

Report to:	STRATEGIC COMMISSIONING BOARD
Date:	30 January 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 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.
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 part sot account and understanding best where to focus resources and oversight. This report and framework needs to be developed expediently to achieve this. It must include quality and this would 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 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 meaning 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 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/

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 Slawomir Pawlik, Quality and Patient Safety Lead, by:



Telephone: 07788647611



e-mail: slawomir.pawlik@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. 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

Serious Incidents

- 2.1 Two never events were reported by the Integrated Care Foundation Trust, one event being the incorrect site surgery in September 2017 and the second being a retained foreign object post procedure in October 2017. Full investigations are being undertaken by the Trust. The Clinical Commissioning Group will be closely monitoring the outcome of these investigations and ensuring any recommendations are implemented.

Looked After Children: Health Assessments

- 2.2 Concerns have been raised with the provider in relation to the performance of Looked After Children's health assessments, particularly in regards to the timeliness of Initial Health Assessments. This has been escalated to the Chief Nurse who has agreed and implemented a recovery plan. This work has coincided with the recommendations made from the recent Ofsted inspection since it was allocated an inadequate judgement. This has enabled the Clinical Commissioning Group, provider, and Local Authority to work together more effectively to resolve issues with timely notification processes and data collection issues across services. The Improvement Board, whose function is to review the multi-agency action plan for the authority, 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.
- 2.3 The Looked After Children service review continues in collaboration with the provider to ensure Tameside and Glossop Clinical Commissioning Group has a clear Looked After Children offer to children and young people. Its purpose is to clarify and improve performance and quality for children and young people.

Discharge summaries

- 2.4 Performance was below target for both inpatient and Emergency Department discharge summaries in October (November data not available as yet). Performance against the Emergency Department discharge summary target did not meet the target due to resource issues in both the Clinical Coding Team and the Emergency Department administration team. 84.7% of inpatient discharge summaries were completed within 48 hours October, which represents a small improvement on recent performance. The improvement is partly the result of support from the Medical Director and the Governance Team; however, significant further improvement is required.
- 2.5 The roll-out of the new eCAS card will begin in late November 2017. This electronic solution, when fully implemented, will automate the completion and dissemination of Emergency Department discharge summaries. When fully implemented, this will then allow for some of the resource freed by completion of the eCAS card project, to be used to support improved performance against the inpatient discharge summary target. The Medical Director is leading the development of an action plan designed to improve performance against the inpatient metric.

Good practice

Parliamentary Review

- 2.6 Tameside and Glossop Integrated Care NHS Foundation Trust is highlighted for best practice in this year's Parliamentary Review.
- 2.7 *"Tameside Hospital has been on a journey. But what you can see is that they have an incredible passion for doing the right thing and a real optimism for the future. I think the management of the Trust has completely changed. The staff have managers who listen to them if they have concerns, and I think everyone deserves huge congratulations for the progress they have been making in turning the hospital around"* Health Secretary. [Read the full article here pages 24-26.](#)
- 2.8 Sue Wilson, Outpatient Matron, has received a North West News Christmas Star Award in recognition of her 50 years of Nursing within the Integrated Care Foundation Trust.

Summary Hospital-level Mortality Indicator data

- 2.9 The latest Summary Hospital-level Mortality Indicator (SHMI) data was published on the 14 December 2017 and shows that the Integrated Care Foundation Trust Summary Hospital-level Mortality Indicator data continues to reduce and is now at 1.08 and remains in 'within expected' range. NB: the Summary Hospital-level Mortality Indicator is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

Patient Story - Community IV Therapy Services

- 2.10 As part of the Service Transformation schemes being undertaken, Integrated Care Foundation Trust Community Intravenous Therapy Team is providing an expanded service. This provides services 7 days a week for patients requiring IV therapy which is done in a patients' own home or at community outpatient clinics. This service will prevent unnecessary hospital admissions, facilitate early discharge and improve patient safety whilst ensuring care can be provide closer to home. The attached [link here](#) provides a patient's experience of this service and the impact it had for him and his family.

