

**Report to:**

**STRATEGIC COMMISSIONING BOARD**

**Date:**

29 August 2018

**Officer of Single  
Commissioning Board**

Gill Gibson, Director of Safeguarding and Quality

Lynn Jackson, Quality Lead Manager

**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 Commission 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 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. In

respect of para 4.3 it should be noted a Local Government Ombudsman Report has been issued and addressed by the Council, it is important that we continue to monitor improvements and the recommendations set out in that report.

<http://tameside.moderngov.co.uk/documents/s36674/ITEM%208%20-%20LGSCO%20Recommendations%20FINAL.pdf> refers.

<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Strengthened joint working in respect of quality assurance aim to support identification or quality issues in respect of health and social care services.
<b>How do proposals align with Locality Plan?</b>	Quality assurance is part of the locality plan.
<b>How do proposals align with the Commissioning Strategy?</b>	The service contributes to the Commissioning Strategy by providing quality assurance for services commissioned.
<b>Recommendations / views of the Health and Care Advisory Group:</b>	This section is not applicable as the report is not received by the Health and Care Advisory Group.
<b>Public and Patient Implications:</b>	The services are responsive and person-centred. Services respond to people's needs and choices and enable them to be equal partners in their care.
<b>Quality Implications:</b>	The purpose of the report is to provide the SCB with assurance that robust quality assurance mechanisms are in place to monitor the quality of the services commissioned and promote joint working.
<b>How do the proposals help to reduce health inequalities?</b>	As above.
<b>What are the Equality and Diversity implications?</b>	None currently.
<b>What are the safeguarding implications?</b>	Safeguarding is part of the report.
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There are no information governance implications. The reported data is in a public domain. No privacy impact assessment has been conducted.
<b>Risk Management:</b>	No current risks identified.
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting Lynn Jackson, Quality Lead Manager, by:  Telephone: 07800 928090   e-mail: <a href="mailto:lynn.jackson7@nhs.net">lynn.jackson7@nhs.net</a>

## **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 Services*

- 2.1 The Strategic Commission (SC) has raised concerns in relation to staffing capacity within Integrated Care Foundation Trust (ICFT) community services. The ICFT is currently undertaking a review of community services and will present the findings of the review at the ICFT Quality and Performance Contract Meeting in September. The Strategic Commission will require assurance that the ICFT has capacity to deliver good quality and safe community services.

#### *High Prescribing Costs and Frequent Attenders*

- 2.2 Commissioners are working on issues relating to high prescribing costs and high admissions for people with diabetes, COPD and Asthma. Frequent attenders for diabetes and respiratory have been identified and work is ongoing with the appropriate practices; this work will also be progress through the Diabetes Improvement Group and Respiratory Programme Board.
- 2.3 Further analysis is being undertaken on the asthma and stroke data; there is a deep dive for Stroke scheduled for the September Quality and Performance Contract meeting.
- 2.4 Updates will be provided at the Quality and Performance meeting.

#### *MRSA Bacteraemia*

- 2.5 In 2018/19 there have been 4 cases of MRSA bacteraemia for Tameside and Glossop Clinical Commissioning Group; 1 x acute case and 3 x non acute cases. All MRSA bacteraemia cases are examined using the national Post Infection Review tool. Actions from the Post Infection Review are monitored by the Infection Prevention Matron to ensure all actions are completed.
- 2.6 Opportunity for system improvements, identified as a result of thematic learning from all Healthcare 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 18/19 and is monitored via the Health Protection Group. The Infection Prevention Matron will present quarterly assurance updates at the Strategic Commission Quality and Performance Contract meeting with the ICFT.

### **Horizon scanning**

- 2.7 The Strategic Commission 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.
- 2.8 The Quality and Performance Contract meeting agenda has been reviewed to include a focus on seeking assurance on the quality of the new models of care provided by the ICFT

as part of the Care Together Transformation scheme in addition to identified areas for deep dives e.g. Stroke repatriation. Updates will be provided in future reports.

