

**WOLVERHAMPTON CCG**  
**GOVERNING BODY MEETING**  
**9<sup>th</sup> April 2019**

**Agenda item 10**

<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 significantly challenged</li> <li>• Mortality indicators remain above national rates relating to SHMI and require ongoing understanding and assurance.</li> <li>• Maternity performance issues continue to show improvement.</li> <li>• An action plan is in place regarding the amber risk around concerns 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 February 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.



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>Overall cancer performance at Royal Wolverhampton Hospital Trust (RWT) remains challenged. Performance of all cancer targets has deteriorated in January. There has been a further decline to 80% in the 2 week wait target and particular concern highlighted for performance relating to 2 week wait Breast Symptomatic in February, this is unprecedented.</p> <p>Key areas of concern, along with breast, are Urology, Upper GI, Dermatology and Head &amp; Neck.</p> <p>Assurance is now provided relating to the actual or potential 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>Trust is continuously receiving support from Intensive Support Team.</li> <li>System wide work continues to impact the quality and timeframe of tertiary referrals.</li> <li>STP cancer lead is fully briefed on the deteriorating performance on the 2 week wait and Wolves CCG have requested additional system support re additional capacity.</li> <li>WCCG continue to engage with GP's to improve cancer referrals into the trust and a collaborative event to further support this work is planned.</li> <li>Wolves CCG have requested NHSI support to identify any additional activity that could be potentially outsourced from RWT.</li> <li>Cancer performance trajectories for year 2019/2020 are currently being discussed.</li> <li>15 patient pathways were reviewed within the 104 day harm reviews for December; no harm was identified as a result of the prolonged delay for these patients.</li> <li>Weekly system wide assurance calls continue to provide updates on current cancer performance.</li> <li>Referral activity is unprecedented for breast symptomatic pathway, CCG have requested PH analysis of this unprecedented demand, this is awaited.</li> </ul>	
<p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality</p>	<p>RWT is currently reporting the highest Standardised Hospital Mortality Index in the country. The SHMI for October 2017 to September 2018 is 1.21, which is a slight increase on the previous 1.20. The SHMI is rated red and the banding still remains higher than expected.</p> <p>The crude mortality rate for January has risen slightly to 3.44% compared to 3.13% in December; recognition there will be seasonal variation. RWT has a high percentage of in-hospital deaths for the local health economy</p>	



