

WOLVERHAMPTON CCG

Governing Body - Tuesday 12th April 2016

Agenda item 13

Title of Report:	Executive Summary from the Quality & Safety Committee
Report of:	Dr Rajshree Rajcholan – GP Lead Quality
Contact:	Manjeet Garcha
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	CCG is committed to ensuring the highest of Quality for all services commissioned.
Relevance to Board Assurance Framework (BAF):	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.
Domain 2b: Quality	



Key issues of concern for noting

Ledger

	Level 2 RAPS breached escalation to executives and/or contracting
	Level 2 RAPs in place
	Level 1 close monitoring
	Level 1 business as usual

Key Issue	Level	Comments	Detail on page
Board Assurance Framework and Risk Register	1	No Concerns, all risks are managed as per requirement. Managed at SMT for issues. Staff training currently being planned to use Datix and update risks	
Adverse media or exception reporting	1	Walsall Hospitals Sustaining Maternity Services	23-25
Escalated issues	2	Action: SBAR to Chief Nurse and MD in December concerning <ul style="list-style-type: none"> • Delayed diagnoses • Delayed treatment • NEs • Sub-optimal care (transfer of patient) On-going scrutiny for confidential leaks, improvements not sustained. Pressure Ulcers – increase in hospital and community grade 3 & 4s - close observation Monthly assurance sought at monthly CQR Meetings	6 7 8



Health Acquired Infections- CDiff	2	Increasing incidence of Cdiff, trust has failed its 2015/16 target- close observation January and February improvements have been sustained. – close monitoring continues	10-11
Performance Improvement notices impacting on Quality	2	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	
Workforce- RWT Risk Register	2	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety and A&E performance.	17-18
Sustaining Maternity Services at Walsall impact	2	Full Risk Assessment completed, go live 21 st March. Needs close scrutiny of impact on W'ton commissioned residents.	22 -23
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	21-22
NHS Safety Thermometer	2	Close monitoring and correlation with wider intelligence in progress- awaiting assurance	12
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	13 - 14
Safeguarding training	2	Is in line with trajectory, but close scrutiny at quarterly reviews.	
Early Intervention Service CPA Mandatory training	2		
		Progress is being made and remains under scrutiny.	



CQC Inspection Report	2	Rating 'requires improvement' for RWT. Action Plan completed March 2016; however the Trust is still awaiting the final report.	14
CQC General Practice	1	Practice has had a re inspection, have achieved good overall.	12
Mortality	1	Within expected limits, some data cleansing and audits being conducted.	14-16
Never Events	1	NE RCAs received and reviewed, assurance on actions taken received and a triangulation visit planned for Spring 2016.	7
Falls	1	Improvements seen in number of falls causing serious harm. CCG will maintain focus	8



1. BACKGROUND AND CURRENT SITUATION

The CCG's Quality and Safety Committee meet on a monthly basis.

This report is a material summation of the Committee's meeting on March 8th, 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

2. PURPOSE OF THE REPORT

- 2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of the Clinical Quality and Patient Safety in accordance with the CCGs statutory duties.
- 2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

3 CURRENT SITUATION

3.1 Weekly Exception Reports

Weekly Exception Reports were introduced in 2014 to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last few weeks the key concerns raised were:

- No issues were identified to be escalated to the Governing Body at the Q&SC meeting held on March 8th 2016.
- RWT Final CQC Report is still awaited (is now much later than expected, CQC acknowledge that there is a delay in their process).
- Walsall Health Care NHS Trust sustaining maternity services – full report included in this paper. Pages 22-23.
- Junior doctor's strike was managed by RWT with minimum disruption to services.
- Pressure Ulcers reported- scrutiny increased in line with actions.



3.2 Board Assurance Framework (BAF) and Red Risk Register Update

It was agreed at a previous Governing Body meeting that quarterly updates on the BAF and Red Risk Register will be incorporated into the Quality and Safety Executive Summary. The next update is scheduled to be presented in May 2016.

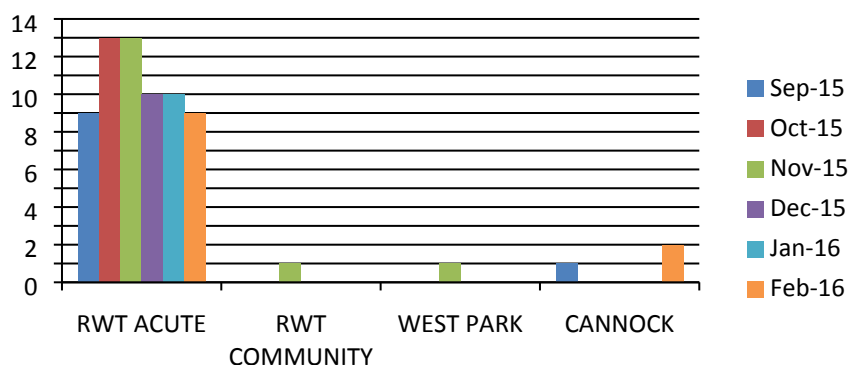
4. THE ROYAL WOLVERHAMPTON NHS TRUST

4.1 Serious Incidents (SIs)

A total of 11 new Serious Incidents were reported by RWT in February 2016 (this includes 1 Never Event, wrong tooth extracted).

