mean & 90th percentile)
 - OHCA: Survival to hospital discharge following out of hospital cardiac arrest (Utstein group).
- 10.3 The first set of CQIs was published in April 2018, and reported data from November 2017. This time lag is due to the preparatory work required for the new indicators.
- 10.4 The results for North West Ambulance Service NHS Trust (NWAS) are as follows:
- Cardiac Arrest: Return of Spontaneous Circulation (ROSC) for Ambulance Trusts in England.

			All patients			Utstein comparator group**		
			SQU03_3_1_2	SQU03_3_1_1		SQU03_3_2_2	SQU03_3_2_1	
Region	Code	Name	Number of patients who had resuscitation commenced / continued by ambulance service following an out-of-hospital cardiac arrest*	Number of patients who had ROSC on arrival at hospital	Proportion of those who had ROSC on arrival at hospital	Number of patients who had resuscitation commenced / continued by ambulance service following an out-of-hospital cardiac arrest*	Number of patients who had ROSC on arrival at hospital	Proportion of those who had ROSC on arrival at hospital
-	Eng	England	2,649	754	28.5%	411	195	47.4%
Y54	RX7	North West Ambulance Service NHS Trust	317	111	35.0%	49	28	57.1%

** The Utstein comparator group are patients with cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial rhythm was Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT).

NWAS performed better than average England.

- Cardiac arrest: Survival to discharge for Ambulance Trusts in England

			All patients			Utstein comparator group**		
			SQU03_7_1_2	SQU03_7_1_1		SQU03_7_2_2	SQU03_7_2_1	
Region	Code	Name	Number of patients who had resuscitation commenced / continued by ambulance service following an out-of-hospital cardiac arrest*	Number of patients discharged from hospital alive	Proportion discharged from hospital alive	Number of patients who had resuscitation commenced / continued by ambulance service following an out-of-hospital cardiac arrest*	Number of patients discharged from hospital alive	Proportion discharged from hospital alive
-	Eng	England	2,555	213	8.3%	384	105	27.3%
Y54	RX7	North West Ambulance Service NHS Trust	301	34	11.3%	43	13	30.2%

NWAS performed better than average England.

- Outcomes from Acute ST-elevation myocardial infarction (STEMI) for Ambulance Trusts in England

			SQU03_5_3_2	SQU03_5_3_1		M1n	M3n	M3m	M390
Region	Code	Name	Number of patients with a pre-hospital diagnosis of suspected STEMI confirmed on ECG	Number of patients who received an appropriate care bundle	Proportion who received an appropriate care bundle	Patients directly admitted with an initial diagnosis of "definite Myocardial Infarction"	Patients in M1n who had primary percutaneous coronary intervention (PPCI)	For patients in M3n, mean average time from call for help to catheter insertion for angiography (hours:minutes)	For patients in M3n, 90th centile time from call for help to catheter insertion for angiography (hours:minutes)
-	Eng	England	1,540	1,171	76.0%	927	785	2:12	2:58
Y54	RX6	North East Ambulance Service NHS Foundation Trust	85	73	85.9%	33	28	1:57	3:17

NWAS underperformed compare to the England average

- Outcomes from stroke for Ambulance Trusts in England

						Call to door				Door to scan				Door to thrombolysis			
			SQU03_6_2_2	SQU03_6_2_1		K1n	K1m	K150	K190	K2n	K2m	K250	K290	K3n	K3m	K350	K390
Region	Code	Name	Number of suspected stroke or unresolved transient ischaemic attack patients assessed face to face	Number of who received an appropriate diagnostic bundle	Proportion who received an appropriate diagnostic bundle	Number of patients either FAST positive, or with provisional diagnosis of stroke, transported by Ambulance Service	For patients in K1n, mean average time from call to hospital arrival	For patients in K1n, 50th centile (median) time from call to hospital arrival	For patients in K1n, the 90th centile time from call to hospital arrival	Number of stroke patients in SSNAP who had a CT scan	For patients in K2n, mean average time from arrival at hospital to CT scan	For patients in K2n, median time from arrival at hospital to CT scan	For patients in K2n, the 90th centile time from arrival at hospital to CT scan	Number of stroke patients in SSNAP who had thrombolysis	For patients in K3n, mean average time from arrival at hospital to thrombolysis	For patients in K3n, median time from arrival at hospital to thrombolysis	For patients in K3n, 90th centile time from arrival at hospital to thrombolysis
-	Eng	England	8,153	7,907	97.0%	7,668	1:13	1:06	1:49	4,855	3:03	0:44	3:58	639	0:54	0:46	1:33
Y54	RX7	North West Ambulance Service NHS Trust	950	940	98.9%	923	1:18	1:12	2:02	737	3:20	0:46	3:32	75	1:06	0:53	1:54

NWAS underperformed compare to the England average on some elements of the indicator.

11. SUMMARY

- 11.1 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.

12. RECOMMENDATIONS

- 12.1 As set out on the front of the report.