

GOVERNING BODY MEETING

Title of Subject:	Oversight of Quality during COVID-19 Pandemic
Date of paper:	December 2020
Prepared By:	Paper of Gill Gibson, Director of Quality and Safeguarding Prepared by Lynn Jackson, Quality Lead Manager
History of paper:	Quarterly reporting to Governing Body and QPAG
Executive Summary:	The purpose of this report is to provide Governing Body with assurance that robust quality and safeguarding assurance arrangements are in place across the Strategic Commission; to highlight any concerns and to provide assurance as to the action being taken to address such concerns.
Recommendations required of the Governing Body (for Discussion and Decision)	Governing Body is asked to note the content of the report.
QIPP principles addressed by proposal:	
Has this been reviewed in line with the Governing Body Assurance Framework	Yes / No <i>(please delete where appropriate)</i> The report provides assurance to the CCG that it has arrangements in place to for oversight of information about quality during the COVID-19 pandemic.
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Quality Report – November 2020

1. Purpose:

The purpose of this report is to provide Governing Body with assurance that robust quality and safeguarding assurance arrangements are in place across the Strategic Commission; to highlight any concerns and to provide assurance as to the action being taken to address such concerns.

2. Introduction:

At the time of writing this report the country has entered into a second national lock down. Providers continue to manage those patients affected by Covid-19 who require health care as whilst continuing to safely restore a level of service to the remainder of the population. This includes addressing the back log of cases waiting for care and treatment and progressing those cases already on a care pathway. Providers have implemented a risk stratification approach to ensure clinically priority. A key focus for providers continues to be ensuring effective infection prevention and control measures are in place. Quality meetings with providers continue to maintain oversight of any impact on quality and patient safety.

3. Addressing Health inequalities in Learning Disabilities:

The health inequalities aspect of the learning disability delivery plan are led by the Director for Quality and Safeguarding and form part of the overarching delivery plan. The health element of the plan has been refreshed to reflect all health aspects of the GM Learning Disability Strategy and both national and local learning from Covid-19 LeDer reviews.

4. Nosocomial Infections:

Nosocomial infections are newly acquired infections that are contracted within a hospital environment; there are definitions used to describe hospital onset COVID-19 infections dependant on the timing of a positive specimen: -

Community-Onset – a positive specimen date less than or equal to 2 days after hospital admission or hospital attendance;

Hospital-Onset Indeterminate Healthcare-Associated – a positive specimen date 3-7 days after hospital admission;

Hospital-Onset Probable Healthcare-Associated – a positive specimen date 8-14 days after hospital admission;

Hospital-Onset Definite Healthcare-Associated – a positive specimen date 15 or more days after hospital admission.

A probable or definite hospital-onset healthcare associated COVID-19 infection is a patient safety incident and reported and responded to according to the trust's existing policies. Assurance re learning and impact on quality and patient safety is monitored via existing quality assurance and serious incident oversight arrangements.

To reduce the likelihood of nosocomial infections, including COVID-19, effective infection prevention and control (IP&C) is fundamental. The ICFT provide assurance about their arrangements for IP&C via the NHSE / I board assurance framework. This framework enables the Trust to effectively demonstrate their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks.

GM H&CP and Region are fully sighted on the assurance arrangements in relation to infection prevention and control practice and nosocomial infections at ICFT; outbreaks continue to be reported via agreed route. NW NHSE/I IPC cell continue to monitor all Trust's nosocomial returns on a daily basis and fully appraise PHE of situations as they arise.

Covid-19 Oversight High Peak

The Quality and Safeguarding Directorate support both the incident management team and care home outbreak control meetings within High Peak and offer the same support with infection prevention training to the care home sector.

The Governing Body now receives weekly oversight of Covid-19 information provided by Derbyshire County Council similar to the information it receives on Tameside.

