

| Meeting: Governing Body | | | |
|--------------------------------|---|---------------------|---------|
| Meeting Date | 23 March 2022 | Action | Receive |
| Item No. | 9.2 | Confidential | No |
| Title | Quality Report | | |
| Presented By | Catherine Jackson (Executive Nurse, Director of Nursing & Quality) | | |
| Author | Catherine Jackson (Executive Nurse, Director of Nursing & Quality) Carolyn Trembath (Head of Quality) Sarah Tomlinson (Quality Assurance Manager) | | |
| Clinical Lead | Catherine Jackson/Cathy Fines | | |

| Executive Summary |
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| The Quality Report provides an overview of the key challenges and actions shared with Greater Manchester Health and Social Care Partnership as part of the CCG bi-monthly stakeholder return. |
| Recommendations |
| It is recommended the Governing Body: <ul style="list-style-type: none"> • Consider this report and provide feedback • Note the focus areas raised • Note recommendations made and take action where required |

| Links to CCG Strategic Objectives | |
|--|-------------------------------------|
| SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic. | <input checked="" type="checkbox"/> |
| SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery. | <input type="checkbox"/> |
| SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision. | <input checked="" type="checkbox"/> |
| SO4 - To secure financial sustainability through the delivery of the agreed budget strategy. | <input type="checkbox"/> |
| Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below: | |
| GBAF <i>[Insert Risk Number and Detail Here]</i> | |

| Implications | | | | | | |
|---|-----|--------------------------|----|-------------------------------------|-----|--------------------------|
| Are there any quality, safeguarding or patient experience implications? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |

| | | | | | | |
|---|-----|--------------------------|----|-------------------------------------|-----|-------------------------------------|
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Have any departments/organisations who will be affected been consulted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Are there any financial Implications? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| If yes, please give details below: | | | | | | |
| | | | | | | |
| If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment: | | | | | | |
| | | | | | | |
| Are there any associated risks including Conflicts of Interest? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Are the risks on the CCG's risk register? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| | | | | | | |

| Governance and Reporting | | |
|--------------------------|------------|---|
| Meeting | Date | Outcome |
| GM Quality Board | 17/03/2022 | Share with Governing Body for information |

Greater Manchester Quality Board
Stakeholder Return

Date: 17th March 2022
Title: Quality Report
Report of: Catherine Jackson, Director of Nursing & Quality Improvement
 Carolyn Trembath, Head of Quality
 Sarah Tomlinson, Quality Assurance Manager

Purpose

The purpose of this paper is to provide intelligence from Bury Clinical Commissioning Group (CCG) in relation to Clinical Quality and Safety issues across the Locality, capturing key challenges and actions.

| | Description of risk/ priority | Please specify action required below and provide detail |
|---|--|---|
| 1 | <p><u>Care Homes</u> Of Bury's 51 care homes, 40 are rated Good or Outstanding by CQC. Seven homes currently rated Requires Improvement and 3 Inadequate (pre-pandemic, no homes in Bury were rated Inadequate). Two of the homes rated Inadequate provide nursing care. The quality issues and ensuing support from LA and CCG staff is causing considerable strain on already stretched resources and impacts on homes' abilities to safely accept admissions, putting further strain on system flow. Review of Council Quality Assurance Framework is taking place with support from CCG partners. In the interim, our provider failure policy is being amended and all care homes are receiving a quality assurance review to proactively identify concerns and support return to compliance.</p> <p><u>Nursing Homes</u> Nazareth House (<i>Inadequate</i> CQC rating). CQC intends to issue notice to withdraw regulated activities, which Nazareth Care are appealing. The Home Manager, supported by a new deputy, continues to work with regional and quality managers to provide evidence of improvement. Meetings continue between Nazareth Care and the LA and CCG strategic lead and safeguarding representatives, with ongoing support from the LA and the CCG.</p> <p>Burrswood (<i>Inadequate</i> CQC rating). The LA are facilitating an extensive action plan, devised with the Home Manger, Advinia regional team and CCG. Early indications show progress. Two nursing units now have Unit Managers in post, and a new team of Registered Nurses employed, who are embedding well.</p> | To note |

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|---|---|---------|
| 2 | <p><u>Northern Care Alliance</u></p> <ul style="list-style-type: none"> • Focus on complaint management to improve response times and agreed resolution across all Care Organisations (COs). • Focus work continues regarding patient flow across all COs to manage urgent care demands and ambulance handovers. • Health Education England action plan being implemented at Bury CO following feedback regarding support to trainees for out of hours supervision and access to consultants. • Safeguarding referral process into Children’s Social Care being reviewed to ensure it is safe and effective. | To note |
| 3 | <p><u>System quality development</u></p> <p>Ongoing focus on the introduction of Bury’s place-based quality governance system, with new monthly system-wide assurance committee running in shadow form (providing the opportunity for our system leaders to come together to start sharing intelligence and learning).</p> | To note |
| 4 | <p><u>Safeguarding</u></p> <ul style="list-style-type: none"> • 6 on-going Serious Adult Reviews (SARs) and 2 pending • 6 on-going Local Child Safeguarding Practise Reviews (LCSPR) and 1 at the Rapid Review stage. • 2 on-going Domestic Homicide Reviews (DHR) and 1 being screened on 8/3/22, likely to result in a further DHR. <p>Emerging themes include a lack of ‘Think Family’ when assessing risk and need, professional optimism and lack of curiosity at assessment stages, access to mental health services, substance misuse in children and young people and primary care involvement in safeguarding cases.</p> <p>The combined number of SARs, LCSPRs and DHRs is unprecedented in Bury and this is compounded by a significant reduction in capacity within Bury Integrated Safeguarding Partnership (BISP) caused by long term sickness and vacant posts. BISP is currently running below 50% capacity in relation to staffing. This impacts on the tripartite partnership and their ability to discharge their statutory responsibilities.</p> <p>The continuous nature of recent referrals means progressing of action plans has stalled in many cases. The risk here is identified learning is not being embedded in practise before the next review is commenced. Reviews are not being completed inside statutory time frames and are being ‘stacked’. There is also a risk of burn out, compassion fatigue and vicarious trauma for the staff involved in such a high number of distressing cases.</p> | To note |