

WOLVERHAMPTON CCG
Governing Body
Tuesday 12th December 2017

Agenda item 9

TITLE OF REPORT:	Executive Summary from the Quality and Safety Committee
AUTHOR(s) OF REPORT:	Molly Henriques-Dillon Quality Nurse Team Leader
MANAGEMENT LEAD:	Steve Forsyth Deputy Director of Nursing
PURPOSE OF REPORT:	To share with the Governing Body a reflective report regarding the undertaking of the clinical quality monitoring framework .The report includes, performance against key clinical indicators (reported by exception).
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public.
RECOMMENDATION:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	Domains 1, 2, 3 and 4.

1. Key areas of concern are highlighted for the Quality & Safety Committee below:

	Level 2 RAPS breached escalation to executives and/or contracting/Risk Summit/NHSE escalation		
	Level 2 RAPS in place		
	Level 1 close monitoring		
	Level 1 business as usual		
Key issue	Comments	RAG	Page number in report
Urgent Care Provider	Vocare CQC Rating is INADEQUATE for the visit took place in March 2017 and a further CQC announced visit took place on 26th October 2017. NHSE Quality and Surveillance Group have agreed to stand down the NHSE Quality Surveillance Vocare meetings, with ongoing scrutiny/monitoring by NHSE taking place at the routine Quality Surveillance Group each month		21
Maternity Performance Issues	There were 2 SI's reported for the maternity services for Nov, 2017 and in total 8 SI's has been reported for maternity services since June 2017. The key performance indicators on maternity dashboard are a growing concern which is impacting on quality and safety. Escalated to NHSI, NHSE, LSE and Maternity STP. The provider has also capped the maternity activity for the trust from 13 th November 2017.		13
Non-Emergency patient transport service issues	Mainly there are performance issues with this provider with a potential for its impact on quality issues. The provider has failed to meet reporting requirements i.e. Serious incidents, KPI's, Quality report etc and the current performance has not been at the levels expected and has recently impacted adversely upon the quality element of the service.		21-22
Mortality	Raised SHMI/HSMR. Action plan in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices strengthened. Update from extraordinary MORAG meeting (Sep 2017)		15-16

	<ul style="list-style-type: none"> • Early indication from reviews suggests coding for palliative care and people dying in hospital 		
Increased number of NEs 16/17	16/17 total 5. 17/18 ytd total is 6.		13
Safety, experience and effectiveness	Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc. Improvements seen in avoidable pressure injuries, CDiff and falls. There is rise in the number of health care acquired infection and diagnostic delay incidents reported for Nov 2017.		12
Improving primary care services	Continuous monitoring of Infection Prevention ratings, Friends and Family Test, Quality Matters, Complaints, Serious Incidents , NICE, and Workforce.		QSC Agenda Item

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Committee is asked to note the following:

2a Serious Incidents (excluding pressure injury incidents)

