

**WOLVERHAMPTON CCG**

**GOVERNING BODY MEETING**  
**12<sup>th</sup> February 2019**

**Agenda item 13**

<b>TITLE OF REPORT:</b>	Quality and Safety Assurance Report
<b>AUTHOR(S) OF REPORT:</b>	Sally Roberts, Chief Nurse & Director of Quality 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). November Data.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <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>• Cancer performance remains challenged</li> <li>• Mortality indicators remain concerning and requiring further understanding and assurance</li> <li>• Maternity performance issues showing improvement, further understanding of caesarean section rates required</li> <li>• There is a new amber risk regarding an emerging concern relating to HCAI which could potentially impact on the Quality and Safety of care provided.</li> <li>• In addition assurance and update was received by committee relating to safeguarding activities and arrangements, CCG complaints, NICE assurance, SEND, E&amp;D, CHC quality update and IPC quarterly report.</li> <li>• FOI, Information governance and GDPR update reports were received for assurance in January committee.</li> <li>• Serious incident policy and internal audit review of serious incidents were received by committee.</li> <li>• No new key risks or issues were identified by committee.</li> </ul>

<b>RECOMMENDATION:</b>	Provides assurance on quality and safety of care, and compliance with CCG constitutional standards and to 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:

	<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>

Key issue	Comments	RAG
<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 Royal Wolverhampton Hospital Trust (RWT) against 62 and 104-day cancer pathways is not being achieved. In addition, the trust is predicting possible failure of the 2 week wait, 2 week wait Breast Symptomatic, 31 Day First Treatment, 31 Day Sub Surgery, 31 Day Sub Radiotherapy, 62 Day wait for First Treatment, 62 Day Screening and 62 Day Consultant Upgrade for October 18. The Trust experienced the highest ever number of 2 week wait referrals during October 2018, receiving 1,705 referrals against a plan of 1,380 (23.6%). Assurance is required relating to the actual or potential impact of harm to patients as a result of the delay. Key areas of concern remain Urology and increased referral patterns.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• National cancer lead and Medical Director for NHSI visited the site and walked through pathways and sought assurance from the clinical teams. Awaiting formal feedback but informal feedback supports the actions already underway across the system.</li> <li>• Additional diagnostic capacity fully supported by NHSI and CCG.</li> <li>• IST actions are now complete, most pathways reviewed and streamlined.</li> <li>• Additional IST support has been offered and trust is working with them to agree priority pathways.</li> <li>• Predicted decline in performance as a result of the Trust addressing the backlog requirements.</li> <li>• Progression with completion of 62 day harm reviews and thematic review of 104 day harm reviews undertaken by RWT, with support from CCG. These are now up to date and no significant harm has yet to be identified.</li> <li>• CCG are actively following up late tertiary referrals with each provider</li> <li>• Weekly system wide assurance calls continue to provide updates on current performance and progress against agreed actions and biweekly face to face meetings have been added for further assurance. Attendance includes NHSE, NHSI, Cancer alliance, Trust and chaired by CCG.</li> <li>• Dedicated theatre for RALPH now operational and additional WLI activity for prostate surgery in place.</li> </ul>	<p><b>RAG</b></p>



Key issue	Comments	RAG
	<ul style="list-style-type: none"> <li>• Cancer alliance has asked for wider system discussions with regards sustainable urology pathways going forwards.</li> </ul>	
<p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country</p>	<p>The SHMI for July 2017 to June 2018 has seen a slight reduction 1.22 to 1.20 and the banding still remains higher than expected. RWT remains 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. The trust has received a high number of CQC outlier reports in preceding quarter across a range of clinical areas.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Bereavement Suite opened in December; the Medical examiner role has been appointed to and commenced in January 2019. This role will include increased focus on the inclusion of families within the revised mortality review process and a family liaison role is also being explored</li> <li>• The numbers of outstanding level one structured judgement reviews (SJRs) are decreasing and key themes are being identified. 55 cases requiring SJR 2s have been identified up to October 2018 and the aim is for all to be completed by end of December 2018.</li> <li>• The review from the independent external mortality expert is expected by the end of January 2019 and additional analytical support will commence January 2019.</li> <li>• The trust have identified issues related to coding and these areas are being addressed by the trust, FCE coding and Primary and secondary diagnosis coding are the significant outlier areas, the trust are currently reviewing software available to support the correct coding.</li> <li>• The trust have reviewed and responded to all CQC outlier reports, CQC have accepted all mitigation put forward by the trust thus far with no follow up actions required to date.</li> <li>• Nursing audits are underway to support the lessons identified from mortality reviews, these will focus on a set of nursing indicators and reported at ward level for compliance monthly, CCG have asked to be part of the audit process in March to seek assurance of process.</li> <li>• Recruitment for key roles to support mortality reduction, including increasing capacity within critical care outreach team and palliative care team, is progressing.</li> <li>• Further work relating to identification and management of sepsis care has been undertaken by the trust in collaboration with CCG, this follows CCG challenge to CQUIN audit methodology to ensure the whole patient pathway is followed.</li> <li>• The CCG are working collaboratively with Public Health to determine next steps and scoping of a wider</li> </ul>	



