

Report to: STRATEGIC COMMISSIONING BOARD

Date: 13 February 2019

Officer of Strategic Commissioning Board: Gill Gibson, Director of Quality and Safeguarding

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 note the content of the report.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG				
Total				£577m Net Resource
Section 75 - £'000 Strategic Commissioning Board		£267million Net Resource		

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison



There is no direct financial implications within the content of this report but the Strategic Commissioning Board have an integrated commissioning fund with a net value of £577m of which £267m is within the Section 75 pooled budget. Quality is an important factor in determining value for money services, mitigating risk and providing assurance that our residents are receiving the best outcomes from investment. The content of this report highlights the controls and monitoring systems currently in place to maintain high quality services and instigate remedial action as required. This is particularly crucial in high risk areas such as continuing healthcare and children's services. Furthermore, this level of rigour and control facilitates the potential for additional income from the CCG Quality Premium.

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 are key to managing the system and holding all parts to account, understanding where best to focus resources and oversight. The report is intended 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 SCB 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 :	The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by:  Telephone: 07800 928090  e-mail: lynn.jackson7@nhs.net

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.

2. TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST (Acute and Community Services):

Key Issues and Concerns:

Community / Intermediate Tier Services

- 2.1 Previous concerns had been raised about capacity within community services. A presentation was provided by the Director of Intermediate Tier Services at the December Integrated Care Foundation Trust (ICFT) quality and performance contract meeting which provided significant assurance. There is capacity within the District Nursing teams; potentially currently not the right resource in the right place. The ICFT is in the process of implementing an acuity and dependency score which will then inform distribution of staff resource in relation to neighbourhood needs.

Mortality data

- 2.2 Both the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR) are out of expected range for the first time in at least 18 months. The Trust is investigating reasons for increase and working in partnership with Dr Foster and a peer Trust. No additional recommendations / actions identified above those which the Trust had already implemented. No concerns identified about quality of care provided. Hypotheses that increase potentially related to coding of sepsis but also some early concerns that the number of patients opting out of their GP data being shared (we are an outlier) may also be impacting. These are being explored. ICFT updated that crude data has reduced but this will take some time to show in SHMI and HSMR due to rolling data.

Health Care Acquired Infections (MRSA bacteraemia):

- 2.3 Tameside and Glossop locality remain an outlier in MRSA bacteraemia; there has been a total number of 10 MRSA bacteraemia across the Tameside and Glossop economy (8 x community onset and 2 x acute onset). The Trust is working in partnership with NHS Improvement; an assurance item has been scheduled for the next contract quality and performance meeting.

- 2.4 In terms of quality assurance, all MRSA bacteraemia cases are examined using the national Post Infection Review tool. This process aims to draw out learning from incidents to ensure that action is taken to reduce future risk to the case and other patients. All investigations are reviewed at the Healthcare Associated Infections (HCAI) Quality Improvement group providing assurance that learning from incidents is acted upon and plans are in place to ensure best practice in infection prevention is shared across the trust footprint.

- 2.5 It should be noted that the MRSA cases are not the same strain i.e. the infection has not been passed from person to person due to poor infection prevention practice.

Action taken to improve

- 2.6 Thematic analysis has indicated that a number of patients had a wound of some kind. The Tissue Viability service have developed an action plan to support the infection prevention agenda with a view to preventing pressure ulcer damage making patients less vulnerable to MRSA infection.

- 2.7 A further assurance item has been agendered for the 14 February 2019 ICFT Quality and Performance meeting.

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

Key Issues and Concerns:

IAPT (Healthy Minds): Prevalence

- 3.1 As reported previously, this service has undergone a recent redesign and prevalence for the Step One service had been impacted by this. The prevalence target for 18 November 2018 was achieved and the new service "Big Life" is now live. During November, the Healthy Minds service has reportedly refocused some of the resources from Step 2 and 3 to deliver interventions which support prevalence and developing effective links with the local community.

Secondary Waits (Healthy Minds)

- 3.2 As previously reported, there are ongoing delays for patients waiting for treatment, particularly in relation to Step 3 and Enhanced Service Interventions.

