

**Report to:** STRATEGIC COMMISSIONING BOARD

**Date:** 23 October 2019

**Executive Member:** Councillor Eleanor Wills - Executive Member (Adult Social Care and Population Health)

**Clinical Lead:** Dr Ashwin Ramachandra – CCG Chair

**Reporting Officer:** Gill Gibson – Director (Quality and Safeguarding)

**Subject:** BI-MONTHLY 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				
<b>Total</b>				<b>£577m Net Resource</b>
<b>Section 75 - £'000</b>	<b>£267million Net Resource</b>			
<b>Strategic Commissioning Board</b>				

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

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

**Legal Implications:**  
(Authorised by the Borough Solicitor)

As the system restructures and the constituent parts are required to discharge statutory duties, assurance and quality monitoring 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.

<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 (ICFT): CQC INSPECTION REPORT.

- 2.1 On 4 July 2019 CQC published the results of their inspection of Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) which took place from 12 March to 11 April 2019. This was the Trust's first CQC inspection since the community services contract transferred to them in April 2016.

The full inspection report can be [accessed here](#)

### 2.2 Overall Rating:

The Trust was rated good overall, across all domains.

Overall rating for this trust		Good 
Are services safe?		Good 
Are services effective?		Good 
Are services caring?		Good 
Are services responsive?		Good 
Are services well-led?		Good 

*NB: the ratings for the domains of safe and effective have improved from the previous inspection, from requires improvement to good.*

- 2.3 The CQC rated the Trust as Good because since the last inspection:-

- There had been improvement in the completion of mandatory training across the trust and the concerns raised within maternity services had been addressed.
- There were enough staff with the right qualifications, competence, skill and experience, in most areas, to deliver care and treatment to meet patient's needs.
- Effective systems were in place to protect patients from abuse, manage patient risk and safety incidents and provide evidence-based care.
- The trust controlled infection risk well. Equipment and premises were kept clean in most areas and there were systems and processes in place to prevent the spread of infection.
- Staff cared for patients with compassion. Feedback from patients and most carers confirmed that staff treated them well and with kindness.

### **Service Areas Inspected:**

2.4 The CQC rated eleven of the Trust's 12 services as good and one as outstanding (Community Adults) taking into account the current ratings of the six services not inspected this time.

- **Urgent and emergency care** - this service was inspected because there had been a large increase in the number of deaths compared to the previous year and high standardised mortality rates.
- **Rated good overall, with an area for improvement in the safe domain – see later section of areas for improvement).**
- **Medical care** - this service was inspected because medical care was rated as requires improvement at the last inspection.
- **Rated good overall with an outstanding in the area of responsive – see later section on outstanding practice).**

*NB: Medical care was rated good for safe in this inspection (an improvement from requires improvement)*

- **Maternity** - this service was inspected because there had been a decrease in the friends and family percentage recommended rate for the antenatal and postnatal wards and high vacancy rates for medical staff. Safe had been rated as requires improvement at the last inspection.
- **Rated good overall.**

*NB: Maternity was rated good for safe in this inspection (an improvement from requires improvement)*

- **Community Services** - these services were inspected as they had been acquired by the trust in 2016 and had not been inspected previously as part of Tameside and Glossop Integrated Care Trust.
- **Community adults (rated outstanding overall with outstanding in the areas of effective, responsive and well led – see later section on outstanding practice)**
- **Community children, young people and families (rated good overall)**
- **Community end of life care (rated good overall with outstanding for caring – see later section on outstanding practice)**
- **Community inpatient services (Stamford Unit) (rated good overall, with an area that requires improvement in the effective domain – see later section on areas for improvement)**

## Ratings for Tameside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Medical care (including older people's care)	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Surgery	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Critical care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Maternity	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Services for children and young people	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
End of life care	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Feb 2017	N/A	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
<b>Overall*</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019
Community health services for children and young people	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Community health inpatient services	Good Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Community end of life care	Good Jul 2019	Good Jul 2020	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall*</b>	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019

### Areas of Outstanding Practice:

2.5 The CQC noted the following examples of outstanding practice in the following service areas:-

- **Medical care** - There was a culture of continuous learning and development through collaborative learning to improve access and flow, patient safety and to improve patient experience. This was evident throughout the wards we visited at the hospital.
- **Maternity** - The service had a comprehensive and effective Maternity Alcohol Management Algorithm (MAMA) pathway, which included a five-step screening test to identify drinking in pregnancy and had won an innovation award for this.

