

Report to:

STRATEGIC COMMISSIONING BOARD

Date:

24 April 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 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.

**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)

Health Care Acquired Infections (MRSA bacteraemia):

- 2.1 As previously reported 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).

- 2.2 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 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 foot print. There have been two cases this year where lapses in care have been identified and appropriate learning identified. 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.

- 2.3 **Action taken to improve:** The ICFT have worked in partnership with NHSI to undertake a peer review of infection prevention practice within the Stamford unit. The review identified good infection prevention practice and that staff were able to appropriately challenge poor practice from colleagues and visiting staff. A number of recommendations have been made to strengthen best practice, assurance and accountability. No concerns were raised in relation to quality of care or infection prevention practice.

Maternity

- 2.4 The percentage of maternal smoking at delivery remains a local challenge; the national threshold is set at 11%. Unfortunately, despite a recent improvement in performance, there has been a slight increase again from 16.5% in December to 18.3% in January. The Trust are working towards training for Risk Prevention Intervention in March and aim to have a Midwife and a part time Maternity Support Worker in post by April 2019. This, alongside the National CQUIN for reducing risky behaviour (alcohol and tobacco), should place the Trust in a good position to support a reduction in smoking in pregnancy in Tameside.

CQC 2018 Maternity Survey

- 2.5 The results from the Care Quality Commission's maternity survey were published on 29 January. The survey received responses from more than 17,600 women who gave birth during February 2018. This is a response rate of 37%. We asked women about their experiences of care during labour and birth, as well as the quality of antenatal and postnatal support they received. Most women reported positive experiences, particularly around interactions with staff during antenatal appointments and labour. The survey also found that women who saw the same midwife every time had better than average experience scores, suggesting that ongoing relationships can have a positive impact on women's experiences. As in previous surveys, results for questions on postnatal care, either in the hospital or once the mother and baby returned home, remain less positive than other aspects of the maternity pathway. Women's experiences of information provision and communication could also be improved, particularly advice around feeding.

2.6 **Tameside and Glossop Integrated Care NHS Foundation Trust** - Responses were received from 79 patients at Tameside and Glossop Integrated Care NHS Foundation Trust. This result shows that the Trust are performing about the same as most other trusts (no positive or negative outliers) that took part in the survey. The full survey results can be found at <https://www.cqc.org.uk/provider/RMP/survey/5>

User Experience - Friends and Family Test (FFT)

2.7 The trust reported that three indicators were just below threshold (Emergency Department Recommend, Outpatient Recommend and Maternity (Combined) Recommend). The trust has taken action to improve Friends and Family Test (FFT) performance including raising the profile of FFT by adding it onto the communication huddle for the units, discussing with ward managers and Matrons to remind them to encourage the distribution and completion of cards. In addition the corporate team will support the area twice a week to directly collect feedback via IPADs. The soft text from FFT is triangulate alongside other user experience to help drive the ICFT's Patient Experience strategy and service improvements.

2.8 **Good practice:** Children's Service: The Royal College of Paediatrics and Child Health (RCPCH) have undertaken a national audit to review and compare standards across the UK against those outlined in Facing the Future Standards: The ICFT's Paediatric team have been recognised as exemplars of good practice at a national level in particular their wider integration work within the Neighbourhoods.

2.9 Tameside and Glossop Integrated Care NHS FT have been shortlisted for 10 awards at this year's HSJ Value Awards. The following services have been shortlisted:

- Electronic Advice and Guidance (**Category: Acute Service Redesign Award**);
- Tameside and Glossop Digital Health Service (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Virtual Fracture Clinic (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Development of New Electronic Emergency Department Health Record System (**Category: Emergency, Urgent and Trauma Care Efficiency Initiative of the Year**);
- Using digital technology to deliver place-based care to older frail people (**Category: Improving Value in the Care of Older Patients Award**);
- Extensive Care Service (**Category: Improving Value in the Care of Older Patients Award**);
- Community IV Therapy Service (**Category: Community Health Service Redesign Award**);
- Finance Improvement Team (**Category: Financial or Procurement Initiative of the Year**);
- Denton Diabetes Diverters 100 day challenge (**Category: Diabetes Care Initiative of the Year**);
- Development of new electronic ED health record system (**Category: Technology Initiative of the Year**).

The award ceremony is on Thursday 23rd May at Manchester Central.

2.10 The ICFT have also been shortlisted for the GM Patient Safety Awards in the category for **Improving Care for Older People Award**

- Digital Health Service: Using digital technology to deliver care to older people
- Reducing frailty, falls and fragility across the neighbourhood

2.11 **Horizon scanning:** The CQC is currently carrying out a full service inspection for the ICFT (between 11 March 2019 and 29 March 2019). The ICFT is currently rated as Good; this

will be the first inspection since community services were transferred to the ICFT contract. The outcome of the inspection will be reported once published.

3. PUBLIC HEALTH

3.1 Provider: T&G ICFT - Health Visiting:

- There has been an improvement in the number of antenatal assessments from Q1 (61) to Q3 (134), however, this remains low compared to number of live births. 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.
- New birth visits (88.2%) continue under performance threshold at Q3 (target 95%).
- Q3 data has shown a deterioration in performance of 12 month reviews currently at 84.5% (target 95%) – a reduction of 10% from Q2.