Patient Experience Surveys

- 2.11 [A&E Survey:](#) This is a national survey, released in October 2017 and provides the experiences of people who received care and treatment in Integrated Care Foundation Trust A&E department between October 2016 and March 2017. There are 9 questions in total and for each question Trusts receive a rating of 'About the same', 'Better' or 'Worse' than other Trusts that took part in the survey. When the A&E Survey was last completed in 2014 Integrated Care Foundation Trust's performance was the worse in the country, however in these latest results show that the Trust is now performing 'about the same' as most other trusts for all questions in the survey. This is a significant improvement in the experience of patients using A&E.
- 2.12 [Children and Young People Survey:](#) This is a national survey, released on 28 November 2017 and provides the experiences children and young people who received inpatient or day case care during October, November and December 2016. Children and young people, and their parents and carers were asked to answer questions about different aspects of their care and treatment; based on their responses each trust received a rating of 'Better', 'About the same' or 'Worse'. The experience of children and young people, their parents and carers receiving inpatient or day case care at Integrated Care Foundation Trust is at the least 'about the same' as other Trusts but notably 'better' than other Trusts for some key aspects of their care and treatment. The Trust was recognised as a national best practice outlier in this survey.

2.13 Positive outliers: -

Privacy - children and young people feeling they had enough privacy during their care and treatment.

Privacy - parents and carers (of younger children) feeling their child was given enough privacy during their care and treatment.

Type of ward stayed on - children spending most or all of their stay on a ward designed for children or adolescents, and not on an adult ward.

Parent and carer's views on pain management - parents and carers saying they thought staff did all they could to ease their child's pain.

Advice on self-care - children and young people saying they were given advice about how to care for themselves when they got home.

Advice on caring for child - parents and carers saying they were given advice about how to care for their child when they got home.

Horizon scanning

Stroke Repatriation

2.14 Concerns have been raised by Stockport Foundation Trust in relation to a number of stroke repatriation breaches. These breaches relate to Tameside patients who require repatriation to the Integrated Care Foundation Trust to commence their rehabilitation program after being admitted to Stockport following a stroke. The issue is the availability of beds to repatriate these patients. This was discussed at the Integrated Care Foundation Trust Quality and Performance contract meeting on the 13 November 2017. The Trust will now explore the issues relating to the breaches and develop relevant actions to reduce the incidence of repatriation breaches. Some early thoughts are to improve the timeliness of notification of stroke patients being admitted to Stockport who will, in turn, require repatriation to the Integrated Care Foundation Trust and by being able to anticipate demand this will support bed flow planning.

Community Nursing

2.15 A review is currently taking place in relation to community nursing and capacity; the findings of this will be shared at the Integrated Care Foundation Trust Contract Quality and Performance Assurance meeting and any emerging issues highlighted in this report.

Conclusion

2.16 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 October there 3 mixed sex accommodation breaches, 1 on Hague Ward and 2 on Summers Ward.

3.2 In relation to single sex accommodation in adult and older people's wards a paper has been produced to be taken to the Pennine Care Foundation Trust Board in December 2017. The purpose of this paper is to present a recommendation for approval to reconfigure the current acute inpatient services to meet the statutory Mixed Sex Accommodation requirements, whilst attempting to minimise the impact of changes to patients, families, carers, staff and the wider health care system. The paper articulates the scale and complexity of change required in order to meet the regulatory requirements. This

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.

reconfiguration should be driven by a well-resourced clinical change transition team, who have the skills and capacity to execute whole scale trust wide transformation that impacts across boroughs, teams and organisations. We have been assured that the recommended option for reconfiguration are derived from a wider options appraisal, staff engagement and review of available data and is accompanied by an analysis of risks. The timescales for achieving full compliance will be defined throughout the transition phase based on learning from each phase and level of risks that emerge. This will outline options in regard to this area.

Care Quality Commission

- 3.3 The latest assessment of progress shows that 160 (59%) of actions within the Care Quality Commission action plan are rated Green, 74 (27%) Amber and 38 (14%) Red. This has improved from the position reported at the end of October 2017.

Delayed Transfer of Care

- 3.4 The Trust has been working internally and externally to increase the prominence and improve management of delayed discharges. As part of this process a clear set of guidance has been developed and disseminated to Directorate Leads along with a clear set of guidance for Ward Managers to ensure consistency in interpretation. As a result of this there has been a gradual increase in the reported Delayed Transfer of Care figures. Discussions are on-going with the Clinical Commissioning Groups and Local Authorities regarding the reporting and escalation of Delayed Transfers of Care and appropriate interventions to support improvement of performance.

Good practice

Tameside and Glossop Memory Assessment Service (MAS)

- 3.5 The Memory Assessment Service based in Tameside and Glossop has been accredited by the Memory Services National Accreditation Programme, part of the Royal College of Psychiatrists.
- 3.6 The Memory Services National Accreditation Programme works with services to assure and improve the quality of memory services. This accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided by Pennine Care, and is endorsed by the Care Quality Commission. In order to attain this standard, the Memory Services National Accreditation Programme engaged Pennine Care staff in a comprehensive process of review, through which good practice and high quality care was recognised. The review also identified and addressed areas for improvement. The review involved speaking to service users and carers as a priority and they were involved in all stages of the accreditation process.