Of these, 2 of the incidents were reported by Cannock Hospital

RWT All SI's (Excl PU's)



Key trends seen over a six month period which were escalated to the trust in December 2015: update from CQRM

- Sub optimal care of patient transferred to another hospital
- Delay in diagnosis/delay in commencing treatment
- Patient identifiable data loss

Assurance sought – These items were discussed in detail at the January CQRM, the Trust have undertaken a review and found the following:

- Most incidents occur in A&E/radiology.
- Human factors are an issue in these departments.
- No one member/team/professional group are causing this effect.
- Excess use of locum staff in A&E is compounding on the issue.

Actions agreed:

- Focused work on human factors with an external provider.

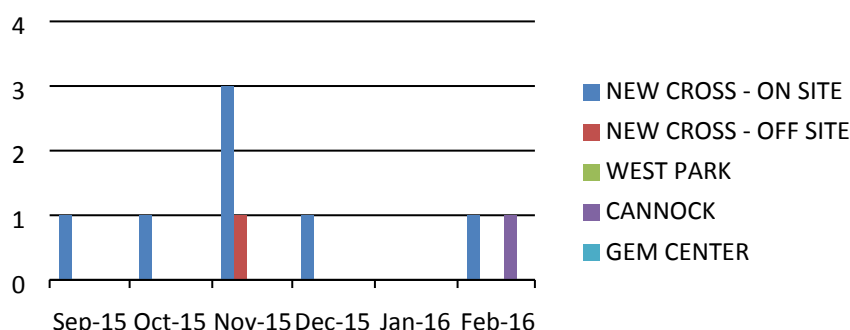


- Concerted effort to recruit to the consultant vacancies, the Trust has already contacted a ‘head hunter’ company.
- Nurse recruitment/retention/attrition and sickness, full report was requested for the next CQRM. This is covered in more detail in the workforce section of this section 4.13.
- Further assurance on the impact of the previous initiatives i.e. Assurance is also required about how arrangements for shared learning have been implemented from the: Radiology Discrepancy Meetings, General Surgery Governance Meetings, Grand Rounds and Sharing synopsis of RCA’s with all clinical directorates.
- A full report will be discussed at May CQRM.

4.2.1 Confidential Breaches

Following a disappointing surge in November, there were zero incidents reported in January and 2 reported in February, of which one was at Cannock site. The Trust has held an IG week in January for all new and existing staff, including specific groups as junior doctors, overseas nurses and staff from other sites. An increased awareness may show an increase in reported incidents, this will be monitored closely.

Confidential Breaches - RWT Last 6 Months



Planned action is to observe March and April data to monitor improvements, if improvements are not made or sustained, this issue will be escalated via CQRM for urgent action.

4.3 Never Events



One Never Event was reported by RWT in January 2016. A wrong tooth was extracted in 2014 and not discovered till February 2016, detailed below. Full duty of candour has been applied and an investigation is in progress. In the current year there have been four NEs reported by RWT.

Reported	Open	Summary
04.02.16	3315	<p>Surgical/invasive procedure incident meeting SI criteria</p> <p>Patient attended clinic on 29th January 2016 following referral from GDP. Letter from GDP requested extraction of LR8 (lower right wisdom tooth) if in agreement. However, letter stated that the patient had previously been referred for the same and had undergone dental extraction. On examination of patient LR8 was in situ. It would therefore seem that during the operation for dental extraction (04/04/14) that the incorrect tooth had been removed.</p>

Assurance will be sought at a planned Quality visit to the eye department in the near future.

4.4 Slips Trips and Falls

The Trusts Fall's Group was re-launched in October. Full reports are received at the monthly Patient Safety Improvement Group and there has been a reinvigorated effort to drive an increased falls awareness which is supported by the Chief Nurse. Falls is also a priority for the Trust in the Sign Up to Safety Campaign.

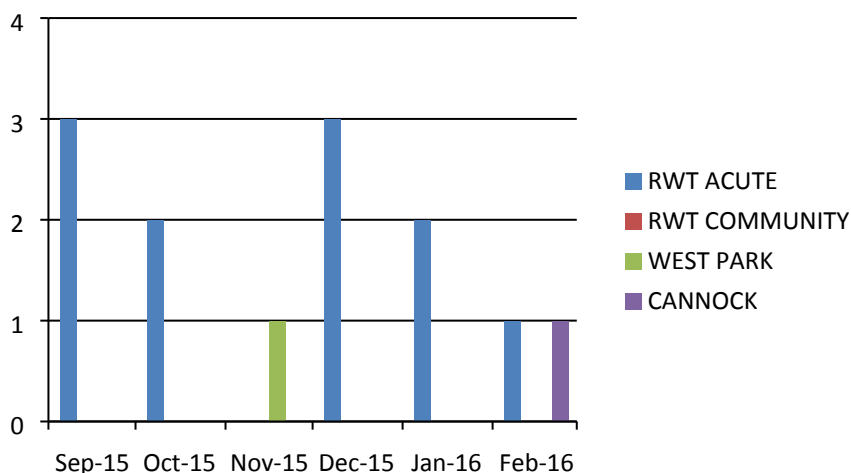
Assurance – the Deputy Chief Nurse advised CQRM in January that the Falls Prevention Group are reviewing Safer Staffing on wards Vs. patient 1:1 observations. There has been a reduction of falls month on month and the Trust is reporting below the National average. There are also local workshops and national events taking place in which Trust champions will be attending and reporting back.