Actions taken to improve

- 3.3 The secondary waits are being addressed jointly with the Clinical Commissioning Group (CCG) with additional investment in capacity in the psychological therapies service. The aim is for the additional capacity to support the waiting list reduction. The service has also been undertaking waiting list validation exercise to ensure that the patients waiting for treatment still require treatment. Ongoing monitoring of the secondary waits will continue through Monthly reporting and the Contract Quality and Performance Group (CQPG).

Memory Assessment Service

- 3.4 Performance reached the referral standard for the 6 week assessment and 12 week referral to diagnosis indicators in November following a period of decreased performance between July and October. Initial issues relating to staffing capacity over the summer had been reported as impacting waiting times, more recently issues in relation to the timeliness of scan results had been raised via the CQPG.

Actions taken to improve

- 3.5 Performance in relation to assessment and referral to diagnosis times will continue to be monitored via the monthly CQPG. Assurance has been requested that the issue in relation to timeliness of scan results is now fully resolved.

Staffing Issues

- 3.6 Capacity and recruitment continue to be challenging for Pennine Care Foundation Trust (PCFT) across a number of services. These are formally acknowledged for Community Mental Health Team on the Risk Register.

Actions taken to improve

- 3.7 Bank and agency staff are being utilised to increase capacity whilst posts are out to recruitment. The Trust-wide Quality Assurance Group has identified staffing and workforce as an area of focus and a request has been made to strengthen safe staffing reporting including acuity and risk tolerance.
- 3.8 Locally, capacity is monitored via the CQPG, regular updates are also provided via the locality report and an update on current vacancies and progress with recruitment has been requested.

Care Quality Commission Inspection

- 3.9 The Care Quality Commission (CQC) well-led inspection was completed at the end of October, the final report is expected to be published in early 2019.

Quality for 2019/20

- 3.10 Work has been initiated to provide a stronger quality focus at the Local CQPG Meetings in 2019/20 with bi-monthly "Quality in Focus" sessions planned. Similarly, work is being initiated to look at the reporting structure and content in readiness for the 2019/20 contractual discussions with workshops planned in February 2019.
- 3.11 The Trust has produced a draft Quality Strategy which has been shared with commissioners and an engagement session is planned for January 19. The draft strategy covers five quality aims: well-led; patient safety; patient experience and engagement; clinical effectiveness.

4. PUBLIC HEALTH

Provider: Tameside and Glossop ICFT - Health Visiting

Key Points/Issues of Concern:

- 4.1 Antenatal assessments remain low in Quarter 2 at 67 compare to 61 in Quarter 1. The service has indicated that there will be increased performance seen in Quarter 3. Health visiting is the only universal service that can provide health promotion, early intervention and primary prevention in the antenatal period that continues into the early years.
- 4.2 New birth visits and timeliness of 2/2.5 year check continue under performance threshold.

Actions taken to Improve:

- 4.3 Work around recruitment continues to ensure effective capacity within the service. Additional Band 5 nurses have been recruited to support Health Visitors and access Specialist Community Public Health Nursing (SCPHN) training next year, so that the Trust can support the needs of the future local workforce. Turnover rates are high at 13% but there has been an improvement in vacancy levels.
- 4.4 Vulnerable families are targeted for antenatal visits highlighted by Midwifery and Children's Social Care.
- 4.5 Antenatal visits have started to be allocated routinely to Health Visitors using Euroking, and joint clinics with midwifery are being developed.
- 4.6 Data Quality of input to Ages and Stages Questionnaire (ASQ) on EMIS is now overseen by managers on a monthly basis.

Good Practice

- 4.7 The service, alongside Business Intelligence leads at the Trust, has formulated robust systems to make it easier to seek support from other teams to stop breeches happening. EMIS support has been given to practitioners to ensure that data is captured and recorded accurately- especially when recording is done retrospectively. This has led to the percentage of children who received a 2-2.5 year review using ASQ 3 increasing this quarter to 96.8% meeting the threshold target of 95%.

