

**WOLVERHAMPTON CCG**

**GOVERNING BODY MEETING**  
**11<sup>th</sup> September 2018**

**Agenda item 11**

|                             |   |
|-----------------------------|---|
| <b>TITLE OF REPORT:</b>     | Quality and Safety Assurance Report   |
| <b>AUTHOR(S) OF REPORT:</b> | Sally Roberts Chief Nurse & Director of Quality<br>Yvonne Higgins, Deputy Chief Nurse   |
| <b>MANAGEMENT LEAD:</b>     | Sally Roberts Chief Nurse & Director of Quality   |
| <b>PURPOSE OF REPORT:</b>   | 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).<br>For the board to seek assurance that the services we commission are safe and effective and that where required appropriate remedial action has been undertaken.   |
| <b>ACTION REQUIRED:</b>     | <input type="checkbox"/> <b>Decision</b><br><input checked="" type="checkbox"/> <b>Assurance</b>  |
| <b>PUBLIC OR PRIVATE:</b>   | <b>This report is confidential due to the sensitivity of data and level of detail.</b>  |
| <b>KEY POINTS:</b>          | <p>This report provides an update of Quality and safety activities and discusses issues raised through Q&amp;S Committee, these are described as:</p> <ul style="list-style-type: none"> <li>• Update on progress for Vocare Urgent Care provider</li> <li>• Cancer performance remains challenged</li> <li>• Mortality indicators deteriorating and requiring further understanding and assurance</li> <li>• Maternity performance issues showing improvement, further understanding of caesarean section rates still required</li> <li>• Further assurance received relating to Never Event occurrence and actions undertaken</li> <li>• The QSC received reports relating to: <ul style="list-style-type: none"> <li>➤ Safeguarding activity and assurance</li> <li>➤ Medication Optimisation update</li> <li>➤ SPACE update</li> <li>➤ Primary care assurance.</li> </ul> </li> </ul> <p>No key risks or issues were identified by committee.</p> |



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| <b>RECOMMENDATION:</b> | Provides assurance on quality and safety of care, and inform the Governing Body as to actions being taken to address areas of concern. |
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1. Key areas of concern are highlighted below:

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|--|--|
|  | <b>Level 2 RAPS breached escalation to executives and/or contracting/Risk Summit/NHSE escalation</b> |
|  | <b>Level 2 RAPS in place</b>   |
|  | <b>Level 1 close monitoring</b>  |
|  | <b>Level 1 business as usual</b>   |

| <b>Key issue</b>                                       | <b>Comments</b>  | <b>RAG</b> |
|--|--|------------|
| Quality and performance issues of Urgent Care Provider | <p>Vocare was rated 'Inadequate' by CQC following an inspection in March 2017. CQC conducted a further announced focused inspection in October 2017 in relation to warning notices issued in July 2017. 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 14 week rapid improvement plan has now been implemented. Given the level of improvement and sustainability Governing Body accepted the recommendation in July to reduce scrutiny by standing down the Improvement Board and replace the recovery plan with weekly reporting against the two main areas i) 15 min triage and ii) the performance against their time to respond to telephone contacts. Quality and Safety team have since met with the provider and RWT together and there is good evidence of collaborative working between both providers, with operational issues now being managed appropriately.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Announced and unannounced visits by WCCG</li> <li>• No Serious incidents reported by Vocare since December 17</li> <li>• Triage response rates demonstrate consistent improvement for the last 5 months, with the highest performance achieved in June at 93%.</li> <li>• Four hour wait performance was maintained at 98% for June 18.</li> <li>• Home visiting performance has been maintained for June 18 at 93% Urgent and 94% Routine.</li> <li>• Recruitment to key posts to support effective working now in place.</li> <li>• Demand and capacity analysis undertaken by Vocare to determine future modelling.</li> <li>• Process mapping exercise completed to determine effectiveness of triage between RWT and Vocare.</li> <li>• Follow up meeting undertaken and further actions agreed, including improved signage and focus on the ophthalmology pathway.</li> </ul> |            |



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| <p>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.</p> | <p>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 remains challenged. Assurance is required relating to potential or actual impact of harm to patients as a result of the delay.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• A revised remedial action plan is in place with agreed trajectories. Going forward the remedial action plan with also include recommendations from the IST review.</li> <li>• Weekly system wide assurance calls continue to provide updates on current performance and progress against agreed actions, escalation to a monthly face to face meeting has also been agreed and is in place.</li> <li>• NHSE review meeting held in July with Trust and CCG. Agreement for priority focused work stream to include primary care referrals for CT and MRI, to ensure appropriate referrals to assist demand management. Urology will also be a focus with a comprehensive pathway review and scoping of implementation of a one stop prostate diagnosis clinic.</li> <li>• The first 104 day harm review meeting has been held for May 2018 data, with CCG clinician representation. No harm identified to patients reviewed; comprehensive process observed..</li> <li>• Clinical CCG attendance at weekly cancer PTL meeting for further assurance and scrutiny of performance is ongoing.</li> <li>• Breakdown of GP referrals received, to enable focused analysis and action. Communication to be issued within primary care stressing the importance of attending appointments as DNA rates have been reported as high.Targetted intervention now underway following initial peer review analysis.</li> <li>• IST are supporting the Trust with an accelerated model support programme, commenced 2<sup>nd</sup> week in August, consisting of 2 days a week formal support for 6-8 weeks to review PTL, access, SOPs, policies, demand and capacity and pathways.</li> <li>• Cancer performance and associated actions remains a high risk on both RWT and WCCG risk registers.</li> <li>• Cancer network and NHSE/NHSI are sighted on current performance and support the ongoing work with the trust.</li> <li>• West Midlands Cancer alliance providing additional support for the trust, specifically with regards urology pathway.</li> <li>• CCG are actively working with the trust to identify any alternative provision to support current patient waits.</li> </ul> |  |
|--|---|--|



|   |  |  |
|---|--|--|
| <p>Capacity within Maternity services may impact on the quality and safety of care delivered</p>              | <p>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 1:29, with national rate standing at 1:28. <i>Caesarean rates:</i> Elective rate 7.9 % (target is less than 12%) and Emergency rate 18.4% (target is less than 14%). 2 Never Events occurred within Maternity theatres within June, relating to retained foreign objects post-procedure. Both SIs are currently being investigated.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Continuous monitoring for SI's, complaints or any other emerging quality issues pertaining to maternity</li> <li>• Following the reporting of the Never events, a collaborative visit was undertaken by the Chief Nurse and Deputy Chief Nurse to walk the patient pathway. Assurance was gained relating to effective systems within the labour ward and the Trust had identified actions to improve systems within Maternity emergency theatres where areas for improvement were identified</li> <li>• A collaborative visit to the Neonatal Unit with specialised commissioners was undertaken to gain assurance relating to the recent serious incidents relating to expressed breast milk. There has been an agreement that the RCA action plan will be stress tested to determine if learning has been embedded into practice.</li> <li>• The review by National Team (Birth Rate Plus) has now been undertaken and report shared with CCG–report identifies a shortfall of 15.41wte (Mixed maternity staff), in the main the shortfall is required to support the higher acuity of women presenting to give birth at RWT. Recruitment is ongoing to increase the midwifery workforce and this will be further discussed for assurance at the next CQRM.</li> <li>• RWT undertaking an internal review of caesarean section performance and initial review has suggested that in 60% of cases (category 3 &amp; 4) it was the acuity of the patients i.e. diabetes, specialist support for this cohort of women is in place.</li> </ul> |  |
| <p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country</p> | <p>The SHMI for January 2017 to December 2017 has risen to 119 and banded higher than expected. RWT is a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Initial meeting of a system wide mortality reduction group held, including Public Health and Social Care representation. Clear actions identified including a focus on patient deaths within 30 days of hospital discharge.</li> </ul>  |  |