Fig.1

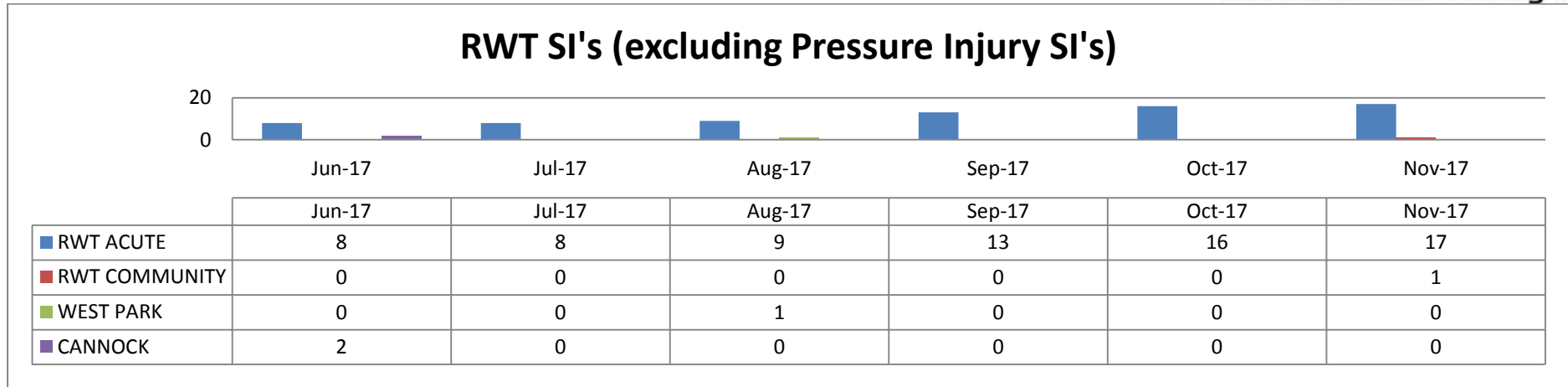
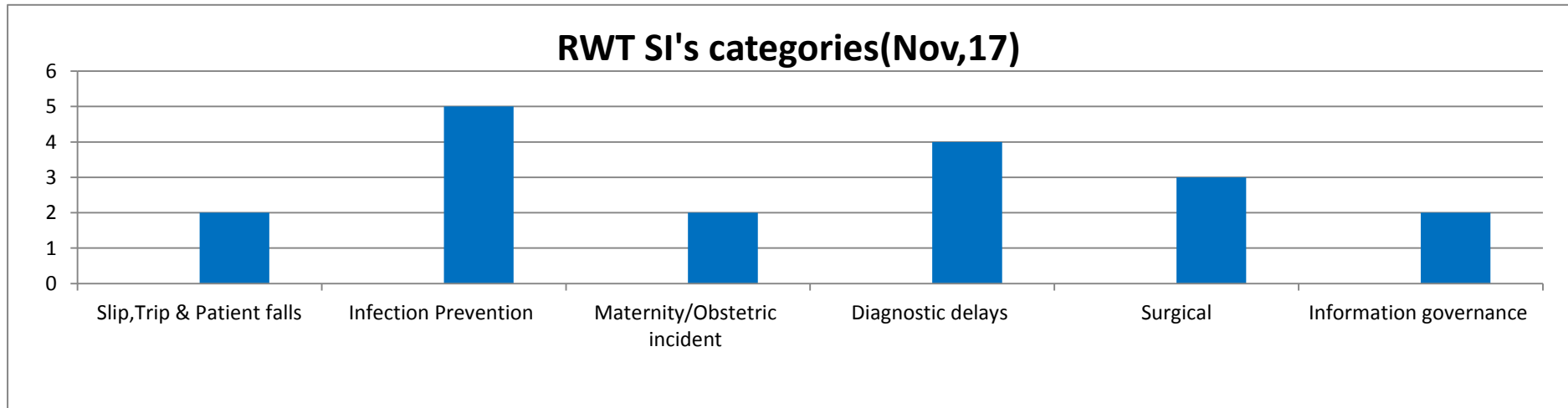
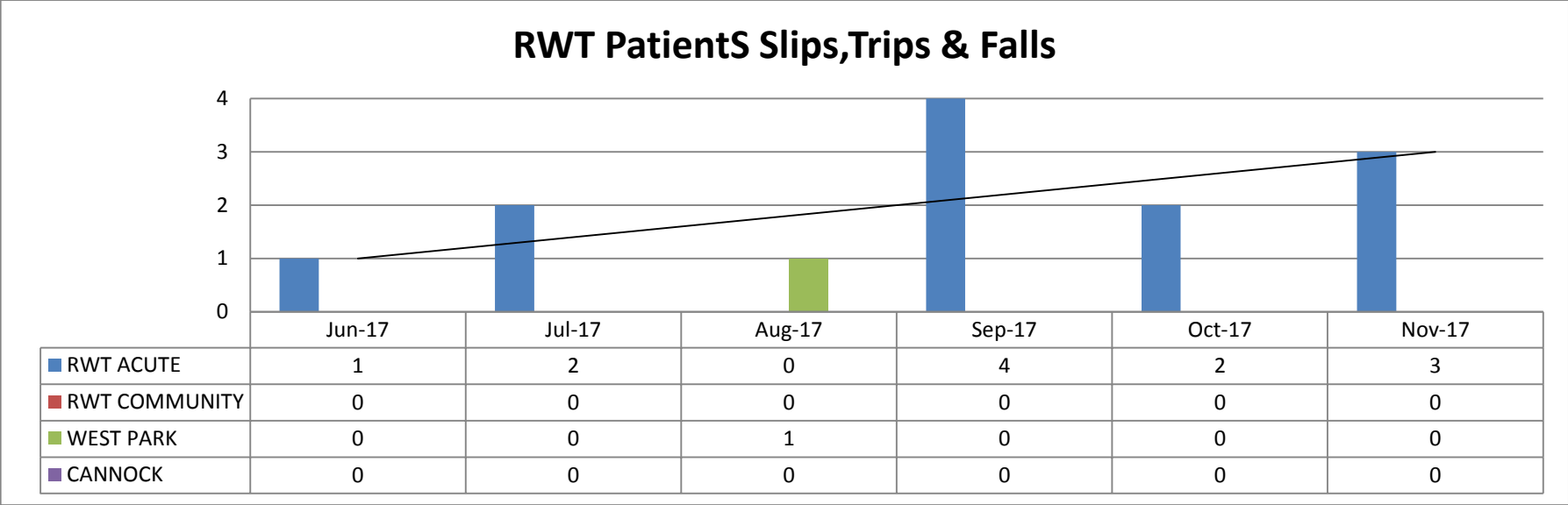