Key issue	Comments	RAG
	<p>system piece of work relating to avoidable mortality, this will focus on healthy ageing and management for community and primary care services.</p> <ul style="list-style-type: none"> <li>• System wide mortality reduction strategy meetings continue.</li> <li>• Remains a high risk on the WCCG risk register.</li> </ul>	
Concerns around sepsis pathways	<p>Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Quarter 2 sepsis CQUIN data identified improved performance with both recognition of sepsis and time taken for administration of antibiotics.</li> <li>• The introduction of a sepsis team will commence February 2019.</li> <li>• Challenge has been offered to the trust in relation to a serious incident involving delayed recognition of sepsis and a revised action plan has been received identifying clear actions to drive improvement.</li> <li>• CCG are in regular contact with the trust to ensure whole patient pathway for sepsis management is supported.</li> </ul>	
Black Country Partnership (BCP) (Workforce issues and adult MH beds capacity issues)	<p>Issues identified in relation to capacity of adult mental health beds and also in terms of retention and recruitment. BCPFT staff turnover rate decreased to 14.53% and the vacancy rate also decreased to 13.59% in October Since October 2017, the trust has reported five 12-hours ED breaches. Four breaches were due to bed capacity issues and one was caused by a MH patient secure transport arrangement delay. A further 12 hour ED breach relating to a mental health patient was reported in December 2018.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Following on from the system wide Mental Health (MH) 12 hour breach review meeting, a meeting with Cygnet Healthcare to discuss current MH bed capacity provision and referral to discharge processes i.e. time of request to time of bed allocation and actual transfers to service etc will be held in February 2019.</li> </ul>	
Quality concerns identified at a Nursing Home providing discharge to access (D2A)	<p>Recruitment of registered nurses and in particular clinical lead roles remains a challenge. Three month utilisation and occupancy review has been shared with CCG. CQC inspection report now published detailing the Provider rated as RI (Requires Improvement) in all domains. Further quality and safety concerns raised by the RITs team and CHC assessors relating to individual patients care requirements.</p> <p><b>Risk Mitigation:</b></p>	