3.2 Actions taken to Improve:

- The Health Visiting Service has an improvement plan which includes a number of actions to address the issues of concerns. To highlight a few:
 - Antenatal visits to be proactively schedule. General Support Workers are attending Lorenzo training so that Health Visiting has access to Maternity systems to address gaps in Euroking.
 - Recruitment remains an issue and current vacancy rates are increasing pressure on capacity. Recruitment of staff nurses has been unsuccessful therefore the Service is planning to focus on the recruitment of Health Visiting and Community Nursery Nurses in line with the academic year when the student Health Visitors are fully qualified.
 - The Service is developing robust communication pathways with neighbouring hospitals to ensure notifications are received for babies born out of area to ensure new birth visits are met in a timely manner.
 - The Service is investigating and reviewing the data quality of inputting ASQ3 (at the 2/2 ½ year check) onto EMIS. There has been a drop from 96.8% in Q2 to 91.1% in Q3.

3.3 Good Practice: The Service has seen an increase in the percentage of infants being breastfed at 6 to 8 weeks. This partly due to the success and good practice of partnership working with: Maternity, Health Visiting, Children Centres, the Infant Feeding Co-ordinator and the Peer Support Breastfeeding Service and increased focus on the importance of early attachment and skin to skin contact.

3.4 Horizon Scanning:

- 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.
- The commissioning lead is working with the ICFT to look at the outputs and outcomes in relation to the school age service (School Nursing, Children's Nutrition Team and Health Mentors), which is part of the Healthy Child Programme with Health Visiting.

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

IAPT (Healthy Minds)

Prevalence

4.1 As reported previously, this service has undergone a redesign and prevalence for the Step One service had been impacted. An increase is being seen (January 19 data) but this will continue to be monitored as the target is not currently being met. A Joint Action Plan is in place to aid meeting the service target with a calendar of events planned to increase prevalence over the next 12 months.

Secondary Waits (Healthy Minds)

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

4.3 **Actions taken to improve:** The secondary waits are being addressed jointly with the 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 now completed a 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

4.4 Performance reached the referral standard for the 6 week assessment and 12 week referral to diagnosis indicators in November and December following a period of decreased performance between July and October. Issues in relation to the timeliness of scan results had been raised via the CQPG and now escalated to the Director of Quality and Safeguarding.

4.5 **Actions taken to improve:** Performance in relation to assessment and referral to diagnosis times will continue to be monitored via the monthly CQPG.

PCFT Staffing Issues

4.6 Capacity and recruitment continue to be challenging for PCFT across a number of services. These are formally acknowledged for CMHT on the Risk Register.

4.7 **Actions taken to improve:** 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 a priority and a request has been made to the Trust to strengthen safe staffing reporting including acuity and risk tolerance. PCFT have provided assurance that a number of actions are taking place under the remit of the Safer Staffing Steering Group including the development of a localised acuity and dependency scoring system for use across PCFT services.

4.8 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.

Mixed Sex Accommodation (MSA) Breaches

4.9 There were 5 mixed sex accommodation breaches in January 19. As previously reported engagement work was undertaken in 2018 regarding the Trust-wide Mixed Sex Accommodation Breaches. An update was provided by the Executive Director of Nursing at the Trust-wide Quality Assurance Meeting and a Board Update is anticipated in April 19 regarding prioritisation and next steps.

CQC Inspection

4.10 The CQC well-led inspection was completed at the end of October with the final report published on the 28th January 19 with an overall outcome of "Requires Improvement". Ratings across domains are summarised below:

Caring: Good

Responsive: Good

Safe: Requires Improvement

Effective: Requires Improvement

Well-led: Requires Improvement

4.11 A summary of ratings by service (Trust-wide Mental Health) including date of last service inspection is summarised in the table below:

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Jan 2019	Requires improvement ↔ Jan 2019	Good ↔ Jan 2019	Requires improvement ↔ Jan 2019	Requires improvement ↔ Jan 2019	Requires improvement ↔ Jan 2019
Long-stay or rehabilitation mental health wards for working age adults	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Forensic inpatient or secure wards	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Child and adolescent mental health wards	Outstanding Dec 2016	Good Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016	Outstanding Dec 2016
Wards for older people with mental health problems	Requires improvement ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Community-based mental health services for adults of working age	Requires improvement Dec 2016	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Mental health crisis services and health-based places of safety	Requires improvement ↔ Jan 2019	Requires improvement ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Requires improvement ↔ Jan 2019	Requires improvement ↔ Jan 2019
Specialist community mental health services for children and young people	Good Dec 2016	Good Dec 2016	Good Dec 2016	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016
Community-based mental health services for older people	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Community mental health services for people with a learning disability or autism	Requires improvement Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Substance misuse services	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

4.12 For Tameside and Glossop the following services were reviewed at this inspection: Older People's Mental Health (Summers & Hague); Home Treatment Team (HTT) and RAID; Wards for Adults inc. PICU (Taylors and Saxon). There was a significant improvement in improvement rating from "Requires Improvement" to "Good" for Older People's Mental Health Services.

4.13 The Trust is in the process of finalising the action plan before submission to the CQC in March 19, this will be shared with Trust-wide Quality Leads once completed. For T&G Services, the CQC evidence appendix has been reviewed at Service level by the Quality Team and is being used to inform quality monitoring in 2019/20.