Fig.2



Slip Trip and Patient Falls SI's (RWT)

Fig.3



Although 3 falls SI's were reported, one was de-escalated post initial investigation identify that patient harm was not caused by fall but due to their underlying medical condition. All patient falls SI's are discussed at the provider weekly scrutiny meeting and this meeting is regularly attended by the WCCG quality and safety manager.

Fig.4

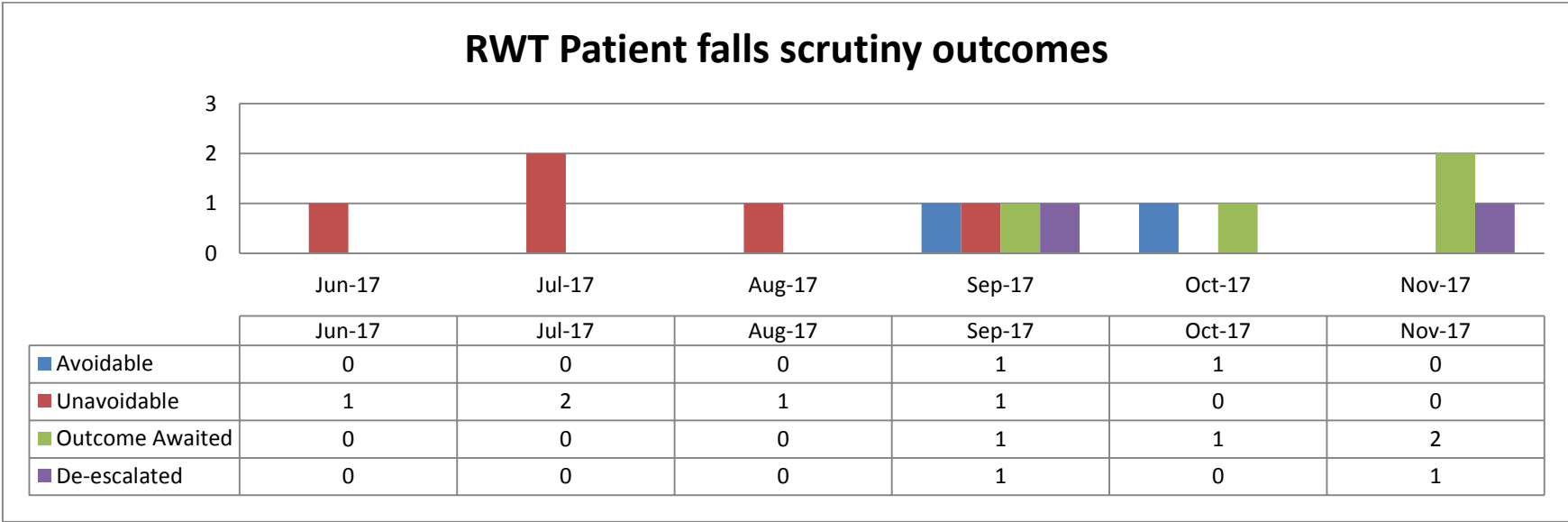
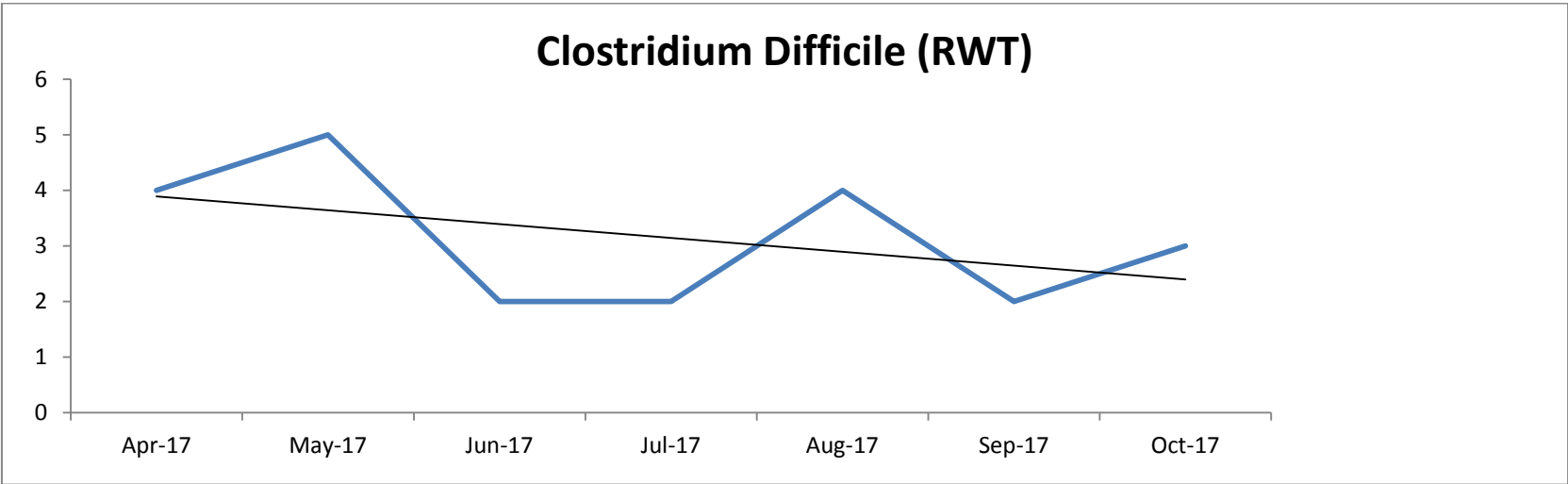