Horizon Scanning

- 4.8 The service improvement plan is updated monthly and the commissioning lead in the Strategic Commission meets with the service on a monthly basis to monitor this. A workshop on 28 January had been planned by Tameside and Glossop ICFT to look at

options for transformation and joint service delivery to improve partnership working and improve outcomes for families in Tameside and Glossop.

5. PRIMARY CARE

Key points / Issues of concerns:

- 5.1 General practice primary care is a finite resource, which may result in inequalities of access to GP appointments.

Actions taken to improve

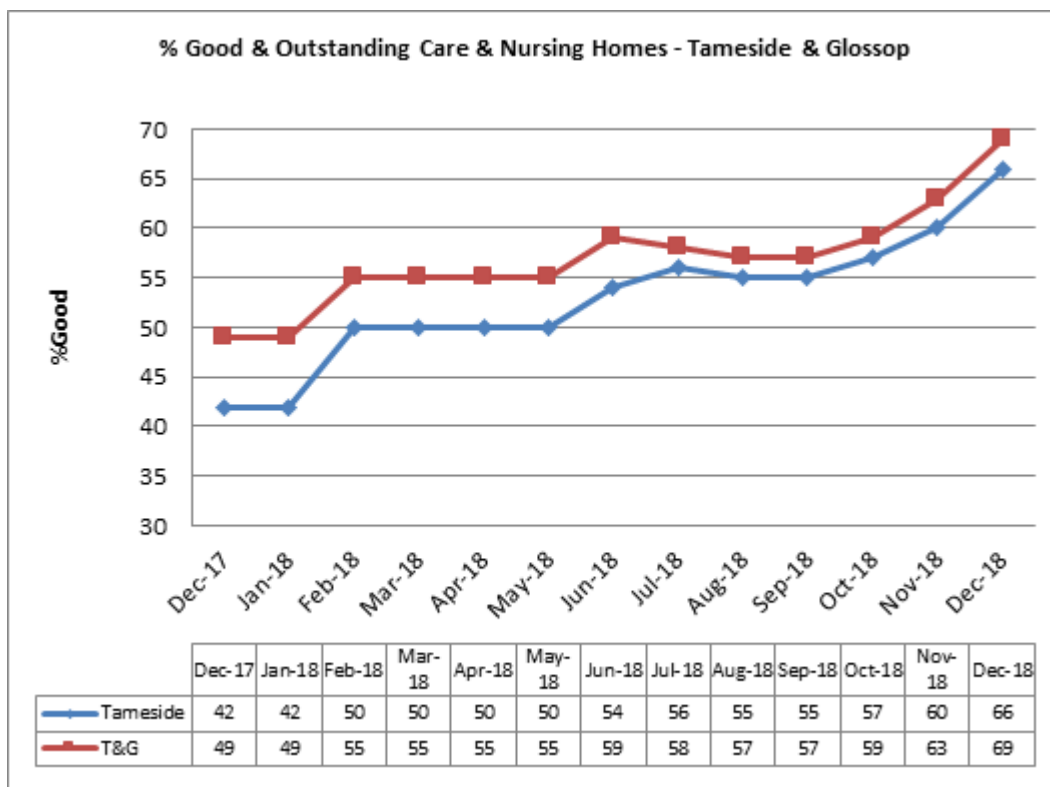
- 5.2 The Access Outcomes Framework was developed for general practice to address any inequalities in Tameside and Glossop CCG registered population access to General Practice appointments. It is an optional, additional service, which may be delivered on a practice or neighbourhood basis and consists of a qualifying standard and a number of indicators. The additional investment into general practice is to facilitate enhanced primary medical services for practice populations both in terms of the coverage across core hours but also the timing and methods of appointments to reflect the needs of populations. Sign up to the framework commenced in July 2018 with assessment based on the key indicators of delivery in December 2018.
- 5.3 The outcome of the December assessment was that of the 31 practices signed up to deliver the framework 25 submitted on time for assessment and of the 25 practices 19 submissions were signed off for payment by the Primary Care Delivery and Improvement Group. Since the December assessment the 6 practices which have not submitted and the 6 which submitted but failed on some of the indicators have been contacted and given feedback and an extension to the submission date.
- 5.4 Practices have reported that delivery of some of the framework indicators has been challenging, particularly around meeting of the reasonable needs, as set out in the NHS England guidance letter of December 2017 (GP Access: expectations in respect of extended and core hours). However, practices have responded proactively to evidence changes in internal processes and approaches to meet the challenges and deliver the framework indicators which have now become business as usual. As well as the above improvements in access for patients an element of the indicators including in the framework has supported the CCG to better understand pressures on capacity in primary care via daily reporting of same day capacity which will feed in to system wide capacity planning.
- ### **Good practice**
- 5.5 Medical assistants are members of clerical staff trained code and action incoming clinical correspondence to a practice, in line with agreed protocols, reducing the amount of clinical letters that need to be forwarded onto GPs. There are already a number of different processes in place within the 37 Tameside and Glossop practices.
- 5.6 Under the Five Year Forward View there is funding to support the development of these roles. The offer to Tameside and Glossop practices recognises that some practices will wish to develop their own in house ways of developing these roles, or use a process that has been developed by another practice while others may wish to use an external company's process.
- 5.7 Practice Inbound is the preferred external company that was chosen by a task and finish group consisting of practice managers. Up to 15 practices wish to use Practice Inbound with the majority of the remaining practices wishing to develop their own internal options.
- 5.8 Utilising staff to code and action incoming clinical correspondence allows clinicians to spend more time on patient facing tasks, which helps to reduce access issues and any inequalities of access that may exist across Tameside and Glossop practices.