Horizon scanning

Strategy review

- 3.7 Progress in refreshing the Trust's business strategy has been going well over the last few months, started by a productive board development session held mid-November. The Trust has also brought together 80 of their senior clinical leaders and managers from across the Trust to build collective leadership and ensure consistency in the annual business planning cycle. The Trust's intention is to develop a medium to long-term business strategy, which is supported by a robust financial plan and a clear narrative that is understood by all staff and stakeholders. The Trust's Chief Executive Officer is currently reviewing the governance structure to improve the flow of assurance, communication and intelligence across the Trust, as well as strengthening forums for collective leadership and maturing the new operating structure. The revision of Trust's approach to People and Organisational Development is key enabler to this area of work.

Quality Improvement

3.8 Driving and sustaining quality improvement is a major priority for the Trust and a project group is now in the early stages of formation to drive this agenda forward. A workplan is being agreed to deliver against four key workstreams:

- Build the will, culture change;
- Organisational expectation and support framework;
- Build the capabilities and resources to support;
- Manchester Metropolitan Partnership and research links.

3.9 Progress under this agenda will be overseen by the Trust's Programme Management Steering Group as it is a key enabler to delivering the business strategy.

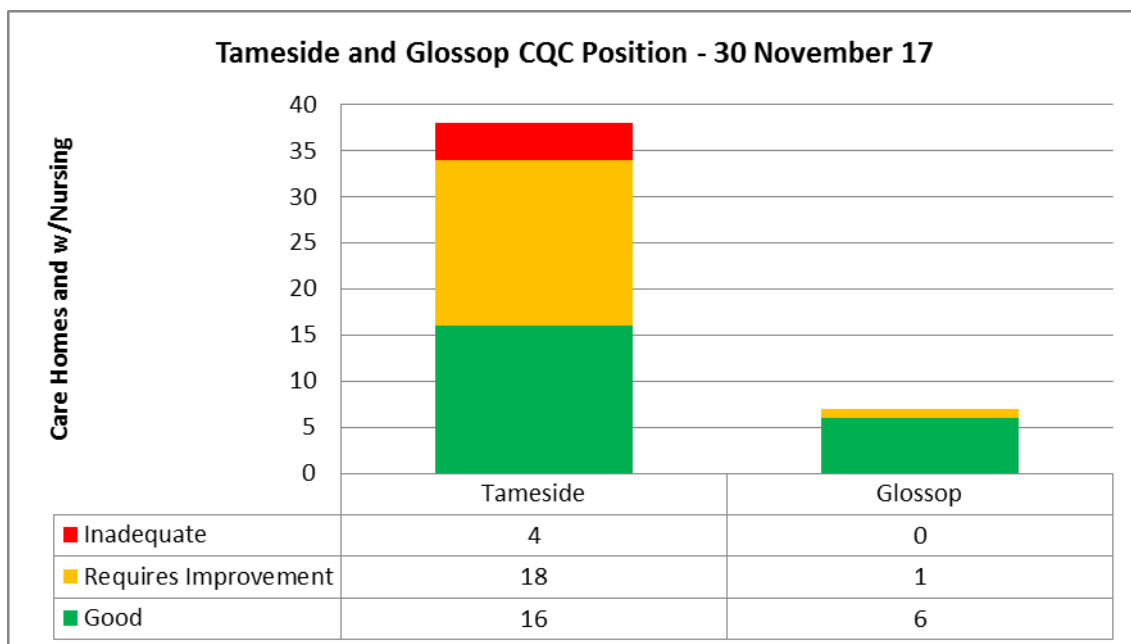
Conclusion

3.10 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

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



4.2 There are currently four homes rated inadequate within the locality, a short summary of key issues and support provided is given below:

Balmoral Care Home

4.3 Main themes are medicines management, risk assessments needed updating, refresher training needed to be booked, records needed to be updated and the provider needed to implement appropriate quality assurance systems. The Medicines Management Team has provided support and completed audits with improvements noted. Support has been given to the manager to advise on the work required regarding care plans, risk assessments, etc.

The manager has been given supernumerary time to implement appropriate Quality Assurance systems.