Fig.4 shows that there is a reduction in the number of avoidable patient falls for Q2.

Infection Prevention

Clostridium difficile
Fig.5



There were 3 CDiff cases reported for October 2017 which is an increase compared to 2 CDiff reported in Sep 17. The Provider is currently one case above their external target at the end of month 7.

Trust actions: Sustainability actions continue from last year. Antimicrobial prescribing audits are being completed in most areas.

CPE (Carbapenemase Producing Enterobacteriaceae)

Fig.6

Breakdown of CPE	Total
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to date October	21

There were no new cases confirmed during October 2017.

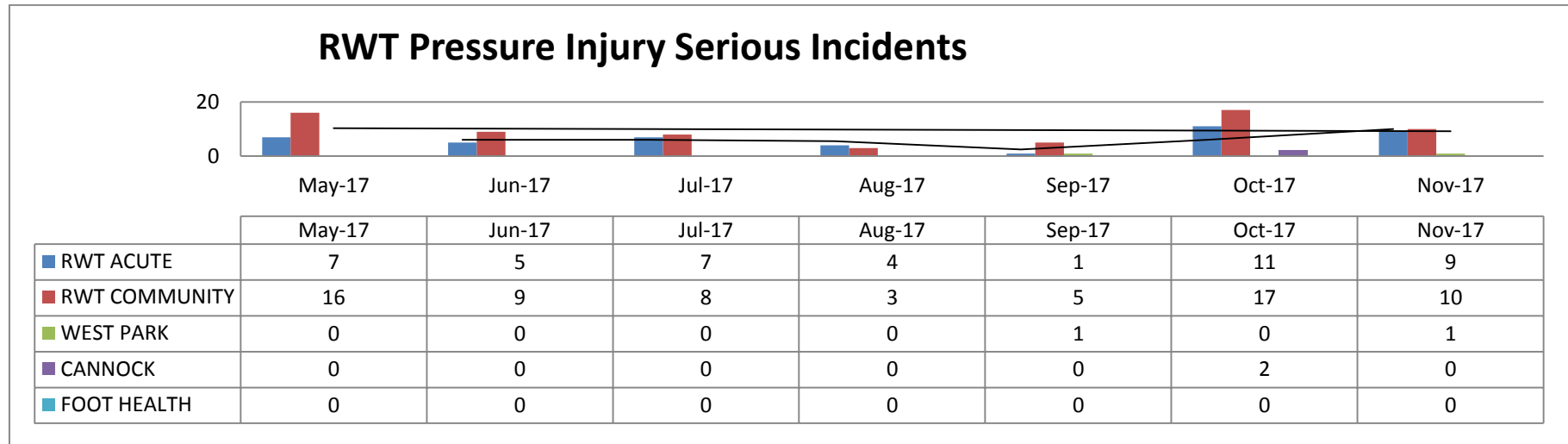
Trust CPE plan:

Admission screening processes continue. The business case for the laboratory to cope with demand for sampling is in development. Focus on regional intra-hospital transfers as highest risk. CPE Virtual Strategy Group meeting took place in November to discuss recent incident and to re-evaluate the screening process and high risk patients. Further updates of this meeting will be provided at the next meeting.