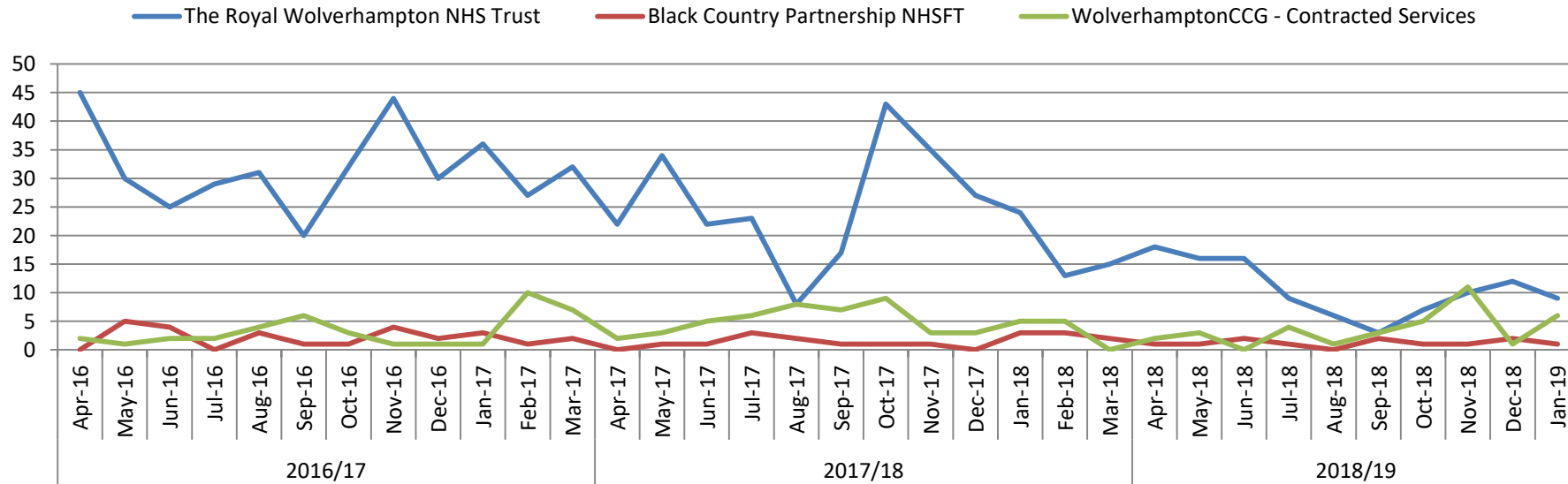
Key issue	Comments	RAG
Index in the country	<p>compared with the national mean.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• The Trust mortality strategy 2019-2022 has been launched with a focus on ensuring that the organisation is learning through the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care.</li> <li>• External review of mortality data has identified that not all co-morbidities are accurately captured within patient coding. This will potentially have a significant impact on expected death rates. Work is ongoing to accurately capture both secondary and subsequent consultant care episodes and appropriate depth of co-morbidity data.</li> <li>• The Trust continue implementation of the mortality improvement action plan which looks to address issues with clinical documentation, coding, and clinical analysis and associated learning. Quality improvement to clinical pathways continues following mortality review recommendations and additional workforce has been identified for some key pathways to support avoidable mortality eg: sepsis, EOL and deterioration. Action plan progress is monitored via CQRM.</li> <li>• A third audit of deceased patient records following death from sepsis or pneumonia has been undertaken and fed back to MRG.</li> <li>• Further challenge has been raised relating to outcomes of care from SJR2s and correlation of reported serious incidents. Confirmation is awaited.</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>• Trust has confirmed that Sepsis nurses are in post and currently working on key improvement initiatives to improve sepsis screening and administration of IVAB within 1 hour.</li> <li>• A revised ward quality audit system is in the final stages of development and will include sepsis and recognition of deterioration. When implemented CCG clinical team will attend the audit to gain assurance relating to processes</li> <li>• CCG have conducted a deep dive review into serious incidents relating to sub-optimal care of deteriorating patient. The review has identified failure to recognise and escalate deteriorating patients as a key theme but no particular theme around sepsis management.</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>• BCPFT have agreed to revised CQRM processes to enable further assurance to be gained. Strengthened</li> </ul>	

Key issue	Comments	RAG
	<p>reports, focusing on outcomes and actions, will be produced from April's data onwards.</p> <ul style="list-style-type: none"> <li>• BCPFT vacancy rate remains static in January but remains red rated against the target. Turnover remains within the target range</li> <li>• Performance against annual and 3 yearly mandatory training also improved during January.</li> <li>• Work continues in relation to improving MH bed capacity issues.</li> </ul>	
<p>Quality concerns identified at a Nursing Home providing discharge to access (D2A) provision could potentially impact on the quality and safety of care provided and also on the urgent care system within Wolverhampton</p>	<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> <ul style="list-style-type: none"> <li>• CCG's QNA Team will continue to support the care home manager with quality improvement initiatives and in particular the newly appointed clinical lead and senior nurse.</li> <li>• Progress against the improvement plan continues with support from QNA team.</li> <li>• Thematic review of falls to be undertaken following an identification of an increased number of falls incidents involving harm.</li> <li>• Further falls training being scheduled for April 2019 to incorporate lessons learnt from incidents.</li> <li>• Sustained improvement and monitoring visits to be continued by QNA team.</li> <li>• Care Home identified to participate in next wave of deterioration project.</li> <li>• Quality team are working with contracts team to consider the sustainability of provision for this provider.</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>• The Community Continence Service has commenced reviewing patients from VI practices who were discharged with a urinary catheter. Numbers of patients discharged with indwelling catheters are starting to reduce.</li> <li>• System wide engagement continues. Detailed plans are being developed and initial actions implemented. Plans are monitored at the 6 weekly E.coli system wide meetings.</li> </ul>	