Charnley House Residential Home

4.4 The Home was suspended in September 2016 following an inadequate Care Quality Commission inspection. Key issues highlighted included medicines management, risk assessment, staffing and recruitment and infection prevention and control. The Commissioners have been working closely with the home and some progress is being made. A further Care Quality Commission inspection (report published 08/06/17) did note some small improvements but the overall rating remains as 'Inadequate'. The suspension was lifted following improvements made in August 2017. The Home has recently been inspected and the publication of the updated report is awaited.

Oakwood Care Centre

4.5 The Home was rated as inadequate by Care Quality Commission on 22 April 2017 following an inspection 9-11 January 2017 (concerns about safe care and treatment, good governance and fit and proper persons employed). Following the Care Quality Commission 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 has since re-established systems and processes that the former manager had let lapse. A contracts performance visit was undertaken on the 27 March, with no significant areas of concerns noted. The voluntary suspension was lifted as all appropriate actions had been taken to address concerns identified by Care Quality Commission.

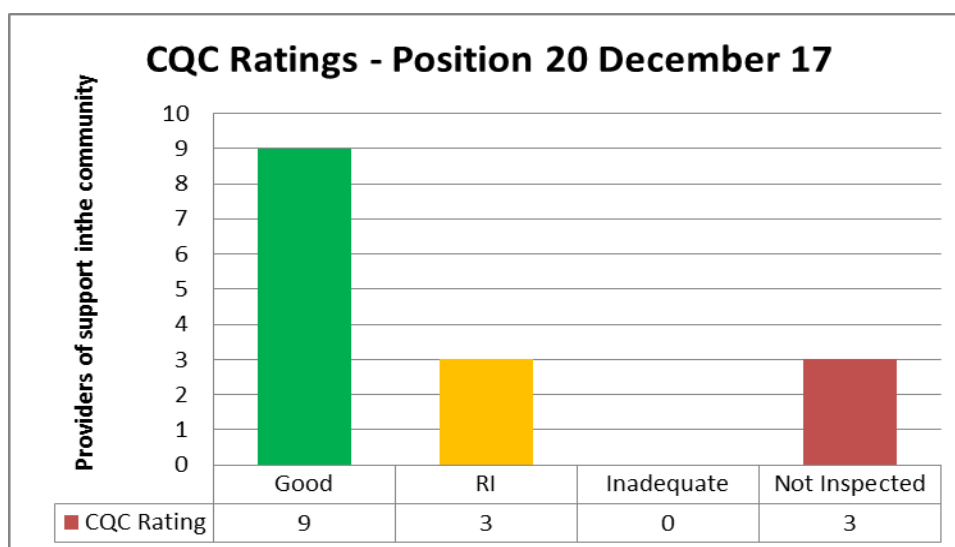
Yew Trees

4.6 The Home was rated inadequate following a visit on 3 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 issues were raised, which prompted a number of safe and well checks to be undertaken, the overall outcome was that residents' needs are being met, with some examples of good practice noted.

Care Quality Commission Performance – Support in the community

4.7 The Care Quality Commission picture of the providers used to supply support at 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):

2



3

4.8 Tameside used to have a provider that was rated Inadequate by the Care Quality Commission, however, Laurel Bank Support at Home deregistered the service in October

2017. The Council did fund a number of service users who chose this provider (via Individual Service Funds) but these novated over to Smartway Health and Social Care, a fairly new provider located in Ashton-under-Lyne.

- 4.9 The new support at home model is being rolled out next year (phase 1 proposed start date in January 2018) so the providers will be working to two models of care initially whilst the new model embeds.

Quality Improvement Team

- 4.10 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.
- 4.11 The primary focus of the work will initially be on the Care and Nursing Home sector, with a particular focus on those homes “inadequate” by the Care Quality Commission, 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.
- 4.12 The team will consist of a team manager, two social workers, one nurse and one medicines management technician. Recruitment has commenced and the Team Manager has been appointed (start date is being negotiated) and the two Social work posts are to be interviewed in the first week of January. Unfortunately the Medicines Management Technician and Nursing Post were not recruited to – these two posts will be advertised again in January 2018 as permanent posts in the hope that this will attract suitably qualified and experienced candidates.