PCFT Quality Monitoring 2019/20

4.14 Local CQPG Meetings will include a bi-monthly "Quality in Focus" session in 2019/20. The sessions will focus around the following areas but also include other quality items as appropriate.

March	In Focus – Risk Assessments
May	In Focus –Communication across teams
July	In Focus - Service User Experience
September	In Focus - Learning from Deaths
November	In Focus - Clinical Effectiveness
January	In Focus - Physical Health
March	In Focus - Restrictive Practice and Prescribing

4.15 Similarly, work has been initiated to revise both the performance and quality reporting structure and content in readiness for the 19/20 contract. A Stronger focus is being placed on quality and outcomes with local T&G workshops being held in partnership with PCFT to ensure the report is providing the Commissioning team and Quality team the assurance required whilst not over-burdening the Trust with data requests.

Good Practice – Just Culture Event – 8 March 2019

4.16 PCFT launched its ‘Just Culture’ approach at a conference held on 8 March which was attended by over 150 staff members. The aim is this will allow for a more systemic approach to learning from incidents and allow practitioners to be more open and transparent when things go wrong which will subsequently improve the learning that is achieved from such incidents. An additional update was provided at the first T&G Quality in Focus Session held in March 19.

CQC 2018 Community Mental Health Survey

4.17 On 22 November the Care Quality Commission published the results of the Community Mental Health Survey 2018. 12,796 people took part in this year’s survey. Unfortunately, the results found that people’s experiences of the care they received have continued to get worse. Access to care, care planning and support for people with mental health conditions in relation to physical health needs, financial advice or benefits are specific areas of worry. Certain groups of people consistently reported poorer experiences of using mental health services, including younger people (18-35) and those diagnosed with non-psychotic chaotic and challenging disorders.

4.18 71% of respondents felt they were ‘always’ treated with respect and dignity by NHS mental health services, but less than a third (30%) rated their overall experience of community mental healthcare as nine out of 10 or above in this year’s survey; 4% down from last year.

4.19 **Pennine Care NHS Foundation Trust** – Responses were received from 161 people at Pennine Care NHS Foundation Trust. This result shows that the Trust are performing about the same as most other trusts that took part in the survey, except for Care review for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months, where they scored worse. The full survey results can be found at <https://www.cqc.org.uk/provider/RT2/surveys>

5. PRIMARY CARE

Key points / Issues of concerns:

5.1 Waterloo Medical Centre was inspected by CQC on 9 January 2019. The report was published on 22 February 2019 and placed the practice in special measures.

5.2 The practice was rated as inadequate for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.

- The practice did not have systems and process in place to assess the risk associated with health and safety or fire safety within the practice.

5.3 The practice was also rated as inadequate for providing well-led services because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

5.4 The practice was rated as need to improve in providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

5.5 CQC has used its civil powers to issue an enforcement notice and the practice is required to put the following in place:

- A full medication review of each patient at Waterloo Medical Centre on any high-risk medication is carried out within 4 weeks.
- Provide the Care Quality Commission with written documentation within 4 weeks that sets out how he will ensure that patients who receive high risk medication at Waterloo Medical Centre are managed safely.
- Undertake a full health and safety risk assessment at Waterloo Medical Centre within 8 weeks.
- Undertake a full fire risk assessment at Waterloo Medical Centre within 8 weeks.
- Ensure that weekly fire alarm and warning light checks are carried out at Waterloo Medical Centre within 4 weeks
- Ensure that the safeguarding lead and all GPs at Waterloo Medical Centre undertake level three safeguarding training within 4 weeks.
- Ensure the child safeguarding register at Waterloo Medical Centre is up to date within 2 weeks.
- Ensure that there are clear systems and processes in place at Waterloo Medical Centre to monitor children and families at risk within 4 weeks.

5.6 **Actions taken to improve:** The CCG has been working closely with the practice with safeguarding leads visiting to provide support on the safeguarding issues and medicines management leads visiting to provide support on the medication issues. Safeguarding training has been undertaken by the GPs and will be undertaken by the nursing staff. The child safeguarding register is now up to date and the practice is drafting new policies and guidance to monitor children and families at risk.

5.7 High risk medication patients have been identified, a plan is in place to undertake reviews, which have commenced. The practice has a part time in-house pharmacist, who will be undertaking additional sessions to support this work.

5.8 The practice has hired the services of an external health and safety provider to undertake a full health and safety fire risk assessment and has commenced weekly fire alarm and warning light checks.

5.9 The practice is now looking at the other areas of improvement contained with the CQC report and is working to improve on them. The CCG will continue to support on a multidisciplinary team approach coordinated by the primary care team and is in regular contact with the practice. The CCG has provided some additional funding to support the practice to pay for additional GP, pharmacist and practice manager support sessions so that it has additional resources available during the initial phase of putting improvements

into place. In addition, the practice will be getting support from the Royal College of General Practitioners via the GP Excellence Programme.