2 slip/trip/falls incidents meeting the SI criteria were reported by RWT at Cannock site in February 2016. This is a sustained improvement over the last six months and is being monitored closely. In January, the Chief Nurse reported that an improvement had been seen in the new AMU, this is a more spacious environment



and the nurses are based in the bays to undertake their paper work; thus allowing for improved supervision.

Slip/Trip/Falls - RWT - Last 6 Months



4.5 Pressure Ulcers Grade 3

As discussed and agreed with NHS England Area Team, a new approach is needed. A new local health economy wide project is being launched, TOR has been agreed and first meeting took place on 25th February 2016, chaired by Dr Dan De Rosa. Led by the CCG this will include and require all key health and social care stakeholders to make sustainable improvements. A gap analysis is being undertaken to inform the work and focus. The CCG Q&SC will receive regular updates and Governing Body will be appraised of any exceptions.

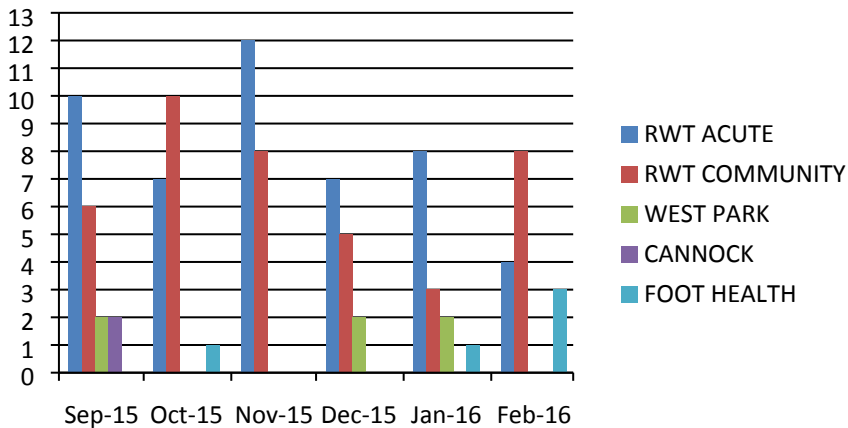
15 Grade 3 pressure ulcer incidents were reported by RWT in February 2016.

8 Grade 3 pressure ulcer incidents were reported by the Community and 4 reported by the Acute Trust. A trend has been observed in foot health services and this is currently being investigated.

Overall there is a deteriorating picture for pressure ulcers and the CCG has escalated this to the Trust Executives to take urgent action.



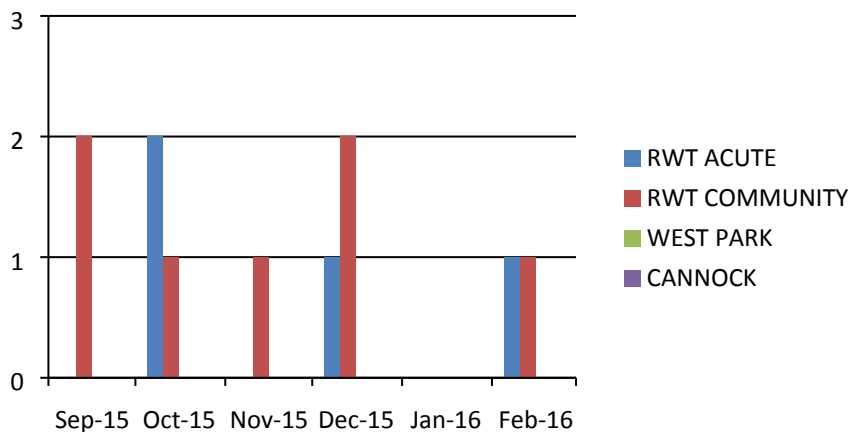
G3 Pressure Ulcers - RWT Last 6 Months



4.5.1 Grade 4 Pressure Ulcers

Two Grade 4 Pressure Ulcers were reported by RWT in February 2016:

G4 Pressure Ulcers - RWT Last 6 Months



4.6 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

The Trust has breached the number of CDiff cases for 14/15 and on-going assurances have been sought.

Key themes - February assurance meetings include:



- There have been no MRSA Bacteraemia cases reported within the quarter.
- C Difficile objectives are challenging for Wolverhampton and the Trust have breached its yearend target; 65 actual V target of 35. However, the concerted efforts have resulted in a reduction in the number of cases of CDiff in February which was 9. All were externally unavoidable i.e. met the national minimum standards of care for hand hygiene, environment hygiene and no breaches in prescribing. As seen on page 10 chart, January and February 2016 have been the best performance against Cdiff since October 2014.
- Fidaxomicin is now in use for first recurrences and Human Probiotic Infusion (Faecal Transplant) is also available. Three cases successfully undertaken since pilot in 2014.
- 21 cases have been deemed **avoidable** up until the time of writing this report
- There have been isolated cases of norovirus since the last quarterly report; all have been managed as per incident protocol.
- It had been reported that influenza 'flu' is circulating in Wolverhampton and there is a programme of see and treat with isolation, Tamiflu injection and monitor.
- The Trust wide HCAI action plan was shared, a review of antimicrobial prescribing guidelines will be undertaken by Dr David Jenkins, Consultant Medical Microbiologist at Leicester Royal Infirmary in April 2016.