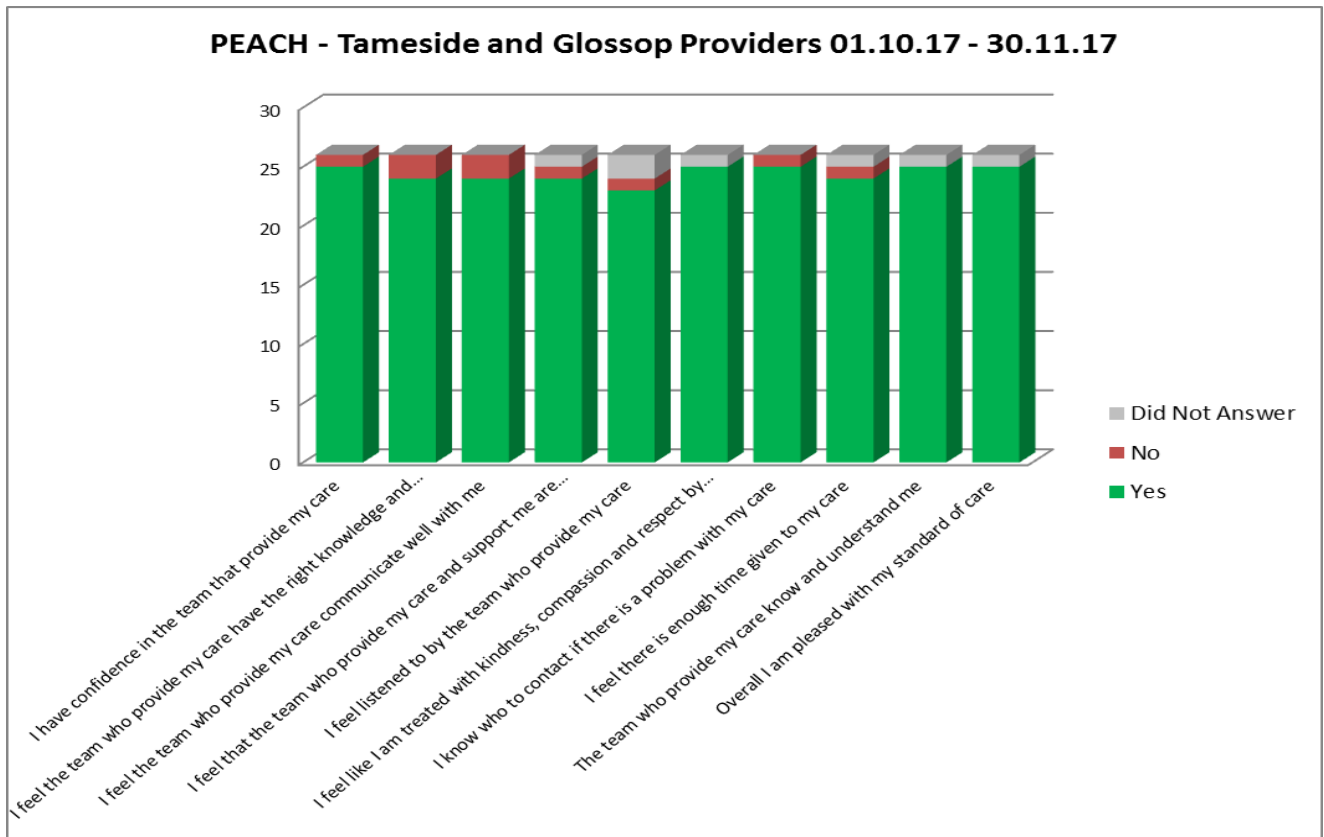
Good practice

- 4.13 *AbleCare Support Services* have been awarded the new New Daisy Plus Award ‘Dignity In Dementia Award’. Six of their staff have also been awarded individual best practice awards.



Patient story *PEACH Results*

4.14 In October 2015, Tameside and Glossop were successful in their bid to NHS England to develop patient experience measures for people in receipt of Continuing Healthcare and/or who have been through the Continuing Healthcare process. The project was completed in 2017 and the PEACH results are now being used to inform a picture of patient experience and quality intelligence across the local care sector.



4.15 NB: Detailed results including themed commentary are taken to the Tameside and Glossop Care Home Quality Group to inform local intelligence regarding individual providers.

Horizon scanning

4.16 A number of actions relating to specific homes have been identified through both the Care Home Quality Group and Care Home data-set based on intelligence gathered. An action plan is in place for internal monitoring and subsequent reporting to the Quality and Performance Assurance Group.

Conclusion

4.17 Considerable focus has been placed on the Care Home Sector in the last six months due to poor performance in respect of Care Quality Commission. New Contract Performance and Quality Assurance Processes will be implemented in January 2018. Existing meeting arrangements remain in place whilst a decision is taken regarding meeting structure for 2018-19. Recruitment for the new Quality Improvement Team has been initiated and the Team Leader has now been recruited. Further interviews are planned for the remainder of the team in the new year. Additionally, a business case has been written for increased Contract Performance Officer and Administration support, this is currently with the Joint Commissioning and Performance Team.