5. Primary Care

5.1 Care Quality Commission (CQC) Transitional Monitoring Approach to Regulation

CQC's requirement to regulate has still been in place during the COVID-19 pandemic, despite not carrying out our routine inspections. However, where risk deems it necessary full inspections will be carried out with outcomes within the full range of measures available to CQC, including the most severe level of sanctions up to and including enforced closure.

The transitional approach builds upon the ESF and will effectively work in the same way as the Annual Regulatory Review (ARR) in that it will be a structured telephone call with practices focussing on specific Key Lines of Enquiry (KLOEs) with the aim of continuing to monitor risk within primary care.

The focus will be on safety, access and leadership – increasingly looking at other areas like infection prevention and control (IPC). CQC will review information from all available sources, including piloting new ways of gathering information from people who use services and Provider Collaboration Reviews (PCRs).

The process will be carried out via telephone call with practices. The questions are available online and have been replicated in the document at Appendix One.

Following transitional monitoring activity, if CQC's review indicates a low level of risk they will take no further action and will let practices know this in writing. CQC is taking a proportionate approach and will only inspect practices in response to risk; if CQC deem the risk at a practice to be high they will undertake an inspection using their existing processes, though this will be a covid-safe inspection.

Without undertaking an inspection CQC cannot re-rate a practice. So any practices that are subject to transitional monitoring activity will not receive a new rating

5.2 COVID-19 Infections in General Practice

The resilience process put in place during the first wave of the pandemic continued to support practices through the second wave. All practices in T&G have continued to deliver care, whether remotely or from different sites during this period supported by the CCG and public health colleagues, the Local Medical Committee (LMC), Primary Care Networks (PCNs) and their "buddy" practices. This has meant that no patients have seen any gaps in the delivery of care and our front line colleagues have remained safe, minimising transmission.

6. Freedom to Speak Up Index (FTSU) 2019.

The FTSU Index is a score made from four questions within the NHS annual staff survey from the safe culture section. The questions provide insight into how knowledgeable, encouraged and

supported staff feel to raise concerns in the workplace as well as whether they feel they are treated fairly if they are involved in an error, near miss or incident.

The 4 x questions from the staff survey are:-

Q17a) My organisation treats staff who are involved in an error, near miss or incident fairly

Q17b) my organisation encourages us to report errors, near misses and incidents

Q18a) If you were concerned about unsafe clinical practice would you know how to report it

Q18b I would feel secure raising concerns about unsafe clinical practice

The table below provides a summary of the overall FTSU index scores for 2019 for ICFT and PCFT, with benchmarking data to national and regional averages as well as comparisons to similar organisations.

Overarching FTSU scores for 2019:

National Average 2019	North West Average	ICFT 2019	Combined Acute and Community Trust	PCFT	Mental Health Trust
78.7%	79.1%	80.2%	79%	79.9%	79.4%

Both ICFT and PCFT achieved FTSU scores that were above national, regional and similar trust score comparators.

7. PCFT - Just Culture

In 2019/20 Pennine Care Foundation Trust (PCFT) embarked on the implementation of the *Just Culture Framework* published by NHS Improvements. Just culture is a concept related to systems thinking which emphasises that mistakes are generally a product of faulty organisational cultures, rather than solely brought about by the person or persons directly involved. In a just culture, after an incident, the question asked is, “What went wrong?”

NHS Improvement promotes the Just Culture Framework as “a powerful tool to promote cultural change”. The framework supports staff to be open about mistakes and allows valuable lessons to be learnt. Their guide encourages managers to treat staff involved in a patient safety incident in a consistent and constructive way, claiming that fair treatment of staff supports learning by making staff feel confident to speak up when things go wrong rather than feeling blamed. A key measure for this will be the annual staff survey (safe culture section) and Freedom to Speak Up Index (FTSUI).

The Trust is currently embedding the Just Culture Framework, this is sponsored by the Trust’s Executive Director of Nursing, Healthcare Professionals and Quality Governance they have a project plan outlining the steps and milestones, including agreed “pause” points where they check if Trust is being ‘Just’ or not. This initiative is a key component in the implementation of the Trust’s Quality Strategy.