Horizon scanning

- 5.9 The 2017 – 2019 version of the primary care quality scheme will end on 31 March 2019, with practices having to submit a final report by that date. This is a quality improvement scheme that all Tameside and Glossop practices participated in. It required them to undertake a mandatory project monitoring trimethoprim prescribing and undertaking a “deep dive” to understand the reasons for the increase in prescribing.
- 5.10 There were two other projects, which practices could choose based upon areas of improvement pertinent to their practice within six broad themes. Projects chosen include, amongst others, increasing Atrial Fibrillation prevalence, reducing the number of letters going to GPs via Docman, increasing cervical screening uptake, improve bowel screening rates, increasing the number of patients with hba1c in target, improving DNAs and increasing the number of patients requesting prescriptions on line.
- 5.11 To help support practices in delivering their final report and encourage the sharing of their successes and challenges a single issue Practice Managers Forum was held on 15 January 2019 facilitated by the Time for Care practice development programme. Practices were advised of the reporting mechanism – using a poster template – that will explain what their projects were, the challenges and the outcomes – with a final event in May where each practice will show their poster. This will allow the learning from each project to be shared with other practices in Tameside and Glossop.

6. CARE AND NURSING HOMES

- 6.1 There has been significant improvement in % of care homes rated as good and outstanding for the Tameside and Glossop locality; this progress has been acknowledge by GM Partnership in our recent Quarter 3 Quality pre meet. Currently there is only 1 x operational home within the Tameside and Glossop locality with inadequate rating; CQC inspection commenced on 22 January 2019.



6.2 A review of the 2018 Contracts Performance Visit Baseline is due in January 2019. Analysis of compliance across the sector will be undertaken with the aim to identify areas where increased focus needs to be placed in 2019 as well as identifying areas of good practice. Current Annual Visit Contract Performance documentation will be reviewed and amended as required.