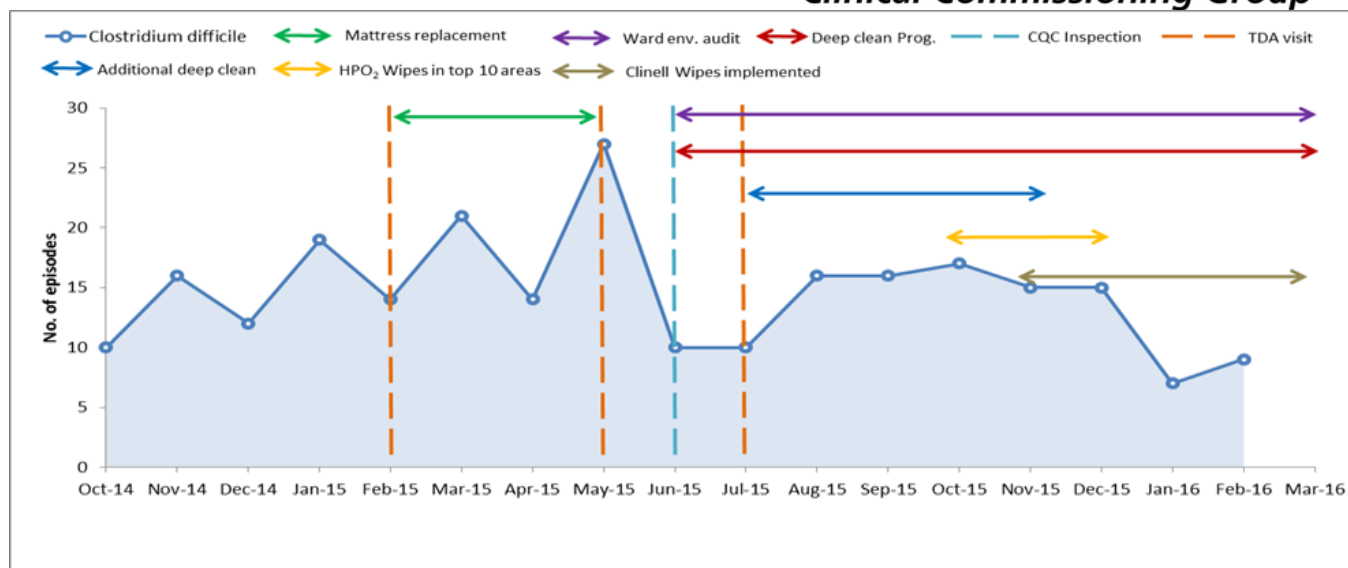
Assurance

- Time to isolate has improved
- Treatment delay had decreased.
- HPV use 100% on discharge
- Time between cases improving
- Areas of most concern are currently being targeted
- The CDI rate remains high and exceeds control limit on SPCC funnel plot against region. Though early, there is some improvement seen in January.

CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact, in addition all quality visits have a specific section on HCAI to ensure that ward audits, hand hygiene and patient comments are taken into account.

Action progress plan against positive cases can be seen below with plan to keep actions live post March 2016. See chart below for cumulative progress.





4.6 West Midlands Quality Review Service

WMQRS undertook a review of theatres and anaesthetics early March 2016. There were two immediate issues concerning availability of sterilized supplies at Cannock Hospital and availability of equipment at RWT. The Trust was asked to address and the CCG is awaiting formal response from RWT with assurance that these have been resolved and or the risk has been mitigated. As required, the CCG has shared this with NHSE Director of Nursing and will follow on with the action plan as soon as we are in receipt.

4.8 Quality - Performance Indicators are discussed in full detail in the CCG Finance and Performance Paper.

4.9 NHS Safety Thermometer

Harm free care for February 2016 was 94.65%. This is a sustained improvement over the last few months, it is important to consider this in conjunction with other data which may also be of concern i.e. increase in pressure ulcers, increase in HCAIs and other alerts which could be of significance.

Action: The CCG Quality and Safety Team undertake a robust triangulation of all the data and intelligence from the wider system to then make a decision as to the level of scrutiny which needs to be given. Currently, the scrutiny is high due to the number of escalations to level 2.



Assurance: data from several sources were triangulated and action taken to escalate these concerns to level 2. The Trust is reviewing their ward dashboards to identify key themes. This remains amber for close scrutiny at present until a step change is seen and sustained.

4.10 Birmingham and Black Country Provider on going and escalated issues

a) Safeguarding Training

Remedial action plan performance in line with trajectory, now subject to monitoring at quarterly intervals until closure of the plan that is anticipated post December 2016.

b) HONOS

All actions achieved, Remedial Action Plan closed. Escalation downgraded February 2016.

c) Early Intervention Service

Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

d) CPA

There is a rate of 93.9% compliance and continual improvement. The dashboard shows as green, but there is a target of 95% on the trajectory. To be reviewed in January with a view to close but the RAP was not received in time. Difficulties in maintaining contact with some patients i.e. homeless. This was discussed and further narrative to be provided. To be reviewed February CQRM.

e) Seven Day Services

All outstanding actions complete and good progress is being made with on-going work. This RAP has been closed and deescalated.

f) Mandatory Training Compliance

This continues to perform well since the infection prevention improvement plan was closed down late 2015. Monitoring at divisional and trust level takes place at each quality review meeting, exceptions are provided and assurance provided.



4.11 Regulator concerns

The Governing Body has previously been appraised about the CQC inspection at RWT. The Trust has appealed its position of 'requires improvement' and a response from CQC is anticipated early in the New Year. In the meantime, a full and very comprehensive action plan is in place, has been discussed at CQRM and has been shared with the group. Good progress has been made and all actions are due to be completed by March 2016.