MRSA bacteraemia

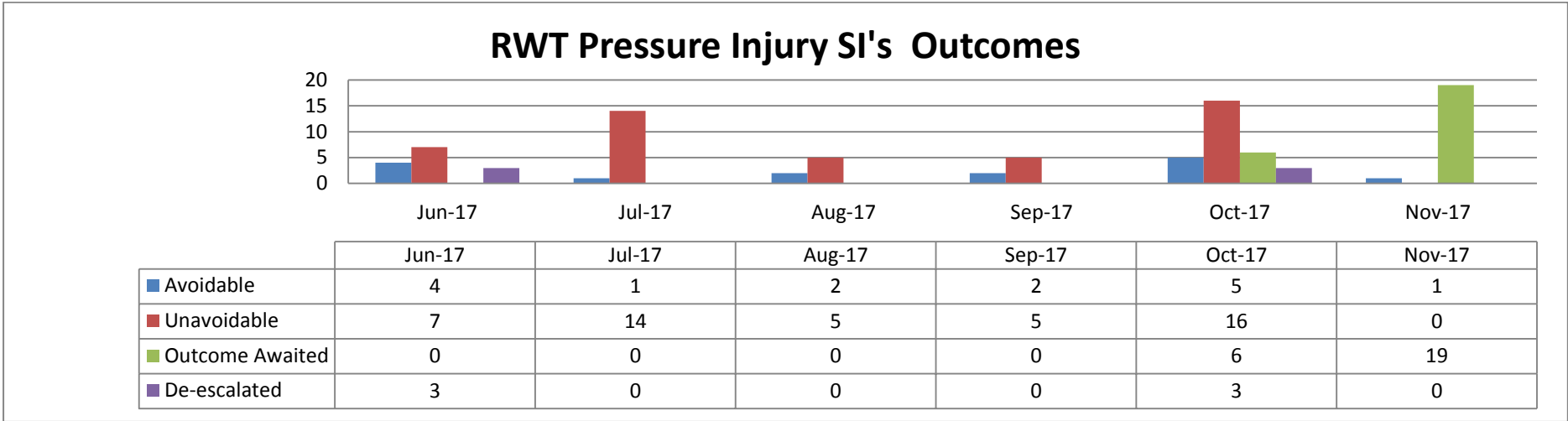
No new MRSA Bacteraemia cases since the one case reported in October 2017. RCA investigation underway.

Fig.7



20 pressure injury incidents were reported for this reporting period which is a 33.3% reduction compared to 30 pressure injury for Oct 17. 2 of these pressure injury incidents has been reported at stage 4 PI's and 18 pressure injuries SI's reported for stage 3 PI's. The Q&S manager attends the weekly pressure injury scrutiny meetings to seek assurances of current pressure injury prevention and management practices and to seek assurance that all pressure injury SI's are investigated appropriately and the learning from SI's is shared within the wider team.

Fig.8



There has been reduction in the number of avoidable pressure injury SI's at the trust but the increase prevalence of pressure injury SI's is still an issue and WCCG has liaised with TVN lead to seek assurance around this issue. The Trust is involved in the first phase of the NHS improvements pressure ulcer collaborative and an audit and quality improvement plan has been submitted. The Trust new accountability process, which includes stage 2 pressure injuries is in place with an escalation to the Chief Nurse, for services that have 2 or more avoidable incidents within a 3 month period or if there is a cause for concern.

RWT Never Events

Fig.9

Dec,16	1	Retained foreign object post-procedure
Mar,17	1	Wrong implant/prosthesis
Apr,17	1	Retained foreign object post-procedure
July,17	1	Wrong site surgery
Aug,17	1	Wrong site surgery
Oct,17	1	Retained foreign object post-procedure
Nov,17	2	Wrong site surgery

The Provider has reported two new never events and the total counts now stands at 6 ytd. The WCCG quality and safety lead has asked the Provider for a themed report into these never events to identify learning and to mitigate reoccurrence.