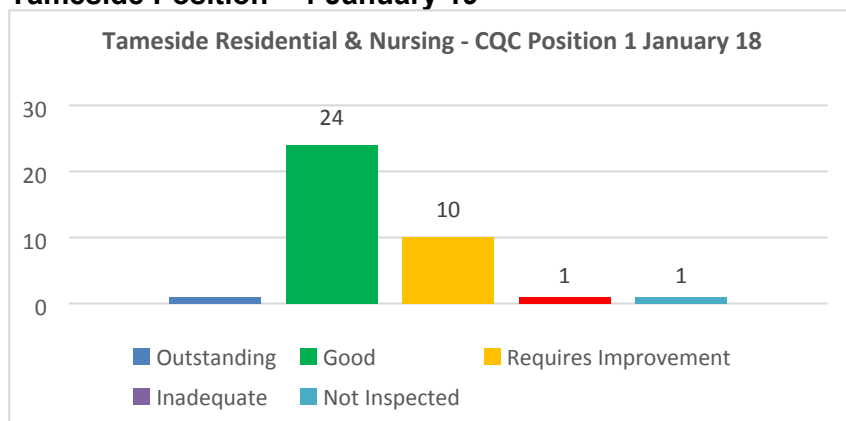
6.3 The Quarter 4 Care Home Manager’s Forum is due to take place on 24 January 2019, the following sessions are included on the agenda:

- Community Involvement – Public Health;
- Oral Health – Be Well Team;
- Medicines Management Update;
- Learning from Falls – Sunnyside Care Home and Quality Improvement Team.

CQC Performance

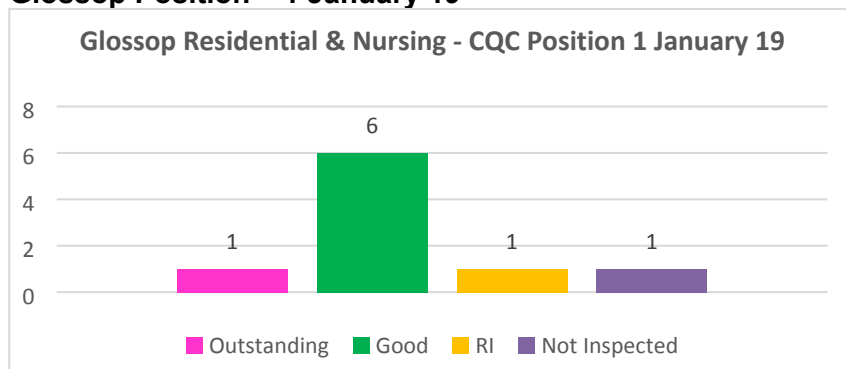
6.4 The Care Quality Commission (CQC) picture for Care Homes and with Nursing¹ is provided in the graph below.

Tameside Position – 1 January 19



NB: This data covers operational TMBC commissioned Homes that are CQC registered as “residential” or “nursing”. Bowlacre Residential Home has now been removed from the data as this home is no longer operational.

Glossop Position – 1 January 19



NB: This data covers operational DCC commissioned Homes that are CQC registered as “residential” or “nursing”

¹ Where ownership has changed this has been recorded as “not inspected” in line with CQC reporting. The Home will have been inspected under the revised CQC methodology under previous ownership.

Inadequate CQC Ratings

The Vicarage (Tameside MBC)

- 6.5 The Home was rated Inadequate by the CQC on 21 August 2018 following inspection on 21 May 2018. The Home remains suspended from admissions. Support from the Quality Improvement Team continues; CQC inspection commenced 22 January 2019.

Published CQC Ratings (November and December 2018)

Thornclyffe Grange

- 6.5 The Home maintained its “Good” rating following inspection on the 31 October 18. The Home achieved a good rating across all five domains.

Fairfield View Care Home

- 6.6 The Home improved its CQC rating to “Good” following inspection on the 7 November 2018. The Home was previously rated as “Requires Improvement”, improved performance was noted in the “safe”, “effective”, and “well-led” domains with a “Good” rating now achieved across all of the five domains.

Sunnyside Residential Home

- 6.7 The Home maintained its “Good” rating following inspection on 6 November 18. An “outstanding” rating in the “Responsive” domain was achieved. An excerpt from the CQC is provided below:

“The service actively promoted well-being and continually strived to protect people from the risks of social isolation and loneliness. The range of activity on offer was extensive. Staff were continually developing meaningful and appropriate activities and building community links.

Systems in place ensured the needs of each individual were identified and respected. People, and those who were important to them, were encouraged to be involved in developing their support. The service had an exemplary, holistic approach to planning and providing care and support.