A General practice previously rated as 'inadequate' has recently been rated as overall 'good'. Two other are being supported to improve from 'requires improvement'.

BCPFT CQC report is currently also awaited.

4.11.1 Primary Care Joint Commissioning Committee

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group, this group met for the first time on February 16th 2016. One of its key roles will be to continue to monitor CQC concerns in Primary Care. The one medical practice, which was rated as 'inadequate' has made significant progress and improvements were noted by the very recent CQC visit. It is now rated overall 'good' whilst some improvements in safety domain are being monitored. Two other surgeries rated as 'require improvement' are currently working to their action plans. As part of the improving quality in primary care initiatives, the CCG has considered what other support we can give and how this will be delivered and monitored. A Primary Care Nurse role has been approved and will be advertised shortly.

Assurance – it has been agreed that there will be a monthly report from the PCOMG to the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern.

4.12 Mortality

The Trust and CCG Mortality Review Groups met in October 2015 and January and February 2016. There is on-going work with audits and further discussions are planned for next meeting in New Year to agree a way forward to capture and analyse avoidable primary care deaths. The first of these meetings chaired by NHSE was held on 2nd February 2016. Work has commenced to improve mortality governance and WCCG is represented on



the group and wider Tri partite Clinical Forum, first meeting is scheduled for March 22nd 2016.

There is currently one Dr Foster Mortality Outlier Alert; Chronic Kidney Disease (CKD) open and the Trust have submitted their data for review and have had a response that whilst the data is valid there will be a period of observation. The CCG will be kept apprised of progress and outcome and will take appropriate action.

The Trust Mortality Review Assurance Group met on 27th January and the February meeting was cancelled and the March meeting is scheduled for 29th March. Key areas discussed in January included:

- HSCIC data processing issues- delayed response from HSCIC
- Senility Audit feedback of the 31 cases reviewed using the NCEPOD grading tool; 26 were graded as good practice, 2 as room for improvement, 1 as less than satisfactory but deemed that death was not preventable and 2 not enough information. An action plan has been agreed by the Trust Mortality Review Group which is presented to the assurance group which is also attended by CCG and Public Health.
- MBRRRACE- UK Report (Jan- Dec 2013) published December 2015. A first National (UK) Report into perinatal deaths for 7 years. It provides valuable comparative data which has been lacking. It also makes adjustments to mother's age, socio economic deprivation based on mother's residence and ethnicity. It also adjusts for multiple pregnancy and gestation. A very detailed presentation was presented by RWT obstetricians and action plans currently being worked to by the risk management midwives.

Assurance – whilst assurance was given re the system and processes in place and the sign off by other regulators i.e. CQC, the Regional Network. The discussions concluded that assurance should be sought from an 'expert' for objectivity. This will be actioned immediately.

- Report of Neonatal Mortality Data was presented by a neonatologist. This includes all babies born at The Royal Wolverhampton NHS Trust BUT died anywhere in England in their early (0-7 days) or late (8-28 days) of life. Results of a clinical case review of 21 cases from 2013 were shared along with 9 cases from 2014. There is a marked reduction in the 2013 to 2014 figures.

Assurance - In 2013 an Infant Mortality Scrutiny Panel Review was setup in Wolverhampton with membership from the local health economy; this was presented to WCC Cabinet in July 2015 and favourably received by Councillor Darke. WCCG profiles for 2015 are