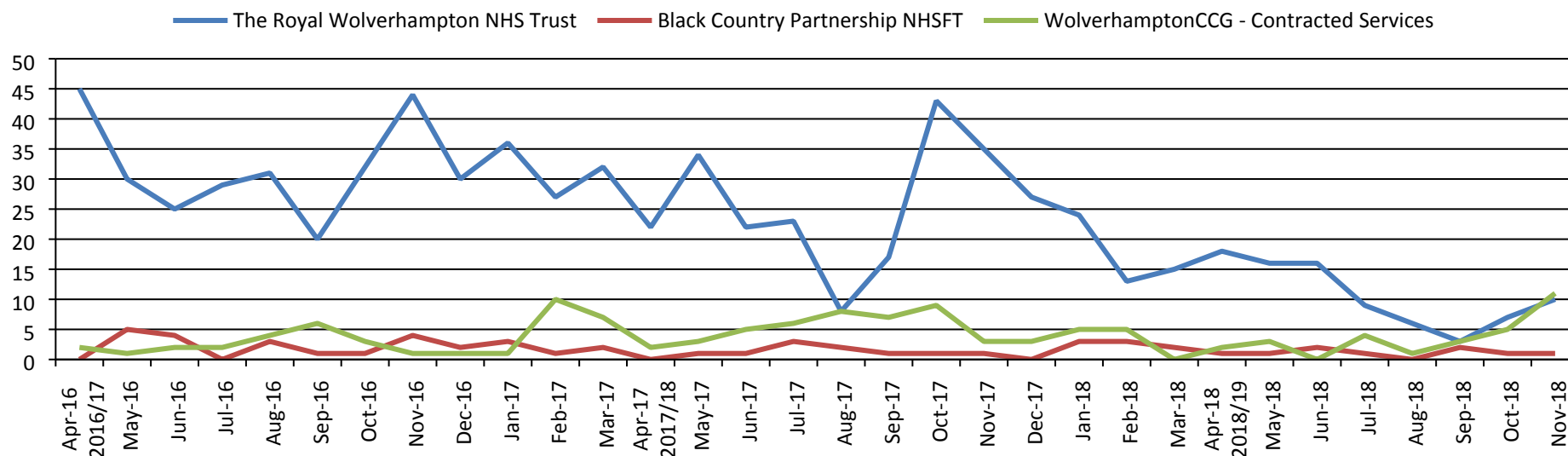
Key issue	Comments	RAG
<p>provision could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton</p>	<ul style="list-style-type: none"> <li>• The Quality Nurse Advisor Team have spent 2 weeks intensively supporting the home. They identified that predominantly residents were safe, however clinical leadership and oversight was not robust. This is particularly apparent when there is an increased use of temporary staffing.</li> <li>• Clear actions to drive improvement relating to medication safety, Clinical leadership and medical cover have been identified by Probert and an improvement plan is now in place</li> <li>• Probert and RWT have agreed a MOU, this offers support to the home with regards clinical education, medication safety and from end of March will allow Probert access to RWT bank staffing. Plans are in place to support a joint staffing arrangement from April with RWT; clinical fellows will initially be appointed to support the home through RWT recruitment arrangements.</li> <li>• The next review meeting with the Provider is planned for the 23<sup>rd</sup> January 2019 and the home is also on the CQC Information Sharing Meeting agenda for January 2019</li> <li>• WCCG QNA team will support the recruitment process for new staff and will monitor progress through a detailed action plan which has been agreed with the Provider.</li> <li>• There are 3 safeguarding reviews and 3 serious incidents currently under review and being supported by CCG, outcomes are yet to be determined.</li> <li>• The CHC DTA clinical nurse support is also now in place at the home regularly and is able to support patient flow and identify and mitigate quickly issues as they arise.</li> <li>• The homes capacity for the past 3 months is under review, however current data available requires further scrutiny.</li> </ul>	
<p>Emerging concern relating to HCAI which could potentially impact on the Quality and safety of care provided.</p>	<p>The Royal Wolverhampton Trust is currently not achieving training trajectories for hand hygiene and within year there have been an increased number of MRSA cases. As a system, Wolverhampton has been identified as being in the bottom 30 CCG's for gram negative infections.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• Further analysis will be undertaken relating to emerging HCAI risk.</li> <li>• The CCG continues to attend the IP committee at RWT to gain assurance relating to actions to drive improvement in training compliance.</li> <li>• System wide meeting was held, supported by NHSI, to identify key actions to drive improvement relating to gram negative infections.</li> <li>• The three key actions identified to drive improvement relate to catheter management, hydration and antibiotic prescribing</li> </ul>	



## 2. PATIENT SAFETY

### 2.1 Serious Incidents

**Chart 1: Serious Incidents Reported by Month**



In total 22 Serious Incidents (SIs) were reported in November 2018 which is an increase compared to 13 SI's reported in October 2018. There were 10 SI's reported by RWT, 1 SI reported for BCPFT and 11 SI's were reported by WCCG-contracted services relating to care homes. All serious incidents were reported within the national timescale of two working days.



