NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

GOVERNING BODY MEETING
10TH JULY 2018

Agenda item 13

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(S) OF REPORT:	Sally Roberts Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
PURPOSE OF REPORT:	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception).
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	**This report is confidential due to the sensitivity of data and level of detail.**
KEY POINTS:	This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as: • Update on progress for Vocare Urgent Care provider • Cancer performance remains challenged • Mortality indicators deteriorating and requiring further understanding and assurance • Maternity performance issues showing improvement, further understanding of caesarean section rates required • Further assurance received relating to Never Event occurrence and actions undertaken • The QSC received reports relating to Safeguarding activity and assurance, Medication Optimisation update, SPACE update and Primary care assurance. No key risks or issues were identified by committee.
RECOMMENDATION:	Provides assurance on quality and safety of care, and inform the Governing Body as to actions being taken to address areas of concern.

1. **Key areas of concern are highlighted 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
Quality and performance issues of Urgent Care Provider	Vocare was rated 'Inadequate' by CQC following an inspection in March 2017 CQC. A further announced focused inspection was carried out by CQC in October 2017 in relation to the warning notices issued in July 2017. An unannounced visit by WCCG in January 2018 highlighted further concerns, pertaining to triage, performance and paediatric triage arrangements. The CQC re-visited Vocare in February 2018 and rated the provider as 'Requires Improvement'. An initial 8 week improvement plan was agreed between CCG and Vocare and progress achieved. A further revised 8 week improvement plan is now in place and weekly monitoring continues. Progress against the plan continues and improvements appear to be sustained. **Risk Mitigation:** • 6 weekly Vocare Improvement Board meetings. • Announced and unannounced visits by WCCG. • No Serious incidents reported by Vocare since December 17. • Senior oversight of improvement plan by Vocare. • Triage response rates demonstrate an improving picture at 74% and four hour performance was reported as 98% for April 18. • Home visiting performance has improved to 88% for April 18 but the call back performance remains challenging. • Workforce capacity and demand review completed and shared with CCG along with recruitment and retention plan. • Appointment of senior operations manager has provided local leadership and oversight. • Clinical Rota Co-ordinator role now appointed to local position, all local dispatchers now appointed. • Two team leaders appointed, in addition to four GP roles. Two team leaders appointed, in addition to four GP roles.	

	• Process mapping exercise completed to determine effective triage process between RWT and Vocare, follow up meeting of actions planned for mid-July.	
Cancer Performance for 104 and 62 day waits is below expected target. This may impact on the quality and safety of care provided to patients.	Cancer performance at RWT against 62 and 104 day cancer pathways is not currently being achieved, in addition a range of other cancer performance measures, including 2 week referral target remain challenged. Assurance is required relating to potential or actual impact of harm for patients as a result of any delay. • Remedial action plan now agreed between trust and CCG, including achievement of revised trajectories. • Weekly system wide assurance calls in place to provide updates on current performance and progress against agreed actions. • Assurance documentation received pertaining to harm review process undertaken by the trust, further assurance requested, including request for CCG clinical attendance at harm review. • Clinical CCG attendance at weekly cancer PTL meeting for further assurance and scrutiny of performance agreed with RWT. • Specialty level performance data now being received from Trust, allowing for closer scrutiny of individual clinical pathways. • Agreed focus of scrutiny with regards 104 day waits initially. • IST to undertake a review of tracker activity on behalf of the trust during May/June. • Agreement to utilise UHB tertiary referral forms agreed by the trust. • WCCG have received updates relating to the work undertaken by independent clinician for head and neck pathways to ascertain if some of the improvements would be transferrable to other cancer sites. • Additional capacity has been identified in radiotherapy for CT scanning although workforce may be challenging to support this. • Remains a high risk on both RWT and WCCG risk registers. • Cancer network and NHSE/NHSI are sighted on current performance and support the ongoing work with the trust. • NHSE review meeting planned for July with Trust and CCG. • West Midlands Maternity alliance providing support for the trust.	

Capacity within Maternity may impact on the quality and safety of care delivered.	The Provider has currently capped the maternity activity for the Trust; this does not apply to Wolverhampton women. The current Midwife to birth ratio is 1:30, with national rate standing at 1:28. Caesarean rates: Elective rate 10.9% (target is less than 12%) and Emergency rate 16.8% (target is less than 14%). **Risk Mitigation:** • Continuous monitoring for SI's, complaints or any other emerging quality issues pertaining to maternity, no emerging themes or trends have been identified. • Awaiting outcome of review by National Team (Birth Rate Plus) – the Trust is expected to receive this April 2018, formal feedback will be provided at June 18 CQRM. • RWT undertaking an internal review of caesarean section performance and initial review has suggested that in 60% of cases (category 3 & 4) it was the acuity of the patients i.e. diabetes. A full report of these findings will be presented at July 18 CQRM.	
Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country	The estimated SHMI for November 2016 to October 2017 was 117.4 and banded higher than expected. At the next NHS Digital publication, the SHMI for RWT is estimated to be 118 and again banded higher than expected. RWT is a national outlier for this performance. The crude mortality trends have not seen any significant changes; the expected mortality rate for RWT continues to be lower than England's. The actual crude mortality for in-hospital deaths is lower in 2018 compared with the previous three years at the trust. Following attendance at the trusts Mortality Assurance Group the Chief Nurse and Deputy Chief Nurse met with the Medical Director and Chief Nurse at the trust to gain further assurance and identify actions relating to reducing mortality. Actions agreed include: • Establishment of a system wide mortality reduction group, to include Public Health and Social Care representation, with specific reference to patient deaths within 30 days of hospital discharge • Requirement to review end of life pathways to ensure they are robust. • Review of Nursing home admission data, to establish any common themes/trends with regards admission profile. • A review of internal mortality governance arrangements by the trust, to include Primary Care and commissioner representation.	