## 2. PATIENT SAFETY

### 2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month



In total 16 Serious Incidents (SIs) were reported in January 2019 which is a slight increase compared to 15 SI's reported in December 2018. There were 9 SI's reported by RWT, 1 SI reported for BCPFT and 6 SI's 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 January 2019**

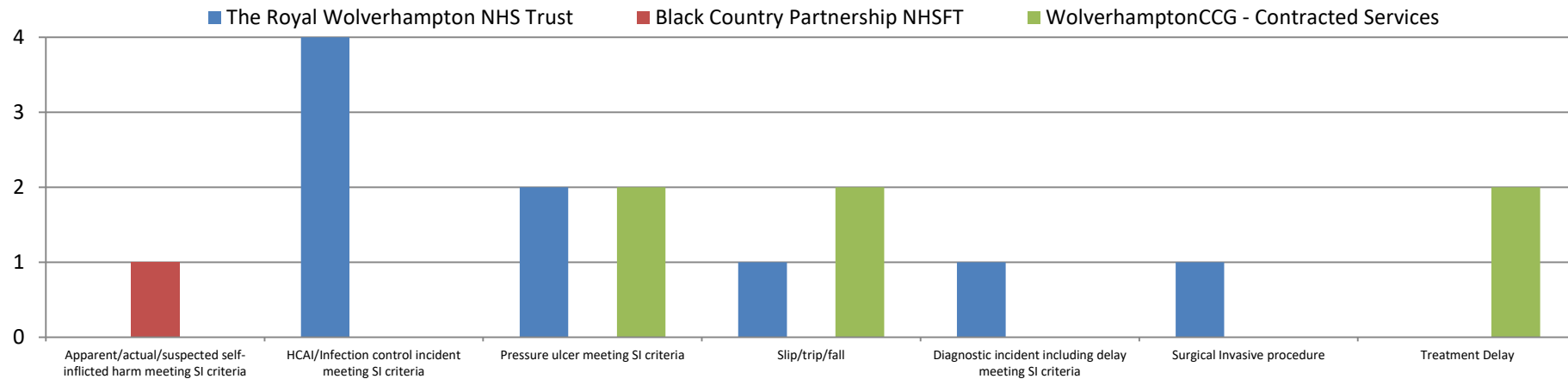


Chart 2 shows the breakdown of serious incident types reported by each provider for January 2019. RWT was the highest reporting provider (9).

### **Assurance**

- A WCCG representative attends multiple review groups to provide assurance that serious incidents are being appropriately identified.
- WCCG is currently undertaking a thematic analysis of all suboptimal care, diagnostic delay and treatment delays SI's to establish whether there are any service related themes or wider issues or links recurring across these serious incidents.
- 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.

### **RWT Pressure Injuries Scrutiny meeting Update**

RWT Adult Community Services have not reported any pressure injury related serious incident since 04.06.18, and recurrently report good quality actions particularly in extreme complex cases. In addition, there is significant reduction seen in number of pressure injury SI's reported by the inpatient areas for this financial year to date. WCCG attends weekly pressure injury scrutiny meetings to seek assurance, to identify any themes or trends and to challenge poor practice. In February 2019, there was 3 device related pressure injuries reported as an emerging theme, on investigation there were no omissions in care but some learning was identified for each area. The trust is looking into raising issues with the manufacturer. The learning from these incidents will be shared across the trust through "Making it Better" newsletter.