People had their care and support needs kept under review. Staff were extremely proactive when people’s needs changed and sought positive solutions that enabled people to do what was important to them”.

Stamford Court Nursing Home

- 6.8 The Home improved its CQC rating to “Good” following inspection on the 1 October 2018. The Home was previously rated as “Requires Improvement. The Home achieved a “Good” rating across all categories with the exception of “responsive” where improvements were noted as required in care monitoring charts.

Fir Trees Care Centre

- 6.9 The Home improved its CQC rating to “Good” following inspection on the 28 November 2018. The Home was previously rated as “Requires Improvement”. The Home received a “Good” rating across all CQC domains, with improvements noted across the majority of domains.

Quality Improvement Team Update

- 6.10 The Quality Improvement Team continues to support the Care and Nursing Home Sector in the locality. The following initiatives have been offered in Quarter 3 of 2018/19.

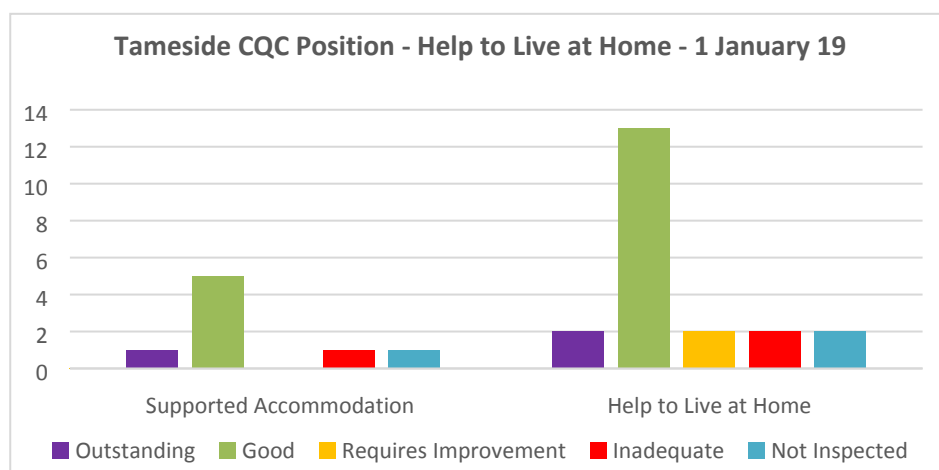
Quality Initiative	Provider	Homes Involved
Oral health	Be Well Tameside	Majority of homes have now received training
Tameside & Glossop Red Bag Scheme	Tameside & Glossop CCG	The team continue to support care home managers with the implementation of the scheme

Neighbourhood Meetings	QIT team	QIT are now linked in with Neighbourhoods and attend meetings
Care Home Quality Review Group	Strategic Commission	QIT Team Leader represents at Care Home Quality Review Group
Medicines Management	QIT team Meds technicians	All Inadequate and Requires Improvement Care homes have now been audited and those that have failed are receiving ongoing support from meds tech and QIT team.
Staff Development	QIT team, Local Authority, Strategic Commission	Refresh of Training Consortium Steering Group. This work is ongoing
Tissue Viability and Infection Prevention	Tameside & Glossop ICFT	QIT team continue to work with ICFT infection prevention team and Tissue Viability team
6 Steps Celebration event	ICFT Palliative Care Team	Celebration event held in Qtr 3 for 7 homes that have completed 6 steps programme. Programme will be offered to all care homes in 2019 alongside a programme of palliative and end of life care training for care staff.
Buddy Scheme	Tameside & Glossop CCG QIT team	Buddy Scheme launched in Qtr 3 to all homes
Teaching Care homes	GM	Offered to homes who met criteria for consideration. 1 Care home signed up in Tameside.

7. SUPPORT IN THE COMMUNITY

CQC Performance

7.1 The CQC picture of the providers used to supply support in the community in Tameside is noted in the graph below:



NB: This data covers operational commissioned providers that are CQC registered as "Homecare Agency" or "Supported living" for TMBC

7.2 During the reporting period the following CQC reports have been published for the following commissioned providers.

Medacs Healthcare (Beatrix House) – Help to Live at Home

7.3 This Provider achieved a “Good” rating following inspection in October 2018. A “Good” rating was achieved across all five domains.