The service was meeting all ten safety criteria under the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to support the delivery of safer maternity care.

- **Community adults** - The development of the 'new models of care' services, for example the digital health service, integrated urgent care team and extensive care service, were making a positive impact on admission avoidance, patient health promotion and experience.

The service consistently provided timely access from referral to the initial assessment of patients and met all national targets and the majority of locally set targets.

Outcomes for people who use services were positive, consistent and regularly exceed expectations.

- **Community children, young people and families** - The children's nutritional service had developed numerous courses which improved the well-being of families across Tameside. The team followed guidance based on the National Institute for Health and Care Excellence (NICE) standards C34G, PH9, QS94 PH49 and government dietary guidelines from the Department of Health. All the standards reflected best practice in behavioural change or dietary management. The children's nutritional team also used case studies, evaluation and feedback forms to enhance care.

#### **Areas for Improvement:**

2.6 There were some specific areas identified as requiring improvements:-

- There were not enough children's nurses and emergency paediatric consultants to deliver a consistent 24-hour paediatric emergency care service in line with national guidance (DH Facing the Future). **(Urgent and Emergency care - safe domain).**
- Within the Stamford Unit delivering community inpatient services, the therapy service was limited to five days a week; therapy staff did not feel they were able to offer rehabilitation as much as they wanted to **(Community inpatient services - effective Domain).**

*NB: A&E Delivery Board agreed to fund a 7 day therapy service until 31 March 2020 after which it will be funded by the Trust.*

- As with all inspections, the CQC identified areas to improve service quality delivery.

2.7 The CQC will check that the Trust takes the necessary action to improve services. It will continue to monitor the safety and quality of the services via its continued relationship with the Trust and its regular inspections.

2.8 The Strategic Commission will seek assurance that the Trust takes the necessary action to improve services; it will continue to monitor the safety and quality of the services via its continued relationship with the trust and via the contractual quality meetings held with the Trust.

### **3. PRIMARY CARE**

3.1 A new model of locally commissioned services has been introduced for 2019 – 2021, consisting of a number of bundles for practices to sign up to. One of the bundles is a Quality Improvement (QI) bundle that all 37 Tameside and Glossop practices have signed up to. It has been designed to further develop and embed quality improvement in the business model of our practices.

- 3.2 The QI bundle consists of three elements; a mandatory prescribing element, a practice specific element based upon prescribing practice packs provided by the Medicines Management Team and a patient experience bundle.
- 3.3 The mandatory prescribing focuses on be broad spectrum antibiotics, in which we have seen an increase in prescriptions. This mandatory project will work in the following way:
- From August 2019, each practice will run a monthly search on prescriptions for broad spectrum antibiotics.
  - The number of prescriptions issue for broad spectrum antibiotics per 1000 patients on the practice list will be calculated and plotted on a run-chart – the template was provided to practices
  - The search will be for one calendar month and will be run within the first 7 days of the subsequent month (i.e. the search for July 19 will be run and submitted prior to 7 August and so on up to the end of March 2021).
  - If the results show a higher number than 2.88/1000 then the practice will check all broad spectrum antibiotic prescriptions against the local prescribing guidance (called a 'deep dive'), or known sensitivities to check prescribing was appropriate. The results will be fed back to the prescriber. If the prescribing of broad spectrum antibiotic is below 2.88/1000 patients then no 'deep dive' will be required that month.
- 3.4 This project method was used to reduce the prescriptions of trimethoprim over the 2018 / 2019 financial year and proved successful.
- 3.5 The practice clinical focus prescribing project will be based on analysis of practice data, from which the practice's named Medicines Management Technician will identify an action plan. The practice will work with the Medicines Management Team to agree the plan and identify named practice staff to work with their Medicines Management Technician to achieve outcomes. The Medicines Management Technician will work with practice nominated individuals to achieve and maintain the agreed targets or improvements identified. Practices proactive work in this area will be recognised alongside achievement against the agreed action plan. All action plans have been shared with practices and the medicines management technicians are commencing the process by holding an initial meeting with each practice to identify the named lead they will be working with.
- 3.6 The patient experience bundle allows practices to co-design a patient experience project with focus on an area where they know through evidence patients are less happy than they could be. This category could also include an aspect of access, if it relates to the patient experience and again should be guided by the PPG and practice results in the National GP survey, FFT data, [www.nhs.uk](http://www.nhs.uk) patient feedback or any other survey they may have conducted related to patient experience. This is a broad element that allows for the differing circumstances of each individual practice. However all the projects are to be informed by data and have measurable outcomes, which includes a patient experience measurable outcome. Practices will be asked to provide an in year report on their progress and their final report will be in the form of a QI poster. The learning from the previous year's primary care quality scheme is that posters provide an excellent opportunity for practices to share their learning and experiences with their peers, making each practice's experiences a learning opportunity for all other practices.
- 3.7 Practices have submitted their patient experience projects and are now implementing them. These range from working to improve telephone access, improving appointment access, group consultations for specific patient cohorts, improved screening, improving the mental health of long term condition patients and improving prescription processes for patients.