- 5.10 **Good practice:** The current version of the Primary Care Quality Scheme comes to a close in March 2019. Practices are required to provide a final report detailing what they aimed to achieve, what was achieved and what was put in place for that achievement while highlighting what interventions did and didn't work.
- 5.11 Working with the sustainable improvement team from NHS England the approach to reporting was changed to each practice providing a poster for the two schemes they had chosen themselves.
- 5.12 To help support this change the 15 January 2019 Practice Manager Learning Forum was a single issue event based around the Primary Care Quality Scheme. Practices were updated with the change of reporting to posters and advising that a celebration event would be held.
- 5.13 Practices need to submit their posters by the end of March 2019 and the celebration event will be held on 23 May 2019 at Denton Festival Hall.
- 5.14 A Tameside and Glossop referral to the GP Excellence Programme has been made for all practices to receive customer service training. The aim is to try and improve patient satisfaction with the process of making an appointment and to share best practice learning across practices. The event will be held on 16 May 2019 at Stamford Park Pavilion and will be for reception staff.
- 5.15 **Horizon scanning:** Under the GP contract reforms, 100% of the population is required to be covered by a primary care network, which will be implemented by the Network Contract Directed Enhanced Service (DES). The DES will be published on 29 March 2019.
- 5.16 The CCG wrote to all practices on 11 February 2019, which detailed the expectation that the footprint primary care networks would follow the footprint of the existing Tameside and Glossop neighbourhoods to benefit from the significant and extensive work to build community health, social care, children's integrated teams, social prescribing and community safety partnerships with general practice at their heart. Support will be offered to providers working across multiple contracts.

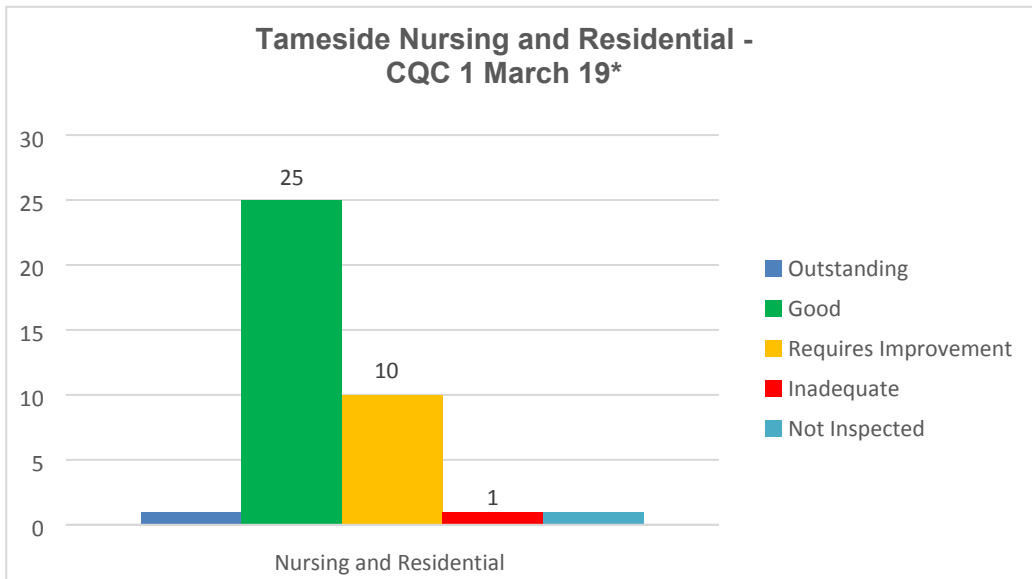
6. CARE AND NURSING HOMES

CQC Performance

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

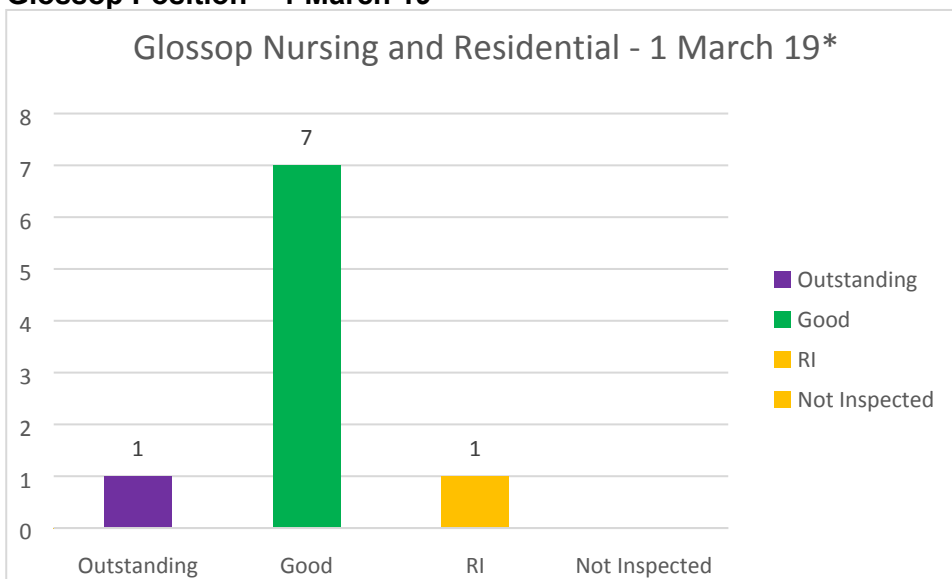
¹ Where ownership has changed this has been recorded as "not inspected" in line with CQC reporting. The Home will have been inspected under the revised CQC methodology under previous ownership.