Maternity

- a) The number of women booking to give birth at RWT has increased significantly month by month in the last 12 months. The forecast for 17/18 is 5300 births in total at RWT.
- b) The midwife to birth ratio has slightly improved from 1:32 in September 2017 to 1.31 in October 2017
- c) Midwifery sickness rate has also slightly improved from 5.1% in August 2017 to 5% October 2017
- d) Midwifery vacancy rate significantly improved from 4.5% in August 0.7% October.

Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position and the Trust has commenced the following actions;

- External clinical review
- External review of some clinical pathways

- External coding review
- External data review
- Internal work on data variation, review of processes, improvement of documentation and coding – in various stages of completion

CQC has recently sent a mortality outlier alert for increase in standardised mortality rate for pneumonia at The Royal Wolverhampton NHS Trust and trust has responded to CQC as they believe that this outlier position is data driven and the changes are most notable from around the time they implemented a new admission model towards the end of quarter 3 of 2015-16. This is also supported by the fact that our crude mortality rates have remained the same over the last 3 years for all activity and have seen only very little variation for the ordinary admissions.

Items to Note from CQR Meeting – October 2017

Cancer Waiting Times/Cancer Target Compliance

	Target	Q2 2017/18			Q3 2017/18				Excluding Tertiary Referrals
		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Oct-17	
2 Week Wait Cancer	93%	93.18%	93.71%	93.51%	94.79%				
2WW Breast Symptomatic	93%	97.52%	94.21%	95.07%	97.47%				
31 Day to First Treatment	96%	98.19%	98.64%	97.26%	97.05%				
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%	100.00%				
31 Day Sub Treatment - Surgery	94%	95.00%	94.87%	90.91%	89.47%				
31 Day Sub Treatment - Radiotherapy	94%	99.09%	97.06%	98.92%	97.50%				
62 Day Wait for First Treatment	85%	77.71%	78.03%	72.26%	76.17%			76.85%	
62 Day Wait - Screening	90%	87.50%	86.49%	84.62%	100.00%			100.00%	
62 Day Wait - Consultant Upgrade (local target)	88%	91.57%	88.69%	90.81%	93.10%			94.20%	

Site	Total Patients	Breaches	%
Breast	12	2	83.33%
Colorectal	11	6	45.45%
Gynaecology	13.5	1.5	88.89%
Haematology	6	2	66.67%
Head & Neck	6.5	1.5	76.92%
Lung	7.5	4	46.67%
Other	2	1	50.00%
Skin	24	2	91.67%
Upper GI	9.5	3.5	63.16%
Urology	25.5	4.5	82.35%
Total	117.5	28	76.17%

Comments:

31 Day Sub Surgery - 4 patient breaches in month - all capacity issues.

62 Day Traditional - 31 patient breaches in month - 6 x Tertiary referrals received between days 56 and 87 of the patients pathway (operating guidelines state referrals should be made within 42 days), 7 x Capacity Issues, 10 x Patient Initiated and 8 x Complex Pathways. Of the tertiary referrals received 0 (0%) were received before day 42 of the pathway, and 4 (67%) were received after day 62 of the patient pathway.

Patients over 104 days - There are currently 15 patients at 104+ days on the cancer waiting list (compared with 13 reported in September), all of these patients have had a harm review and no harm has been identified.

Total Time Spent in Emergency Department (4 hours)

	Target	Q2 2017/18			Q3 2017/18		
		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
New Cross	95%	90.57%	88.18%	86.44%	86.88%		
Walk in Centre		100.00%	100.00%	100.00%	100.00%		
Cannock MIU		100.00%	100.00%	100.00%	100.00%		
Vocare		95.94%	95.02%	96.22%	94.76%		
Combined		93.76%	92.09%	91.42%	91.55%		

Ambulance Handover

The fine for Ambulances during October was £10,200,00. This is based on 46 patients between 30-60 minutes @ £200 per patient and 1 patient >60 minutes @ £1,000 per patient. There were no patients who breached the 12 hour target during October 2017.