**Chart 2: Serious Incident Types Reported November 2018**

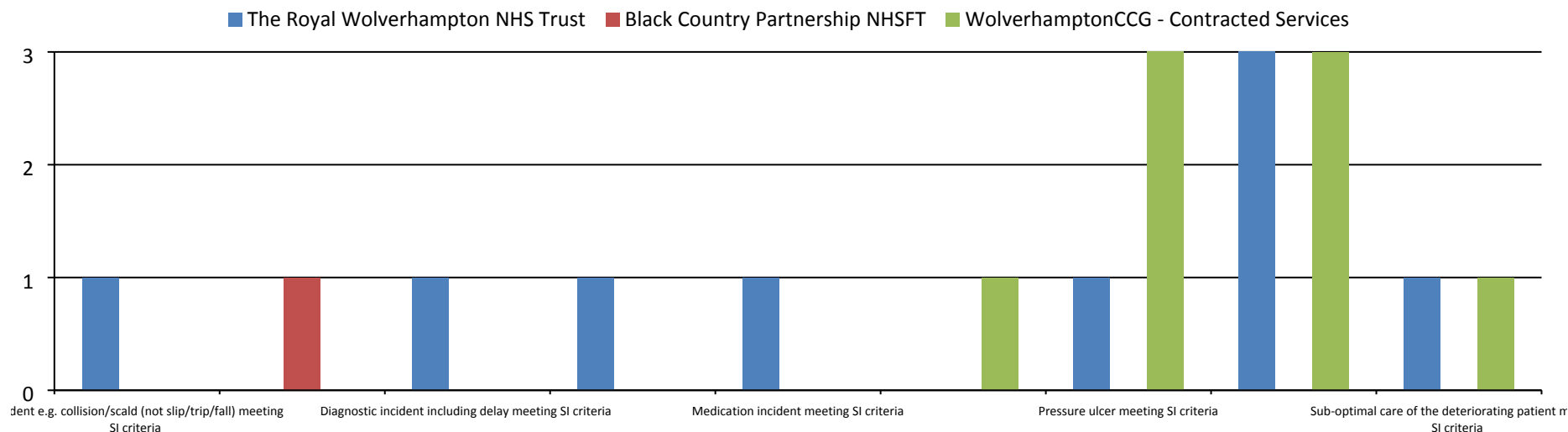


Chart 2 shows the breakdown of serious incident types reported by each provider for November 2018. WCCG contracted other providers was the highest reporting provider (11). The most reported incident types across all providers were; pressure ulcers and slips trips, falls (both 7), followed by Sub-optimal care of the deteriorating patient meeting SI criteria (2).

**Assurance**

- A WCCG representative attends multiple review groups to provide assurance that serious incidents are being appropriately identified.
- Scrutiny of completed serious incident reports continues across all providers.
- Regular monitoring of compliance via CQRMs
- Announced and unannounced visits undertaken to follow up on action plans





## 2.2 Never Events

**Table 1: Reported Never Events**

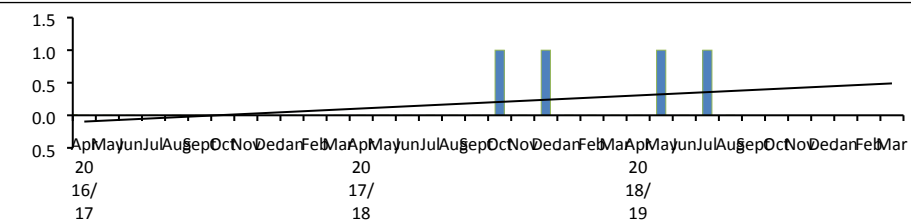
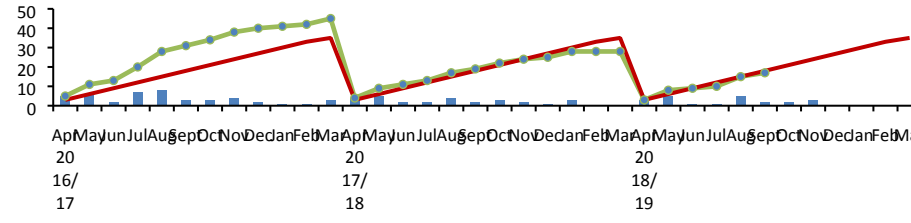
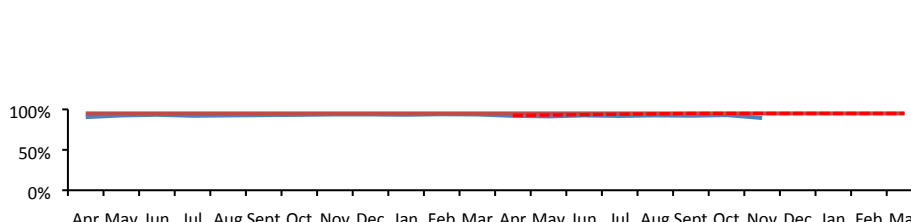
	Yr 16-17	Yr 17-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Yr to date
Royal Wolverhampton	5	4	2	0	2	0	0	0	0	0					4
Black Country Partnership	0	0	0	0	0	0	0	0	0	0					0
Other providers	0	1	0	0	0	0	0	0	0	0					0
<b>Total Reported</b>	<b>5</b>	<b>5</b>	2	0	2	0	0	0	0	0					4

There were no Never Events reported in November 2018.