Tameside Position – 1 March 19



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

Glossop Position – 1 March 19



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

Inadequate CQC Ratings: The Vicarage (TMBC)

- 6.2 The Home was rated Inadequate by the CQC on 21 August 2018 following inspection on 21 May 18. The Home has recently been re-inspected by the CQC; we await the outcome. At a Commissioners meeting held 3 March 19 it was agreed the investment from the Quality Improvement Team (QIT) would continue due to recent improvements being seen and improvement in leadership.

Published CQC Ratings (January and February 2019): Beechwood House (Glossop)

- 6.3 This Home achieved a “Good” rating following inspection in October 2018. The Home was previously recorded as “not rated” due to a change of ownership. The Home achieved a “Good” rating across all domains.

Charnley House (Tameside)

- 6.4 The Home achieved a “Good” rating overall following inspection in January 19. This was an improvement from the previous rating of “Requires Improvement”. A “good” rating was achieved in all domains with the exception of Well-Led which still retains a “Requires Improvement” rating due evidence of continued sustained improvement and embedding of the new quality systems and processes. The Home have requested some support from the Quality Improvement Team.

Downshaw Lodge (Tameside)

- 6.5 The Home received a rating of “Requires Improvement” following inspection in November 18. The Home was previously recorded as “not rated” due to a change of ownership. A “Requires Improvement” rating was found in both the Safe and Well-led domains with improvements required in medicines management and infection prevention and control, as well as issues around audit and control. The Caring, Responsive, and Effective domains were rated as “Good”.

Laurel Bank (Tameside)

- 6.6 The Home has achieved a “Good” rating following inspection in December 18 (same as previous rating). The Home achieved a “Good” rating in all domains with the exception of “Well-led” where a “Requires Improvement” rating was received, this was due to systems of audit and service checks not being robust enough to identify issues the CQC found during the inspection.

HC-One Regulation 28 (Greatwood House)

- 6.7 HC-One have received a Regulation 28 (published on the Judiciary website January 19) following the death of a female resident who fell in a communal area whilst the area was unsupervised. The matters of concern relate to:

- There are currently no clear written requirements in force across HC-One’s homes mandating the attendance of a colleague to monitor the communal area in question before leaving it unattended;
- The Risk of Falls Assessment Tool currently across HC-One’s homes was demonstrated in court to be unclear and susceptible to different interpretations. When asked about it in the course of her evidence, HC-One’s Area Director was not aware as to whether or not this Assessment Tool had recently been benchmarked as against others used within the industry;
- Notwithstanding the fact the resident had 3 falls over the course of as many days in February 2018, HC-one had not, as at the date of the Inquest, undertaken any investigation into the circumstances of these. The absence of any investigation by HC-One in this respect represents a missed opportunity to ascertain if any learning can be derived from these incidents for the benefit of other residents.

- 6.8 A response from HC-One is yet to be received, however steps taken currently are:

- HC-One are looking at a revised Falls Risk Assessment process and rolling out work completed at Sunnyside Residential Home (recent presentation at the Care Home Manager’s Forum).
- Strengthened Contract Performance and Quality Assurance Process from Tameside Contract Performance team has been implemented. Additionally this has been further strengthened with a request for increased evidence of focus on learning from incidents and embedding change through the contract performance visits
- QIT have been providing falls advice across Care Homes. Additional support is available from Digital Health, IUCT, and Community Physio.

6.9 **Horizon Scanning:** A review of the 2018 Contracts Performance Visit Baseline was completed in January 2019. This involved analysis of compliance levels across the 51 questions included within the Pre-Visit Questionnaire alongside performance at CQC visits undertaken in 2018. In summary, compliance levels were found to be poorest in the following areas:

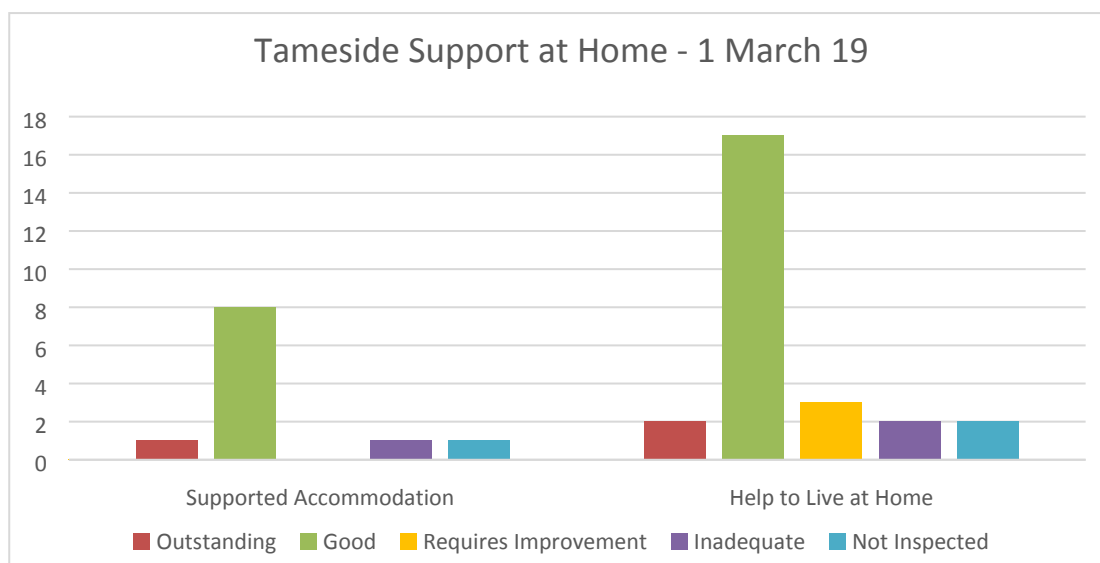
- Staff Training and Supervision;
- DOLs, Consent, MCA;
- Supporting residents with dementia;
- Activities and connecting to the local community;
- Medication Management (strong correlation with CQC);
- Equality & Diversity;
- Nursing;
- Medication Management;
- Record Keeping;
- Working within limits.