8. Care Homes

8.1 Inadequate providers

Oakford Manor (Nursing Home – Glossop – Derbyshire County Council)

As previously reported, the Home was rated as Inadequate on 26 August 20. T&G CCG continue to work with Derbyshire County Council (lead commissioner) and the CQC to seek assurance on identified improvements.

8.2 Contract & Quality Monitoring Arrangements

Due to the pandemic contract monitoring was suspended between the period of April to June 20.

Care Homes

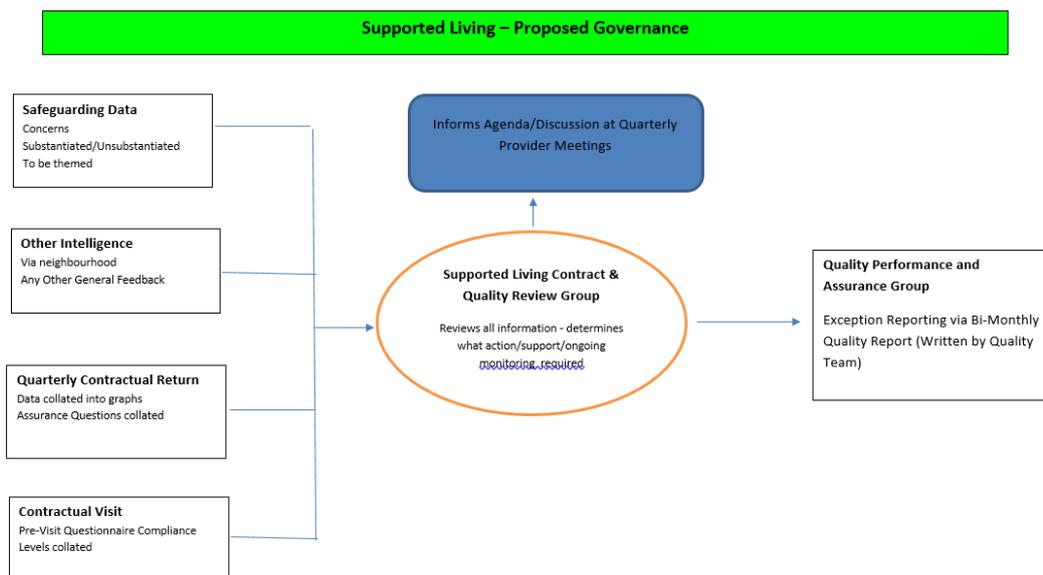
The contractual monthly return was reinstated from July as well as the Care Home Quality Review Group. The Care Home Manager's Forum has been running virtually throughout the pandemic, although this has changed to a shorter monthly format.

Homecare

The revised quarterly return is now being trialled with the first returns now received for quarter 2. The pre-visit questionnaire is also being completed virtually with submission due at the end of November. A contract/quality oversight group will be established (similar model to the Care Home Quality Group) to review information received. Similarly to the Care Home model, feedback is being requested from the Neighbourhood MDTs to ensure intelligence is triangulated. The "Evaluating Outcomes" model that was delayed due to the pandemic will also be revisited to see if elements can be implemented.

Supported Accommodation

As with Homecare, a revised quarterly return and Pre-Visit Questionnaire is currently being implemented. Following feedback from providers and the contracts team the initial quarterly return is being revised to include further qualitative information from providers, this will be trialled for Quarter 3. Pre-Visit Questionnaires are due for return by the end of November; these will be collated and reviewed by the Contracts and Quality Team. A summary of the model for both Homecare and Supported Living is provided below:



8.3 Support across the Adult Health and Social Care sector

Adult Social Care, in particular the Care Home Sector, has been and remains a high profile risk area during the COVID-19 pandemic. A Significant system wide package of support has been implemented to support the sector throughout this period including:

Ring-Round

Providers of Adult Social Care including nursing & residential homes, supported living, homecare, and day care providers are being contacted three times a week to capture and escalate any concerns during the pandemic to Adult Social Care Senior Team. There are strong communication systems between the Infection Prevention Team and Adult Social Care Teams with daily updates regarding the current position in Tameside.