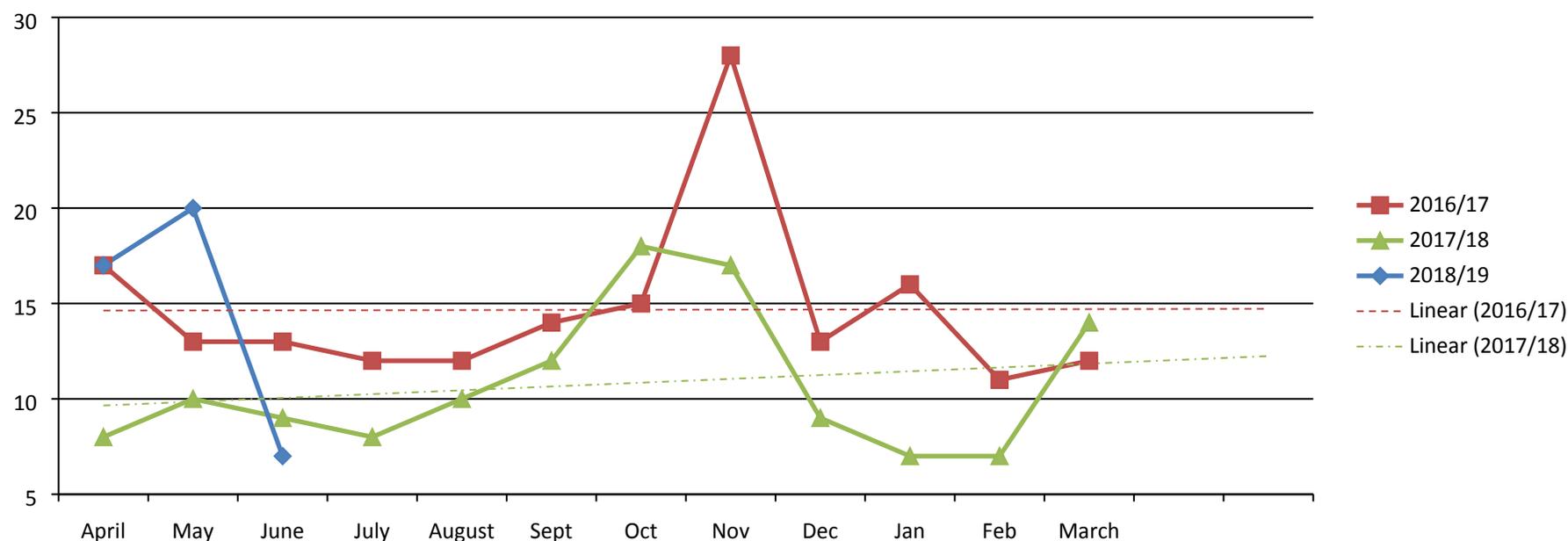
|  |   |  |
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|  | <ul style="list-style-type: none"> <li>• Review of Nursing Home admission data commenced, to establish any common themes/trends with regards admission profile and a focus on appropriateness end of life pathways.</li> <li>• A review of internal mortality governance arrangements by the trust has occurred and CCG attendance at initial mortality operational meeting has been supported.</li> <li>• Initial revised mortality assurance report received to July CQRM. Further reports have been asked to include crude mortality and HSMR.</li> <li>• Case note reviews of specific pathways already undertaken with the use of an accredited external clinical reviewer, to review actions previously identified and offer revised key areas for focused improvement initiatives.</li> <li>• Supporting Public Health with a mortality review summit planned for Oct 2018.</li> <li>• Proactive approach taken re: HWBB and HOSC.</li> <li>• Monitoring and review of diagnostic groups with elevated SHMI/HSMR is underway; this includes Pneumonia, Acute Kidney Injury, Cerebral Vascular Disease and Sepsis.</li> <li>• External support identified by the trust to facilitate improvement programmes along with specific data analysis support. CCG Chief Nurse attended a collaborative initial meeting with external support, to identify key areas of focus for improvement</li> <li>• Medical Examiner role being recruited to.</li> <li>• Logged on the WCCG risk register as a high risk.</li> </ul> |  |
| <p>Increased number of Never Events at RWT</p> | <p>6 Never Events were reported by RWT for 2017/18.<br/>The trust has reported 4 new Never Events in the year to date.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Monthly CQRM/CRM meetings</li> <li>• Robust scrutiny of all Never Events before closure on STEIS (Strategic Executive Information System)</li> <li>• RWT have requested further support from AFPP to review culture and practice within clinical theatre environment, including application of all aspects of WHO checklist, to be reported back to CCG once review completed.</li> <li>• 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.</li> <li>• Failure to ensure robust 'checking' process is identified as an emerging theme of never events.</li> </ul>  |  |



