

PART 1 GOVERNING BODY 2022/23

Date of Meeting:	20 May 2022
Agenda Item:	3.1
Subject:	Quality and Safeguarding Report
Reporting Officer:	Alison Kelly, Chief Nurse & Associate Director Quality and Safeguarding
Aim of Paper	To inform the Governing Body of items discussed within the Quality and Safeguarding Committee / Group which took place on 18 February 2022

Governance route prior to Governing Body	Meeting Date	Objective / Outcome
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group	8 th April 2022	For information
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Governing Body Resolution Required:	For Information Only
--	----------------------

Recommendation: For information only

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

RISK LEVEL (To be reviewed in line with the Risk Policy)**RAG Status:** GREEN**Comments:** N/A**CONTENT APPROVAL / SIGN OFF**

The contents of this paper have been reviewed and approved by:
Alison Kelly, Chief Nurse & Associate Director Quality and Safeguarding

Clinical Content signed off by:
Not applicable

Financial content signed off by:
Not applicable

Clinical Engagement taken place: Not Applicable**Patient and Public Involvement:** Not Applicable**Patient Data Impact Assessment:** Not Applicable**Equality Analysis / Human Rights Assessment Completed:** Not Applicable

EXECUTIVE SUMMARY

This report provides assurance in terms of Quality and Safeguarding.

Northern Care Alliance Contract, Quality, Performance Group (CQPG)

Waiting Lists

As evidenced in the performance reports, the scrutiny and focus on waiting lists and particularly potential harm from long waits continues. The Quality and Commissioning Teams are working closely with the Trust to ensure appropriate management strategies and risk assessments are in place to address waiting list issues.

Urgent Care Pressures

Increasing number of attendances at ED continue to impact the number of 12-hour breaches, extended department waits and ambulance handover delays. Pre-ED Streaming and admission/attendance avoidance services are in place using a collaborative approach with primary care, community and HMR services. Test of Change is planned with Pre-ED streaming to increase the number of patients streamed away at the front door of ED to reduce numbers in the department and ensure patients are seen in the right place more quickly.

Maternity Services

The Maternity Voices Partnership has now been in place for 12 months and funding has been secured from Oldham CCG and HMR CCG for this to continue. There is an issue with the current rate of pay for the Chair in that this does not currently meet the nationally recommended pay rate, however, plans are being proposed to address the shortfall. The MVP have recently undertaken the '15 Steps for Maternity' which provides an opportunity to understand the quality of care being delivered and for feedback to be given to help review, co-design and co-produce local maternity services.

A report will be presented to the Trust by end of March. Early feedback has indicated issues around estates i.e., signage, and workforce pressures. The Trust has confirmed they are currently meeting 7 (out of 9) Ockenden immediate actions. The remaining 2 (review of website information, and risk assessments at every appointment) are progressing and are likely to be fully implemented by May

Care Homes

Work continues across the system to support care homes in terms of development and care delivery.

Training continues and homes in difficulty are well supported to action plan and make improvements.

The Restore 2 Mini training continues to be rolled out to ensure homes can recognise the soft signs of illness

Pennine Care Foundation Trust

MH bed demand nationally continues to be an issue, this is impacting on the wider system. Independent Sector beds are also scarce due to the national pressures, and this has resulted in PCFT having a few reportable out of area patients.

The biggest pressure is the workforce. There are quality and safety issues regarding the constant and high-volume flow of patients. Prioritisation around bed management and Length of Stay is key.

All adult acute beds are now single gender, all dormitories have been irradiated. The piece of work is progressing for Older People's single gender.

Cancer campaign and screening

The Quality Manager is working with the Cancer Commissioner, Comm's and the BI Team to understand the current waiting times so that communications campaigns can be targeted within that target group.

Long waiters are being identified and risk of harm reviews undertaken

Safeguarding

Several safeguarding reviews continue once published they are available on the RBSCP/RBSAB website