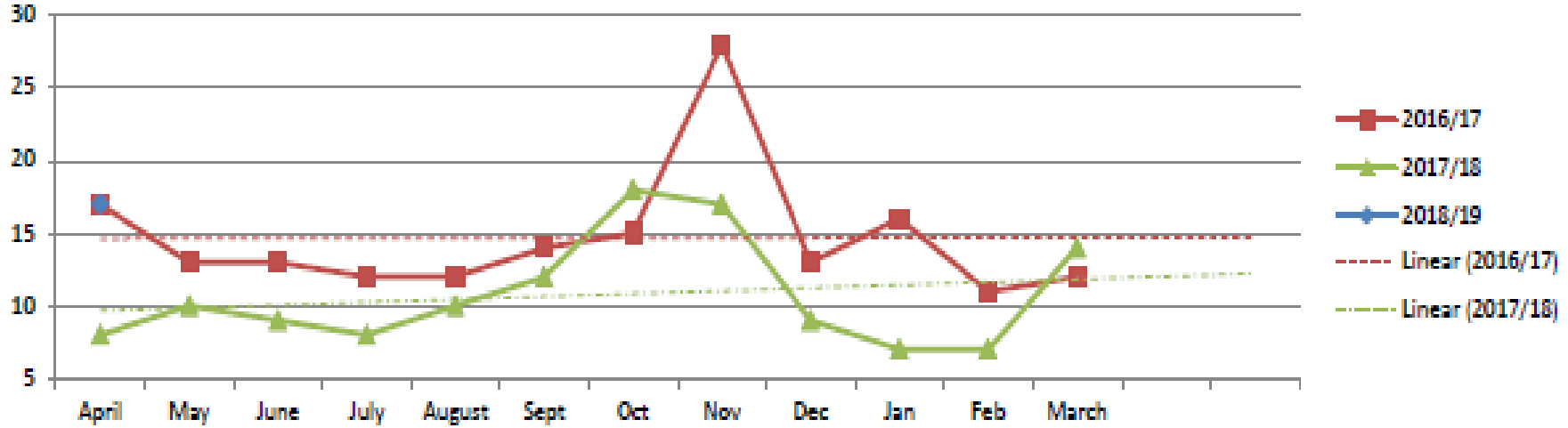
	• A review of mortality reporting to include crude mortality and HSMR, ensuring a more robust assurance report. • Production of a remedial action plan by the trust. • Case note reviews of specific pathways already undertaken by independent reviewers last year. • Further pathway reviews to be undertaken with the use of an accredited external clinical reviewer, to review actions previously put in place and offer revised key areas for focused improvement initiatives. • External support to be enlisted to help identify areas for improvement and to facilitate improvement programmes. • Further understanding and more detailed work is required to identify concrete measures for monitoring progress and improvements. • Logged on the WCCG risk register as a high risk, also logged on RWT risk register and identified as a risk on trusts BAF risk register. • Agreement with PH to develop a system wide mortality reduction plan and system wide mortality review group to be established. TOR drafted.	
Increased number of NEs 16/17	6 Never Events have been reported by RWT for 2017/18. The trust has further reported 2 new Never Events for year 2018/2019 in this current reporting period. **Risk Mitigation:** • Monthly CQRM/CRM meetings. • Continuous monitoring for SI's, complaints or any other emerging quality issues. • Scrutiny and challenge via bi-monthly SISG (Serious Incident Scrutiny Group) meetings with provider present. • Robust scrutiny of all Never Events before closure on STEIS (Strategic Executive Information System). • WCCG senior exec board has met with RWT board on 18.04.2018 to seek board assurance of actions being undertaken by the trust to prevent/mitigate reoccurrence of never events. • RWHT have requested further support from AFPP to review culture and practice within clinical theatre environment, including application of WHO checklist, to be reported back to CCG once review completed.	

	• CCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event. • Failure to ensure robust 'Checking' process is identified as an emerging theme of never events.	

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

2.1 Serious Incidents

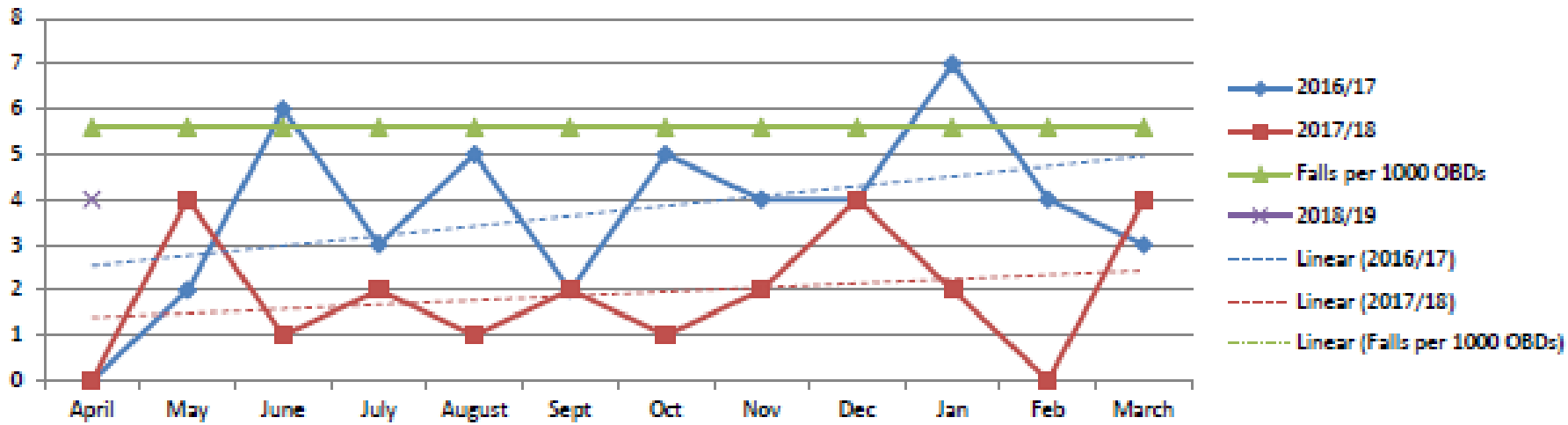
RWT Incidents 2016-2018 (excluding PI's)