## 4. ADULT CARE

- 4.1 **Auden House** (residential care TMBC) – The home has been rated as overall Outstanding following an inspection in June 19. The home was awarded an outstanding rating across both the Responsive and Well-led Domains, and Good across the remaining Safe, Caring, and Effective domains.

One of the areas of good practice referenced in the CQC report was the home's use of the Red Bag scheme.

Full report available [here](#)

*“They also used the hospital 'Red Bag' initiative. This aims to standardise and speed up the transfer of paperwork, medication and personal belongings of a resident throughout their hospital visit. It also ensures hospital staff know what is important to and for the person”*

- 4.2 **The Vicarage** (residential care TMBC) – The home was initially rated as Inadequate on 21 August 2018 following inspection on 21 May 2018. The home was subsequently suspended with effect from 22 August 2018. The home has since been re-inspected and the report was published on 16 July 2019, unfortunately despite some improvements being noted the home received an overall inadequate rating. The Quality Improvement Team continues to work with the Vicarage. The Home remains suspended from all new admissions.

Full report available [here](#)

4.3 **Jabulani** (residential care – Glossop – Derbyshire County Council) this home has been rated Inadequate on 29 August 19 following inspection on 10 July 19. Following the inspection, the home has been required to send the CQC a monthly improvement action plan. The home is currently suspended from placements.

The home continues to received support from both the Individualised Commissioning Lead for MH/LD as well as the Quality Improvement Team.

- 4.3 **Able Care and Support Services** (domiciliary care agency which provides personal care to people living in their own homes) – Rated as outstanding by CQC with the report being published on 23 August 2019. The home was awarded an outstanding rating across both the Responsive and Well-led Domains, and Good across the remaining Safe, Caring, and Effective domains.

Full report available [here](#)

## 5. SAFEGUARDING

### **Quality Assurance of Safeguarding Arrangements in Care Homes**

- 5.1 The Designated Nurse for Adult Safeguarding and TMBC Contracts Performance Manager delivered a presentation at the Care Home Managers Forum on improving Safeguarding Assurance across the sector. A refresh of the assurance process and a support offer to the care homes will improve compliance and the safeguarding of residents. The completion of Audit Tools for both Mental Capacity and Safeguarding have been requested for the end of Quarter 2 and will give the Strategic Commission safeguarding assurance and opportunity to identify key themes or trends.

## 6. QUALITY IMPROVEMENT ACROSS THE SYSTEM

### **Improving the prescribing of care home medication.**

- 6.1 Over the past 18 months, the Medicines Management Team and Quality Improvement Team noted increasing instances of delays in the supply of medicines to care home

residents. This has, in a number of cases, led to medicines omissions and subsequent safeguarding notifications.