### 3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

#### 3.1 Infection Prevention

Measure	Trend	Target	Assurance/Analysis
<b>MRSA</b>	 <p>           Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar            20 20 20 20            16/ 17/ 18/ 19/         </p>	<b>0</b>	No new MRSA bacteraemia cases were reported for November 2018.
<b>C. Diff</b>	 <p>           Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar            20 20 20 20            16/ 17/ 18/ 19/         </p>	<b>&lt;35</b>	<p>The Trust continues to remain below the monthly trajectory for 2018/19. A combination of antibiotic diversity, attendance at ward huddles and strong environmental controls is thought to have contributed. Three C. Difficile cases were reported for November 2018. The Trust has planned additional cleaning in ED for a 3-month period to ascertain the possible impact on the rest of the hospital. The deep clean programme continues across the Trust to ensure optimal environmental control.</p>
<b>Hand Hygiene - All Staff</b>	 <p>           Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar            201 201            7/1 8/1            8 9         </p>	<b>95%</b>	<p>The Trust is currently failing the national and locally revised trajectory for hand hygiene compliance. The hand hygiene compliance for November fell to 89.34%. The trust is taking the following actions to meet target :-</p> <ul style="list-style-type: none"> <li>Gain assurance that each directorate has an effective process non-compliance/holding staff to account and staff awareness - the worst performing directorates have been attending the Infection Prevention and Control Committee to present their actions.</li> <li>Monitor and discuss at IPCG every month and part of directorate accountability (chaired by Executive Directors)</li> </ul>



Measure	Trend	Target	Assurance/Analysis
<b>Infection Prevention Training</b>		<b>95%</b>	The IP training compliance for November is 94.34%; which is just below national standard of 95%. The trust is ensuring that Infection Prevention compliance is incorporated in local induction, yearly appraisal and training needs analysis. The specific question around compliance with mandatory training is present on the annual appraisal documents.

### 3.2 Maternity

Measure	Trend	Target	Assurance/Analysis
<b>Bookings at 12+6 weeks</b>		<b>&gt;90%</b>	Booking activity continues to be monitored closely.
<b>Number of Deliveries (mothers delivered)</b>		<b>&lt;416</b>	The number of deliveries decreased slightly in November 2018 to 399 from 416 in October. The Trust is predicting over 5000 births by end of this financial year, which will exceed their annual threshold.



Measure	Trend	Target	Assurance/Analysis
<b>One to One care in established labour</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 17 18 19</p>	100%	Ongoing recruitment of Midwives continues, with a number commencing in post shortly.
<b>Breastfeeding (initiated within 48 hours)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 17 18 19</p>	>=66%	The rate of breast feeding initiation in November 2018 dropped slightly to 63.4%.
<b>C-Section - Elective (Births)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 17 18 19</p>	<12%	The elective rate for elective C-Sections was 12% for November 2018, meeting the 12% threshold for the third consecutive month.
<b>C-Section - Emergency (Births)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 17 18 19</p>	<14%	Emergency C-section case rate decreased slightly in November 2018 but remains above the threshold of 14% at 16.8%. An initial analysis of C-section rates found increases related to patient acuity. The directorate are auditing caesareans and will also conduct an audit of the inductions that take place to ascertain any trends or themes which may be impacting this will be presented in January 2019.



Measure	Trend	Target	Assurance/Analysis
<b>Admission of full term babies to Neonatal Unit</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 19 17 18 19</p>	0	One full term baby was admitted to neonatal unit for this reporting period.
<b>Midwife to Birth Ratio (Worked)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 19 17 18 19</p>	<=30	The worked ratio has been at or below the threshold of 1:30 for more than six months (September 1:29, October 1:28, November 1:28, national 1:28). The trust is in line with the national threshold of midwife to birth ratio of 1:28.
<b>Maternity - Sickness Absence</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 16/ 17/ 18/ 19 17 18 19</p>	<3.25%	October 2018 saw a rise in Maternity Sickness Absence from 4.3% in September to 5.6% in October.  November data not yet available.

### 3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – Inpatient deaths</b>	<p>Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar 2014 2015 2016 2017 2018 /15 /16 /17 /18 /19</p>	N/A	Latest published version of the SHMI data which relates to July 2017 to June 2018 period shows a slight drop in SHMI and the trust still remains a national outlier with reporting 20% more deaths than expected.  The Trust has recruited to the Medical Examiner (ME) role; these individuals commenced in December 2018.