17 Serious Incidents were reported in April 2018, which is a slight increase compared to 14 SI's reported in March 18.

2.2 Slip Trip and Patient Falls SI's (RWT)

RWT - Slip Trip Falls, 2016-2018



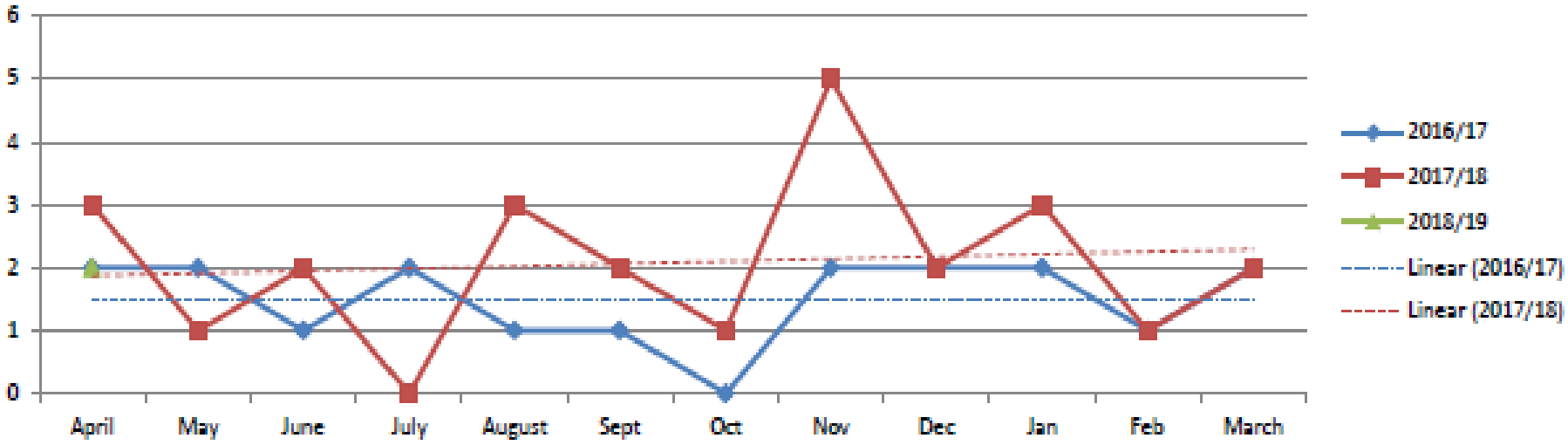
There were 4 patient falls meeting SI criteria reported for April 18 which is similar to the number of falls reported in March 18. 2 out of 4 patient falls were deemed unavoidable and 2 patient falls were deemed avoidable.

Assurance

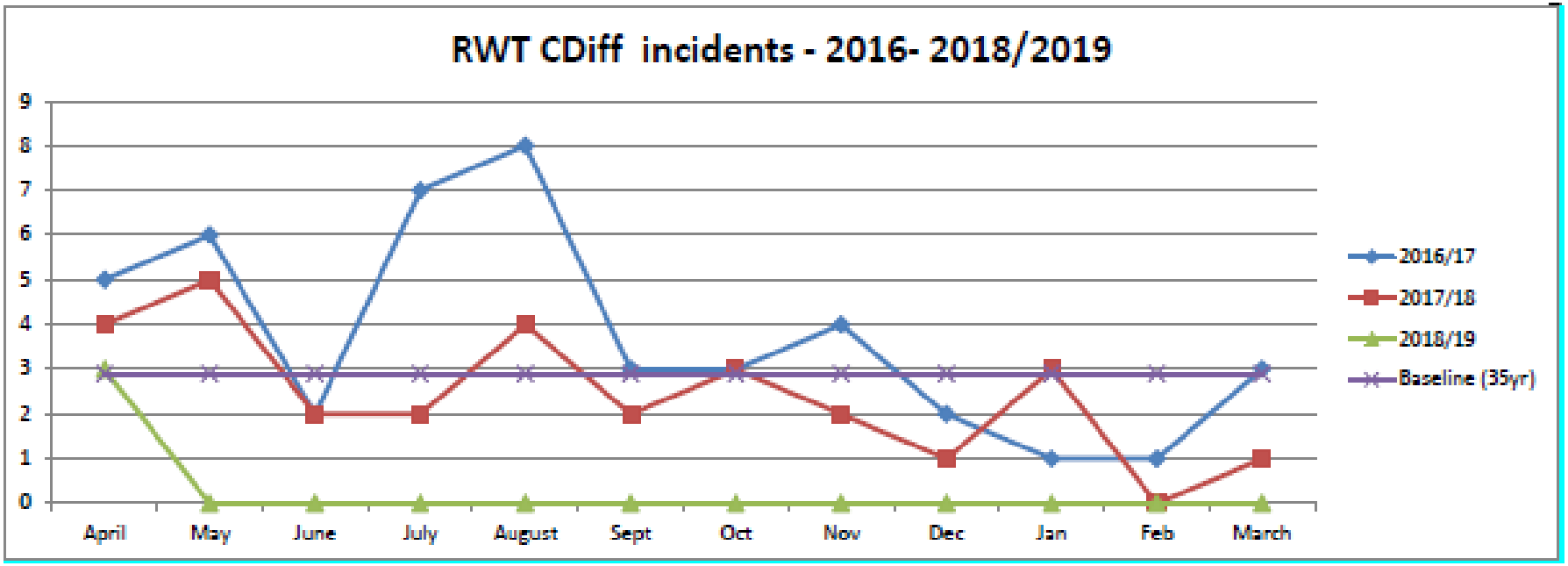
The WCCG quality and safety manager attends the weekly falls accountability meeting and also attends the monthly falls steering group meeting to seek further assurance regarding falls prevention strategies within the trust. The trust has implemented tag nursing and arm's length nursing initiatives in an attempt to prevent patient falls. Following roll out of the NHSI falls collaborative the trust is undertaking the re-assessment of the early pilot wards to ensure sustainability of actions implemented.

2.3 Infection Prevention

RWT HCAI/Infection control incidents 2016-2018



2 infection prevention serious incidents were reported for April 18 and both of these incidents related to wrong breast milk given to babies. The trust is currently undertaking RCAs to identify root cause and learning to prevent reoccurrence of these incidents.