- 6.2 A key factor in this issue is a breakdown in the ordering process between home, pharmacy and GP which may have as many as five interfaces in the process. Earlier this year EMIS; GP system rolled out a new function that allows proxy ordering. If the patient/home and GP are in agreement the practice can set a care home up as a proxy user and link all the residents in a care home. The home can then create an account on one of the online services such as Patient Access and order directly for its residents. This significantly reduces the number of interfaces in the process and should lead to reduction in the number of late supply medicines and subsequent omissions. Positive feedback has been received by care homes and already we are seeing a reduction in medication related issues. The plan is now to roll this out in a bigger care home and subsequently across Tameside and Glossop.

**Quality assurance and quality improvement of medication administration in care homes.**

- 6.3 The Medicines Management Technicians are continuously supporting care homes with undertaking medication audits, facilitating education sessions and supporting care homes with improvement plans. At the time of the second audit, there is a significant improvement in the safer and effective management and administration of medication. We hope that this will have a positive impact on CQC ratings for care homes in Tameside and Glossop. Furthermore Tameside & Glossop is one of 4 GM CCGs to gain funding as part of the NHSE Medicines Optimization in Care Homes (MOCH) scheme. This is a scheme that will fund one WTE pharmacist and technician who will help facilitate discharge from secondary care to the home and also review medicines optimisation standards in care homes, particularly those that admit higher numbers of patients. The MOCH staff will co-ordinate activities with the technicians so the work-streams all complement each other.

**STOMP (Stopping Over-medication of People with a Learning Disability (LD), Autism or Both).**

- 6.4 Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for. Children and young people are also prescribed them.
- 6.5 STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project that aims to stop the overuse of psychotropic medication in people with learning disabilities (LD), autism or both, which identified a high level of inappropriate use of these powerful medicines in people with Learning Disability, typically for challenging behaviour. The scope of the STOMP project includes antipsychotics, antidepressants, antiepileptics, benzodiazepines, mood stabilisers and CNS stimulants.
- 6.6 STOMP is about helping people to stay well and have a good quality of life and increasing safety in prescribing and fits well with the NHS England Medicine Strategy, Mental Health agenda, NICE guidance and proposed NHS Long Term Plan.
- 6.7 The ambition is to ensure a thorough medication review for all patients that are on the learning disability register in GP Practices and prescribed antipsychotic medication. The impact on patient outcomes is a better quality of life and reduced side effects from inappropriate medication.
- 6.8 The Medicines Management Team are supporting the implementation of the STOMP agenda through a local pilot STOMP review scheme in selected practices across the locality.

- 6.9 A PCFT specialist pharmacist has undertaken 35 patient reviews in line with the STOMP agenda in 4 practices as a trial. We are waiting for the final report to be produced and hopefully the reviews will demonstrate the aims of the national project. The final report will be presented to the Health Care Advisory Group in September and dependant on results there will then be a case made for funding for wider roll out of reviews.

### **The Red Bag Scheme**

- 6.10 The Tameside & Glossop Red Bag Scheme is part of a National Drive to improve communication and the persons experience as they transfer safely across care settings and has was implemented with effect from 19 September 2018.
- 6.11 A Red Bag is provided to all people who reside in a Care Home/Nursing Home when they need to be admitted to hospital. When a Care Home Resident goes into hospital the Red Bag goes with them throughout their journey.
- 6.12 Inside the Red Bag are personal belongings including a set of clothes and a Patient Passport with important information about the person and important documentation relevant to their care/clinical needs (Medication sheet, DNAR (original Copy) and Herbert Protocol etc.).
- 6.13 The Quality Team has undertaken an evaluation of the scheme in collaboration with the care home sector and ICFT (as key stakeholders in the scheme). Stakeholders are in agreement that the scheme is a valued initiative across the locality which improves the quality of communication and transfer of information, and in doing so supports a safer transition and patient experience. Areas for system improvement have been identified to help strenghten the scheme, particulary in relation to when a patient is admitted to hospital care but sadly passes away; as this situation can sometimes result in the bag becoming mislaid.
- 6.14 The scheme was a focus of the recent Customer Excellence Visit where Clarkson House (care home) was able to share a user's experience of how the scheme helped to positively support her recent admittance to hospital.
- 6.15 The scheme was also noted as an area of good practice in Auden House's (care home) recent Outstanding CQC report.