5. SAFEGUARDING

Children's Safeguarding

- 5.1 Currently there are no serious case reviews for children. There have recently been two deaths of children which will be considered for serious case / learning review in the New Year period.
- 5.2 A joint learning event with Oldham Local Safeguarding Children's Board is planned in February 2018. This is with respect to Child T. The event is jointly facilitated as although Child T lived in Tameside, the majority of services accessed by the family were provided by Oldham Local Authority.
- 5.3 Planning is underway in Both Tameside and Derbyshire to ensure that the proposed recommendations from the Wood Review are implemented. Revised legislation with respect to this report is envisaged to be in place by April 2018. As well as reviewing some functions of the Local Safeguarding Children's Boards.
- 5.4 Revised Department of Education safeguarding practice guidance – *Working together to safeguard children* – consultation closed on 31 December 2017. The revised document is likely to be republished in April 2018.
- 5.5 Work is on-going to ensure that health services are supporting the Tameside Ofsted Improvement Plan.

Looked After Children (LAC)

- 5.7 It is reported under the section 2.

Adult Safeguarding

- 5.8 There are currently no Safeguarding Adult Reviews (SARs) in Tameside & Glossop.
- 5.9 Tameside Adult Safeguarding Partnership Board organised and hosted a Multi-agency Safeguarding Adults Managers' Development Day on 7 November 2017. Guest speakers included Care Quality Commission, Public Protection Investigation Unit and Integrated Neighbourhood Services. The session introduced the Safeguarding Adult Managers Tool Kit which will be a live document with guidance and resources to support the Safeguarding Adults Managers' role. The session gave Managers the opportunity to network and an interactive session enabled case scenario discussions with regards to proportionality in adult safeguarding responses. The Development day was well received and positively evaluated with an overwhelming response that the session is repeated at least annually.
- 5.10 Greater Manchester Adult Safeguarding Network has updated the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (2009) policy for all primary care colleagues. The policy is available on the Safeguarding intranet Page as a resource for full use or reference by Primary Care Colleagues.

Learning Disability Mortality Review Programme (LeDer)

- 5.11 Tameside and Glossop LeDer Implementation plan has now been submitted to NHS England.
- 5.12 The Designated Nurse for Children and Adult Safeguarding and the Specialist Nurse for Adult Safeguarding are the Local Area and Deputy Area Contacts alongside seven trained reviewers from Tameside and Glossop Integrated Care NHS Foundation Trust. A further cohort of reviewers are currently being identified and submitted to the national LeDer team for reviewer training, Tameside & Glossop currently have 4 ongoing reviews. Information about the LeDer programme and links to the National site are available on the Clinical Commissioning Group website.

6. PRIMARY CARE

Issues of concerns/remedy

GP Practice

- 6.1 One of the GP practices has recently received a draft Care Quality Commission report that rates it as inadequate and will be placed in special measures. However, the practice has the opportunity to request factual changes before publication places it in the public domain. The practice has discussed the draft report with the primary care team. The team, including the Governing Body GP for Primary Care and the Clinical Lead for Quality improvements, is commencing a programme to support the practice.

Good practice

- 6.2 Dr Joanna Bircher, Clinical Lead for Quality Improvement at the Clinical Commissioning Group and GP at Lockside Medical Centre has been appointed as the Clinical Director to the Greater Manchester GP Excellence Programme. The Greater Manchester GP Excellence Programme is a scheme to support practices resilience across Greater Manchester while at the same time promoting and embedding excellence within general practice.
- 6.3 Joanna will continue her with her role at the Clinical Commissioning Group as Clinical Lead for Quality Improvement, helping to support our practice to provide good quality care.