## 2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

### 2.1 Serious Incidents (SIs)

**RWT Incidents 2016-2018 (excluding PI's)**

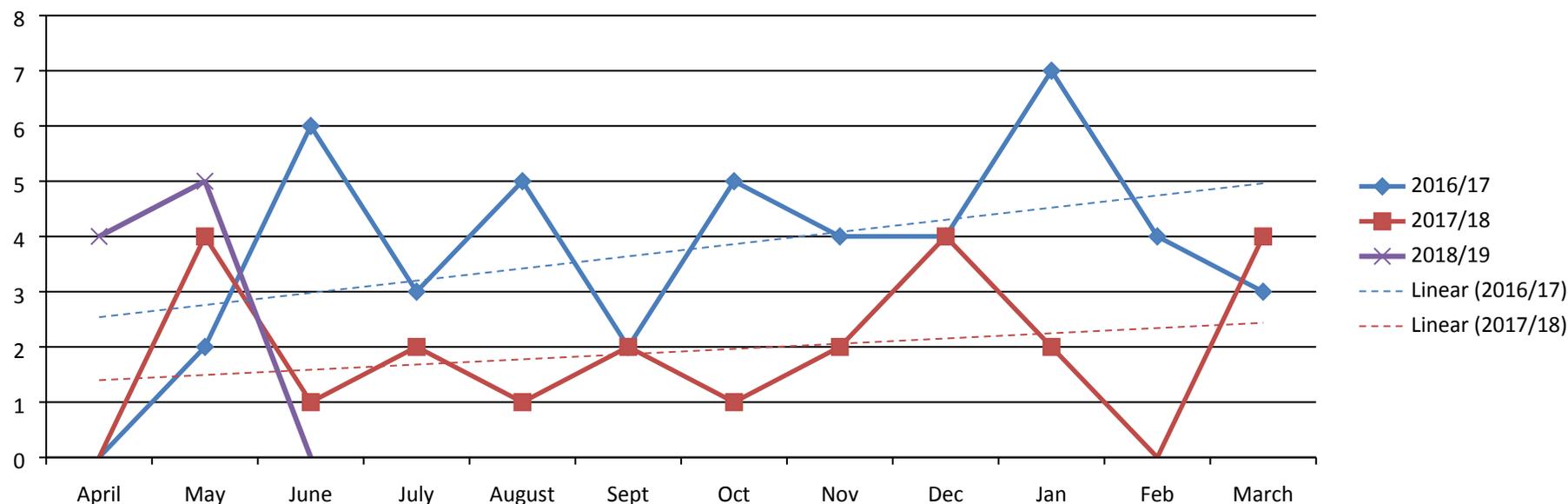


7 Serious Incidents (SIs) were reported in June 2018, which was a significant decrease compared to the 20 SIs reported in May 2018. This is a direct result of changes to reporting by the Trust to bring them in line with the current Serious Incident Framework. Incidents are now reported as a SI if there is an act or omission that is suspected to have led to serious harm to a patient, rather than reporting according to a particular category or outcome. It is expected that this will challenge the organisation to rationalise reporting, ensuring that proportionate investigations are initiated.



**2.2 Slip Trip and Patient Falls SIs (RWT)**

**RWT - Slip Trip Falls, 2016-2018**



There were no patient falls meeting the SI criteria reported in June 2018.

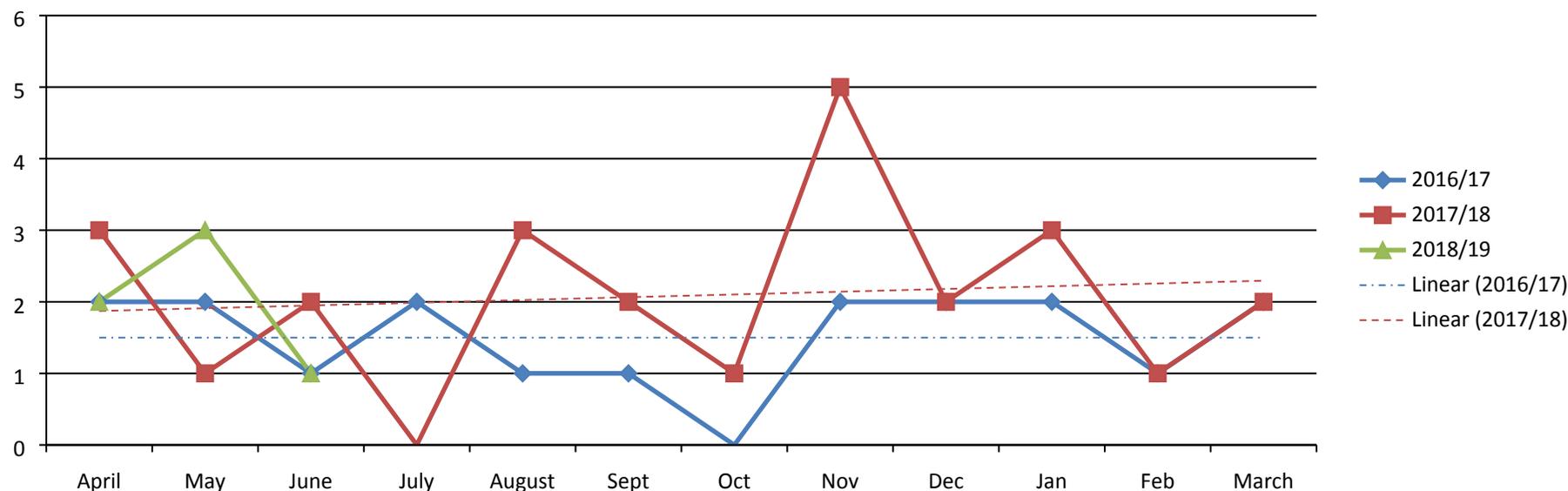
**Assurance**

The WCCG Quality and Safety Manager attends both the weekly falls accountability meeting, which examines whether there are acts or omissions leading to patient harm, and the monthly falls steering group meeting to gain further assurance regarding the Trust’s falls prevention strategies. The Trust has implemented tag nursing and arm’s length nursing initiatives in an attempt to mitigate the potential for patient falls. The Trust is undertaking the re-assessment of the early pilot wards to ensure sustainability of actions implemented through the NHSI falls collaborative. Plans are in place to discuss how the Trust applies harm methodology to incidents to enhance the process of determining harm in line with the definitions set in the National Reporting and Learning System.



**2.3 Infection Prevention**

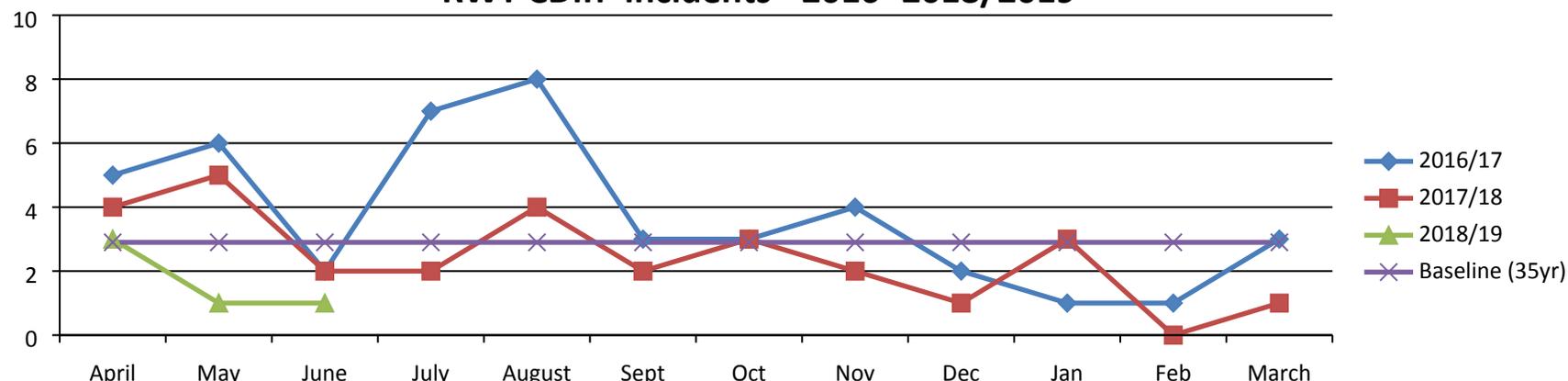
**RWT HCAI/Infection control incidents 2016-2018**



One infection prevention serious incident was reported for June 18. The trust is currently investigating to identify root cause and learning to prevent recurrence of these incidents.