Measure	Trend	Target	Assurance/Analysis
<b>Mortality - SHMI</b> <b>Observed vs. Expected Deaths</b>		<p>N/A</p>	<p>The ME role will provide an initial review of care relating to their admission episode. It is anticipated this will reduce the overall SJRs required by the directorate teams.</p>
<b>Mortality - SHMI</b>		<p>N/A</p>	<p>The Trust is currently working on expansion of palliative care team and to invest into sepsis and critical care outreach team, and to ensure appropriate safe staffing levels across the trust.</p>



### 3.4 Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
<b>6 Week Diagnostic RRT</b>		<p>&lt;1%</p>	<p>The Trust continues to fail in achieving the target. November data was 2.71%. This is largely down to a significant rise in urgent Gastroscopy referrals; this in turn has had an adverse effect on the routine waiting times. Capacity challenges in Radiology are centred on CT and MRI Heart, although this backlog is reducing. The Trust is monitoring this through their weekly performance meeting. Trust is undertaking additional Saturday lists to help reduce the backlog and is seeking to outsource some activity to a private provider. A demand and capacity review has identified a shortfall in capacity based on referral rates; an action plan is in development to address this.</p>
<b>2 Week Wait Cancer</b>		<p>93%</p>	<p>The 2 week wait cancer performance position declined slightly in November 2018 to 85.89% and remains below target.</p>
<b>2 Week Wait Breast Symptomatic</b>		<p>93%</p>	<p>Despite a significant improvement in the 2 week wait breast symptomatic from 66.67% in September to 82.54% in October, the figure fell to 62.64% in November.</p>



Measure	Trend	Target	Assurance/Analysis
<b>31 Day to First Treatment</b>		<b>96%</b>	November saw a decline back down to 82.48%. from 92.49% in October. The trust has not achieved this target for this financial year.
<b>31 Day Sub Treatment - Surgery</b>		<b>94%</b>	November saw a sharp decline for 31 day sub treatment surgery target from 72% in October down to 41.94% in November.
<b>31 Day Sub Treatment - Radiotherapy</b>		<b>94%</b>	31 day sub treatment radiotherapy saw a decline to 81.51% in November.
<b>62 Day Wait for First Treatment</b>		<b>85%</b>	Performance decreased significantly from 73.33% in October to 58.18% in November 2018.





Measure	Trend	Target	Assurance/Analysis
<b>62 Day Wait - Screening</b>		<b>90%</b>	62-day wait screening target performance increased in November to 81.48%.
<b>62 Day Wait - Consultant Upgrade (local target)</b>		<b>88%</b>	The 62-day wait consultant upgrade (local target) performance improved slightly from 78.91% in September 2018 to 83.46% in October 2018. However it has declined to 77.4% in November.
<b>62 Day Wait - Urology</b>		<b>85%</b>	<p>The average waiting time decreased in October to 78, compared to 102 in September 2018.</p> <p>Performance for Urology in October was 56.72% compared to September at 31.71%.</p> <p>November data not yet available.</p>
<b>Patients over 104 days</b>		<b>N/A</b>	<p>11 patients identified over 104 days October 2018.</p> <p>November data not yet available.</p>



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

Measure	Trend	Target	Assurance/Analysis
<b>Time Spent in ED (4 hours) - New Cross</b>		<b>92%</b>	Performance for New Cross declined in November to 82.3% and remains below target. Winter planning has been finalised to support peak flow times.
<b>Time Spent in ED (4 hours) - Combined</b>		<b>95%</b>	The Trust did not achieve the combined target for November 2018; overall performance declined to 89.15% in November from 91.8% in October.
<b>Ambulance Handover</b>		<b>N/A</b>	Ambulance handover performance saw another increase during November 2018 for the 30-60 minutes target from 71 in October to 103. The over 60 minute increased sharply from 3 in October to 21 in November.



**3.6 Workforce and Staffing**

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>	<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar        2016/17 2017/18 2018/19</p>	<b>3.85%</b>	<p>The sickness absence rate remains above the Trust target at 4.05% for September 2018 (reported one month in arrears).</p> <p>November data not yet available.</p>
<b>Vacancy Rates (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar        2018/19 2019/20</p>	<b>10.5%</b>	<p>There continues to be significant improvement in the vacancy rate, driven by large number of staff joining the Trust and improvements in turnover.</p> <p>November data not yet available.</p>
<b>Staff Turnover Rates (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar        2018/19 2019/20</p>	<b>10.5%</b>	<p>Trust turnover levels remain below the Trust target for October 2018 at 9.42%. Further improvements are required in the 24 month retention rate and turnover rate for AHPs. The Attract and Retain work stream has been refreshed and will report to the Workforce and Organisational Development Committee in December 2018. November data not yet available.</p>



Measure	Trend	Target	Assurance/Analysis
<b>Mandatory Training Rate (%)</b>		<b>95%</b>	<p>Performance has improved in relation to Generic Mandatory Training compliance and this is now in line with the target of 95% compliance.</p> <p>November data not yet available.</p>
<b>Appraisal Rate (%)</b>		<b>90%</b>	<p>Appraisal compliance remains below target, although performance has improved marginally over the last month. Further work is being undertaken over the coming months to improve the appraisal process to include a focus on performance and talent management.</p> <p>November data not yet available.</p>