6.10 The above areas will be focussed on within the Contract Performance Visit in 2019, as well as the ongoing support being provided by the Quality Improvement Team. There are also updates being provided at the Care Home Manager’s Forum as well as training sessions planned for 2019. The Quality Improvement Team will also be completing a distinct piece of work around Supervision and Assessing Competency with a bespoke workshop to be planned once the work is complete. The Medicines Management Team are in the process of refining their approach to Audit with a stronger focus on supporting improvement. Additional actions include development of an observational risk tool which will be used by Contract Performance Officers and is additional to the Contract Visit Questionnaire. The outcomes of the analysis were presented to the Care Home Managers at the Forum in January 2019.

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

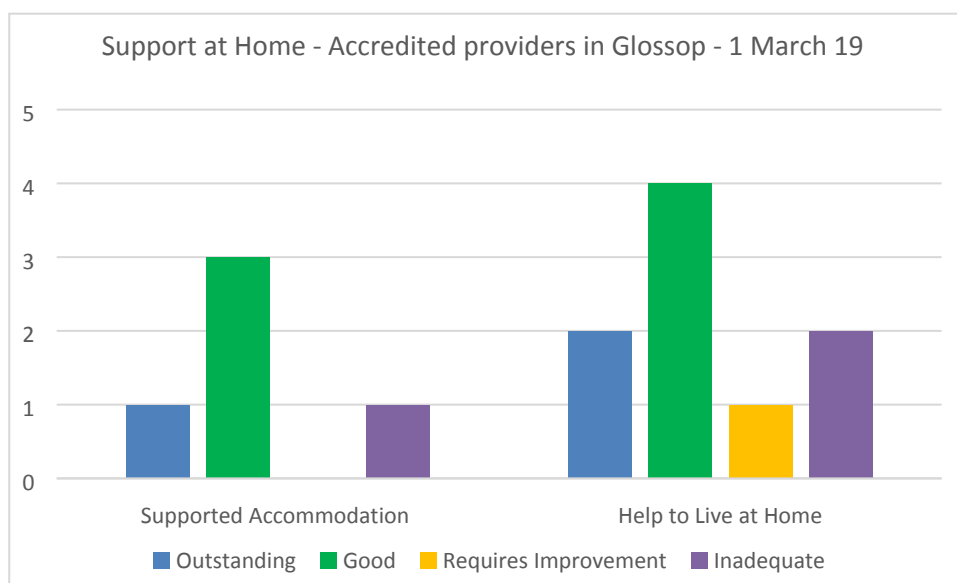
7.2 During the reporting period no CQC reports have been published for the following commissioned providers.

Support at Home Model

7.3 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

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



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

8. SAFEGUARDING

8.1 The CCG Safeguarding Team has supported the Primary Care team in undertaking assurance visits to a GP practice in response to an overall inadequate CQC rating. Concerns with regards to safeguarding were around systems and processes to keep patients safe, staff training and development and safer recruitment. The Practice has provided assurance that staffs have since received safeguarding training and an improvement plan is in place to review systems and processes. The practice will utilise the Primary Care Safeguarding Audit Tool and CCG safeguarding team to ensure actions are met and evidenced.

Children

8.2 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.

8.3 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. A number of development sessions have been held to give partners the opportunity to discuss the new arrangements and how

they will support the delivery of strategic priorities and improve service delivery and outcomes for children.

- 8.4 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.

Learning Disability Mortality Review (LeDer)

- 8.5 Tameside & Glossop CCG continue to support the LeDer Programme. There have been 4 completed reviews which have highlighted good practice with the use of the hospital passport and reasonable adjustments. Learning has been identified and shared with regards to improving communication with carers and relatives and improving the uptake of annual health checks and the quality of health action plans

9. CHILDREN'S SERVICES

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

10. ASSOCIATE CONTRACTS

- 10.1 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.
- 10.2 Quality concerns and assurance re mitigation for associate contracts are reported and monitored at GM H&C Partnership Quality Board; Chaired by Richard Preece; Executive Lead for Quality at the Partnership.