### RWT CDiff incidents - 2016- 2018/2019

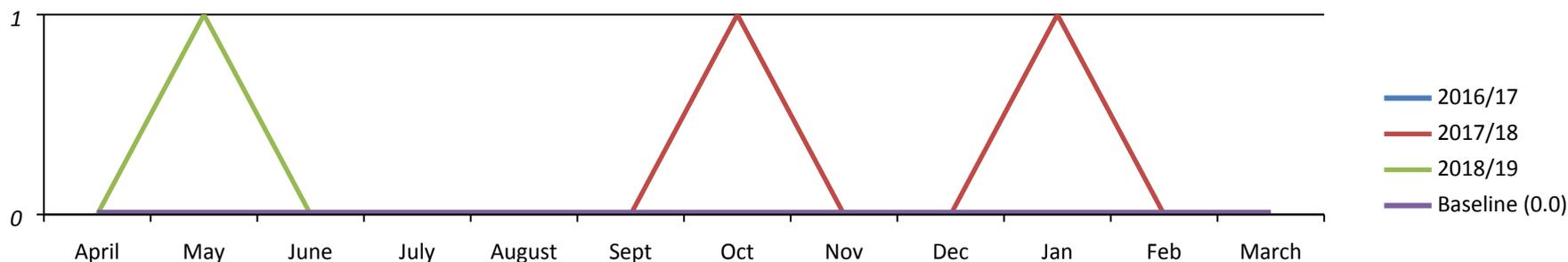


There was 1 Clostridium Difficile case reported by RWT, against a target of 3 for June 2018.

#### Assurance

WCCG attend the RWT monthly IPCG (Infection Prevention Control Group) and PSIG (Patient Safety Improvement Group) meetings to gain 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 HCAs.

### RWT MRSA Bacteraemia incidents - 2016-2018/2019

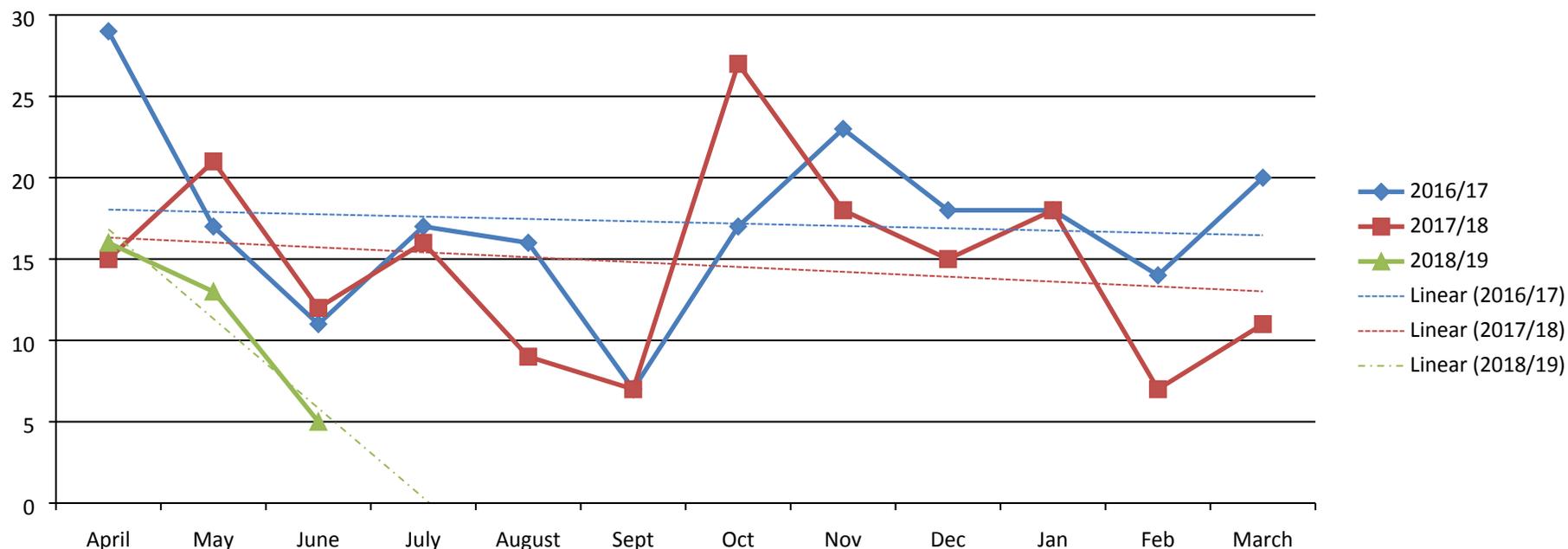


There were no new MRSA related serious incidents reported in June 2018.



## 2.5 Pressure Injury Serious Incidents

### RWT Pressure incidents G3/4, 2016-2018



5 pressure injury incidents were reported in June 2018 and is a decrease compared to 13 reported in May 2018; expected as a result of the change in reporting in line with the SI framework. 4 pressure injuries were reported as unavoidable and 1 as avoidable.

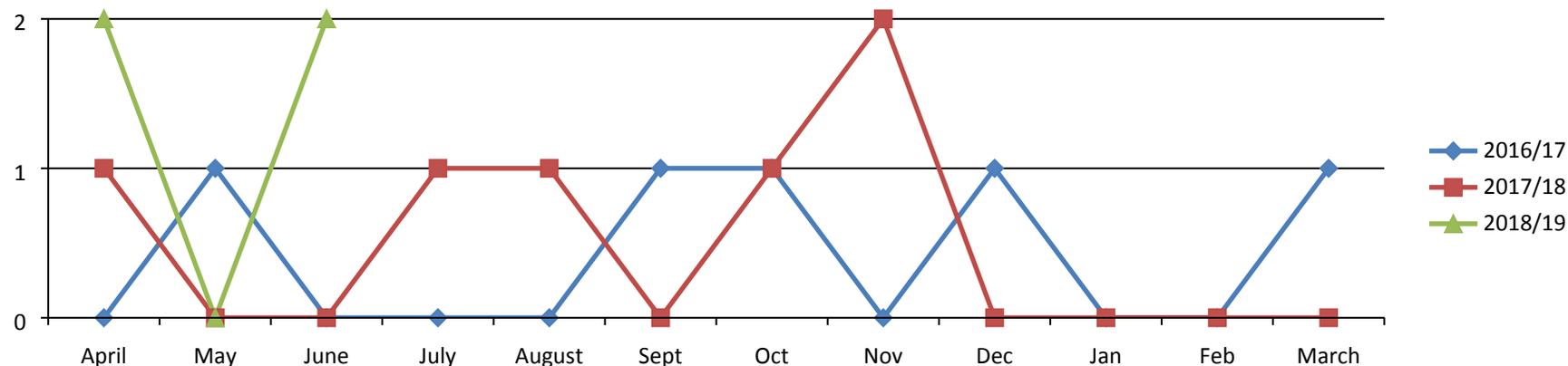
### Assurance

The CCG attend the weekly pressure injury scrutiny meetings to gain assurance relating to learning and action planning. Processes for aligning pressure injury reporting with national processes have been implemented.



## 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

**May 2018** - No new Never Events

**June 2018** - 2 never events were reported related to retained foreign objects post-procedure. One patient was returned to theatre for surgical removal of the foreign object (swab) and the second patient received sedation for a manual removal (not surgical). The foreign object in the second patient was not identified for 19 days. Both SIs are currently being investigated.

### Assurance:

- WCCG senior exec board has met with RWT board to seek assurance of actions being undertaken by the Trust to mitigate recurrence of never events.
- WCCG quality team attend the monthly Quality & Safety Intelligence Group to seek assurance relating to compliance of WHO surgical checklists and LOCSSIPS audits and have encouraged system actions and human factors consideration.