Patient story

- 6.4 There has been a 12 week pilot project, in partnership with Active Tameside and Denton and Droylsden neighbourhood GP practices, to increase activity levels in older patients to improve health and reduce social isolation.
- 6.5 The project delivered a number of activities in the heart of the local community. Sessions delivered included Tai Chi, gentle health walks, tea and coffee afternoon, walking football, indoor curling and chair based exercise. Local GPs and practices nurses were advised on the timetables of activity and how they could signpost into this. Leaflets were also distributed within the local area for anyone wanting to attend independently.
- 6.6 To eliminate any risk, the project was linked into Active Tameside's Live Active team who are exercise specialists. If any attendees had any queries over their suitability to exercise they could have a consultation with a Live Active Officer who would give them knowledge on their health condition and guidance on safe activity. The Live Active Officer would also work from the community venues so would be around for an informal chat before or after some of the exercise sessions.
- 6.7 Over the course of 12 weeks the project has seen approximately 950 attendances at the sessions. The top reported benefits from these clients so far are, a better sense of wellbeing, making friends and improvements in confidence.
- 6.8 Mr A was signposted into the service to engage into some gentle activity in his local community. He was becoming breathless on daily activity due to a respiratory condition and had recently been diagnosed as being pre-diabetic also. There were also some concerns that living by himself there was risk of Mr A becoming isolated. During an appointment the nurse found out that Mr A enjoyed walking and signposted him to the weekly walk that was taking place at the surgery. The 30 minute walk programme is called 'Walk and Talk' and Mr A definitely liked talking. After a few weeks he joined some of the other activities that were being delivered as part of the project. Mr A has enjoyed the sessions themselves but has found most benefit from socialising with others. His breathing has improved and this is building his confidence to go out and carry out more daily activity, which he had been starting to avoid. He is due to see the practice nurse to recheck his blood sugar levels shortly and is hoping to see a reduction in this too.

Horizon scanning

- 6.9 The Care Quality Commission have published the outcome of a consultation exercise setting out important changes to the way they will inspect and monitor general practice in the future. These changes are being enacted against a national baseline of 93% of GP practices now rated as good or outstanding. As set out in the GP Forward View, the changes will introduce inspection intervals of up to five years for providers rated good or outstanding, although a proportion will be inspected every year thus creating a rolling programme per locality. Practices identified as 'risk' practices, for example following a merger or based on direct complaints or whistleblowing to Care Quality Commission deemed to require follow up will also form the basis of the inspection schedule each year. From April 2018 most inspections will be focused rather than comprehensive.
- 6.10 Any inspections arranged before April 2018 will follow the existing arrangements however reports will be streamlined as part of the new reporting proposals. From April 2018 the new assessment framework will be fully implemented with the intention that the focused inspection will reduce the burden on general practice. From April the reporting of inspections will also be further streamlined to make the reports more user friendly and concise with a data table appended to a shorter narrative.
- 6.11 To support the changed way of monitoring a Provider Information Collection will be introduced which will enable providers to digitally provide information to the Care Quality Commission and therefore support informed decision making by the Commission regarding the schedule of inspections. Although this will be an annual return for practices to complete, and will be a more detailed exercise to populate this initially, it will then be able to be maintained through the year.

7. PUBLIC HEALTH

Issues of concerns/remedy

Health Visiting, Early Attachment, Infant Feeding, Family Health Mentors and Community Nutrition Team (Tameside & Glossop Integrated Care Foundation Trust)

- 7.1 Main areas of concern are around the performance of Health Visiting assessments and breastfeeding at 6-8 weeks. The service has recently migrated to EMIS from IPM which has caused problems with data quality. The result has been a drastic reduction in some performance indicators for Quarter 1 and Quarter 2, in particular the use of ASQ3 in assessments at 2-2 ½ year review. Antenatal assessment performance has reduced significantly in Quarter 1 and Quarter 2.
- 7.2 A recent 'deep dive' has identified capacity issues. This has been as a result of the recent Ofsted inspection and implementation of the improvement plan increasing child protection work by 40%. The service also has a number of vacancies and to attempt to fully recruit to all vacancies the Integrated Care Foundation Trust has recently taken a decision to over recruit to Health Visiting posts. The Single Commission and Integrated Care Foundation Trust also agreed to complete a piece of work on a workforce development plan across public health nursing to identify future pressures. Public Health England have been informed of the data quality issues the service is currently experiencing and have agreed that the Trust can resubmit Quarter 1 and Quarter 2 data at Quarter 4.

Good practice

The Maternity Alcohol Management Algorithm

- 7.3 Maternity Alcohol Management Algorithm alcohol pathway was shortlisted at the 2018 Health Service Journal awards for Service Innovation.
- 7.4 The Single Commission Tobacco commissioning lead and the Stop Smoking Midwife lead were invited to speak at a North West smoking in pregnancy event in Manchester in

December 2017, as the model in place in Tameside was identified as achieving good results, in terms of a steadily declining smoking at time of delivery rate.