## 2.2 Never Events

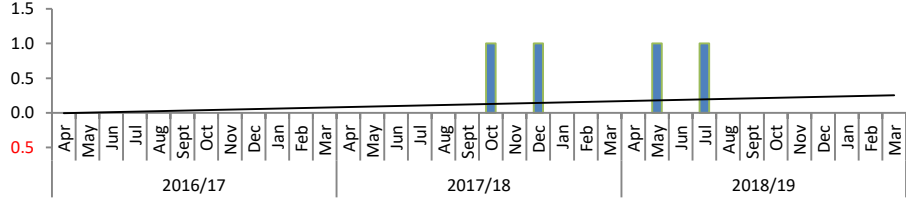
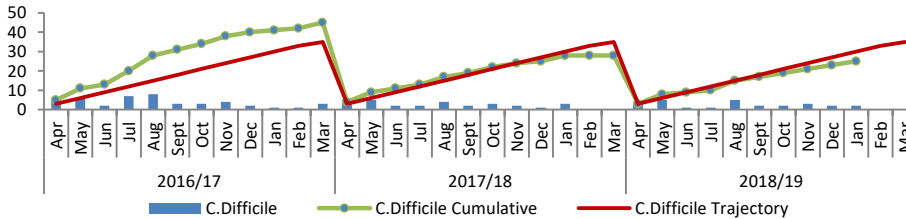
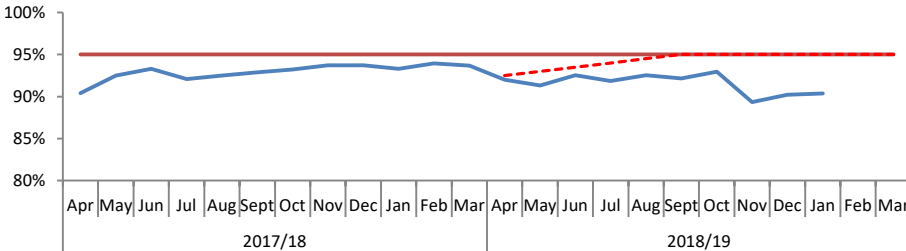
Table 1: Reported Never Events

	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	0	0			4
Black Country Partnership	0	0	0	0	0	0	0	0	0	0	0	0			0
Other providers	0	1	0	0	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	0	0			<b>4</b>

There were no Never Events reported in December 2018 and January 2019.

### 3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

#### 3.1 Infection Prevention

Measure	Trend	Target	Assurance/Analysis
<b>MRSA</b>		<b>0</b>	No new MRSA cases reported in January 2019.
<b>C. Diff</b>		<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.</p> <p>Two C. Difficile cases were reported for January 2019. 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>		<b>95%</b>	<p>The Trust is currently failing the national and locally revised trajectory for hand hygiene compliance. The hand hygiene compliance for January increased slightly to 90.36% (December 90.22%). The Trust continues to take 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 January is 95.33% and has met the national standard of 95% for the second consecutive month since July 2018. 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>		>90%	Monitoring of booking numbers continues with a review on booking restrictions in the spring. The figure for January decreased to 90% from 92.5% in December 2018.
<b>Number of Deliveries (mothers delivered)</b>		<416	The number of deliveries increased slightly to 416 (target) in January 2019 from 406 in December.
<b>One to One care in established labour</b>		100%	Ongoing recruitment of Midwives continues, with a number commencing in post shortly. One to one care in established labour decreased slightly in January 2019 to 97.8% from 98.2% in December.

Measure	Trend	Target	Assurance/Analysis
<b>Breastfeeding (initiated within 48 hours)</b>		>=66%	The rate of breast feeding initiation in January 2019 met the threshold at 66.4%.
<b>C-Section - Elective (Births)</b>		<12%	The elective rate for elective C-Sections was 11.10% for January 2019, slightly below the 12% threshold.
<b>C-Section - Emergency (Births)</b>		<14%	Emergency C-section case rate decreased to 18.5% in January 2019, from 20% in December 2018.  The Trust has undertaken a C-section audit following concerns relating to a rise in C-section rates and the audit findings has indicated that RWT is not an outlier in terms of national total rates.
<b>Admission of full term babies to Neonatal Unit</b>		0	One full term baby was admitted to neonatal unit during January 2019.
<b>Midwife to Birth Ratio (Worked)</b>		<=30	The Midwife to birth ratio has seen significant improvement over the last 8 months and currently stands at 1:28 and is within national standards.