- RWHT have requested further support from AFPP (Association for Perioperative Practice) to review culture and practice within clinical theatre environment, including application of all aspects of WHO checklist, to be reported back to CCG once review completed.
- WCCG 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.
- Key lines of enquiry are being developed to review actions arising from previous Never Events as additional assurance that actions undertaken have been/remain embedded.

## 2.7 Maternity

2 maternity incidents were reported during June 2018 and relate to the aforementioned Never Events.

| Maternity                                      | Target | Quarter 4, 2017/18 |        |        | Quarter 1, 2018/19 |        |        |
|--|--------|--------------------|--------|--------|--------------------|--------|--------|
|  |        | Jan                | Feb    | Mar    | Apr                | May    | Jun    |
| Bookings at 12+6 weeks                         | >90%   | 90.50%             | 89.60% | 91.30% | 90.80%             | 90.10% |        |
| Number of Deliveries (mothers delivered)       | <416   | 428                | 374    | 403    | 404                | 469    | 441    |
| Midwife to Birth Ratio (Worked)                | <=30   | 31                 | 31     | 30     | 30                 | 30     | 29     |
| Breastfeeding (initiated within 48 hours)      | >64%   | 61.00%             | 62.60% | 66.60% | 70.00%             | 63.50% | 65.50% |
| Maternal Deaths                                | -      | 0                  | 0      | 0      | 0                  | 0      | 0      |
| C-Section - EL LSCS (Births)                   | <12%   | 11.40%             | 12.60% | 12.20% | 10.90%             | 10.70% | 7.90%  |
| C-Section - EM LSCS (Births)                   | <14%   | 17.00%             | 20.60% | 17.10% | 16.80%             | 17.70% | 18.40% |
| Admission of full term babies to Neonatal Unit | 0      | 0                  | 1      | 3      | 0                  | 0      | 1      |
| Number of Neonatal Deaths                      | 3      | 3                  | 0      | 3      | 1                  | 3      | 2      |

Booking activity continues to be monitored closely - data indicates that Maternity service bookings are reducing following the limit on booking numbers from November 2017. A formal review for forecasted births has taken place with predicted birth numbers falling in line with commissioned births of 5,000 in July 2018.

**C-Section Rates:** Emergency cases have seen a further increase; these are reviewed via the directorate governance meeting and an in depth analysis is underway.



**Midwife to Birth Ratio:** Midwifery recruitment is on-going with minimum vacancy within funded establishments.

A formal workforce assessment using Birth Rate + has been performed, verbal feedback has been given to the directorate and a formal report has been shared with the Division. The report will be presented at CQRM in August 2018.

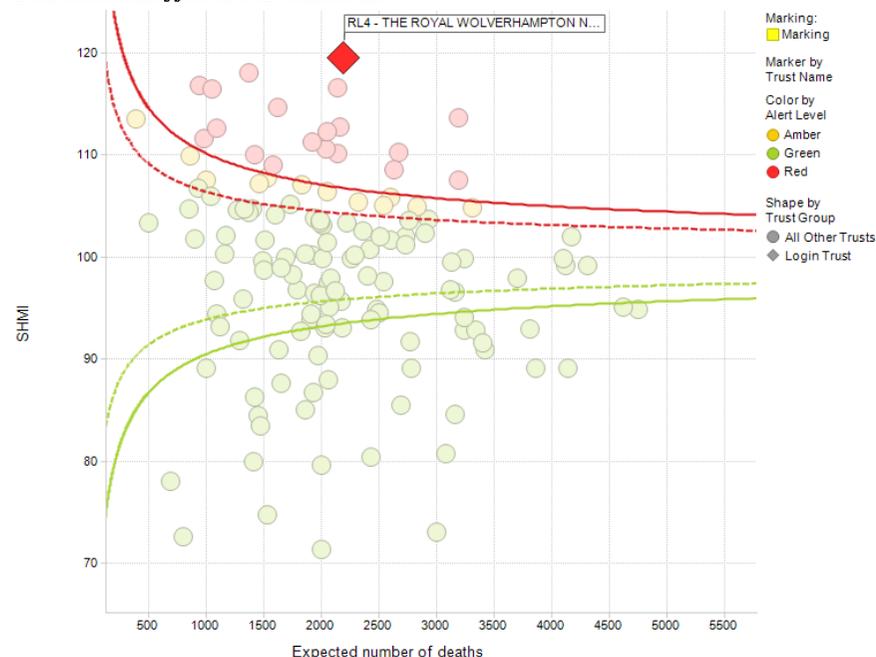
**Assurance:**

- Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- WCCG to attend RWT Maternity QRV visit planned for 2018/2019.
- A collaborative visit to the Neonatal Unit with specialised commissioners was undertaken to gain assurance relating to the recent serious incidents relating to expressed breast milk. There has been an agreement that the RCA action plan will be stress tested to determine if learning has been embedded into practice
- Following the reporting of the Never events, a collaborative visit was undertaken by the Chief Nurse and Deputy Chief Nurse to walk the patient pathway. Assurance was gained relating to effective systems within the labour ward and the Trust had identified actions to improve systems within Maternity emergency theatres.

**2.8 Mortality**



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.



The SHMI for January 2017 to December 2017 has risen to 119 and banded higher than expected. RWT is a national outlier for this performance. The expected mortality rate has risen slightly to 3.3% and the crude death rate is 3.9%. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.

**Assurance**

- Initial meeting of a system wide mortality reduction group held, including Public Health and Social Care representation. Clear actions identified including a focus on 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 commenced, to establish any common themes/trends with regards admission profile and a focus on appropriateness end of life pathways.
- A review of internal mortality governance arrangements by the trust has occurred and initial mortality operational meeting attended by CCG.



- Initial revised mortality assurance report received to July CQRM. Further reports to include crude mortality and HSMR.
- Case note reviews of specific pathways already undertaken with the use of an accredited external clinical reviewer, to review actions previously identified and offer revised key areas for focused improvement initiatives.
- Monitoring of diagnostic groups with elevated SHMI/HSMR is underway; this includes Pneumonia, Acute Kidney Injury, Cerebral Vascular Disease and Sepsis.
- External support identified by the trust to facilitate improvement programmes along with specific data analysis support. Chief Nurse attended a collaborative initial meeting with external support, to identify key areas of focus for improvement
- Medical Examiner role being recruited to.
- Remains on the WCCG risk register as a high risk.

## 2.9 Cancer Waiting Times

The 2 week wait cancer performance improved slightly in June 2018 but is still below target; a larger improvement in the 2 week wait breast symptomatic was noted, at 71%, an increase of almost 23% toward the target.

### Assurance

- A remedial action plan is in place with revised trajectories, moving forward this will include IST actions too.
- Weekly system wide assurance calls in place to provide updates on current performance and progress against agreed actions.
- CCG clinical presence at harm reviews and weekly cancer PTL meetings.
- Performance data on clinical pathways can be scrutinised by specialty, allowing closer CCG scrutiny.
- Scrutiny of 104 day waits following May 2018 identified no harm to patients; 62 day waits to follow.
- UHB tertiary referral forms now been utilised by trust.
- Remains a high risk on both RWT and WCCG risk registers.
- NHSE review meeting carried out in July with Trust and CCG.
- West Midlands Cancer alliance providing support for the trust.