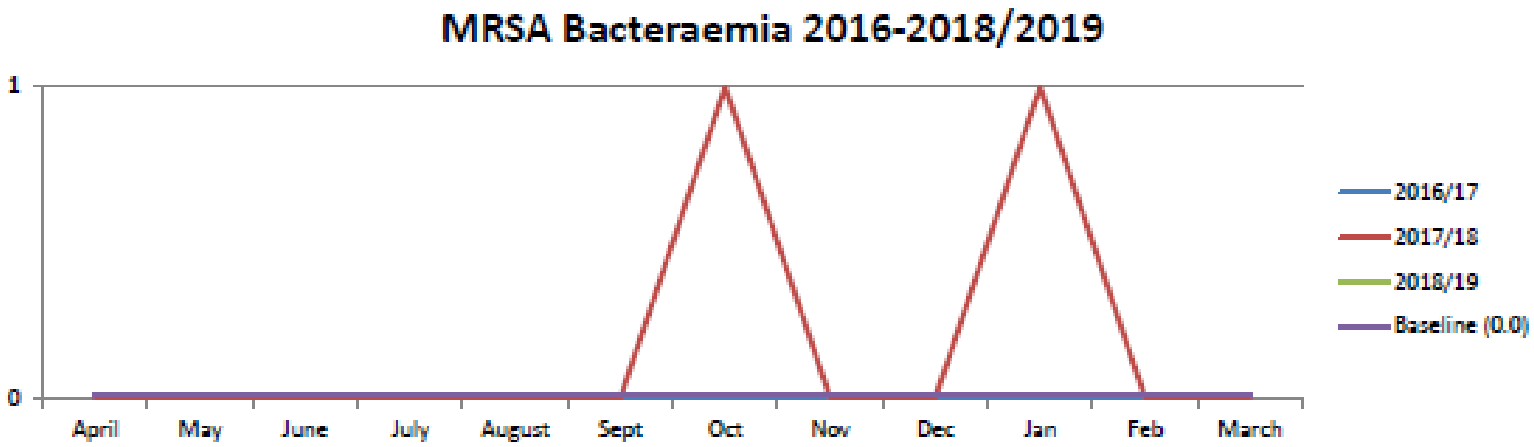


3 C Diff cases were reported by RWT using the external definition of attribution, against a target of 3 for April 18. The Trust is now zero cases ahead of target at the end of month 1.

Assurance

WCCG attends the RWT monthly IPCG (Infection Prevention Control Group) and RWT monthly PSIG (Patient safety Improvement group) meetings to seek assurance that the Trusts Infection Prevention and Control Strategy is fully implemented, and that policies are in place to ensure best practice and to reduce HCAIs. The WCCG Quality Team also attends regular QRV's (Quality Review Visits) to clinical areas to monitor staff compliance with all IP practice.

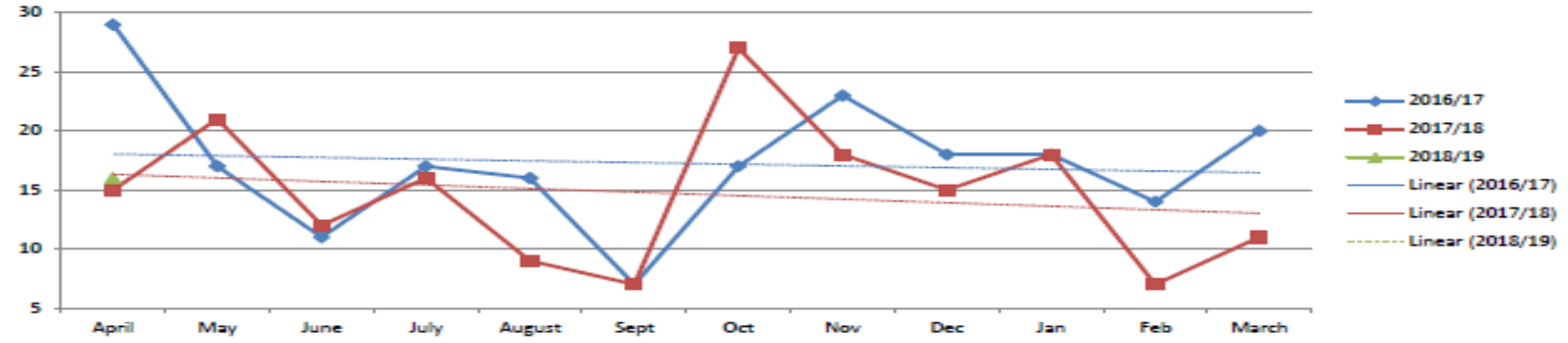
2.4 MRSA Bacteraemia

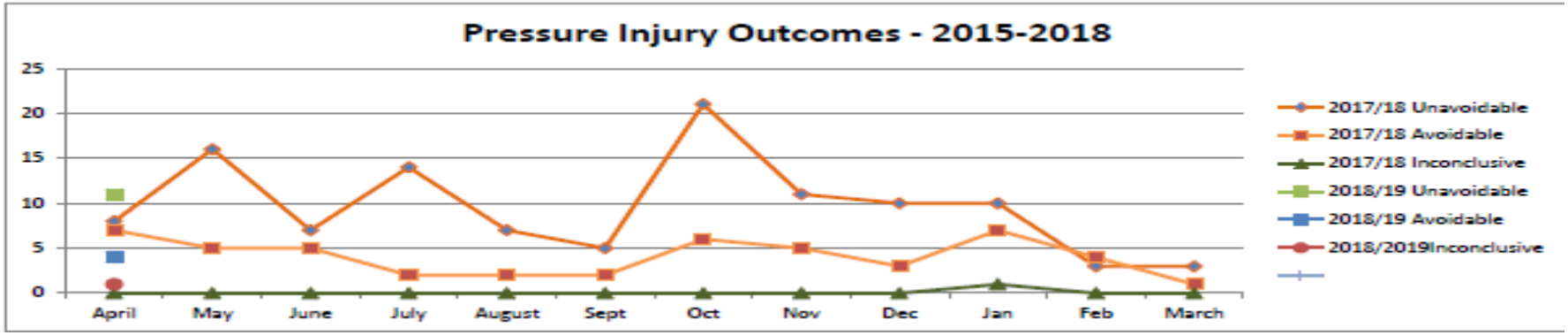


No new MRSA bacteraemia has been reported for April 18.

2.5 Pressure Injury Serious Incidents

RWT Pressure incidents G3/4, 2016-2018





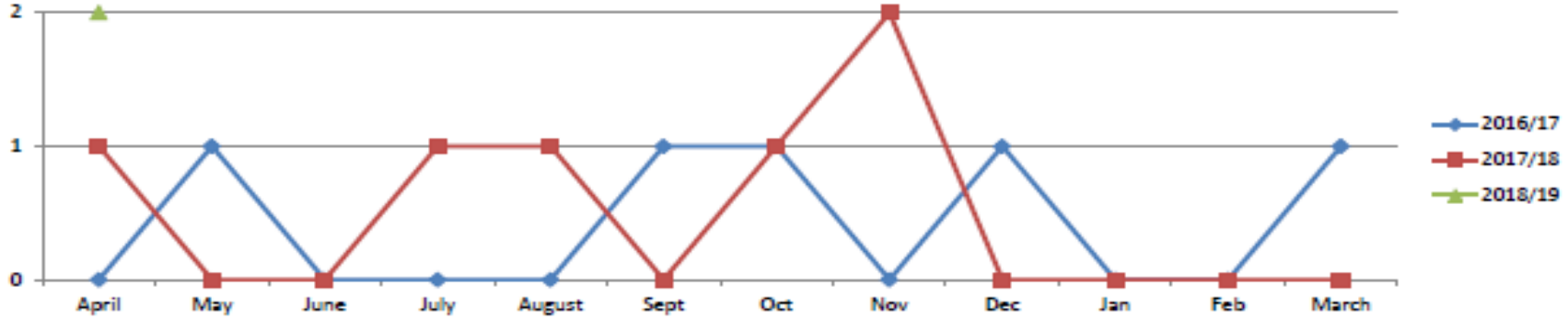
16 pressure injury incidents were reported for this reporting period which is an increase compared to 11 PI's reported in March 18. There were 14 category 3 and 2 category 4 pressure injuries reported for this reporting period. 4 pressure injuries were reported as avoidable, 11 pressure injuries reported as unavoidable and 1 pressure injury was deemed as inconclusive.