Measure	Trend	Target	Assurance/Analysis
<b>Maternity - Sickness Absence</b>		<3.25%	Maternity Sickness Absence saw an increase in December (reported one month behind) to 6.5%. November figure 5.9%, October figure 5.6%.

### 3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – Inpatient deaths</b>		N/A	The SHMI for October 2017 to September 2018 is 1.21 and has been rated red and the banding still remains higher than expected. RWT remains a national outlier for this performance. The crude mortality rate for January has risen slightly to 3.44% compared to 3.13% in December.
<b>Mortality - SHMI Observed vs. Expected Deaths</b>		N/A	The trust has developed mortality strategy 2019-2022 to ensure that the organisation is learning from mortality though the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care. Trust is making good progress on the mortality improvement action plan which looks to address the governance arrangements, a city wide approach, clinical documentation, coding, clinical analysis and associated learning and overarching staffing. WCCG monitors this action plan via the monthly CQRM.
<b>Mortality - SHMI</b>		N/A	

### 3.4 Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
<b>6 Week Diagnostic Test</b>		<b>&lt;1%</b>	KPI remains red at 1.74% in January.
<b>2 Week Wait Cancer</b>		<b>93%</b>	The 2 week wait cancer performance position declined for the third consecutive month in January 2019 to 80.77% and remains below target. 75.9% Were due to capacity, 23.4% were Patient initiated, 0.77% were admin error.
<b>2 Week Wait Breast Symptomatic</b>		<b>93%</b>	January 2019 saw a slight improvement to 66.67% from 59.65% in December. 1 patient initiated, 5 capacity.
<b>31 Day to First Treatment</b>		<b>96%</b>	The trust has not achieved this target for this financial year. The figure for January 2019 dropped to 84.04%. 31 Day to treatment – 78.9% Capacity, 21.1% Complex cases.

Measure	Trend	Target	Assurance/Analysis
<b>31 Day Sub Treatment - Surgery</b>		<b>94%</b>	<p>The figure for January 2019 was 57.14%.</p> <p>47.1% Capacity, 11.8% complex, 41.2% Tertiary referrals received between days 27 and 221.</p>
<b>31 Day Sub Treatment - Radiotherapy</b>		<b>94%</b>	<p>31 day sub treatment radiotherapy saw a decrease to 80.62% in January 2019 from 95.28% in December.</p>
<b>62 Day Wait for First Treatment</b>		<b>85%</b>	<p>Performance remained steady in January 2019 at 59.02%. 15 Capacity, 3 patient initiated, 12 complex, 17 tertiary referrals received between days 12 and 160.</p>
<b>62 Day Wait - Screening</b>		<b>90%</b>	<p>62-day wait screening target decreased significantly in January 2019 to 73.91% from 90% in December. 3 Patient initiated, 1 complex, 1 capacity</p>
<b>62 Day Wait - Consultant Upgrade (local target)</b>		<b>88%</b>	<p>The 62-day wait consultant upgrade (local target) performance for January 2019 saw another slight decline to 71.43% (76.32% in December). 45.8% Capacity, 41.7% Complex, 12.5% Patient initiated.</p>

Measure	Trend	Target	Assurance/Analysis
<b>62 Day Wait - Urology</b>		<b>85%</b>	The average waiting time decreased to 83 in December. Performance for Urology in December was 56.14%.
<b>Patients over 104 days</b>		<b>N/A</b>	15 patients identified over 104 days in December 2018 compared to 21 in November. All of these patients had a harm review and no harm was identified.

### 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 January to 80.69% and remains below target, however performance is the 27 <sup>th</sup> best in the Country. 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 January 2018; overall performance declined to 88.23% compared to the previous month of 92.44%.

Measure	Trend	Target	Assurance/Analysis
<b>Ambulance Handover</b>		N/A	December saw a dramatic increase in ambulance handover 30-60 minutes, from 42 in November to 240 in December. 24 ambulances breached the 60 minute handover in December compared with 1 in November.