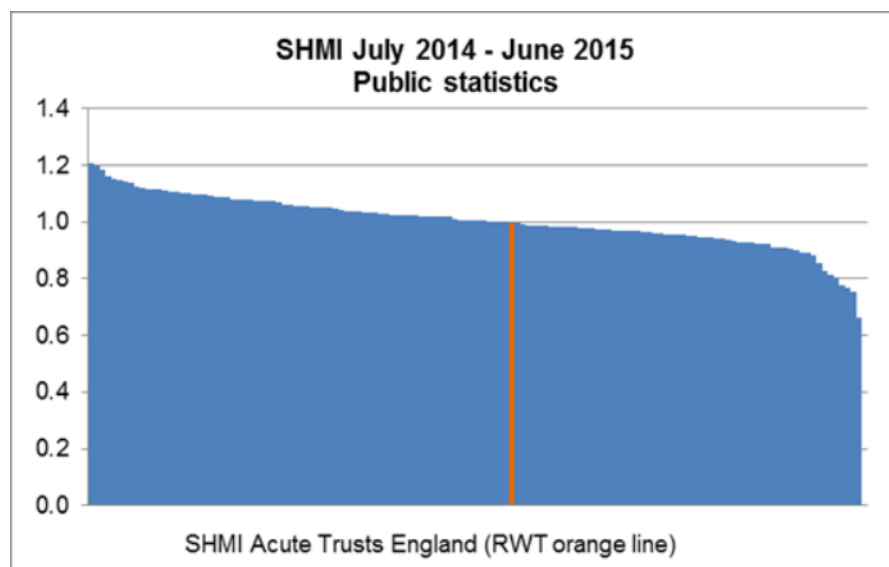


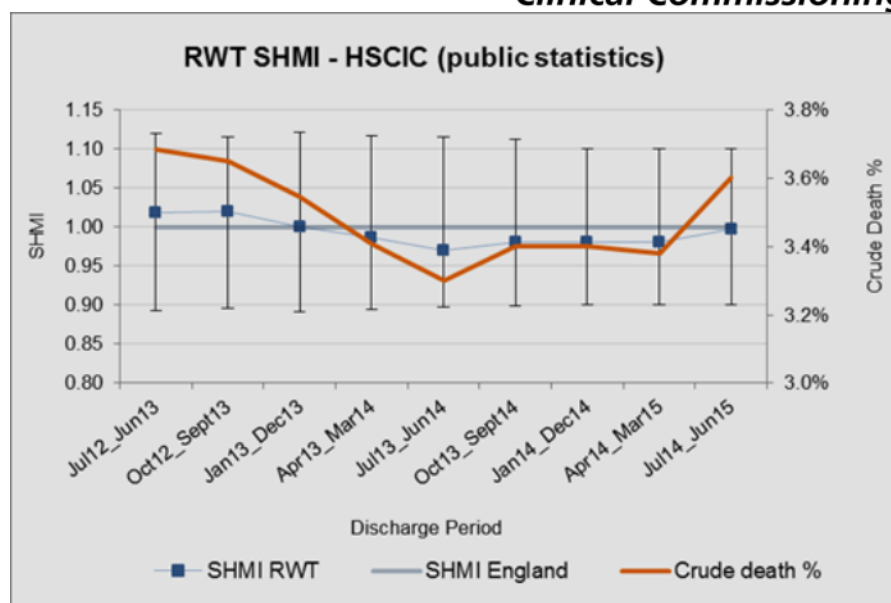
now available and a further piece of work is planned. In the meantime to strengthen the work already undertaken at RWT, an external audit was supported to be undertaken.

The SHMI* published by the HSCIC for July 2014 to June 2015 is 1 (England average is 1) and banded “as expected”.

RWT has the 18th lowest SHMI value in England for this period (out of a total of 136 acute trusts; value ranked rounded at 2 decimals).

The charts below represent the SHMI trend for RWT showing the consistent performance in the last year and RWT’s position in the national picture for the reporting period.(source: HSCIC, figures released quarterly, next release at the end of April 2016).





4.13 Workforce

Following recent concerns regarding failing safer staffing numbers for various wards at RWT, an extra ordinary meeting was held on 28th January 2016 chaired by the TDA. The CCG Chief Nurse attended. The Trust gave an outline of current developments and challenges for recruitment including:

- Retention
- Impact on quality on areas of low fill rates and how this is managed
- Early capture of new graduate
- Local recruitment timelines
- Overseas recruitment timelines
- Workforce strategy direction
- Risks and mitigations
- Impact on recruitment following acquisitions of new site
- Planning assumptions reflection and going forward to next planning round.
- Recruitment fairs

Assurance- the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This is under on-going scrutiny at monthly CQRMs and QSGs.



Further discussions have been held with Chief Nurse at RWT to review use of agency nurses at times of extreme difficulty in maintaining safe staffing numbers. Currently the Trust is not considering this as an option but have increased payments for bank nurses on some specialist areas.

In addition, this issue has been escalated. Issues were raised at NHSE Directors of Nurses (provider and commissioner) meeting and an extraordinary meeting has been convened with Ms Jane Cummings, Chief Nurse of England on 7th April 2016. This meeting will address recruitment of local students, changes with Health Education England rules for bursaries, overseas recruitment, the high failure rate of overseas nurses passing the IELTS test requirement which is impacting on immigration and the effect of the agency cap coming into force from 1st April 2016.

The CCG Primary Care Workforce Analysis has commenced in March. This work is due to conclude in July 2016 therefore a regular update will be provided.

5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

Level of Concern as of 31st January 2016

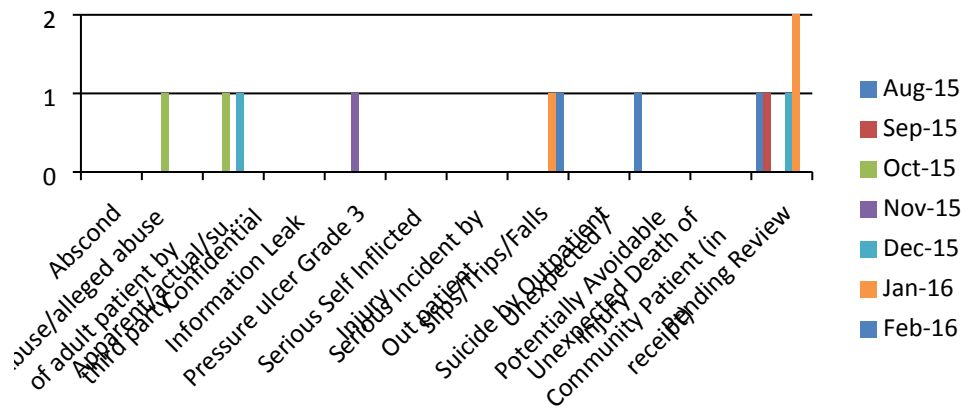
Black Country Partnership	
Month	Concern Level and Actions
February 2016	Level 1 – Business as Usual

5.1 Serious Incidents

One new SI was reported by BCPFT in February 2016: a slip trip and fall.



BCPFT All SI's - Last 6 Months



5.1.2 Never Events – zero reported

5.1.3 Falls – one incident reported

5.1.4 Numbers of Overdue SI's – zero

5.1.5 Overdue National Patient Safety Alerts (NPSA) – nil that we are aware of.

5.2 NHS Safety Thermometer

BCPFT's harm free care rate for January 2016 was 98.81%. This is in line with previous performance.