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%            | 93.91%  | 91.52%  | 79.03%            | 80.70%  | 84.05%  |
| 2WW Breast Symptomatic                             | 93%    | 93.33%            | 95.28%  | 88.33%  | 42.02%            | 48.03%  | 71.00%  |
| 31 Day to First Treatment                          | 96%    | 96.36%            | 97.06%  | 96.36%  | 91.87%            | 92.21%  | 92.95%  |
| 31 Day Sub Treatment - Anti Cancer Drug            | 98%    | 100.00%           | 100.00% | 100.00% | 100.00%           | 100.00% | 100.00% |
| 31 Day Sub Treatment - Surgery                     | 94%    | 71.70%            | 84.85%  | 84.21%  | 89.47%            | 88.00%  | 81.48%  |
| 31 Day Sub Treatment - Radiotherapy                | 94%    | 98.06%            | 100.00% | 94.63%  | 96.15%            | 93.86%  | 88.00%  |
| 62 Day Wait for First Treatment                    | 85%    | 70.66%            | 66.85%  | 74.51%  | 69.89%            | 62.38%  | 63.14%  |
| 62 Day Wait - Screening                            | 90%    | 60.00%            | 92.31%  | 72.41%  | 73.68%            | 87.50%  | 75.00%  |
| 62 Day Wait - Consultant Upgrade<br>(local target) | 88%    | 90.82%            | 86.00%  | 90.21%  | 91.10%            | 88.24%  | 89.93%  |

Comments:

**2 Week Wait:** the breaches in month were as follows; 69.3% were due to internal issues (capacity) and 30.7% were patient choice.

**2WW Breast Symptomatic:** the breaches in month were as follows; 62.1% were due to capacity issues and 37.9% were patient choice.

**31 Day to Treatment:** 17 patient breaches in month, 15 were due to capacity issues and 2 complex cases.

**31 Day Sub Surgery:** 5 patient breaches in month; all due to capacity issues.

**62 Day to Treatment:** 51 patient breaches in month; 8 x Tertiary referrals received between days 42 and 77 of the patients pathway, 37 x Capacity Issues, 2 x Patient Initiated and 4 x Complex Pathways.

Of the tertiary referrals received 0 (0%) were received before day 40 of the pathway, and 3 (37.5%) were received after day 62 of the patient pathway.

**62 Day Screening:** 3 patient breaches in month; 2 were due to capacity issues and 1 complex pathway.

**Patients over 104 days** - Following May 2018 month end final upload - 14 patients were treated at 104+ days on a cancer pathway during the month, all of these patients had a harm review and no harm was identified.



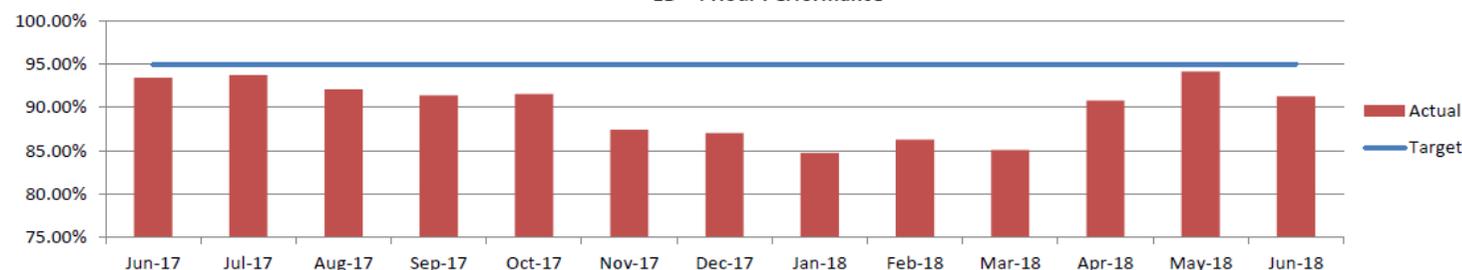
## 2.10 Total Time Spent in Emergency Department (4 hours)

### Urgent Care

#### Total Time Spent in Emergency Department (4 hours)

|                | Target | Quarter 4 2017/18 |         |         | Quarter 1 2018/19 |         |         | Q1 2018/19 |
|----------------|--------|-------------------|---------|---------|-------------------|---------|---------|------------|
|                |        | Jan-18            | Feb-18  | Mar-18  | Apr-18            | May-18  | Jun-18  |            |
| New Cross      | 95%    | 73.80%            | 76.08%  | 74.57%  | 84.09%            | 90.27%  | 85.55%  | 86.71%     |
| Walk in Centre |        | 100.00%           | 100.00% | 100.00% | 100.00%           | 100.00% | 100.00% | 100.00%    |
| Cannock MIU    |        | 100.00%           | 100.00% | 100.00% | 100.00%           | 100.00% | 100.00% | 100.00%    |
| Vocare         |        | 94.76%            | 96.29%  | 96.03%  | 98.56%            | 98.42%  | 98.48%  | 98.49%     |
| Combined       |        | 84.73%            | 86.27%  | 85.08%  | 90.81%            | 94.16%  | 91.29%  | 92.13%     |

ED <4 Hour Performance

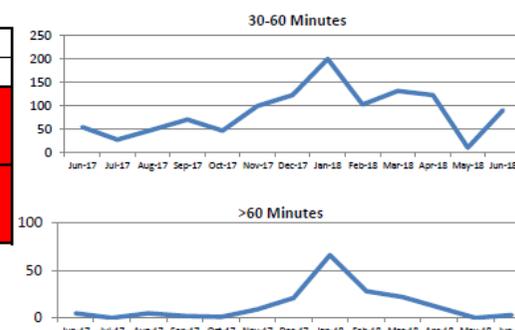


#### Ambulance Handover

|                              | Quarter 4 2017/18 |        |        | Quarter 1 2018/19 |        |        |
|------------------------------|-------------------|--------|--------|-------------------|--------|--------|
|                              | Jan-18            | Feb-18 | Mar-18 | Apr-18            | May-18 | Jun-18 |
| Number between 30-60 minutes | 199               | 102    | 131    | 122               | 10     | 90     |
| Number over 60 minutes       | 66                | 28     | 22     | 11                | 0      | 3      |

**Comments:** The fine for Ambulances during June was £21,000. This is based on 90 patients between 30-60 minutes @ £200 per patient and 3 patients >60 minutes @ £1,000 per patient.

There were no patients who breached the 12 hour decision to admit target during June 2018.