- 2.9 The ICFT has published its [Quality Account 2017/18](#). A statement from the Tameside and Glossop Strategic Commission has been published in response to the Quality Account. The response acknowledges that Tameside and Glossop Strategic Commission will continue to work with the Trust to support them in maintaining their overall Care Quality Commission (CQC) rating as good and their ambition to become a CQC outstanding organisation; areas for focus for 2018/19:

- *The Strategic Commission would like to see the Trust continue to deliver good quality, safe care to patients with a focus of delivery in neighbourhoods.*
- *The Strategic Commission would like to see continued improvements in Urgent care performance, length of stay and delayed transfer of care. We acknowledge that they remain a challenge and the Trust have implemented initiatives such as discharge to assess, flexible community bed base and ticket home to assist with flow through the organisation.*
- *The Strategic Commission will continue to support these and further initiatives as a system.*
- *The Strategic Commission would like to see further progress on the integration and transformation of community and social care services. Building upon the progress made this year.*
- *The Strategic Commission would like to see greater focus on a patient journey view of quality and safety reflected in quality reporting going forward. The strategic commission will support the trust in monitoring quality and safety of their commissioned services.*
- *In conclusion the Single Commission are confident the Trust has demonstrated their commitment to quality, experience and safety in their continual improvement journey. We thank The Trust for the honest and open culture fostered within the organisation and their continued focus on putting patients first. We look forward to seeing the further transformation of The Trust on its integration journey and the continued commitment to system quality improvement.*

### 3. MENTAL HEALTH (PENNINE CARE NHS FOUNDATION TRUST (PCFT) Mental Health Services (Acute and Community)

#### Key Issues and Concerns

##### *Mixed Sex Accommodation (MSA)<sup>1</sup>*

- 3.1 There were two Mixed Sex Accommodation (MSA) breaches in April 2018 and one breach reported in May 18. No breaches were reported in June 2018.
- 3.2 A Communications and Engagement Plan for Single Sex Accommodation reconfiguration is in place. Engagement work continues across the Trust and the first stage of engagement with staff and families across older people's wards has now been completed. Work is ongoing and regular updates are being provided regarding the Trust's movement to a single sex accommodation model.

##### *Improving Access to Psychological Therapies (IAPT) (Healthy Minds)*

- 3.3 The recovery rate and waiting times have achieved the targets within both May and June 18. Prevalence figures were under target for June 18. Work is ongoing to redesign the service towards an IAPT specific model. The aim is to move to a Step one model with the aim to increase prevalence figures whilst maintaining focus on delivery and treatment. Regular updates are being provided regarding progress.

##### *Healthy Young Minds*

- 3.4 The team fell slightly under the target for first contact within 12 weeks, and commencement of treatment within 18 weeks for June. There are currently discussions with Clinical Commissioning Group leads with regards the pressures within pathways and internal

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

discussion on how capacity can be enhanced and partnership working can be more effective.

#### **RAID**

- 3.5 A noticeable increase in ward referrals was reported for June, information regarding the individual breaches has been provided, the majority of the four hour breaches were in relation to bed availability. A presentation from the RAID Team was provided at the July Locality Team meeting.

#### **Good practice**

##### *Community Eating Disorder (CED) Service*

- 3.6 The Community Eating Disorder (CED) team were nominated for the Trust CARES awards in May and won the Mental Health Specialist Services Category in June 2018. The winner of the overall Trust award will be announced at the Annual General Meeting.
- 3.7 Members of the CEDs clinical team and young people took part in filming for the 70<sup>th</sup> Birthday of the NHS celebrations which had its inaugural showing at the NHS Confederation in June 2018. The film showed staff and young people sharing experiences of the service and the impact it had on access to service and treatment.

#### **Horizon scanning**

- 3.8 The Quality Account has now been published on NHS Choices [Overview - Pennine Care NHS Foundation Trust - NHS Choices](#). The Trust has introduced two additional quality priorities for 2018/19.
- 3.9 A statement from Heywood, Middleton and Rochdale Clinical Commissioning Group on behalf of the six clinical commissioning groups has been published in response to the Quality Account. The response acknowledges the improvements in quality and safety that have been seen at the Trust throughout 2017/18 but also notes the ongoing need for improvement and challenges faced by the Trust throughout 2018/19. Expectations for 2018/19 are outlined as follows:

#### ***Excerpt from CCG Joint Response – 11 May 2018 (Provided by NHS HMR CCG)***

- We will continue to look for the outcomes of improved systems to capture patient experience effectively, through quality monitoring processes. We would also like to see how this information triangulates with complaints and serious incidents to inform service improvements.*
- We anticipate the rollout of the developing outcomes CQUIN within mental health services. The project has sought the input of patients in identifying what outcomes are important to them. The CCGs now expect that this work be rolled out further across the Trust and the outcomes measured reported to the Trust.*
- We would like to see evidence of the principles of the Mental Capacity Act embedded within everyday practice and that capacity assessments are clearly documented.*
- We look forward to the role the Trust's new Quality Committee will play in supporting the Trust's achievement of its primary goal to provide high quality, compassionate and continually improving services.*
- We would like to see the work undertaken by the Trust to meet the Equality Standards.*

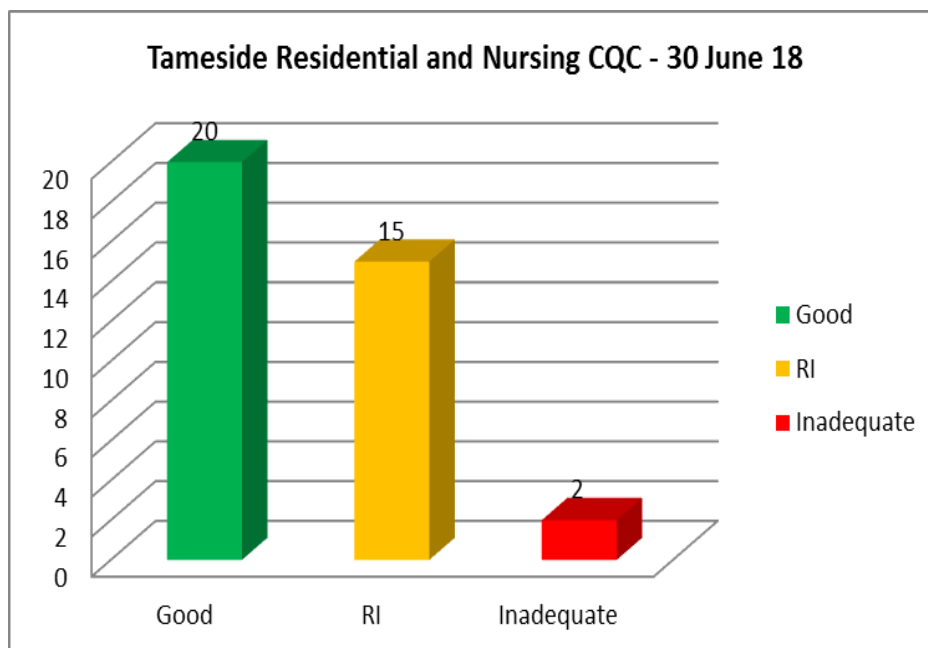
## **4. CARE & NURSING HOMES AND SUPPORT PROVIDED AT HOME**

### **Key Issues - Care & Nursing Homes**

#### *Care Quality Commission (CQC) Performance*

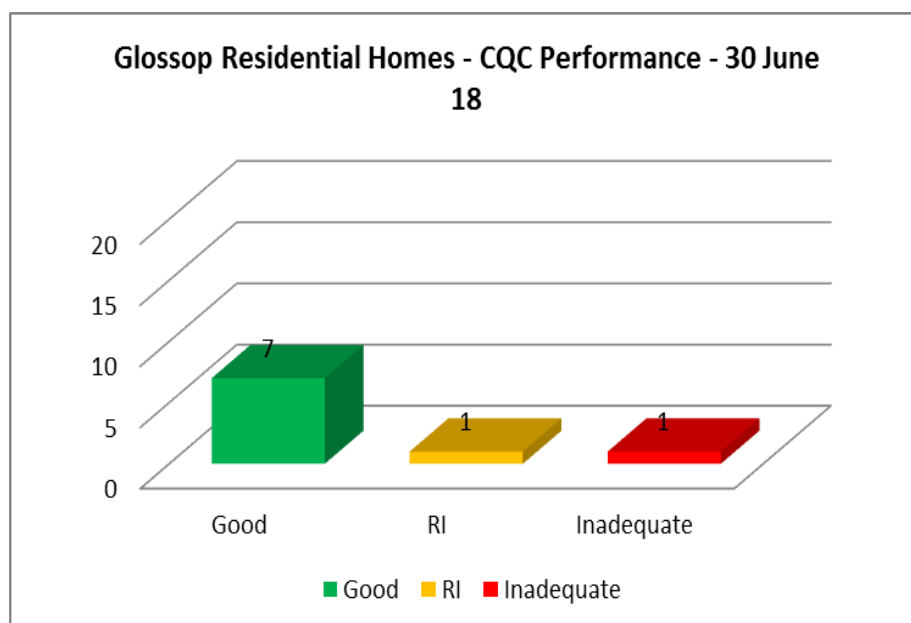
- 4.1 The Care Quality Commission (CQC) picture for Care Homes and with Nursing<sup>2</sup> is provided in the graph below.