*"They also used the hospital 'Red Bag' initiative. This aims to standardise and speed up the transfer of paperwork, medication and personal belongings of a resident throughout their hospital visit. It also ensures hospital staff know what is important to and for the person"*

### **Reducing gram negative blood stream infections (GNBSIs)**

- 6.16 For the last eighteen months 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. This ambition has also been an indicator within the Quality Premium Scheme 2017/19.
- 6.17 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 aims 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.
- 6.18 The ambition is particulary challenging as local analysis has identified that the majority of people (83%) admitted to hospital with a UTI live at home, with no health care involvement.
- 6.19 Previous reports to SCB have highlighted the range of quality improvement initiatives supporting this ambition which span right across the locality including, but not exhaustively:

- A drink more stop infections hydration poster campaign across the WHE
- Improved patient hand hygiene at meal times (inpatient care) by supporting the use of hand wipes at meal times, and supporting patients to use them effectively, this indicate a reduction in GNBSI flowing introduction. Learning shared with care sector.
- The Infection Prevention lead and Antibiotic Pharmacists presented on local radio advising on hydration, antibiotic stewardship and GNBSI risk factors
- 'Dip or not to dip project' (improving clinical assessment and treatment of UTIs) and piloted this in a number of care homes.
- Provided training to care homes and domicillary care on the following:
  - Improved knowledge of urine testing in over 65 years
  - Improving knowledge of hydration/dehydration
  - Improving knowledge of the urinary system
  - Introducing hydration stations
  - Developing tools to monitor fluid intake
- Developed the Greater Manchester E.coli/GNBSi pack that was shared with care homes
- Develop a local urinary catheterisation policy/guideline for the insertion and on-going care of urinary catheters across the health economy including justified reason for catheter based on national best practice/NICE.
- Developed an E.coli leaflet for in-patients given prior to discharge
- The IP nurses have attended a number of local events including carers events where they hand out information.
- Training for qualified staff inserting urinary catheters (including care home sector)

#### **Awareness raising in Primary Schools**

- 6.20 Members of the GNBSIs group are currently developing an educational pilot to use with two primary schools in the locality to raise awareness of good hygiene and antibiotic stewardship in school age children using the 'E-Bug' resource developed by Public Health England.
- 6.21 E-Bug is a free educational resource for classroom and home use and makes learning about micro-organisms, the spread, prevention and treatment of infection fun and accessible for all students.  
Further information available [here](#)
- 6.22 NICE has endorsed Public Health England's e-Bug resource and recommends that all schools use e-Bug to teach children about hygiene, infections and antibiotics.
- 6.23 The ambition of the pilot is to raise awareness and to influence and change young people's behaviours as well as to influence the behaviour of friends and family members.
- 6.24 The findings from the pilot will be used to inform future roll out.

### **7. QUALITY IN A PLACE: A CQC AND TAMESIDE & GLOSSOP CO PRODUCTION PILOT**

- 7.1 As previously reported, Tameside & Glossop is working in partnership with the CQC to take part in a co-production project; Quality in a Place. The project is a collaborative project which aims to explore quality within the context of our developing Local Care Organisation and place based approach in Tameside and Glossop.

- 7.2 The project has three key priorities; the outputs of which will inform the CQC's current approach and any redesign of future regulatory activities.