Turning Point –Supported Accommodation

7.4 This Provider achieved a “Good” rating following inspection in October 2018. A “Good” rating was achieved across all five domains.

Creative Support – Help to Live at Home

7.5 This Provider was rated as “Requires Improvement” following an inspection in October 2018. A Requires Improvement rating was given across all domains.

Extrahand Care Services – Help to Live at Home

7.6 This Provider was rated as “Good” following an inspection in November 2018. A “Good” rating was achieved across all domains.

Support at Home Model

7.7 The new support at home model continues to be rolled out across all six zoned providers (phase 2 started in July 2018) so the providers will be working to two models of care initially whilst the new model embeds. It anticipated that by the end of March 2019 all support at home services will be delivered using the new model.

Glossop Update – Support at Home

7.8 CQC performance for current providers that are accredited by Derbyshire County Council to provide support at Home (and cover the Glossop area) are provided below.

Provider	CQC Performance – Overall Rating
Community Life Choices (CLC Limited)	Good
Compassionate Care	Good
Routes	Good (outstanding in Caring)
CRG	Requires Improvement
Mears (Chapel-en-Le-Frith) <i>Homecare and supported accommodation</i>	Good
St Christopher’s (<i>supported accommodation only</i>)	Good
Lifeways (supported accommodation)	Good

7.9 Ongoing updates in relation to quality of provision and CQC performance will be provided as part of this report.

8. INDIVIDUALISED COMMISSIONING

Quality Premium Scheme Performance:

8.1 The Quality Premium (QP) scheme financially rewards Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission. The scheme incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

8.2 The Quality Premium Scheme 2017/19 includes a Continuing Health Care (CHC) Indicator. The ICFT have a key role in supporting the CCG to achieve of the CHC Quality Premium indicator by encouraging use of the discharge to assess beds within the Stamford unit when

it is deemed unsafe for a patient to return to their own home. A Quality Premium measure has therefore been included in the ICFT contract for 2018/19 to monitor the Trust's contribution to achieving this indicator.

- 8.3 This indicator was achieved for 2017/18 however it remains a challenging indicator; work continues with ICFT and partners to monitor performance and identify any themes emerging from delayed assessments and implement mitigating actions to improve timeliness.

Summary of Performance:

Activity	Continuing Health Care	Fast Track	Funded Nursing Care
Q1	204	41	222
Q2	193	39	218
Q3	184	47	217

Quality Premium Performance	% of DST's completed within 28 Days (should more than 80%)	% of DST's completed in Acute beds (should be less than 15%)
Q1	93%	15%
Q2	72%	13%
Q3	81%	12%
Aggregated performance	82%	13%

9. SAFEGUARDING

Adult Safeguarding

- 9.1 The Designated Nurse for Adult Safeguarding co-facilitated a multi-agency Safeguarding Adult Managers Development Day in November 2018. The focus of the day was learning from reviews and audit and how to improve the effectiveness of safeguarding strategy meetings. This was the second multi-agency Safeguarding Adult Managers event which Tameside Adult Safeguarding Partnership Board has agreed to host on an annual basis.

Children's Safeguarding

- 9.2 Tameside was chosen as one of seventeen local authorities by Department of Education to be an "early adopter" for implementing new arrangements for scrutiny of multi-agency safeguarding children arrangements. The new arrangements were published in December 2018. work is currently on going to ensure that changes are implemented linking children's safeguarding arrangements to the work of community safety partnership, adult safeguarding and health and wellbeing arrangements.
- 9.3 There is likely to be further inspection of local authority safeguarding children arrangements in March 2019 by Ofsted. This is likely to be a full inspection.

10. CHILDREN'S SERVICES

- 10.1 The agreed assurance route for Children's Services is via [Tameside Children's Services Improvement Board](#).

11. ASSOCIATE CONTRACTS

- 11.1 The quality of associate contracts are managed by the Lead CCG for that contract and assurance sought via the lead CCG's contracting processes. A working group has been

established to strengthen internal processes in relation to the performance and quality of associate contracts.