Digital support

As part of the on-going support to the care sector across Tameside and Glossop, it was identified that there is an opportunity to support the care sector with their IT infrastructure and use of IT and in turn support residents more effectively, particularly when it is difficult for them to have visitors. In addition, all providers in Tameside and Glossop are receiving support in the set up and use of NHS Mail. This will enable them to work more digitally with access to The Pharmacy Hub, when carrying out CHC assessment reviews and overall engagement such as the on-going Infection Prevention and Control training webinars.

Medicines Management

The CCG's Medicines Management Team have developed a new virtual audit tool which they are currently piloting with two care homes. The audit is virtual, with minimal impact on care home staff time, but still allows the team to gain a good insight into the homes current management of medicines. Following the audit, as previously, the homes will be given an action plan and support to improve will be given by the team.

9. Care Home Sector Annual Review (quality and performance).

As part of the ongoing quality and performance monitoring of the care home sector outcomes from the annual contract performance visits are collated and reviewed each year. The purpose of this is to:

- 1) Review progress and improvement against previous annual performance
- 2) Identify areas where further focus is needed in the upcoming year

9.1 Background

Following the redesign of contract performance processes in 2017, the revised documentation was introduced in 2018/19. The current documentation is split into the following sections which are based on Independent Age's Indicators of Care Home Quality

- 1) Staff have the time and skills to do their jobs
- 2) We have good knowledge of each resident and how their needs may be changing
- 3) There is strong, visible management in place at our Home
- 4) We offer a varied programme of activities and work hard to prevent loneliness in our residents
- 5) We ensure that residents can regularly see health professionals such as GPs, Dentists, opticians, chiropodists etc.
- 6) We offer quality, choice and flexibility around mealtimes
- 7) We offer a varied programme of activities and work hard to prevent loneliness in our residents

- 8) We accommodate residents' personal, cultural and lifestyle needs
- 9) Health and Safety in Our Home

Homes are asked to rate their compliance against a number of statements within each section and support this with accompanying evidence; this is then reviewed and cross-checked at the contract performance visit. Homes are encouraged to be open in their assessment and identify actions as required; support can also be sought where homes are struggling in a particular area.

9.2 19/20 Review

The annual review of quality and performance across Care Homes has now been completed for the 19/20 period. The exercise involved reviewing performance from the contract documentation across all homes and establishing levels of compliance by each statement: Fully Compliant; Mostly Compliant; Partially Compliant; Not Compliant. The statements are then ordered into three levels according to the percentage of homes who have achieved a "Fully Compliant" rating.

A comparison with the performance from 2018/19 was undertaken as well as cross-referencing with CQC performance.

9.3 Overall Performance

Overall a significant improvement in compliance levels was seen between the 18/19 baseline and 19/20 performance, with 15 areas within the contract documentation showing a notable improvement between years. This is also reflected within the CQC performance for 19/20 with a 16% improvement in percentage of homes rated as "Good" or "Outstanding".

Although significant improvement was shown overall, there are still areas where further focus is needed to achieve a higher percentage of "fully compliant" homes; initial actions have been agreed as follows

- Enhanced Health in Care Homes Group – prioritising care planning within this group; additional support to be offered by Quality improvement Team (QIT)
- Supervision Toolkit for Managers (QIT – in development)
- Involving residents in the communities – to be included for discussion on the Care Home Manager's Forum – this needs creative thinking during the pandemic
- Quality and Governance- strengthened focus on section of the PVQ ensuring there is a focus on oversight and learning. Targeted work will be needed with some providers (QIT) AQUA discussions – potential to complete some work around investigations and learning from incidents.
- Medications – Medicines Management Team are working on a virtual medications audit (piloting expected November 20)
- Equality and Diversity – this is now part of mandatory training so improvement is starting to be seen in this area; further focussed work to be completed with specific homes (QIT)
- Environmental – CQC are now looking at ongoing plans for improvement, needs to ensure dementia friendly and health and safety needs in any refurb plans (PVQ guidance to be updated to incorporate ongoing plans).