Assurance

The trust is currently undertaking full RCA into all these avoidable pressure injuries to identify learning and the final RCA's will be submitted to WCCG by June 18. The Q&S manager attends the weekly pressure injury scrutiny meetings to provide further scrutiny to the avoidability process. It has been identified that the use of semi compressed felt on heels is increasing tissue damage so this practice will be reviewed. Ward areas with an increase of incidents or recurrent avoidable incidents have had bespoke training on pressure injury prevention.
The concordance pathway is being designed and tested before trust wide implementation.

2.6 RWT Never Events

Never Events at RWT 2015-18.



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
April 18	**2**	Wrong site surgery

The trust has reported 2 never events for 2018/2019 and both of these were reported under surgical category i.e. wrong site surgery. The trust is currently undertaking full RCA into these SI's and the final RCA will be submitted to the WCCG by July 18.

Assurance:

- WCCG senior exec board has met with RWT board to seek board assurance of actions being undertaken by the trust to mitigate further never events from occurring.
- Continuous monitoring and scrutiny for all serious incidents and never events
- WCCG quality team attend monthly Quality & Safety intelligence group meeting to seek assurance relating to compliance of WHO surgical checklists and LOCSSIPS audits.
- RWHT have requested further support from AFPP (Association for Perioperative Practice) to review culture and practice within clinical theatre environment, including application of WHO checklist, to be reported back to CCG once review completed.
- CCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event.
- Agreement to seek wider learning event for Birmingham, Solihull and Black Country sought through QSG.
- Failure to ensure robust 'Checking' process is identified as an emerging theme of never events.

Maternity

2 maternity incidents were reported by the trust for this reporting period and these 2 incidents are related to wrong breast milk given to the babies. The trust is currently undertaking full RCA to identify root cause and learning actions to prevent reoccurrence of similar incidents happening again.

		Quarter 4 2017/18				Quarter 1 2018/19		
	Target	Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18
Admis of Full Term Babies to Neo Natal Unit	0	0	1	3		2		
Elective C-Section Rates	<12%	11.4%	12.6%	12.2%		10.9%		
Emergency C-Section Rates	<14%	17.0%	20.6%	17.1%		16.8%		
Maternal Deaths	0	0	0	0		0		
Midwife to Birth ratio	=/= 30	31	31	30		30		
Bookings at 12+6 weeks	>90%	90.5%	89.6%	91.3%		90.8%		
Babies being cooled (Born here)	0	0	1	2		1		
Breast Feeding Initiated	>64%	61.0%	62.6%	66.6%		70.0%		
Early Neonatal Death (born here)	3	3	0	3		1		
Number of Mothers Delivered	=/= 416	428	374	404		404		

C-Section Rates: Elective cases remain within target, emergency cases although above target are demonstrating a downward trend.

Midwife to Birth Ratio: A workforce review has been completed using Birth Rate Plus.

Bookings at 12+6 weeks: This indicator remains within target.

Early Neonatal Death: NP5A 0

Number of Mothers Delivered: Remains within target levels for the Trust.

Assurance

- Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- Improving dashboard performance.
- Deep dive review reported to April CQRM by Head of Midwifery.
- RWT and CCG entry on risk register.
- WCCG to attend RWT Maternity QRV visit planned for 2018/2019.
- Chief Nurse to meet with specialised commissioning local lead to determine key lines of enquiry for a collaborative neonatal unit visit.

2.7 Mortality

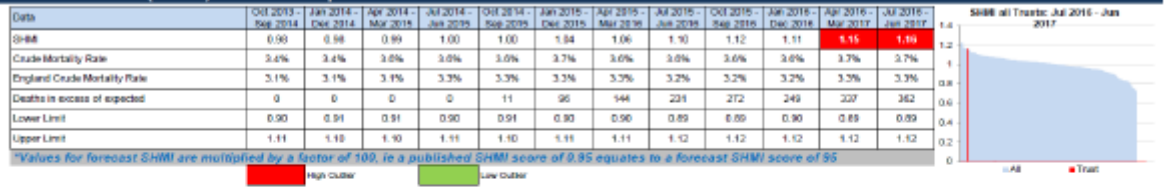
Mortality Indicators: The Royal Wolverhampton NHS Trust