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number between 30-60 mins	0	33	69	54	27	48	70	46					
Number over 60 minutes	0	1	2	5	0	5	2	1					

Safeguarding Adult & Children Mandatory Training Compliance

Safeguarding Adult - Mandatory Training Compliance

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Level 3	80.0%	80.0%	86.7%	93.3%	93.3%	93.3%	92.9%		

Safeguarding Children - Mandatory Training Compliance

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Level 3	84.3%	87.3%	85.3%	87.7%	86.4%	83.9%	80.2%		

The provider is contractually compliant with achieving adult and children training compliance above 80%

3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Committee is asked to note the following:

a) **Serious Incidents**

2 serious incidents were reported by Black Country Partnership Foundation Trust for November 2017 and both of these incidents were reported under the self-inflicted harm category. The Trust is undertaking full RCA into these incidents and the final RCA will be submitted to the WCCG in February, 2017.

An extra ordinary meeting was held between the provider and the WCCG SISG team to discuss serious incidents which remained open despite going through SISG panel meetings on several occasions. The joint meeting was well attended and well received by both provider and SISG panel and number of serious incidents were closed as agreed by the SISG panel.

b) Items to note from CQRM held in November 2017 (theme: Mental Health Services)

- The Divisional Report highlighted that there had been a reduction in the number of restraints (zero prone restraints), seclusions and medication errors..
- The Trust confirmed a reduction in self-harm incidents which correlates with the implementation of the new nursing observation policy.
- The Trust confirmed it was to review the number of younger adult falls due to an increase in the number of incidents reported. The Trust would attempt to identify any specific trends and report back to the CQRM to be held in February 2018.

4. PRIVATE SECTOR PROVIDERS

Vocare

There was no serious incident reported by Vocare for this reporting period. The CCG and Vocare have agreed a set of priority actions that must be delivered within the agreed timeframe. Progress has been made in this area although performance has not improved to the standards required as key

actions require a period of time to embed into daily practice and realise the benefits over the longer term. Governing body has agreed to extend the enhanced scrutiny until 1 February. Several performance issues are being addressed through Contract Performance Notices (CPN), and an Information Breach Notice.

A CQC visit took place in March 2017 which resulted in an 'Inadequate' rating. As a result, the CCG has increased scrutiny by introducing a Vocare Improvement Board in addition to the routine Contract/Quality Review meetings. A further CQC visit took place in Oct 2017 where the CQC, who have quoted "things are moving in the right direction". The Vocare Improvement Board will continue to meet until sufficient progress has been made. NHSE Quality and Surveillance Group have agreed to stand down the NHSE Quality Surveillance Vocare meetings, with ongoing scrutiny/monitoring by NHSE taking place at the routine Quality Surveillance Group each month.

NEPTS (Non-emergency Patient Transport Services)

An Information breach notice was served to the provider; which relates to four reported incidents that require further information and assurance of mitigating actions, including two potential Serious Incidents that are of significant concern to the commissioner. A SI fall with fracture incident has still not been reported on STEIS by the provider and this has been escalated to the WCCG chief officer and contracting team.

Probert Court

The Probert court suspension has been lifted now with the caveat that Accord need to manage admissions based on risk stratification: staffing and patient complexity. Probert has actively recruited to the vacant posts and currently there are only two outstanding vacancies for staff nurses to which they are planning to recruit. All actions from the Improvement board meeting has been achieved therefore the improvement board meeting group has been disbanded. WCCG will be closely monitoring the provider through monthly quality visits and monthly CQRM'S.

5. CHILDREN'S SAFEGUARDING

Threshold Guidance

- WSCB has approved a revised version of the 'Threshold Guidance'. This refreshes the document launched in 2014.
- The Threshold document is the responsibility of WSCB as outlined in statutory Guidance Working Together 2015.

- The revised document and electronic MARF will be available from 1.12.17 on the link below:
www.wolverhamptonsafeguarding.org.uk

CP-IS (Child Protection- Information Sharing)

The CP-IS project is helping health and social care staff to share information securely to better protect society's most vulnerable children.

- A report is due for presentation at WSCB in December 2017 regarding the current progress.
- The first update meeting is scheduled for January 2018 with further meetings expected until full implementation of CP-IS in Wolverhampton.

LAC Update

RWT recruited a Paediatric Community Consultant who commenced in post on 30th Oct and will take on the Named Doctor for LAC role.

The RWT implementation plan around new commissioning for our LAC was due to commence in Sept with the advertisement of additional nursing and administration posts. However they are running 5 weeks behind and as a result the new post for Band 7 Named Nurse LAC went out to advert on the 31/10/17.