## Tameside Position – 30 June 18



**NB:** Kingsfield Residential Home is not included in this data ( currently closed for refurbishment)

## Glossop Position – 30 June 2018



**NB:** St Christophers and Jabulani are included in the data and are included in the scope of the Care Home Quality Review Group discussions.

### Inadequate CQC Ratings

- 4.2 There are currently three residential homes rated inadequate within the Tameside and Glossop locality, a short summary of key issues and support provided is given.

#### *Oakwood Care Centre (Tameside MBC)*

- 4.3 The Home was rated Inadequate by the CQC on 22 March 2018 (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 intense support being provided. Advice on safety and estates, leadership, systems processes, policy and guidelines, medicines, documentation and care planning, Mental Capacity Act and Deprivation of Liberty Safeguards. Support with implementation plan and supportive audit. The next CQC Inspection is expected in September 2018.

*Carson House (Tameside MBC)*

- 4.4 This Home was rated Inadequate by the CQC on 12 May 2018. Key issues highlighted in the CQC report related to fit and proper persons checks, lack of social support and meaningful activities, staff training and supervision, concerns regarding the financial position of the registered provider, environmental risk assessments, and robust quality and governance systems. Significant support has been provided to this Home in relation to care and support of the residents and improvements have been seen. This Home is currently under suspension with effect from 28 March 18. Ongoing close monitoring continues with this Home.

*Regency Hall (Glossop – Derbyshire County Council)*

- 4.5 The Home was suspended on a voluntary basis following a CQC inspection on 11 January 2018, the report was published on 7 April 2018 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 (May and June 18)**

*Millbrook Care Centre (Good)*

- 4.6 The Home has an improved CQC rating of Good following publication of the report on 13 June 18 (Visit 30 April 18). The Provider achieved a Good rating across all 5 of the CQC domains.

*Riverside Care Centre (Requires Improvement)*

- 4.7 The Home has retained its CQC rating of Requires Improvement following publication of the report on 15 June 2018 (visit 16 May 2018). Issues noted included delays in response to recommendations on fire safety, improvements required in relations to medication management, short-falls in record-keeping. Two breaches were found in relation to record keeping and the safety of the premises.

*Oakford Manor (Glossop) (Good)*

- 4.8 The Home has retained its CQC rating of Good following publication of the report on 17 May 2018 (visit 12 March 2018). The Home received a good rating across 4 out of 5 domains. Areas for improvement were noted around Falls risk assessment and medication storage.

**Suspensions**

- 4.9 Currently there are two homes with local suspensions in place; commissioners continue to work closely with the home owners and managers to resolve concerns. Close monitoring remains in place and additional support is provided via the Quality Improvement Team where appropriate.
- 4.10 Three care homes have had their local suspensions lifted as they have been able to satisfy commissioners that concerns have been adequately resolved. All three homes will have a managed approach to new admissions and one home will not be allowed to accept complex cases.

### **Care Home Quality Review Group**

- 4.11 The overall purpose of the group is to ensure that intelligence is being gathered and reviewed to allow early identification of issues and identify what focussed support should be provided. The Terms of Reference for this group have now been agreed and the Group will continue to meet monthly. Neighbourhood Care Home Multi-Disciplinary Team meetings are being implemented with attendance from the Strategic Commissioning Function. Intelligence from these meetings is being fed in to the Care Home Quality Review Group with representation from the Neighbourhood Managers. Attendance from the Neighbourhood Teams at the Care Home Managers Forum has now also been agreed.
- 4.12 A full Action Log where key issues and actions in relation to the Care and Nursing Homes is maintained by the Group and updated monthly. Key actions from the log are reported to the Quality Performance and Assurance Group on a bi-monthly basis.