## Coproduction in Tameside – 3 Priorities



PRIORITY	APPROACH	OUTPUT
<p>Priority 1</p> <p>Developing a detailed understanding of the LCO approach in Tameside (to understand the changes planned within the system, ambition and stage of development)</p>	<p>Sharing documents</p> <p>Face to face meetings</p> <p>Semi-structured discussions</p> <p>Case examples</p>	<p>Case study</p> <p>Briefing pack resource for inspectors</p>
<p>Priority 2</p> <p>To look at CQC key lines of enquiry and their applicability in Local Care Organisations</p>	<p>Facilitated workshops (2)</p> <p>Testing the current key lines of enquiry with Tameside context – do these need to be adapted?;</p> <p>Written analysis</p> <p>Case examples</p>	<p>Report and recommendations for regulatory approaches in the 30-50,000 populations, applicability to the emerging ICS landscape</p>
<p>Priority 3</p> <p>Developing understanding of data and measures of quality relevant to Local Care Organisations, to explore the type of data and measures held by both organisations to understand the quality measures relevant to LCOs</p>	<p>Sharing data</p> <p>Workshop followed by conversations between our respective analyst teams.</p>	<p>Report and recommendations on measures and data analytics approaches relevant to the 30-50,000 units of ICSs</p>

- 7.3 The third face to face workshop took place on 23 July 2019 with representation from CQC, Strategic Commission, ICFT, Healthwatch and PCFT. This workshop progressed the work of the previous workshop in May to consider the CQC Key Lines of Enquiry (KLOEs) and how these should be adapted to seek assurance about the strength and effectiveness partnership arrangements across the system. It also considered current data reports produced by the CQC and which aspects of these would need to be developed to be able to reflect quality across the locality.

- 7.4 The CQC has also held interviews with key stakeholders to develop their understanding of the LCO approach in Tameside (to understand the changes planned within the system ambition and level of maturity – priority area 1).

- 7.5 A final feedback workshop is planned for 25 September 2019.

### 8. HSJ AWARDS 2020 – finalist.

- 8.1 Tameside & Glossop Strategic Commission has been nominated as a finalist for the 2019 HSJ Awards in the Military and Civilian Health Partnership Category for its 'veteran friendly approach for primary care'.

### 9. QUALITY PREMIUM SCHEME 2017/19 (2 x year scheme)

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

9.2 The maximum Quality Premium payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs, and made as a programme allocation.

9.3 For Quality Premium Scheme year T&G CCG had the potential to earn a total value of £1,176,295 per annum.

#### 9.4 **Year 1 (2017/18)**

- In terms of achievements; T&G CCG passed all Quality Premium indicators with the exception of Early Stage Cancer Diagnosis; this means we achieved 80% of the Quality Premium Scheme.
- No CCG across GM achieved the Early Stage Cancer Diagnosis indicator.
- In terms of financial deductions, T&G CCG passed both the Quality and Financial gateway element of the scheme and 2 out of 3 of the NHS Constitution Indicators; this means we had a 33% financial deduction applied for the 1 x failed NHS constitution Indicator (A&E four hour waits).
- The financial achievement for the 2017/18 scheme is significantly higher than previous years.
- T&G CCG performed best out of the 10 GM CCGs
- 2017/18 financial achievement = £623.6k

#### 9.5 **Year 2 (2018/19)**

As previously reported, the structure of the Quality Premium Scheme changed for 2018/19 so as to incentivise moderation of demand for emergency care in addition to maintaining and or improving progress against the key quality indicators.

The total value allocated for the Quality Premium Scheme is now split into two distinct pots:

1. Emergency Demand Planning (EDP) which carries 75.5% of the total Quality Premium Scheme allocation
2. Quality Indicators which carry 24.5% of the total Quality Premium Scheme allocation

There have been significant changes to how the 2018/19 Quality Premium Scheme is structured which have increased the risk of not achieving the scheme; this is due to a number of factors:-

- 75% of the potential financial achievement is now situated in the new Emergency Demand Indicators. These indicators do not support the CCGs strategy to increase number of 0 LOS (Length of Stays) for frailty patients to reduce the risk of longer admissions and manage bed occupancy.
- The core Quality Premium Indicators are now only worth 25% of their original value with some challenges in relation to early stage cancer diagnostics and reducing gram negative infections.
- There are now only 2 NHS Constitution indicators with risk to achieving these with the performance of our associate contracts; there is a greater financial risk for non-achievement (50% reduction each).
- Provisional results for year 2 (2018/19) will be made available at the end of Q3 2019.

9.6 The 2019/20 Quality Premium scheme has not been released; we are awaiting an update from NHSE as to whether the Quality Premium Scheme will be published for 2019/20.