These actions will be incorporated into the Care Home Quality Group Action Log for review on a quarterly basis.

10. Safeguarding:

10.1 System Wide Risks and Concerns

No CCG issues in relation to Safeguarding team/staffing CCG are compliant with the safeguarding assurance and accountability framework.

Learning Disability Mortality Review Local Area Contact (LAC) role sits with the Designated Nurse Adults. Following the publication of the T&G LeDer annual report we are progressing with the recommendations to review the whole economy contribution to LeDer and how to improve learning from reviews across the system.

10.2 NHS Providers

Completion and returns of GM SG contractual standards have been deferred to Q3 in order to enable providers to respond effectively to Covid-19. The CCG have maintained regular contact and assurance conversations via other mechanisms (1:1 assurance conversations, CCG safeguarding forum and via partnership meetings). There have been no inspections during the quarter. Providers contributed to a JTAI style audit in respect of complex safeguarding in preparation for local contribution the GM CS peer reviews.

10.3 Primary Care

The Named GP and Designated Professionals have been working to improve communication and assurance with Primary Care during the period. We have developed a shorter safeguarding assurance tool for primary care and the team are working with GPs to support completion and returns. A paper was presented at PCC to highlight the importance of safeguarding assurance and outline the CCGs responsibilities with regards assurance.

There has been improved attendance at primary care safeguarding leads meetings, domestic abuse was the theme of the September meeting.

The team in conjunction with partners have developed and communicated briefings on a number of topics and changes to service delivery, includes Safe Video Consultation, Domestic Abuse, Modern Slavery and Managing Non Attendance and ICON. Tameside Children & Adult Safeguarding Partnership Boards have been communicating free online training resources and webinars.

10.4 COVID-19 Safeguarding Recovery Planning

There is good partnership working in response to safeguarding risk registers, recovery planning and predicting demand meetings.

10.5 Multi-Agency Partnership Working

Local Safeguarding Adult Boards

Designated Nurse Representation continues at Tameside & Derbyshire Adult Safeguarding Partnership Boards and sub groups. There has been an increase in partnership meetings in response to managing and recovery from COVID-19. CCG lead on Quality Assurance Work Stream and chairs Learning and Accountability sub Group.

The team continue to contribute to Safeguarding Adult Review Screening Panels and in the SAR process. There has been an increase in referrals for screening SARs, the screening panel have given particular consideration to Covid-19 impact in cases and to date none have been identified. There are two SAR cases currently ongoing and one case which is going through the screening process.

Local Safeguarding Children Partnership Arrangements

Designated Nurse Representation continues at Tameside & Derbyshire Children Safeguarding Partnership and sub groups. There has been an increase in partnership meetings in response to managing and recovery from COVID-19. CCG chairs Learning and Improvement sub Group.

The team continue to contribute to Rapid Review Process and Safeguarding Children Practice Reviews. We have not seen an increase in referrals for rapid reviews. There are 2 cases ongoing and 1 new rapid review underway.

There are 5 cases which are now closed but actions remain open. The partnership has established a short life working group to ensure the legacy cases/actions are progressed.

10.6 Complex Safeguarding Multi-Agency Arrangements

1 WTE Complex Safeguarding Nurse has been recruited, this role will be based with multi agency CS team reporting to the Named Nurse within the ICFT.

CCG contribute at GM and Local complex safeguarding strategic and ops group.

10.7 Children Looked After and Care Leavers

The Designated Nurse for LAC has supported the launch of the revised Corporate Parenting Health Work Plan which reports directly into Corporate Parenting Board. Progress of the work plan is co-ordinated through the multi-agency Health & Wellbeing subgroup which is Chaired and Vice Chaired by the Designated Professionals for Looked After Children.