### **Contractual Performance Update**

- 4.13 The six month review of the revised monthly contractual return has now been completed in partnership with the Care Home Managers. Some minor revisions are currently being implemented with support from Business Intelligence. The Contract Performance Annual Visit outcomes are now being collated and will be reviewed at the end of Quarter 3 to determine themes across the locality.
- 4.14 The Joint Commissioning and Performance Management Team has had funding increased to allow for the recruitment of 2 additional Contracts Performance Officers for adults social care. It is anticipated that these posts will be filled in September 2018.
- 4.15 The Quality Improvement Team continue to provide support to Homes across the locality.

### **Quality Improvement Team**

- 4.16 The Quality Improvement Team (QIT) is now operational, the aim is 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 is initially 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. The Team are working with colleagues from LA/CCG/ICFT and other Community services to provide additional training /resources or Best practice guidance that can take place within the Homes to ensure that the outcomes for residents are improved and enhanced. The QIT are also working with CQC, other LA, AQUA and Contracts Performance Team to ensure that Homes are supported fully in order to meet Contractual and CQC requirements .
- 4.17 The Following quality initiatives have been offered to Care Homes in Quarter 1:

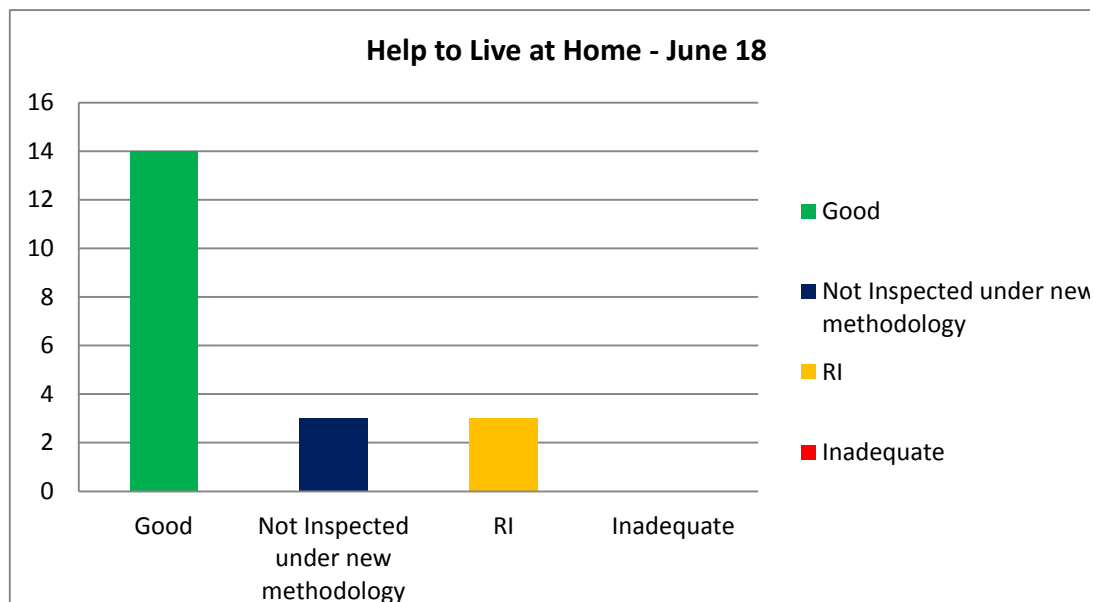
Quality Initiative	Provider
Oral health	Be Well Tameside
Dementia Friends	Public Health
Dementia Training	Pennine Care Foundation Trust – Older People's Mental Health Team
Safeguarding bespoke alerter referer SAM role training Package for Care Homes	Safeguarding team and QIT
Pressure Ulcer bespoke Training for Care Homes	QIT Nurse package approved by Tissue Viability Matron
AQUA Leading for Safety and Quality in Care Homes	AQUA – supported by Jane Bennett and Anna Livingstone



## Support in the community

### CQC Performance

- 4.18 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):



- 4.19 During this reporting period no new CQC reports have been published for providers of support in the community (based in Tameside), although it is known that the CQC have been into Careline (based in Ashton-under-Lyne).
- 4.20 One provider (Medacs - based in Trafford) was re-inspected by the CQC in June 2018 and increased their rating from Requires Improvement to Good. Medacs has another registered office in Tameside, but this has yet to be inspected.
- 4.21 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.

### Good Practice

- 4.22 *Tameside and Glossop Care and Nursing Home Managers Forum*  
Tameside & Glossop Strategic Commission celebrated the 70th Birthday of the NHS at the Care Home Managers Forum. The Team said thank you to Care Home Managers for the service they provide to us and the residents of Tameside & Glossop. The forum included updates on the Red Bag Scheme, Pressure Care, The Neighbourhood Teams, Urinary Tract Infection Quality Improvement Project, and the six month review of the revised Contract Performance and Quality Assurance documentation.