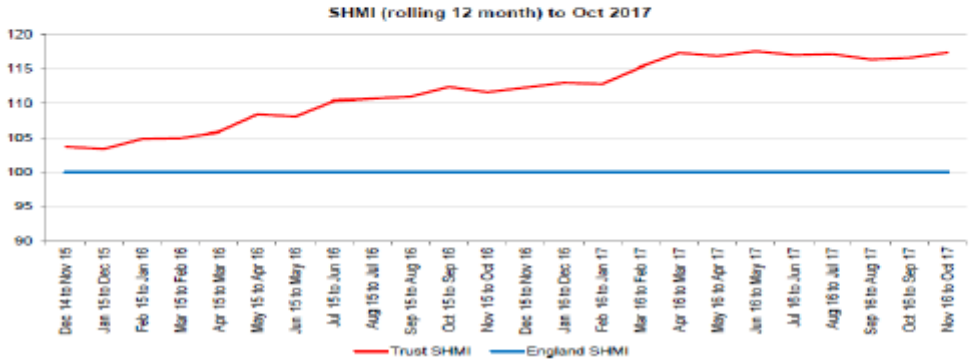
NHS Improvement

Published SHMI (HSCIC): Oct 2013 - Sep 2014 to Jul 2016 - Jun 2017

Data	Oct 2013 - Sep 2014	Jan 2014 - Dec 2014	Apr 2014 - Mar 2015	Jul 2014 - Jun 2015	Oct 2014 - Sep 2015	Jan 2015 - Dec 2015	Apr 2015 - Mar 2016	Jul 2015 - Jun 2016	Oct 2015 - Sep 2016	Jan 2016 - Dec 2016	Apr 2016 - Mar 2017	Jul 2016 - Jun 2017
SHMI	0.98	0.98	0.99	1.00	1.00	1.04	1.06	1.10	1.12	1.11	1.15	1.19
Crude Mortality Rate	3.4%	3.4%	3.5%	3.5%	3.5%	3.7%	3.6%	3.5%	3.6%	3.6%	3.7%	3.7%
England Crude Mortality Rate	3.1%	3.1%	3.1%	3.3%	3.3%	3.3%	3.3%	3.2%	3.2%	3.2%	3.3%	3.3%
Deaths in excess of expected	0	0	0	0	11	96	144	231	272	249	227	362
Lower Limit	0.90	0.91	0.91	0.90	0.91	0.93	0.90	0.89	0.89	0.90	0.88	0.89
Upper Limit	1.11	1.10	1.10	1.11	1.10	1.11	1.11	1.12	1.12	1.12	1.12	1.12

Values for forecast SHMI are multiplied by a factor of 100, ie a published SHMI score of 0.95 equates to a forecast SHMI score of 95

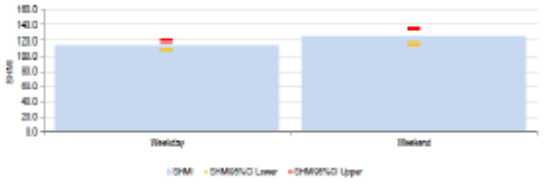




SHMI (HED) - Weekday and Weekend mortality: to Oct 2017

Time of week	SHMI	SHMI95% CI Lower	SHMI95% CI Upper	Expected number of deaths	Number of observed mortalities	Excess deaths
Weekday	115.0	109.9	120.2	1690.2	1943	252.8
Weekend	125.3	115.8	135.3	514.8	644	130.0

Statistically higher than average



The estimated SHMI for November 2016 to October 2017 was 117.4 and banded higher than expected. At the next NHS Digital publication, the SHMI for RWT for the period October 2016 to September 2017 is estimated to be 1.18 and again banded higher than expected. RWT is a national outlier for this performance. The crude mortality trends have not seen any significant changes; the expected mortality rate for RWT continues to be lower than England's. The actual crude mortality for in-hospital deaths is lower in 2018 compared with the previous three years at the trust.

Assurance

Following attendance at the trusts Mortality Assurance Group the Chief Nurse and Deputy Chief Nurse met with the Medical Director and Chief Nurse at the trust to gain further assurance and identify actions relating to reducing SHMI. Actions agreed include:

- Establishment of a system wide mortality reduction group, to include Public Health and Social Care representation, with specific reference to patient deaths within 30 days of hospital discharge, ensuring end of life pathways are robust.
- A review of internal mortality governance arrangements, to include Primary Care and commissioner representation.
- A review of mortality reporting to include crude mortality and HSMR.
- Production of a remedial action plan.
- Case note reviews of specific pathways, reviews to include external clinical reviewers, to identify key areas for focused improvement initiatives
- External support to be enlisted to help identify areas for improvement and to facilitate improvement programmes
- Further understanding and more detailed work is required to identify concrete measures for monitoring progress and improvements.

Cancer Waiting Times/Cancer Target Compliance

Cancer Waiting Times
Cancer Target Compliance

	Target	Quarter 4 2017/18				Quarter 1 2018/19		
		Jan-18	Feb-18	Mar-18		Apr-18	May-18	Jun-18
2 Week Wait Cancer	93%	90.78%	93.97%	91.52%		79.03%		
2WW Breast Symptomatic	93%	93.33%	94.50%	88.33%		42.37%		
31 Day to First Treatment	96%	96.36%	97.22%	96.36%		91.04%		
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%		100.00%		
31 Day Sub Treatment - Surgery	94%	71.70%	84.38%	84.21%		89.74%		
31 Day Sub Treatment - Radiotherapy	94%	98.06%	100.00%	94.63%		94.00%		
62 Day Wait for First Treatment	85%	70.66%	67.54%	74.51%		69.41%		
62 Day Wait - Screening	90%	60.00%	91.67%	72.41%		68.42%		
62 Day Wait - Consultant Upgrade (local target)	88%	90.82%	88.41%	90.21%		89.71%		

Comments:
2 Week Wait: the breaches in month are as follows; 79.4% were due to internal issues (capacity) and 20.6% were patient choice.
Breast Symptomatic: all breaches in month were due to capacity issues.
31 Day to Treatment: 18 patient breaches in month, all of these were due to capacity issues.
31 Day Sub Surgery: 4 patient breaches in month; 3 due to capacity issues and 1 case had to be rescheduled due to no HDU bed being available.
62 Day to Treatment: 34 patient breaches in month; 12 x Tertiary referrals received between days 40 and 130 of the patients pathway (operating guidelines state referrals should be made within 42 days), 15 x Capacity issues, 2 x Patient Initiated and 5 x Complex Pathways.
Of the tertiary referrals received 1 (8%) was received before day 40 of the pathway, and 7 (58%) were received after day 62 of the patient pathway.
62 Day Screening: 7 patient breaches in month; 6 were due to capacity issues and 1 complex case.
Patients over 104 days - There are currently 18 patients at 104+ days on the cancer waiting list (compared with 21 reported in March), all of these patients have had a harm review and no harm has been identified.

RWT is currently predicting possible failure of the 2 week wait, 2 week wait Breast Symptomatic, 31 Day Frist Treatment, 31 Day Sub Surgery, 62 Day Screening and 62 Day wait for first treatment for April, and validation is on-going. Final cancer data is uploaded nationally 6 weeks after month end. Specific actions are:-

- Revised PTL process now underway - all patients on backlog discussed weekly to ensure pathway is correct, CCG attendance to offer scrutiny and challenge at PTL meeting.
- Capacity planning review completed in radiotherapy - plan now in place to recruit additional support
- Lower GI nurse pilot completed and evaluated - now looking to appoint to provide additional capacity

Cancer performance for the trust remains an area requiring further assurance. In particular 62 and 104 day cancer performance requires further assurance to ensure any potential or actual impact of harm for patients is understood and mitigated.