The Corporate Parenting Health Work plan focuses on the following key areas:

Improving the timeliness and quality of statutory health assessments

- Understanding the health needs of Looked after Children
- Ensure that the emotional health needs of looked after children & young people are met
- Ensure that children and young people who require support for substance misuse are accessing services / treatment
- Improve the service provided to care leavers from a health perspective.

The Designated Nurse has been working to improve communication and information sharing between organisations to help better inform Statutory Health Assessments including Adoption Medicals with the ultimate aim of improving quality.

The Designated Nurse continues to represent the CCG at partnership Looked After Children Placement, Transition and Permanency Panels.

Practitioner posts within the dedicated LAC Psychology Team remain unrecruited to although there are interim arrangements in place.

Proposals to develop a co-located Integrated Looked After Children Health and Wellbeing Team to improve the health and wellbeing and subsequent outcomes of Children looked after to Tameside are currently underway.

10.8 Any other Significant Incidents

Nil to report.

11. NHSE / I Patient Safety Strategy:

In July 2019 NHS England and NHS Improvement published (NHSE/I) The NHS Patient Safety Strategy: Safer culture, safer systems, and safer patients.

Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

The strategy sets out what the NHS will do to achieve its vision to continuously improve patient safety.

11.1 Strategic aims

- **Insight-** improving understanding of safety by drawing intelligence from multiple sources of patient safety information. The NHS will adopt and promote key safety measurement principles and use culture metrics to better understand how safe care is; use new digital technologies to

support learning from what does and does not go well, by replacing the National Reporting and Learning System with a new safety learning system, introduce the Patient Safety Incident Response Framework to improve the response to and investigation of incidents; implement a new medical examiner system to scrutinise deaths; improve the response to new and emerging risks; supported by the new National Patient Safety Alerts Committee share insight from litigation to prevent harm.

- **Involvement-** equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system. The NHS will establish principles and expectations for the involvement of patients, families, carers and other lay people in providing safer care; it also creates the first system-wide and consistent patient safety syllabus, training and education framework for the NHS; establish patient safety specialists to lead safety improvement across the system; ensure people are equipped to learn from what goes well as well as to respond appropriately to things going wrong; ensure the whole healthcare system is involved in the safety agenda.
- **Improvement-** designing and supporting programmes that deliver effective and sustainable change in the most important areas. The NHS will deliver the National Patient Safety Improvement Programme, building on the existing focus on preventing avoidable deterioration and adopting and spreading safety interventions; deliver the Maternity and Neonatal Safety Improvement Programme to support reduction in stillbirth, neonatal and maternal death and neonatal asphyxia brain injury by 50% by 2025; develop the Medicines Safety Improvement Programme to increase the safety of those areas of medication use currently considered highest risk; deliver a Mental Health Safety Improvement Programme to tackle priority areas, including restrictive practice and sexual safety; work with partners across the NHS to support safety improvement in priority areas such as the safety of older people, the safety of those with learning disabilities and the continuing threat of antimicrobial resistance; work to ensure research and innovation support safety improvement.

11.2 Implementation progress update

11.3 Patient Safety Specialists – NHSE/I have launched the patient safety specialist’s initiative that will see NHS organisations identifying at least one member of staff to the role of their patient safety specialist, to oversee and support patient safety activities across their organisation. The Identifying patient safety specialist’s document is now available and trusts have until the end of November 2020 to identify their patient safety specialist to NHSE/I.

Tameside and Glossop CCG have identified three patient safety specialist and have joined a series of webinars which provide information about the developing role as well as updates on key areas such as the Patient Safety Incident Response Framework (PSIRF) and Patient Safety Incident Management System (PSIMS). Both ICFT and PCFT have identified their Patient Safety Specialist.