### **World Elder Abuse Day**

- 4.23 Oakwood Care Centre arranged an event on 15 June 2018 to raise awareness. It was a fantastic event attended by residents, families and staff.



## **5 SAFEGUARDING**

### **General Update**

- 5.1 Work is currently ongoing to ensure that the provider and commissioner statutory duties for safeguarding is met as structures are revised as part of the integrated care agenda.
- 5.2 Work is ongoing to assist GP services in being "CQC ready" for safeguarding element of inspection.
- 5.3 The CCG Safeguarding Team have recently merged some functions with the Safeguarding Boards Teams. Designated Nurse Safeguarding is now the line manager of these services.

### **Adults**

#### *Safeguarding Reviews*

- 5.4 Tameside and Glossop Safeguarding Adult Board have considered two cases for Safeguarding Adult Review (SAR) in the Quarter 1 period. Neither case met the criteria for a SAR. One case will undergo a local multi-agency system review which is ongoing.

#### *Multi-agency Guidelines*

- 5.5 The Specialist Nurse for Adult Safeguarding has been involved in the development of local multi-agency guidelines for practitioners to support them in their safeguarding decision making. The guidelines have been endorsed by the Safeguarding Adult Board and will be launched at a development day planned in September 2018.

#### **Children's**

##### *Serious Case Review*

- 5.6 A serious case review is about to be commissioned by Tameside Safeguarding Children's Board.
- 5.7 Work continues to review any changes in arrangements required for safeguarding governance across Tameside and Glossop.

##### *Looked After Children (LAC)*

- 5.8 The Designated nurse continues to facilitate and influence partnership working between LA and provider colleagues. 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 has been announced that LAC services will be the focus of the next Ofsted monitoring visit in Aug. Timeliness of initial health assessments continues to improve steadily, and 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.

##### *Working Together (Wood Review)*

- 5.9 The CCG is awaiting the publication of the revised 2018 Working together to safeguard children arrangements. The Designated Children Network have been asked to lead on review of CDOP arrangements across Greater Manchester.

##### *The Learning Disabilities Mortality Review (LeDer)*

- 5.10 The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.
- 5.11 Local Area Contacts/Reviewer meetings have now commenced and will continue on a quarterly basis. The purpose of the meetings is to share information and best practice, discuss local challenges and barriers, shared learning, support and supervision.
- 5.12 The Learning Disabilities Mortality Review (LeDeR) Annual Report 2017 is available [here](#).

## **6. PRIMARY CARE**

#### **Issues or Concerns**

##### *Inadequate CQC Ratings*

- 6.1 Medlock Vale is the only Practice rated as inadequate in the locality currently. The Practice received an interim visit from CQC to review progress against the warning notices that were issued. CQC issued a focused report that confirmed it was satisfied with progress to date. The full re-inspection will take place on 9 August 2018.
- 6.2 The Practice submitted a contractual compliance plan to Greater Manchester Health and Social Care Partnership, which is now satisfied that the practice is delivering services according to its contract.
- 6.3 There were issues with the partnership; these have now been resolved and a new partnerships structure is in place that provides the practice with stability moving forward.

#### *Practice Resilience Tool*

- 6.4 The primary care team reviews practice data collated from a number of sources; this is used to inform the Primary Care Dashboard. The dashboard is informing discussions at Primary Care Delivery an Improvement Group about our practices, with the discussions capturing “soft intelligence” to support the qualitative data within the dashboard. This has then directed the primary care team to practices requiring support.
- 6.5 While this has been a useful tool, it does not always provide the detailed insight into practices that is required. The aim is to be proactive and understand which practices require support before it becomes an issue rather than being reactive.
- 6.6 A practice resilience tool has been developed to support the aim of achieving a more informed insight into practices. It is a tool to be completed with practices while visiting them by discussing its key domains with clinicians and the practice manager. It provides a greater insight into our practices, better understanding of their business continuity plans, where practice resilience issues may arise and the reasons for those resilience issues.
- 6.7 Once these resilience issues are understood support can be put in provided to help practices become more resilient or mobilise contingency plans. The aim is to be more proactive in understanding practices and to put support in place before a practice enters a period of crisis.
- 6.8 The tool is designed to be completed with practices during face to face visits. It allows for the discussion of issues such as GP and nurse sessions, current clinical vacancies, practice clinical and administrative succession planning and business continuity plans.
- 6.9 The tool was first used with Howard Medical Practice on 12 July 2018 and it will be rolled out to all practices across Tameside and Glossop. The tool is expected to develop while in use, as the experience of using it informs the structure.