Assurance

CCG Chief Nurse and Chief Operating Officer have met with RWT COO and lead cancer clinician to seek further assurance with regards performance, a range of actions are underway following the meeting, these include:

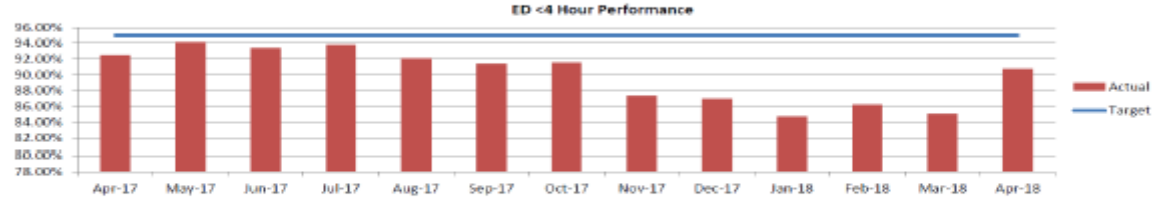
- Assurance documentation received pertaining to the harm review process undertaken by the trust, further assurance requested
- How evidence of duty of candour is supported
- Attendance at weekly cancer PTL meeting for further assurance and scrutiny of performance agreed with RWT
- Speciality level performance data received from Trust
- Agreed focus of scrutiny with regards 104 day waits initially
- IST to undertake a review of tracker activity on behalf of the trust during May/June
- Agreement to utilise UHB tertiary referral forms agreed by the trust
- The revised RAP has been agreed by the CCG with a revised trajectory set
- WCCG have received updates relating to the work undertaken by Millar Bowness for head and neck pathways to ascertain if some of the improvements would be transferrable to other cancer sites.
- Additional capacity has been identified in radiotherapy for CT scanning although workforce may be challenging to support this.
- Remains a high risk on both RWT and WCCG risk registers and Cancer network and NHSE/NHSI are sighted on current performance and support the ongoing work with the trust.
- Weekly system wide assurance calls in place to provide updates on current performance and progress against agreed actions.

Total Time Spent in Emergency Department (4 hours)

Urgent Care

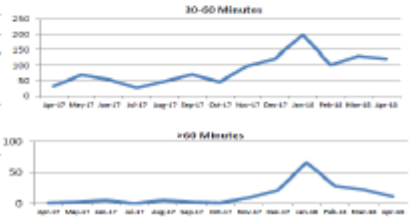
Total Time Spent in Emergency Department (4 hours)

	Target	Quarter 4 2017/18 Jan-18	Feb-18	Mar-18	Quarter 1 2018/19 Apr-18	May-18	Jun-18
New Cross	95%	73.80%	76.08%	74.57%	84.09%		
Walk in Centre		100.00%	100.00%	100.00%	100.00%		
Cannock MIU		100.00%	100.00%	100.00%	100.00%		
Vocare		94.76%	96.29%	96.03%	98.56%		
Combined		84.73%	86.27%	85.08%	90.81%		



Ambulance Handover

	Quarter 4 2017/18 Jan-18	Feb-18	Mar-18	Quarter 1 2018/19 Apr-18	May-18	Jun-18
Number between 30-60 minutes	199	102	131	122		
Number over 60 minutes	66	28	22	11		



Comments: The fine for Ambulances during April was £35,400.00. This is based on 122 patients between 30-60 minutes @ £200 per patient and 11 patients >60 minutes @ £1,000 per patient. There were no patients who breached the 12 hour decision to admit target during April 2018.

The Trust failed to achieve both Type 1 and the All Types target for the month. RWT ranking for April was 32nd out of 136 trusts. There were no patients who breached the 12 hour decision to admit target during the month.

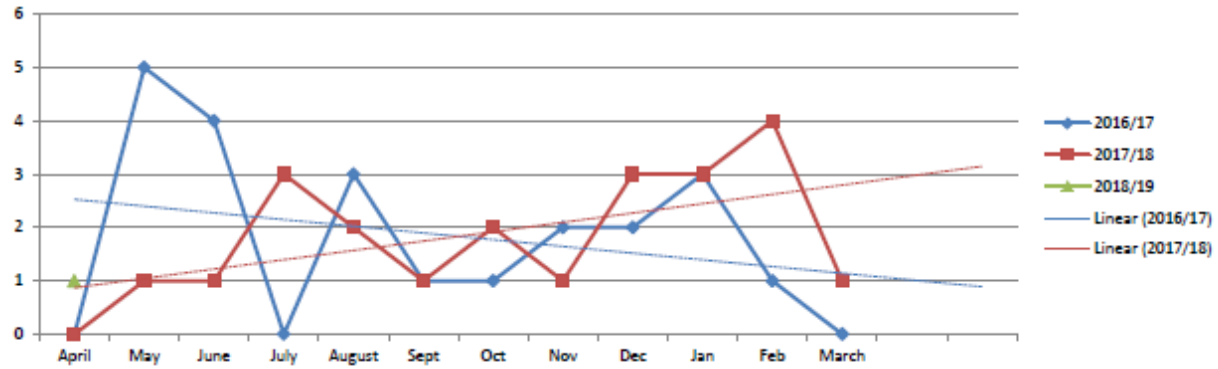
Ambulance handover saw an improvement during April 18 for both 30-60 minutes and >60 minute handover times. A small increase of 55 (1.43%) conveyances in month compared with the same period last year was noted.

3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Committee is asked to note the following:

Serious Incidents

BCPFT Incidents 2015-2018



1 serious incident was reported by Black Country Partnership Foundation Trust under the Apparent/actual/suspected self-inflicted harm meeting SI criteria category. The trust is undertaking a RCA and the final RCA will be submitted to WCCG for closure in July, 18.

BCPFT CQRM

Overview of the Children's, Young Persons and Families Quality & Safety (data April 2018)

- 26 incidents were reported across the CYPF Division.
- There was one medication error incidents reported during April 18.
- There was one STEIS reportable incident and no Never Events reported during April 2018 across the CYPF Division.
- There are currently 9 active risks for CYPF services.
- CQUINs are on track and Q4 data has been submitted.

- Sickness absence has shown a decrease as did turnover rates. The appraisal rates have shown an increase.
- Compliance rates for Induction, Mandatory Training, Safeguarding and Specialist Mandatory Training were met.

3.1 PRIVATE SECTOR PROVIDERS

VOCARE

There were no serious incidents reported by Vocare in April 2018. Performance is improving and actions against the improvement plan appear to be embedding.