**4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

**4.1 Workforce and Staffing**

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>	<p>7.0% 6.0% 5.0% 4.0% 3.0%</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar        20 20 20        16/ 17/ 18/        17 18 19</p>	<b>&lt;4.5%</b>	Sickness absence rate decreased by 0.25% to 4.97% in October.  November data not yet available.
<b>Staff Turnover Rates (%)</b>	<p>17% 15% 13% 11% 9%</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar        20 20 20        16/ 17/ 18/        17 18 19</p>	<b>10-15%</b>	Turnover decreased to 14.53% and returned to green rating on the Trust risk register, having been amber in September.  November data not yet available.
<b>Average Time to Recruit</b>	<p>120 100 80 60 40</p> <p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar        201 201        7/1 8/1        8 9</p>	<b>55</b>	This KPI remains outside the 55 working day target, at 67 working days in October.  November data not yet available.



Measure	Trend	Target	Assurance/Analysis
<b>Overall vacancy rate</b>	<p>20% 15% 10% 5% 0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 16/ 17</p> <p>20 17/ 18</p> <p>20 18/ 19</p>	<b>&lt;9%</b>	<p>The vacancy rate reduced from 14.21% in September to 13.59% in October and remains red against the Trust's target.</p> <p>November data not yet available.</p>
<b>Agency Usage (%)</b>	<p>8.0% 6.0% 4.0% 2.0% 0.0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>201 6/1 7</p> <p>201 7/1 8</p> <p>201 8/1 9</p>	<b>&lt;3.9%</b>	<p>Agency usage remains above target at 5.6%</p> <p>November data not yet available.</p>
<b>Mandatory Training Rate (%)</b>	<p>93.0% 88.0% 83.0% 78.0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 16/ 17</p> <p>20 17/ 18</p> <p>20 18/ 19</p>	<b>85%</b>	<p>Performance against all mandatory training remains above the 85% target.</p> <p>November data not yet available.</p>



Measure	Trend	Target	Assurance/Analysis
<b>% of Shifts filled (Bank and Rostered)</b>		<b>95%</b>	Registered nurse fill rate has improved slightly (95.3%) compared to 95% in September.  November data not yet available.
<b>Safe Staffing - %Fill Rate Registered Staff</b>		<b>N/A</b>	

## 4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
<b>CPA % of Service Users followed up within 7 days of discharge</b>		<b>95%</b>	BCP continues to meet the target for this indicator - November 2018 (95.45%).
<b>% of people with anxiety or depression entering treatment</b>		<b>1.40%</b>	The Trust managed to achieve target for October 2018 at 1.84%. However, the figure for November dropped below target to 1.58%.



Measure	Trend	Target	Assurance/Analysis
% of inpatients with Crisis Management plan on discharge from secondary care	<p>Apr 2017 7/18</p> <p>Apr 2018 8/9</p>	100%	Compliance with this indicator remained the same for November 2018 at 100%.

## 5.0 PRIVATE SECTOR PROVIDERS

### 5.1 Vocare

Performance continues to improve and there are no quality issues or concerns and no serious incidents have been reported for November 2018.

An announced CQC visit took place on 8<sup>th</sup> November 2018 and no concerns were identified. The visit has been deemed to be assuring and positive. A full report has been published and has rated Vocare as “**Good**”. WCCG continues to monitor the quality of care and performance for the provider through monthly CQRM’s.

## 6.0 SAFEGUARDING

### 6.1 Safeguarding Children

- The Designated Nurse (DN) chaired the second ICS / NHSE funding Safeguarding meeting. Task and finish groups are to be established to review the safeguarding role and functions of the CCG’s, in view of ensuring a standardised approach and practice occurs across the ICS. The leads for the NHSE funding work streams provided feedback on the work carried out by the groups and will be completing an update to Lorraine Millard to be relayed to NHSE in regards to the proposed use of the funds.
- In relation to this the Deputy Designated Nurse (DDN) held a further NHSE work stream meeting in regards to working with Adolescents. The scoping work that had been requested was fed back by all members and decisions were made in regards to how to use the funds to make a difference to the adolescents in the ICS. An initial proposal of a training event to key staff in the ICS that either work directly with, or manage staff working with adolescents was drafted. It is envisaged that this will include the invitation of adolescent services to provide information and networking and the use survivors of exploitation and issues that adolescents are involved in to be





key note speakers. Most importantly the Children's teams that work in the areas, such as BeSafe in Wolverhampton, will be invited to attend and be part of the event, so they are able to give advice to professionals and also feedback to the children themselves. A further meeting is occurring in January to progress the proposal. The event is planned to be held in the early summer.