#### **Good practice**

- 6.10 A social prescribing event was held in Ashton neighbourhood in June 2018. This was organised by one of the patient representatives from the Ashton Cluster Group. Held at Curzon Ashton football ground, third sector organisations set up market stalls where GPs could meet with them and discuss the services they offered to patients of Tameside and Glossop.
- 6.11 The aim was to provide links between third sector providers and general practice so that GPs would be aware of the different third sector organisations they can refer patients to and promote social prescribing. GPs see patients who do not always have a medical issue, but who are unaware of alternative services that may be able to help them. By making GPs aware of alternative services for when a medical solution is not always appropriate, it allows them to provide additional support for patients.

#### **Horizon scanning**

- 6.12 On 13 June 2018 the primary care team hosted a Risk and Mitigation Stakeholder event. It was felt that the CCG’s risk register does not adequately reflect the risks that primary care may face. The aim was to identify the risks faced by primary care with the aim of informing the CCG’s risk register and to consider any mitigating factors.
- 6.13 A cross section of people with experience of primary care were invited, including members of the primary care team, GPs, practice managers, patient representatives and colleagues from Greater Manchester Health and Social Care Partnership representing optometry, dental and pharmacy.

- 6.14 The event highlighted 20 possible risks that primary care within the following themes: Workforce and Practice Resilience; Communications, Shared Learning and Patient Safety; Structural and Procedural; Financial and Estates.
- 6.15 A paper was presented to Primary Care Committee which highlighted five next steps. These steps are as follows:
- 1) The Integrated Care Foundation Trust (ICFT) has been developing a workforce strategy. To support increased recruitment and retention, alongside integration at a neighbourhood level, a primary care specific workforce element of that strategy should be developed and led by the CCG primary care team, working closely with the ICFT. *(Workforce and Resilience Risks)*
  - 2) Develop a resilience profile tool of practices based upon the work that has already commenced on refreshing the primary care dashboard. This work is being undertaken alongside the Greater Manchester work on Tableau, developing primary care BI. This will be supported by utilising existing data sources with local development to profile practices resilience, providing the CCG with a more formal understanding of the strengths and weaknesses of practices. This information will be used to support the Primary Care Development and Improvement Group and Primary Care Committee and the work that will flow from these committees. *(Workforce and Resilience Risks)*
  - 3) Work within and across neighbourhoods to develop standardised policies and procedures that all practices can refer to. This will also help support neighbourhood development. *(Structural and Procedural Risks)*
  - 4) An external and internal communications strategy for primary care should be developed with the external elements improving communication with patients and the internal elements with and between the neighbourhoods, across all the relevant stakeholders. *(Communications, Shared Learning and Patient Safety Risks)*
  - 5) Building upon the work for the Access Outcomes Framework to develop a Quality Outcomes Framework with funding for quality initiatives in general practice that support the national contract with local quality elements, providing real time data to inform quality improvement, assurance and commissioning requirements. This can be congruent to the work being undertaken on how we commission from practices / neighbourhoods in 19/20. *(Structural and Procedural Risks and Communications, Shared Learning and Patient Safety Risks)* Primary Care Delivery and Improvement Group will oversee this work.

## **7. PUBLIC HEALTH**

### **Issues or Concerns**

#### *Substance Misuse*

- 7.1 Following the incident relating to the substance misuse provider CGL where archive case records were found on their former premises in Cavendish House in Ashton, 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 update report.

### **Ongoing Quality Assurance**

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

## **8. SMALL VALUE CONTRACTS**

- 8.1 Work has been initiated to review the current quality assurance arrangements for the smaller value contracts. An initial review of all the current contracts will be undertaken in

Quarter 2, this will include the use of a risk matrix to establish the levels of focus required from the Quality Team.

## **9. ASSOCIATE CONTRACTS**

- 9.1 The quality of associate contracts are managed by the Lead CCG for that contract and assured via the lead CCG's contracting processes.