Homestart Parent-Infant Mental Health

7.5 HOST² work with Tameside's Early Attachment Service on supporting parents, particularly those with mild to moderate mental health issues, to understand the needs of their baby and to develop positive parent infant relationships in the crucial 0-2 period. This is an exciting project in which our Home-Start Co-ordinator is guided by the Clinical Psychologist from the Early Attachment Service in order to develop closer links between the service and Home-Start. Our Parent-Infant Mental Health worker has been able to access a range of specialist training and is very much seen as a member of the Early Attachment Service, as well as a member of the Home-Start team.

Off the Record

7.6 Off the Record is a Population Health commissioned counselling service based offering mental health support for children and young people aged 10 to 25. Over an average period of 1 quarter, Off the Record counsel 110 young people, seeing them on average for 5 sessions. Under the guidance and partnership working of the Children and Young People's Mental Health Transformation Plan, Off the Record are now using Child Outcomes Research Consortium; a tool to collect and manage quality data sets and aligning to national outcomes measures. More recently, Off the Record has been successful in a funding bid to recruit to a business administration role to further support the usage of the Child Outcomes Research Consortium.

Patient story

Patient story from Stop smoking midwife service:

7.7 *"I would like to say a huge thank you to all the staff at the maternity unit at Tameside Hospital and also to Christine Bassett my Stop Smoking Midwife. I had been receiving help and advice from Christine Bassett throughout my pregnancy and still do now some 3 months later. I am now smoke free and could not have done this without Christine Bassett. She is a great listener and does not put pressure on you whilst at the same time encouraging you. I found her to be very friendly and always looked forward to our meetings. This service is absolutely brilliant and I think it should continue for as long as possible. The best thing about this service is Christine visited me in my place of work and also at home. This made the service more accessible and I didn't even have to leave the house which is great when you have a little one. I also received my patches from Christine for free so I don't even have to worry about cost. I had attempted to receive help with my smoking at the start of my pregnancy from my local smoking clinic based at my health centre but kept being ignored. Christine who is based at Tameside Hospital was the only help and support I received. Christine has been very successful in helping me to stop and I think this service should definitely continue as it is the only service which seems to be available for pregnant ladies. I was a very heavy smoker for some considerable years and believe Christine needs an award for the work which she does."*

7.8 Breastfeeding Peer Support Volunteers Programme Feedback from mums we have supported:

- "Thank you very much for all your help and support so far. It has given me a greater understanding and knowledge of breast-feeding"
- "I feel like I have had so much support recently from Lindsey" (mum baby 10 weeks)
- "You worked a miracle getting him to latch on in 2 minutes"
- "Feeding is going a lot better now, you have been massively helpful" (following info given about cluster feeding)
- "Amy was so lovely; it is down to her that we are doing so well now with feeding"
- Virginia was lovely and helpful when she came to see us"

² HOST-Home-Start Oldham, Stockport & Tameside

- “I really appreciated the help”

Horizon scanning

7.9 Future plans include further development of the locality systems which integrate 0-19 service providers systemically to ensure effective local coordination of multi-professional and multi-agency services to children and families.

Conclusion

7.10 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)

Issues of concerns/remedy

Optegra Eye Hospital services

8.1 Care Quality Commission inspected surgery and outpatients departments at Optegra Eye Hospital Manchester on the 19, 20, 28 July 2017. The report was published on the 21 November 2017. Care Quality Commission rated this service as Requires Improvement overall. Manchester Clinical Commissioning Group (lead commissioner) is dealing with this on behalf of the Tameside and Glossop Clinical Commissioning Group behalf and has requested the following actions:

- Optegra provides their improvement plan by 8 December 2017.
- The two serious incidents identified by the Care Quality Commission are reported appropriately by 8 December 2017.
- Assurance that one particular practice has stopped, or that action has been taken to ensure that patients are safe during transfer. This is in regard to “patients being prepared for cataract surgery in the anaesthetic room and then instructed to transfer from the bed and walk into the operating theatre. Patients who were disorientated due to sedation, or walking without their glasses. Patients required support from theatre staff in order to safely make the transfer”.

8.2 The improvement plan will be monitored by Manchester Clinical Commissioning Group on behalf of all co-commissioners and the Tameside and Glossop Clinical Commissioning Group will receive an update in due course.

Broomwell Healthwatch, Specsavers (Audiology, NWCATS, GM Primary Eyecare Ltd: Tameside and Glossop Glaucoma Repeat Reading Service, Minor Eye Conditions Service and Go-to-Doc Healthcare.

8.3 No quality issues in Quarter 2.

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.