5.3 Items to Note from Clinical Quality Review Meeting

The theme of the quality review meeting which took place in February 2016 was CAMHS and the agenda covered:

- Serious incidents – all are scrutinised individually
- Safeguarding
- Performance
- CQUINS
- Sickness
- Workforce



During December 2015 the final report from the West Midlands Quality Review Service (WMQRS). The review included a focus on Early Intervention Services in Wolverhampton and noted the following areas of good practice:

- a) The relapse prevention plans were very clear, with the risks marked using a traffic light coding system. The service users who met the visiting team felt that they really benefited from defining and agreeing their relapse prevention plans.
- b) The team was very accessible to clients, who said they could easily speak to someone if they needed help during office hours. Service users who met the visiting team all knew who their care coordinator was and had contact details for them.

There were no areas identified for escalation to Q&S Committee.

5.4 Safeguarding

Wolverhampton Children MASH went live on 5th January 2016 as planned. Currently there are representatives from Children's Social Care, Early Help, Police and Recovery Near You. A number of other organisations have recruited individuals to work in the MASH – these include Housing and Probation. RWT, BCPFT and CCG are currently going through the reprocess to recruit individuals who will make up the team of health representatives. RWT have now recruited and BCP are pursuing.

The MASH Operational Group continue to meet bi weekly with a Dip sampling exercise taking place alternate weeks to review the implementation of process and thresholds. Findings are reported to the MASH Strategic Board which meets monthly. There have been a number of initial problems with the IT system purchased to manage the MASH process. This added to the fact that not all partners have a representative in the MASH at this point has led to a small number cases being reviewed following the Dip sampling. It is expected that issues will be resolved as the MASH develops and all key personnel are in place.

An Adult Work steam is currently working to identify resources required for the Adult MASH planned to commence in August 2016. WCCG is represented on this group.

In order to support the workforce across the city to understand thresholds for intervention, WSCB organised a number of Multi-agency Threshold Briefings. Attendees were provided with the WSCB resource – Thresholds of Support to Children and Families in Wolverhampton. This is also available from the WSCB website www.wolvesscb.org.uk. WCCG designated professionals were involved in the delivery of a number of the sessions.

The WCCG safeguarding team are currently reviewing the CCGs compliance against its statutory requirements identified in the refreshed Safeguarding



Vulnerable people in the NHS – Accountability and Assurance framework (2015). The findings will be included in the Annual report due to be presented in May 2016. Any actions required to ensure compliance will be include in the Quality Team action plan 2016/17.

5.4.1 Looked After Children

At the time of writing this report there are 659 children who are Looked After. This number continues to improve slowly but is still high and Wolverhampton is a national outlier.

This time last year, Wolverhampton had 800 looked after children (LAC), one of the highest numbers in the country? In light of this, the City council and partners developed The Families R First programme, which came into fruition in July 2015, its main aim being to target early help at the lowest level, supporting children to remain with their families safely. It focused on ensuring that only the right children should be in care and in achieving permanence (adoption) in a timelier manner.

As a result, the number of LAC in Wolverhampton has slowly but steadily decreased, and continues to do so, with the current numbers standing at 669 as shown below. WCCG are active partners within this as part of core corporate parenting duties and responsibilities. It remains that almost 60% of our children are placed outside of the City; this has been consistent throughout the year.

	Number	%age
Wolverhampton City Council	275	41.1
Dudley Metropolitan Borough Council	43	6.4
Sandwell Metropolitan Borough Council	38	5.7
Walsall Metropolitan Borough Council	63	9.4
South Staffordshire Council	37	5.5
All in Adjoining LAs	181	27.1
Anywhere Else - not in W'ton or in Adjoining LAs	213	31.8
TOTAL LAC	669	100



External placements are sometimes necessary where the holistic (social, educational and health) needs of a child/young person require specialist support and provision that is not available within Wolverhampton or within CAMHS Tier 4 provision. These are children/young people who may present with the most complex of health (including physical and/or psychological i.e. mental health needs), educational and social care needs and where local service provision to meet these needs has been exhausted.

Another reason is because Wolverhampton City Council do not have the number of foster carers it needs to place all looked after children within its own foster placements. The split at this time shows around 40% of children with in house foster carers, and 60% are placed externally.

The Fostering Recruitment Strategy and the City Council Sufficiency Strategy 2014-17 aim to tackle this, the key targets being;

- Reduce the numbers of children placed in external foster care placements. This will be achieved by increasing internal capacity by creating additional new placements (for new and existing carers) and “stretching” existing carers in terms of numbers of children placed, age and complexity of need.
- Contribute to the reduction in the numbers of children who are looked after through increasing the numbers of permanence orders secured (Special Guardianship and Residence Orders). This will also be supported through the re-launch of the permanence strategy, including the amended permanence financial support policy.
- Recruit to foster carers to Specialist Fostering Scheme (specialist carers).
- To embed the new fees and allowances payments structure that will engage and
- reward foster carers for the work they do.

The Fostering Annual Report Jan 2016 indeed shows continuity and improvements in the recruitment process of fosters carers through targeted marketing activity, and whilst the split remains the same, it is hoped that this will have a positive impact moving forward.

The CCGs contribution to the Children’s and Adults Safeguarding Boards for 15/16 was and in line with the expansion of the work to include; CSE, FGM, PREVENT this funding has been increased to £78.000 for 16/17 and recurrently.