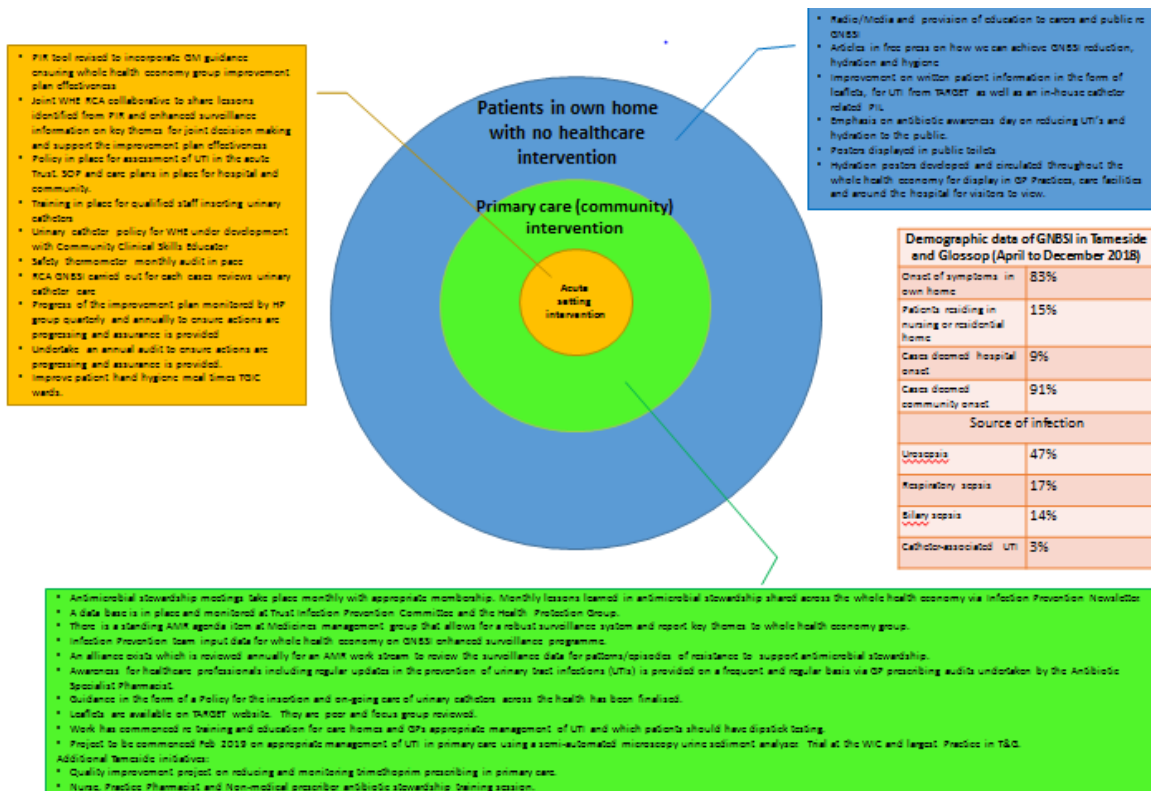
11. SMALLER VALUE CONTRACTS

- 11.1 Work has been initiated to review and strengthen the current quality assurance arrangements for all smaller value contracts; this includes the use of a risk matrix to establish the levels of focus required from the Quality Team. An audit has recently been completed and work is on-going to include quality expectations based on 3 domains into new and existing contracts.

12. ADDITIONAL INFORMATION - QUALITY IN FOCUS

Reducing gram negative infections; Hydration week (week commencing 11th March 2019)

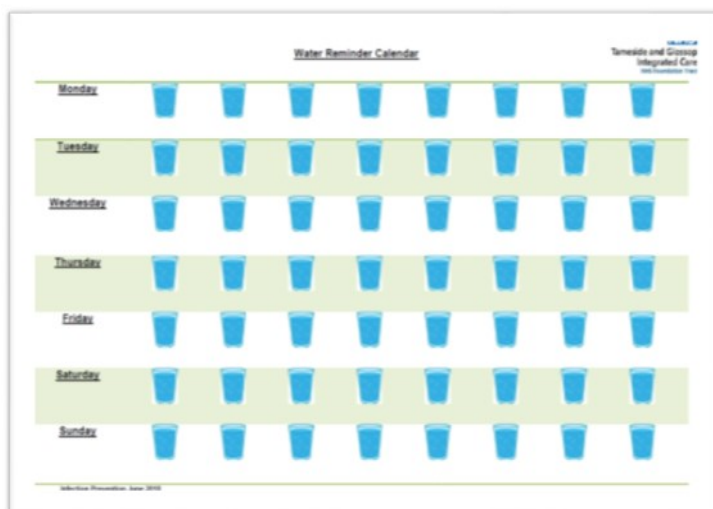
- 12.1 Throughout 2018/19 a whole health and care stakeholder group has been working collaboratively to deliver the national ambition to achieve a 50% reduction in healthcare associated GNBSIs by March 2022. National and local analysis indicates that 45 % of urinary tract infections are associated with a germ called E.coli when it gets into the bladder. The group aim to reduce urinary tract infection in older people by improving a person's hydration and by encouraging and supporting people to wash their hands after going to the toilet. This ambition has been underpinned by a range of quality improvement initiatives including a hydration campaign aimed at older people, many of whom do not have health care involvement.



12.2 The group achieved the expected 10% reduction in healthcare associated GNBSIs by March 2018 however it is not on target to achieve the target for March 2019; this is a national picture, thought to have been influenced by the exceptionally hot summer in 2018, resulting in increased dehydration and increased UTI infections.