Oaklands Hospital

- 11.2 A Contract Performance Notice has been issued by the Co-ordinating Commissioner Salford CCG for a number of ongoing contract requirement issues.
- 11.3 There are no issues identified relating to the safety of services.
- 11.4 A formal meeting is scheduled for January 2019 to discuss the issues.

12. SMALLER VALUE CONTRACTS

- 12.1 The smaller value contracts have now been prioritised for quality focus using a risk matrix. The next step is to establish the level of existing commissioner oversight & contract monitoring arrangements for those that are assessed as needing significant focus from the Quality Team, this will be undertaken by 28 February 19. Following this the Quality Team will continue to work with commissioning and contract leads to ensure adequate quality monitoring arrangements are in place

13. ADDITIONAL INFORMATION

Draft NHS Standard Contract 2019/20

- 13.1 The draft NHS Standard Contract for 2019/20 is now in consultation until 1 February 19 <https://www.england.nhs.uk/publication/draft-nhs-standard-contract-2019-20-a-consultation/>

- 13.2 A number of changes are proposed and a summary document has been produced on the NHS England Website. The following are worth noting from a quality perspective:

Maternity Services

- 13.3 requirement for implementation of the Saving Babies' Lives Care Bundle; a standard for the proportion of women who experience continuity of carer during their maternity care (35% by March 2020).

Care for people with learning disabilities

- 13.4 NHS Improvement has recently published improvement standards, and NHS England is about to publish good practice guidance, for providers of NHS services in respect of care and treatment of people with learning disabilities and autism. There will be a new requirement in the contract to have regard to these documents.

Care and Treatment Reviews

- 13.5 More specific guidance on undertaking Care and Treatment Reviews before admission or discharge.

Eating disorder services

- 13.6 Proposal of a new requirement relating to the national standard for access to eating disorder services for children and young people.

Early Intervention in Psychosis (EIP)

- 13.7 Proposal to raise the threshold from 53% of Service Users waiting less than two weeks to access treatment in 2018/19 to 56% from 1 April 2019.

Physical healthcare for people with severe mental illness

- 13.8 A national CQUIN indicator has been in place since 2014 there is a proposal to translate that into a broadly equivalent requirement to do so within the Contract.

Sepsis

- 13.9 Since 2016, financial incentives have been in place through CQUIN to drive improvements in the identification and initial treatment of patients with sepsis. The proposal is to transfer the key CQUIN requirements into the Contract as two new national standards, covering screening and initial treatment for A&E attenders and inpatients. It is also propose including additional references to the use of the National Early Warning Score (NEWS 2) and to compliance with national guidance on sepsis screening and treatment.

System-wide collaboration and integration of services

- 13.10 Proposal to strengthen the requirements in the Contract which relate to the integration and co-ordination of care across different providers, by including a new requirement on both commissioner and provider to contribute towards implementation of any relevant local System Operating Plan.

Health inequalities

- 13.11 Proposal to include a high-level requirement in the Contract for the provider to support the commissioners in carrying out their duties in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services.

Staffing of clinical services

- 13.12 Strengthened arrangements around safe staffing (reference to Developing Workforce Safeguards) new requirements to undertake quality impact assessments before making staffing changes and to implement a standard operating procedure for dealing with day-to-day staff shortfalls.

Personalised care

- 13.13 Proposal to include additional requirements in the Contract to support implementation at local level of personalised care and the roll-out of personal health budgets.

NHS Continuing Healthcare Framework

- 13.14 Proposal of adding requirements to the Contract to reflect obligations in The new National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care regarding the need to minimise the number of NHS continuing healthcare assessments which take place in an acute hospital setting.

Infection control and antimicrobial stewardship

- 13.15 Proposal to transfer specific requirements (previously in the CQUIN) into the Contract, requiring providers to have regard to key national guidance on antimicrobial stewardship and to strive to achieve ongoing reductions in its use of antibiotics.

14. RECOMMENDATIONS

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