Assurance- Following staff changes in the safeguarding teams at RWT and BCPFT recently, the interim Safeguarding Lead at RWT has made some changes to strengthen processes. He is reviewing the capacity and capability of the team and administrators that support the work, undertaking an activity analysis and wider review is planned for June. This will be undertaken by the CCG and the services of an external independent reviewer will be considered to offer the review some independent objectivity. Chief Nurses at both Governing Body/



Trusts are engaged with the CCG Chief Nurse to ensure that quality standards for all safeguarding are being met appropriately.

5.4.2 Care Homes

The QNAs continue to conduct STEIS investigations and support the Local Authority with quality concerns. Four nursing homes remain suspended under partial or full suspension within the city. One of the homes is being managed under the Local Authority’s Failing Home Policy.

SUSPENSIONS	Full – F
	Partial – PL
Anville	F
Sycamores	PL
Wrottesley Park	PL
Parkfields	F

Assurance – there is a robust system in place whereby safety concerns as safeguarding, care home acquired pressure ulcers, fall and frequent attenders to A&E are monitored. The Quality Nurse Advisors have a schedule to planned and unplanned visits to monitor compliance and improvements. The process by which care homes are suspended works very well and homes are not permitted to take on new residents until a sustained improvements are made and can be evidenced.

6.0 Additional assurance information to note

Sustaining Maternity Services at Walsall Hospitals NHS Trust and impact on Royal Wolverhampton NHS Trust

6.1 Background



In conjunction with both Wolverhampton and Walsall Clinical Commissioning Groups, Royal Wolverhampton Hospitals NHS Trust has agreed to increase its delivery capacity to ensure the sustainability of maternity services at Walsall Manor Hospital.

The recent CQC inspection of Walsall Manor Hospital has rated the maternity services as inadequate. There are a number of factors that have had an impact on the quality of the maternity services that the Trust has been able to provide. These include;-

- **An inadequate estate**
The Maternity unit was developed to deliver up 4000 births and has 15 neonatal cots. Over the past few years there has been an increasing birth rate which last year meant nearly 5000 babies were born in the hospital and approximately 18-19 neonatal cots required per day.
- **Reconfiguration of maternity services in neighbouring area**
An increase in activity from surrounding areas has been seen over the last few years which is putting more pressure on the maternity unit.
- **Staffing levels**
Walsall have been doing everything possible to maintain safe staffing levels on a 24/7 basis in the neonatal services and maternity, despite very real challenges with recruitment. Even with recent recruitments, staffing levels have not kept pace with the increase in activity.

6.2 Proposed changes to maternity services at Walsall Manor Hospital

NHS Walsall Clinical Commissioning Group (CCG) and Walsall Healthcare Trust are proposing to put in place measures to ensure the safety and stability of maternity services at Walsall Manor Hospital.

Following careful consideration NHS Walsall CCG and the Trust are taking steps to reduce the number of births at the hospital in the short to medium term.

This decision has been jointly agreed by health partners in Wolverhampton, Walsall, Stafford, Sandwell and Birmingham with clinical advice from the Maternity Networks, local GPs and midwives.

Walsall Manor Hospital is proposing to reduce their current activity from 4900 births per year to 4200. The 700 deliveries will be transferring to RWT, Sandwell and West Birmingham and Staffordshire. This will stabilise the maternity service and ensure that every Walsall mother and baby gets effective high quality care; the number of births at the hospital will be reduced.



The proposed changes are expected to take place week commencing 21st March 2016 and will initially affect newly expectant women who are registered within a specific geographical area in Staffordshire and Walsall. Those women affected in Walsall, will be those patients registered with a Walsall GP to the west of Walsall. On booking with their GP, newly expectant women will be signposted to maternity care services at The Royal Wolverhampton NHS Trust instead of Walsall Manor Hospital.

A joint quality impact assessment has been undertaken with RWT and Walsall Manor Hospital clinicians and managers. Assurances have been acquired regarding:

- Staffing on maternity
- Staffing and consultant cover for neo natal services
- Current vacancies and recruitment timelines
- Sonographer capacity

Antenatal and Post natal care will continue to be provided by Walsall Community Midwives in most cases.

A very comprehensive communication plan has been mobilised across all the affected areas.

The Governing Body will be kept apprised of progress.

7.0 Clinical View

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

8.0 Quality and Safety Committee

At the Quality & Safety Committee Meeting held in December, information from Quality Review Meetings held during the month of October and November were considered. Minutes of this meeting are available for information on the agenda.

Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.

Items for escalation have been reported at the front of this report.



9.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

10.0 Risks and Implications

10.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk

11.0 Quality and Safety Implications

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.

12.0 Equality Implications

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

13.0 Medicines Optimisation Implications

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

14.0 Legal and Policy Implications

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

15.0 Recommendations

For **Assurance**

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

Name: Manjeet Garcha
Job Title: Director of Nursing & Quality
Governing Body/
Quality & Safety Committee Exec SummaryMG/ APRIL2016

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Date: 16th March 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	M Garcha Dr Rajcholan	27/03/2016
Public/ Patient View	Pat Roberts	NA
Finance Implications discussed with Finance Team	NA	NA
Quality Implications discussed with Quality and Risk Team	Report of Q&RT	March 2016
Medicines Management Implications discussed with Medicines Management team	David Birch	NA
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	NA
Information Governance implications discussed with IG Support Officer	Michelle Wiles	NA
Legal/Policy implications discussed with Corporate Operations Manager	NA	NA
Signed off by Report Owner (Must be completed)	Manjeet Garcha	29/03/2016