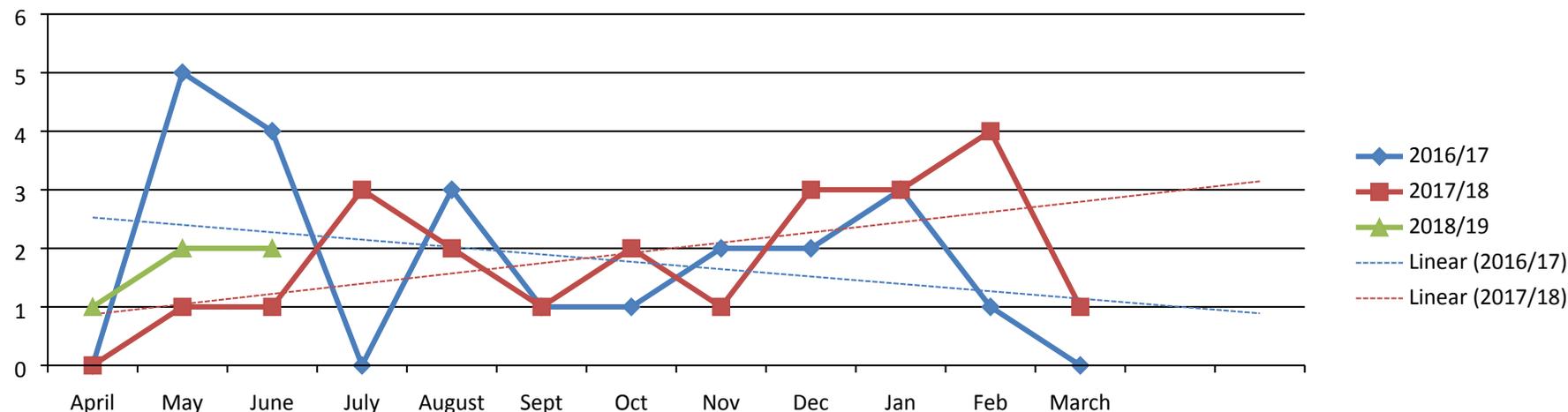
The Trust did not achieve either the New Cross or the All Types target for June 2018, and decreased performance from May 2018. Ambulance handover performance decreased during June 2018 for both 30-60 minutes and over 60 minute handover times.



### 3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

#### 3.1 Serious Incidents

**BCPFT Incidents 2015-2018**



2 new serious incidents were reported by Black Country Partnership Foundation Trust in June 2018, one was Apparent/actual/suspected self-inflicted harm meeting SI criteria and the second was HCAI/Infection control incident meeting SI criteria. Investigations are underway and the SI reports are expected to be received by mid-September 2018 for closure.

BCP shared key areas of learning during Quarter 1, 2018/19 following the completion of investigations to drive continuous improvement, which include:

- Further enhancing suicide risk assessment processes
- Assessment and care planning
- Adherence to Trust Discharge and Transfer of care policy including the management of actions agreed at handover
- Ensuring medication reconciliation with GP records is completed
- Review of current bed management policy
- Record keeping compliance



**Assurance:**

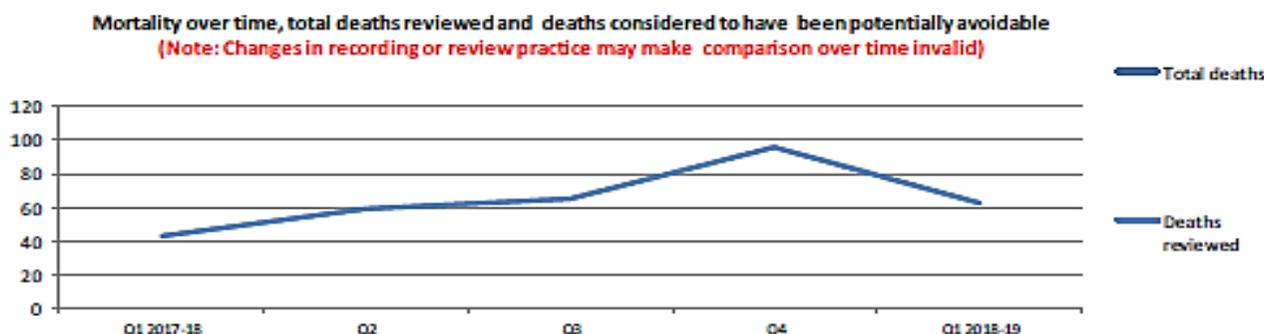
- The learning has been shared with the Trust Mortality Review Group and reviewed alongside recommendations from the findings of the Gosport Inquiry and the Annual LeDeR Mortality Review report.
- The Trust has reviewed its approach to suicide prevention training (now Connecting with People); staff trainers are now in place and the programme rollout is due to commence in September 18 at three pilot sites, Early Intervention Wolverhampton, Learning Disabilities Forensic service and Sandwell Crisis Team; WCCG plan to monitor progress and receive updates.
- WCCG will monitor completed serious incident reports received for changes in trends in this learning.

**3.2 Penrose House**

Penrose House is experiencing significant staffing difficulties across inpatient areas mainly due to high levels of sickness following an increase of assaults on staff by a particular patient. Staff support is in place and there are plans to expedite patient discharge. The Trust has highlighted the potential for further difficulties during the holiday period and has developed an action plan looking at establishing short term contracts for bank staff.

**3.3 Mortality**

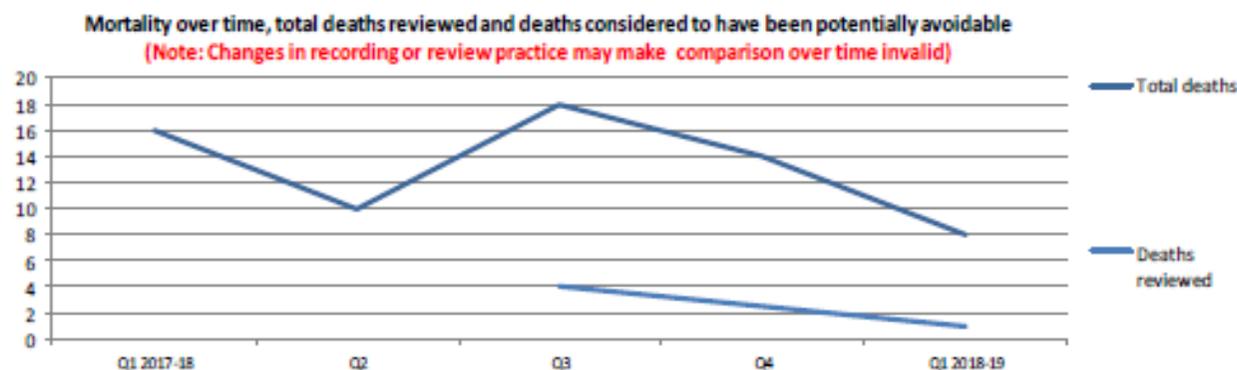
3.3.4 Non-Learning Disabilities



Information from the BCP learning from deaths report indicates that of the 25 deaths meeting the criteria for review in June 2018, all have been reviewed and no deaths were considered to have been potentially avoidable. For Quarter 1, 2018/19, this figure is 63, less than Quarter 4, 2017/18 (96); all have been reviewed and no deaths were considered to have been potentially avoidable.



### 3.3.4 Learning Disabilities



#### Assurance:

- Currently there are 5 reviews in progress. 2 duplicate reviews identified and flagged with Bristol. 3 reviews removed from system as deaths occurred prior to October 2017
- Additional training has been arranged for 29th August in Wolverhampton, anticipated that at least 13 places will be taken up by Wolverhampton staff (9 acute trust staff, 1 CHC staff member and 3 from social care).
- Latest newsletter has been circulated to all GP's and Care Homes
- A Wolverhampton GP has recently completed the reviewer training and has been allocated a review
- Awaiting SOP re the admin process
- Update report to the Wolverhampton Safeguarding Board in September
- Multi agency engagement progressing well. Some issues with MH Trust capacity escalated to Exec level
- Learning from LeDeR added to WCCG's commissioning intentions For learning disability.
- An action plan has been requested to gain assurance relating to future support for the LeDeR programme in terms of conducting reviews.