12.3 For Hydration week 2019 staff and carers across the locality will be reminded to encourage people to ‘drink more and stop infection’ by: -

- Each time you visit an elderly person’s home you can chat about drinking more to stop infections.
- You can ask older people to note down how many drinks they have per day so they can monitor their own actual input, see chart below.
- You can advise older people to drink earlier in the day to reduce the risk of getting up at night.
- You can advise people to drink little and often rather than full glasses at a time.
- You can ensure that the cups and glasses they have can be held properly and are not too heavy to pick up.
- You can use tools like a colour chart so that they can see that the dark urine means you need to drink more (see chart).



Reducing Health inequalities in people with Learning Disabilities:

- 12.4 People with a learning disability have a right to good health, yet they still face many health inequalities, often resulting in worse health than the general population.
- 12.5 Sadly, people with a learning disability can have poorer physical and mental health than other people and studies have shown that they can die on average 20 years younger than the rest of the population. People with a learning disability are three times more likely to die from causes of death that could have been avoided with good quality healthcare. Many of these deaths are avoidable and not inevitable.
- 12.6 Our vision is for a future where health inequalities faced by people with learning disabilities is eliminated. These individuals will have access to the same quality of physical and mental healthcare as everybody else.
- 12.7 Clinical evidence shows that Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and promote health
- 12.8 A whole health and care stakeholder group has been working collaboratively to deliver NHS England's ambition is for 75% of people on GP Learning Disability Registers, from age 14 years, to have an Annual Health Check.
- 12.9 As part of this work the group delivered a GM 100 day challenge commitment to create a resource packs for all practices containing practical resources that Primary Care services can use to support them to deliver good quality checks and health action plans. These packs were provided in December 2018 and included:
- Step by step guide to implementation annual health checks and action plans
 - Royal College of GPs approved tool kit and resources
 - Syndrome specific supporting resources
 - Hospital passport
 - Communication / easy read resources
 - Information on reasonable adjustments
 - Information on the adult Learning Disability Health Service.
 - Transition information from children to adults.
- 12.10 In addition to this pack there is also a GP Liaison Nurse whose sole role is to support Practices with advice and training about general learning disability issues, the LD register and Practice learning disability Champions; contact details are provided within the pack.
- 12.11 Unfortunately T&G locality is not on trajectory to achieve the NHSE target; work will continue throughout 2019/20 to increase the number of people on the LD register and to increase the number of these over the age of 14 receiving a good quality health check and action plan with the aim to reduce health inequalities in this population.

CRISTAL Awards “Celebrating Remarkable Inspirational Stars, Teams, And Leaders”.

- 12.12 Tameside and Glossop CCG, and Tameside MBC have worked in partnership to develop the CRISTAL Awards. CRISTAL is defined as “Celebrating Remarkable Inspirational Stars, Teams, And Leaders” and is a celebration of excellence in care, within Care Homes across Tameside and Glossop. The award ceremony will take place on 17 Oct 2019 at Dukinfield Town Hall and will pay tribute to those who have demonstrated outstanding excellence in the sector. While care homes are able to enter other care awards, Tameside and Glossop CCG/Tameside MBC believes that developing and celebrating excellent care in care homes locally will encourage participation and provide positive publicity, raise moral and give the sector a boost.

2019/20 CQUIN Scheme

12.13 The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The CQUIN scheme for 2019/20 supports the delivery of the NHS Long Term Plan and draws on evidence based good practice that is already being rolled out across the country. The table below highlights the CQUINs included in the 2019/20 scheme; further information can be accessed at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

Prevention of Ill Health	Mental Health	Patient Safety	Best Practice Pathways
<ul style="list-style-type: none"> Antimicrobial Resistance – Lower Urinary Tract Infections in Older People & Antibiotic Prophylaxis in Colorectal Surgery Staff Flu Vaccinations Alcohol and Tobacco – Screening & Brief Advice 	<ul style="list-style-type: none"> Improved Discharge Follow Up Improved Data Quality and Reporting – Data Quality Maturity Index & Interventions IAPT – Use of Anxiety Disorder Specific Measures 	<ul style="list-style-type: none"> Three High Impact Actions to Prevent Hospital Falls Community Inserted PICC Lines Secured Using a SecurAcath Device 	<ul style="list-style-type: none"> Stroke 6 Month Reviews Ambulance Patient Data at Scene – Assurance & Demonstration Same Day Emergency Care – Pulmonary Embolus/ Tachycardia/ Community Acquired Pneumonia

12.14 CQUINs have been offered and accepted for both the ICFT and PCFT contract as below: -

ICFT:

1	Antimicrobial resistance Antibiotic Prophylaxis in Colorectal Surgery Lower Urinary Tract Infections in Older People
2	Staff flu vaccinations
3	Alcohol and Tobacco – screening and brief advice
4	Three high impact actions to prevent Hospital Falls
5	Same day emergency care - Pulmonary Embolus

PCFT:

1	Staff flu vaccinations
2	Alcohol and Tobacco – screening and brief advice
3	72 Hour Follow Up Post Discharge
4	MH Data quality
5	Use of Anxiety Disorder Specific Measures in IAPT

12.15 Smaller value contracts will be offered a CQUIN aimed to contribute to a reduction in homelessness and / or domestic abuse in support of the commissioning intentions 2019/20.

13. RECOMMENDATIONS

13.1 As set out on the front of the report.