6. ADULT SAFEGUARDING

6.1 Care Homes

Pressure injury incidence is an ever improving picture with only 1 pressure injury during November compared to 2 in October 2017. The improvements can be attributed to the implementation of intensive improvement initiatives facilitated by the QNAT. There were 6 safeguarding referrals compared to 11 on the previous report. Care homes are working towards completion of improvement action plans. The team continue to have a positive impact on admission avoidance with no admissions related to UTI was reported during October demonstrating the improvements made with hydration.

The SPACE programme continues to deliver quality improvement training, promoting falls training and the implementation of safety crosses and PDSA cycles with 18 homes continuing to be fully engaged. Care homes were recognised for their achievements in quality and safety improvements at an awards event during November 2017 receiving awards for most improved home, most innovative improvement and manager of the year.

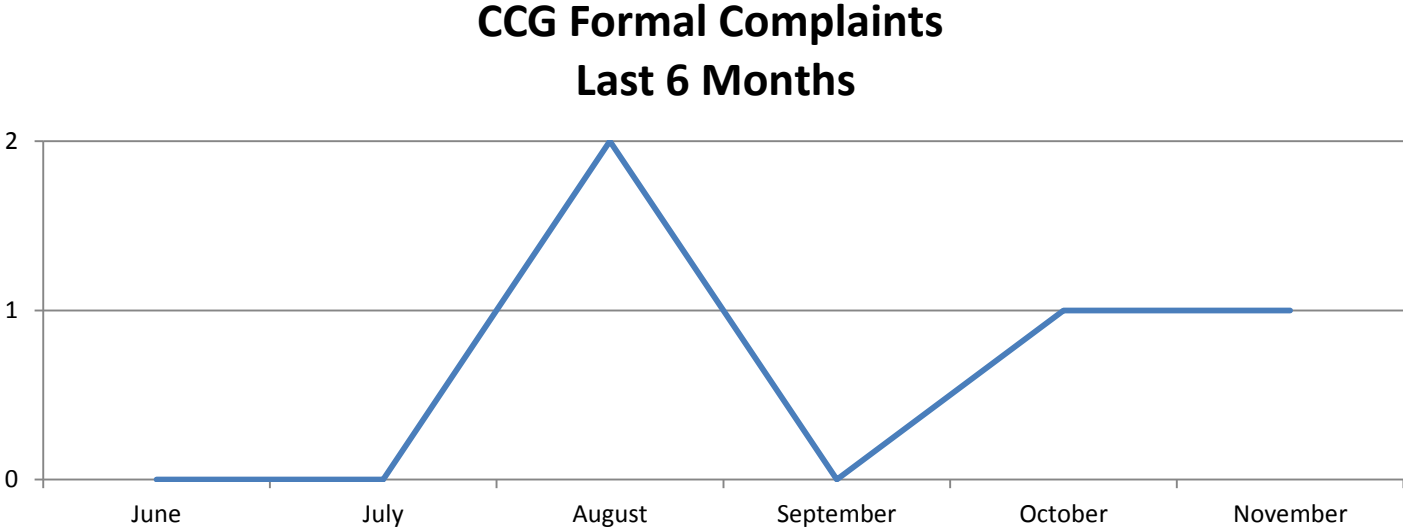


6.2 Adult Safeguarding

- The new Wolverhampton Domestic Violence Forum Chair role has been appointed to.
- CWC have reported that there are currently only a Backlog of 12 DoLS referrals which is a significant improvement from this time last year

7. USER AND CARER EXPERIENCE

7.1 New formal complaints



There has been 1 new complaint registered by the CCG in November 2017, this is the only complaint that is currently ongoing and it is anticipated that the complaint will be fully resolved by January 2018. The CCG also closed 1 complaint in November 2017.

The CCG has also registered 3 concerns or complaints for other commissioned providers where the complainant has contacted the CCG in the first instance, in all 3 concerns or complaints, the complainant has been given the appropriate details of the provider for the provider to investigate in the first instance, or where consent was supplied, the CCG have forwarded the complaint / concern onto the provider responsible.

8. HEALTH AND SAFETY

Health and Safety discussions have taken place at the most recent JNCC regarding the best forum for Health and Safety. Quarter 2 Health and Safety Audit had been conducted and the Quarter 2 report was reported at the October Quality & Safety Committee.

STK will be assisting the CCG with the review of the Health and Safety Policy in line with Health and Safety action plan through Quarter 2.

The Committee is requested to:

- **Receive** and **note** the information provided in this report.
- **Discuss** any aspects of concern and **agree** on action to be taken.

Name: Molly Henriques-Dillon

Job Title: Quality Nurse Team Leader

Date: 4th December 2017