11.4 Patient Safety Incident Response Framework (PSIRF) – NHSE/I have published a new Patient Safety Incident Response Framework (PSIRF) webpage, including details of their work with a small number of early adopters who are testing an introductory version of the framework. The PSIRF is being developed to replace the current Serious Incident Framework 2015 with updated guidance on how NHS organisations should respond to patient safety incidents, and how and when a patient safety investigation should be conducted. This testing phase will be used to inform the creation of a final version of the PSIRF which they anticipate will be published in spring 2021.

This framework will see a change in assurance for commissioners; moving away from assuring specific investigation reports to seeking assurance on provider arrangements for responding to and investigating the range of patient safety incidents; there is a set of standards from which the CCG will seek assurance. When launched, providers will be expected to develop a Patient Safety Response Plan, in conversation with CCGs, which will identify the key areas of quality and patient safety improvement based on themes and trends from the range of patient safety incidents.

11.5 Patient Safety Incident Management System (PSIMS) – this management system will, when launched in March 2021, replace the existing Serious Incident Reporting system (STEIs) and patient

safety reporting system NRLS (National Reporting Learning System). There are early adopters piloting the new system which will be where providers report the range of patient safety incidents as well as risks, good practice and outcomes.

11.6 National Patient Safety Alerts (NATpsa) – the first National Patient Safety Alert was issued by NHSE/I national patient safety team in November 2019 following its accreditation to issue the new types of alerts. All national bodies that issue alerts are going through a process of accreditation to issue National Patient Safety Alerts to ensure they meet a set criteria to improve their effectiveness and support providers to better implement the required actions. In March 2020 the Medicines and Healthcare Products Regulatory Agency (MHRA) became the second national body to be accredited. NATpsa are more focused on taking strategic and system wide actions to address an area of identified patient safety; oversight of this will be via provider quality meetings.

12. First Do No Harm – The Report of the Independent Medicines and Medical Devices Review.

On the 8th of July The Independent Medicines and Medical Devices Safety Review, chaired by Baroness Julia Cumberlege published its report titled “First Do No Harm”. It comes after a two-year review of patients in relation to Primodos, sodium valproate and pelvic mesh implants.

The purpose of the review was to examine how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices and to consider how to respond to them more quickly and effectively in the future.

The review team interviewed hundreds of people whose lives had been affected and also received written evidence. The team also took evidence from those in the healthcare system including regulators, professional bodies, manufacturers and policy makers.

The report identified critical failings in the system which has led to unnecessary patient harm and suffering for many years. The report found the voice of the patient is often silent in such investigations, where they should be at the centre of the investigation and have full access to all information obtained. As was recognised in the report, patients often know when something has gone wrong and their voices have been ignored. Patients complained of lack of information to enable them to make informed choices, the struggle to be heard and believed, the sense of abandonment and loss of confidence in the medical profession which can have a profound effect on the ability to have future treatment.

It is important that new treatments are offered to patients and there must be room for innovation and development. Developments in medicine have undoubtedly saved lives and innovation and research must not be curtailed or restricted unnecessarily and without cause. However, patient safety must be the paramount consideration for all.

The report recognises that steps must be taken to ensure that where there is a new medical device or development this must be carefully and independently scrutinised to prevent harm occurring. It makes a series of recommendations (detailed within the report).

The report was presented to GM H&C Partnership Quality Board in September 2020 and all CCGs were asked to seek assurance in the following areas: -

1. How we as a CCG ensure guidelines for the use of sodium valproate in women of child bearing age are adhered to
2. Confirm we do not commission any providers for vaginal mesh procedures
3. How we ensure the voice of women and girls are considered in the commissioning cycle
4. How we listen and respond to women and girls concerns.

12.1 Sodium Valproate in women of childbearing age

T&G CCG have taken a range of actions to ensure that guidelines for the use of sodium valproate in women of child bearing age are adhered to. This includes number of alerts provided to T&G

Practices in relation to Sodium Valproate. The Medicines Management team have raised the Valproate Pregnancy Prevention programme at the Integrated Medicines Optimisation Group which is the joint medicines management committee between the primary and secondary care

The Medicine Management techs supported practices by populating searches and highlighting patients that required any interventions by secondary care clinicians i.e. completion of the annual risk acknowledgement form. The team have worked with practices to resolve any issues between the primary, secondary care interface and answered queries for GPs to support them with the requirements

It is a marker that CQC looks at when undertake their practice visits and the Medicines Management Team support practices to be ready for any CQC inspections from a Meds mgt perspective.