- The Designated Doctor and DDN are involved with work in regards to the Early Adopter programme of forming a Black Country Child Death Overview Panel (CDOP). A steering group was attended which reviewed 3 options that were to be presented at the stakeholder event at the end of the month. The DDN attended the Stakeholder event and facilitated discussions and understanding of the options that are being considered. A clear decision on a preferred option was not reached at the event, but a SWOT analysis occurred on each option that will be analysed and explored further at the steering group meeting due to be held in January 19.
- A meeting occurred with the DN and Linda Sanders, Independent Chair of the Wolverhampton Safeguarding Board. This was to review the function and processes that occur with the Serious Case Review Committee that the DN is the chair of.

## 6.2 Safeguarding Adults

- Domestic Homicide Review (DHR10) is in progress. IMR's have been submitted to the DHR Author. A draft report is awaited
- The Wolverhampton 'Orange' campaign took place in November/December. This is a worldwide campaign to end violence against women and girls. WCCG supported the campaign by wearing orange ribbons, using email banners, TV screens, posters, display in the UOWSP Lockside Café, staff photographs and the UOWSP kindly lit up the building with interior and exterior orange lighting
- In November, 7 LeDeR reviews were in progress and 4 had been completed and submitted to University of Bristol. Online training is now available, supported by face to face updates/support with reviewers by the Black Country Local Area Contacts as required
- Price Waterhouse Cooper carried out an audit of WCCG's Safeguarding arrangements in November, the outcome is awaited
- Safeguarding Adults Core Level 3 training took place for Primary Care, CCG staff and some external NHS England staff in November. The evaluations were extremely positive. The next session is planned for March 2019.

## 6.3 Care Homes



Falls have decreased slightly during November (39) when compared October (43). Of the 39 falls, 8 were for patients sustaining injuries that required GP attendance or visit to A&E.

There was 1 acquired pressure injuries occurred during the month of November which is a decrease when compared to October (4). This was grade 3.

Use of the RITs team in November increased to 74 (compared to October, 63 and 51 in September). Unscheduled GP visits also showed slight improvement, down to 44 in November (compared to 47 in October).

Mortality data showed that an equal number of nursing home residents died in a care home and at a hospital in November (both 14). Of the 14 patients who died in hospital, 8 had an advanced care plan or end of life pathway in place.

## 7.0 PRIMARY CARE QUALITY DASHBOARD

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

Data for September 2018		
Issue	Concern	RAG rating
<a href="#">Infection Prevention</a>	Four IP audits were undertaken in October – 3 silver 1 bronze . All practices have now have aTIV flu vaccine orders Awaiting uptake figures from Immform	1b
<a href="#">MHRA</a>	Since 1 <sup>st</sup> April 2018	1a



	<ul style="list-style-type: none"> <li>• 29 weekly field safety bulletins with all medical device information included.</li> <li>• 5 device alerts/recalls</li> <li>• 10 drug alerts/recalls</li> </ul>	
<a href="#">Serious Incidents</a>	None to report at present	1a
<a href="#">Quality Matters</a>	Currently up to date: 12 open 5 overdue 3 closed	1b
<a href="#">Practice Issues</a>	Issues relating to DocMan, and one practice around notes returns and complaints are being managed.	1b
<a href="#">Escalation to NHSE</a>	On-going process	1a
<a href="#">Complaints</a>	Details of 36 complaints received since 1 <sup>st</sup> November 2017 28 now closed 8 still under investigation	1a
<a href="#">FFT</a>	In August 2018 <ul style="list-style-type: none"> <li>• 5 practices submitted no data (one later supplied the data)</li> <li>• 1 zero submission</li> <li>• 2 submitted fewer than 5 responses (supressed data)</li> </ul>	1b
<a href="#">NICE Assurance</a>	NICE assurance is now linked to GP Peer Review system – last meeting on 12 <sup>th</sup> September	1a
<a href="#">CQC</a>	2 Practices currently have Requires Improvement rating, are being supported with their action plan.	1b
<a href="#">Workforce Activity</a>	Work around recruitment and development for all staff groups including new roles continue.	1a
<a href="#">Training and Development</a>	A training business was presented to Workforce Task and Finish Group – for further discussion. Work continues on Practice Nurse Strategy and documents. Training for nurses and non-clinical staff continues as per GPFV	1a
<a href="#">Training Hub Update</a>	Procurement of new Training Hub provision is currently on hold – contract will be rolled over if necessary	2