Assurance:

- 6 weekly Vocare Improvement Board meetings.
- Announced and unannounced visits by WCCG
- No Serious incidents reported by Vocare since December 17
- Senior oversight of improvement plan by Vocare, triage response rates demonstrate an improving picture at 74% and four hour performance was reported as 98% for April 18.
- Home visiting performance has improved to 88. % for April 18 but the call back performance remains challenging.
- Workforce capacity and demand review completed and shared with CCG.
- Appointment of senior operations manager has provided local leadership and oversight.
- Clinical Rota Co-Ordinator role now appointed to local position, all local dispatchers now appointed.
- Two team leaders appointed, in addition to four GP roles. Monthly CQRM/CRM meetings.
- 6 weekly Vocare Improvement board meetings.

NEPTS (Non-emergency Patient Transport Services) – WMAS

As previously reported to Q&SC that there was difference of opinion between the CCG and WMAS as to whether an incident that took place in March 2017 was reportable due to patient harm threshold, this was escalated to NHSE in December, and it was further escalated to NHSI by NHSE in January 18 and decision still remains outstanding at the time of reporting.

Assurance:

- Monthly CQRM/CRM meetings.
- Continuous monitoring for SI's, complaints or any other emerging quality issues pertaining to the service, considering any themes/trends that may arise.
- Escalated to chief officer/NHSE.
- KPI's are currently being reviewed by WCCG/DCCG based on a proposal by WMAS

Nuffield

No serious incident was reported by Nuffield health for this reporting period.
A never event was reported by Nuffield Health in December 17 which relates to wrong side/site ankle nerve block. Nuffield has undertaken full RCA into this NE and the following root causes and learning actions has been identified from this RCA:

Root causes:

- A stop before you block moment was not carried out between the Anaesthetist and the Anaesthetic ODP just prior to the local anaesthetic injection for the ankle nerve block.
- Anaesthetic ODP was distracted preparing the ultrasound machine needed for the block process.
- Lack of disciplined partnership between the Anaesthetist and Anaesthetic ODP as a result failing to identify the correct ankle for the nerve block. The Anaesthetist mistook the black mark on the patient's left great toe as a surgical marking identifying the procedure site. The Anaesthetist is known to work quickly as identified in fact finding meetings for this investigation and had proceeded without the Anaesthetic ODP.

Learning actions:

1. Checks defined within LocSSIPs CL001 must be followed at the appropriate time with the anaesthetist and anaesthetic practitioner both in attendance.
2. Anaesthetist and ODP must have all equipment in place prior to the STOP moment.
3. The mark identifying the correct site surgery needs to be visible at all times when undertaking an anaesthetic block.
4. Raising awareness of the appropriate time and who should be present when undertaking and completing both the Who Checklist and CL001.

4. CHILDRENS SAFETY

4.1 Safeguarding Children

There are no exceptions to report within April 2018.

4.2 LAC Update.

The 2nd Named Nurse for LAC commenced in post at RWT early April. Following her Trust induction the new service arrangements will be implemented, with RWT expanding their coverage of health provision to all children placed within 50 miles of the City. The CCG will continue to commission placements for the small cohort of children placed further afield, and the Designated Nurse LAC will ensure a robust QA process remains in place.

With the TOR revised, representation from Public Health and LA Head of CIN/CP at April's LAC steering group strengthened partnership discussions and oversight of multi-agency roles around corporate parenting responsibilities. Action plans from this group will continue to feed into the City's Corporate Parenting Strategy.

5. ADULT SAFETY

5.1 Care Homes

Serious Incidents (SI)

Two SIs were reported during April 2018 from 2 nursing homes, there were none reported in March. One slip, trip and fall and 1 pressure injuries stage 4. All are yet to be concluded and signed off at June's Care Home SISG.

Five SIs were presented at April SISG, 4 pressure injuries which were deemed avoidable and 1 delayed treatment was substantiated.

Lessons learnt identified the need for good communication, training of agency staff, clinical oversight and audit of practice, use of photography as part of skin assessment and timely escalation. The learning for the 1 delayed treatment which was substantiated pertained to utilising advanced care planning in preference to EOL care plans and the need for staff awareness of the interventions required. The QI (quality improvement) facilitator will be working with the 4 homes to introduce QI in these areas.

Performance Data
Survey monkey data for April 2018 is awaited and will follow as an appendix.

Safeguarding Referrals
Nine safeguarding referrals were received to the QNAT during April. Two relate to the SIs and the remaining relate to neglect and acts of omission. Outcome of investigations and enquiries will be reported in subsequent reports.

One residential care home remains in suspension.

Outbreaks in care homes
No outbreaks reported during April.

Quality Improvement – SPACE

All 18 care homes are engaging well with the programme and taking the lead in identifying and initiating quality improvement initiatives supported by the QI facilitator. To date 350 care home staff have received training in quality improvement tools and techniques. On 24th April 2018 a care home sharing event was hosted to show case all the initiatives and improvements that were happening in care homes across Wolverhampton.

5.2 Adult Safeguarding

- **SAR – 01/2018** – A Practitioners Learning Event has been held. The first draft of the SAR report will be available in June 2018
- **Project update** – GP Domestic Violence training and Support Project – up to the 25th April, 88 Practice Staff have been trained across 17 Practices and 5 MARAC referrals have been made by GP's/Practice Nurses. Drop in sessions twice weekly continue to be available.

PRIMARY CARE QUALITY DASHBOARD

RAG Ratings:

1a Business as usual
1b Monitoring
2 Recovery Action Plan in place
3 RAP and escalation

Data for April 2018		
Issue	**Concern**	**RAG rating**
IP	Low IP audit rating for four practices (one in August review on-going and three in December). New cycle of audits has begun. NHS England have reported low ordering rates for flu vaccine to cover outstanding patients indicating uptake may be affected.	1b
MRHA	Nil to report	1a
FFT	Non submission for: • 2 practices • Zero submission for 1 practice • Suppressed data for 1 practice	1b
Quality Matters	• 9 open Quality Matters identified • No new • 7 closures.	1b
Complaints	• Details of 18 GP complaints reported to NHSE received since November 2017 • 2 complaints still open • 16 complaints closed	1a
Serious Incidents	Two serious incidents recently closed – for referral to NHS England as per pathway.	1b
Escalation to NHSE	One incident was identified via NHSE complaints and will be managed via PAG.	1b
NICE	No issues to report.	1a
CQC	Two practices have received a " Requires Improvement" rating and are being supported and monitored.	1b
Workforce and Training	Working in Wolverhampton video for recruitment now complete awaiting final edit. Work around international recruitment continues.	1a