#### 3.4 Workforce

- Sickness absence rate increased by 0.04% to 4.99% in June against a threshold of 4.5%.
- The vacancy rate increased from 14.78% in May to 14.98% in June and remains red rated against the target.



- Turnover increased slightly to 15.13% and remains amber.
- Performance against all annual mandatory training and 3 yearly specialist mandatory training remains above the 85% target. However, performance against yearly specialist mandatory training remains amber at 82.14%.

**Assurance:**

- The Trust is developing a workforce strategy with 5 key areas of work, including recruitment and retention to address vacancies. Further breakdown of staff group vacancies has been requested.
- There is a monthly review and reconciliation of establishment and vacancies between finance and workforce teams.
- BCP plan to have a targeted approach to improve completion of exit questionnaires to identify trends in leavers. NHSI is monitoring turnover rates for the next 12 months to assess retention.
- The time to recruit to vacancies is being closely monitored by the Trust.

**4. PRIVATE SECTOR PROVIDERS**

**4.1 VOCARE**

4.1.1 Serious Incidents

There were no serious incidents reported by Vocare in June 2018. Performance continues to improve and actions against the improvement plan appear to be embedding. The revised 14 week rapid improvement plan is now completed and has demonstrated sustained improvements. Given the level of improvement and sustainability Governing Body accepted a recommendation in July to reduce scrutiny by standing down the Improvement Board and replace the recovery plan with weekly reporting against the two main areas, 15 min triage and the performance against their time to respond to telephone contacts.

**Assurance:**

- Announced and unannounced visits by WCCG
- No Serious incidents reported by Vocare since December 17
- Triage response rates demonstrate consistent improvement for the last 6 months, with the highest performance achieved in June 18 at 92.5% (May 18, 85%).
- Four hour wait performance was maintained at 98% for June 18.
- Home visiting performance has been maintained for June 18 at 93% Urgent and 94% Routine.
- Recruitment to key posts to support effective working now in place.



- Demand and capacity analysis undertaken by Vocare to determine future modelling.
- Process mapping exercise completed to determine effectiveness of triage between RWT and Vocare. Follow up meeting undertaken and further actions agreed, including improved signage and focus on the ophthalmology pathway.

## **5. CHILDRENS SAFETY**

### **5.1 Safeguarding Children**

Following consultation, a plan for implementation of the proposed We’CAN Neglect Assessment tool is in development with a planned rollout over the next 12 months.

### **5.2 LAC Update**

Discussions on reporting requirements by Providers to ensure effective assurances for LAC have taken place. Data quality issues have been raised related to the nature of the statutory health assessments, and RWT’s internal governance arrangements; an alternative presentation of data from RWT is hoped to enable a more accurate reflection. Reporting requirements has been added to the CCG Commissioning intentions 2019-2020 for review and agreement.

- A process for children placed further than 50 miles has been agreed with RWT, and implemented, with clear pathways in place to enable strategic oversight.
- Governance and reporting arrangements for (LAC) CAMHS has been discussed with BCP, clarifying the expectation of communication for escalating issues.

## **6. ADULT SAFETY**

### **6.1 Care Homes**

#### **Serious Incidents (SI)**

No SIs were reported during June 2018 from nursing homes, three were reported in May 2018.



Three SIs were presented at June 2018 SISG, 1 pressure ulcer with no acts or omissions in care identified as contributory and 2 falls, one which identified gaps in manual handling training, which are currently being addressed; the second concluded that it was not able to determine how the patient's injury was obtained and was deemed inconclusive..

Lessons learned identified the need for good communication, manual handling training for staff and timely escalation of concerns.

### **Safeguarding Referrals**

Nine safeguarding referrals were received to the QNAT during June 2018, less than in May 2018 (28). Outcome of investigations and enquiries will be reported in subsequent reports.

One residential care home remains in suspension.

### **Outbreaks in care homes**

No outbreaks were reported during June 2018.

### **Quality Improvement – SPACE**

Care homes continue to engage well with the programme and taking the lead in identifying and initiating quality improvement initiatives supported by the QI facilitator. Facilitator's report attached.

## **5.2 Adult Safeguarding**

**SAR – 01/2018:** this report is on target for publication in September; the first draft was available for the June 2018 Practitioners Learning Event.

**DHR 10:** Commenced in June 2018. An author and chair has been appointed; Terms of Reference for the review are being agreed.

**LeDeR:** Local Area Contact training is complete and reviewers have started to be allocated to reviews in Wolverhampton.

- Demand is exceeding capacity currently – to address this, further reviewer training dates have been made available, including a bespoke reviewer training session for Wolverhampton with 20 places available on 29<sup>th</sup> August 2018.
- Online LeDeR reviewer training is being developed by Bristol University and is anticipated to be available from September 2018.
- Awaiting development of SOP by Dudley CCG LAC which outlines local processes.
- Awaiting confirmation of availability of shared Admin support by Dudley CCG LAC.



## PRIMARY CARE QUALITY DASHBOARD

### RAG Ratings:

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

| Data for June 2018       |  |            |
|--------------------------|--|------------|
| Issue                    | Concern  | RAG rating |
| IP                       | New cycle of audits has begun – one practice has red rating with action plan due for 24 <sup>th</sup> July 2018. NHS England have reported low ordering rates for aTIV flu vaccine – 35 practices had responded to NHSE request for information on 26 <sup>th</sup> July and Performance continue to chase non-responders. | 1b         |
| MHRA                     | Since 1 <sup>st</sup> April 2018 <ul style="list-style-type: none"> <li>• 16 weekly field safety bulletins with all medical device information included.</li> <li>• 2 device alerts/recalls</li> <li>• 4 drug alerts/recalls</li> </ul>  | 1a         |
| FFT                      | In June 2018 <ul style="list-style-type: none"> <li>• 8 practice submitted no data</li> <li>• 1 zero submission</li> <li>• 4 submitted fewer than 5 responses (supressed data)</li> </ul>  | 1b         |
| Quality Matters          | Currently up to date: <ul style="list-style-type: none"> <li>• 11 open</li> <li>• 5 overdue</li> <li>• 1 closed</li> </ul>   | 1b         |
| Complaints               | 25 new GP complaints received since November 2017 Quarter 1 2018 now data available – 7 complaints in total, 3 upheld, 4 not upheld  | 1a         |
| Serious Incidents        | One primary care serious incident has recently been reported and will be investigated by the relevant practice.  | 1b         |
| Practice Issues          | Issues relating to one practice around immunisations; referrals and complaints are being managed.  | 1b         |
| Escalation to NHSE       | One ongoing process through PAG.   | 1a         |
| NICE                     | NICE assurance to be linked to GP Peer Review system   | 1a         |
| CQC                      | Two practices currently have a Requires Improvement rating; both have action plans in place.   | 1b         |
| Workforce and Training   | Work continues around: <ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Portfolio careers</li> <li>• Workforce and GPN strategies</li> </ul>  | 1a         |
| Training and Development | Training has been provided for: <ul style="list-style-type: none"> <li>• HCAs – Respiratory and Weight Management</li> <li>• Nurses - Nurse Education Forum and flu training</li> <li>• All GP staff – care navigation; domestic violence</li> </ul>   | 1a         |