For 2020/21 financial year the CCG aim to include a requirement in the LCS Quality Improvement bundle for practices to declare they have enacted all MHRA/NPSA alerts, which would include Sodium Valproate.

12.2 Confirm if T&G CCG commission any provider for vaginal mesh procedures.

A review of all SUS activity for T&G CCG against the NICE recommended procedure codes P23.6 Anterior colporrhaphy with mesh reinforcement and P23.7 Posterior colporrhaphy with mesh reinforcement for the past three and a half years was undertaken. This confirmed no activity recorded against these codes.

12.3 Arrangements to listen and respond to women and girls concerns and ensure the voice of women and girls are considered in the commissioning cycle.

T&G CCG uses a range of user experience intelligence and arrangements to ensure we listen and respond to women and girls concerns and ensure the voice of women and girls are considered in the commissioning cycle.

12.4 Tameside and Glossop Partnership Engagement Network (PEN)

The vision for Tameside and Glossop puts people at the heart of decisions about their local services. Working together to create a sense of collective ownership of the issues faced by the communities of Tameside and Glossop and how to address them. This includes starting conversations with the public and stakeholders early, shaping plans from the start so that: -

- People have an opportunity to express their views and feel confident that their voices are heard;
- People feel their opinions and ideas will influence the commissioning, design and delivery of local services;
- Local services will be better as a consequence of engagement and consultation;
- High quality engagement will be something that occurs routinely within our organisations, and is ongoing.

The Partnership Engagement Network (PEN) was established jointly by Tameside Metropolitan Borough Council (TMBC), NHS Tameside and Glossop Clinical Commissioning Group (T&GCCG) and Tameside & Glossop Integrated NHS Foundation Trust (ICFT).

The Partnership Engagement Network (PEN) is a place for all public sector organisations, voluntary and community sector groups and public and patient groups to come together from across Tameside and Glossop. Partnership Engagement Network (PEN) conferences are held up to three times a year.

The Partnership Engagement Network (PEN) operates across two tiers:

Strategic – engagement on approach, principles, cross-cutting issues and direction of travel. Provides a space to identify and join up key themes emerging from operational engagement activity.

Operational – engagement on service plans, new and developing models, emerging ideas and commissioning approach. Operational engagement takes place at both the thematic (service based), and/or neighbourhood (place based) level.

12.5 Tameside and Glossop Maternity Voices Partnership

Tameside and Glossop Maternity Voices Partnership (MVP) is a group of local parents, community organisations, maternity staff, health visitors and commissioners working together to represent the voices of women, their partners and families to improve and develop maternity services in Tameside and Glossop.

The group meets every three months to look at and review maternity services and to provide feedback from parents on their experiences. The group believe that everyone should have a voice and be able to feedback on their maternity experience. The aim of Tameside and Glossop Maternity Voices Partnership is to input into the improvement and development of local maternity services.

12.6 Health Watch engagement and intelligence:

T&G CCG works in partnership with HealthWatch to ensure the experience of patients and their family and friends is central to CCG discussions. This includes Healthwatch being members of CCG Governance Groups including Quality Performance and Assurance Group (QPAG) and routinely share intelligence with CCG Quality Leads.

12.7 Provider user experience:

Providers have access to a range of user experience data including (but not exhaustively) PALS, complaints, compliments, incidents, Regulation 28's, patient stories, experiences posted on Care Opinion, national surveys, Friends and Family etc. The CCG routinely seeks assurance via contractual arrangements and quality meetings that providers are utilising the range of user experience data to continuously drive improvement in their organisation.