### 3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>		3.85%	Reported one month in arrears. Attendance levels have improved when considered over the rolling 12 month period despite the slightly worsened performance September to November 2018, driven primarily by an increase in seasonal absence. Actions to build on this improvement include continued focus particularly on long term absence, monthly sickness absence workshops in the divisions and a long term sickness absence tracker in Division 1.
<b>Vacancy Rates (%)</b>		10.5%	The vacancy rate has diminished slightly, driven by a slight reduction in the number of staff in post and a more significant increase in the budget WTE.
<b>Staff Turnover Rates (%)</b>		10.5%	Staff turnover for December 2018 remains steady at 10.45%.

Measure	Trend	Target	Assurance/Analysis																																																																																																				
<b>Mandatory Training Rate (%)</b>	<table border="1"> <caption>Mandatory Training Rate (%) Data</caption> <thead> <tr> <th>Year</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>94.0</td> <td>94.5</td> <td>95.0</td> <td>95.5</td> <td>95.0</td> <td>95.0</td> <td>95.5</td> <td>95.5</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> </tr> <tr> <td>2017/18</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> </tr> <tr> <td>2018/19</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> <td>95.0</td> </tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2016/17	94.0	94.5	95.0	95.5	95.0	95.0	95.5	95.5	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	2017/18	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	2018/19	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	<b>95%</b>	Mandatory training (generic) compliance rates have improved in month with all Divisions now meeting the target of 95%. There is further work to do in BCPS and in sustaining these levels of performance to deliver compliance against the 95% target.
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2017/18	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0																																																																															
2018/19	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0																																																																															
<b>Appraisal Rate (%)</b>	<table border="1"> <caption>Appraisal Rate (%) Data</caption> <thead> <tr> <th>Year</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> </tr> <tr> <td>2017/18</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> </tr> <tr> <td>2018/19</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> <td>83.0</td> </tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2016/17	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	2017/18	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	2018/19	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	<b>90%</b>	Appraisal compliance remains below target, but has maintained 86% over the month of December. This is being closely monitored in the Divisions.
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																																																															
2016/17	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0																																																																															
2017/18	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0																																																																															
2018/19	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0	83.0																																																																															



## 4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

### 4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis																																																																																																				
<b>Staff Sickness Absence Rates (%)</b>	<p>Detailed description: This line chart tracks the monthly percentage of staff sickness absence from April 2016 to March 2019. The vertical axis is labeled from 3.0% to 7.0% in 1.0% increments. A horizontal green dashed line represents the 4.5% target. The data points, connected by a blue line, generally stay above the target, with peaks in November 2016 and July 2018, and a low in March 2019.</p> <table border="1"> <caption>Staff Sickness Absence Rates (%) Data</caption> <thead> <tr><th>Year</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>5.2</td><td>5.4</td><td>5.2</td><td>5.4</td><td>6.1</td><td>5.5</td><td>5.5</td><td>6.4</td><td>6.3</td><td>5.7</td><td>5.9</td><td>6.2</td><td>5.8</td><td>5.3</td><td>5.9</td><td>5.5</td><td>5.6</td><td>6.0</td><td>6.1</td><td>5.0</td><td>5.6</td><td>6.2</td><td>6.1</td><td>4.6</td></tr> <tr><td>2017/18</td><td>4.8</td><td>5.4</td><td>5.5</td><td>5.5</td><td>5.9</td><td>5.9</td><td>6.1</td><td>5.5</td><td>5.6</td><td>5.9</td><td>5.5</td><td>5.6</td><td>5.9</td><td>5.5</td><td>5.6</td><td>6.0</td><td>6.1</td><td>5.0</td><td>5.6</td><td>6.2</td><td>6.1</td><td>4.6</td><td>4.8</td></tr> <tr><td>2018/19</td><td>5.4</td><td>5.5</td><td>5.6</td><td>5.2</td><td>5.1</td><td>5.0</td><td>5.5</td><td>5.4</td><td>5.8</td><td>5.4</td><td>5.5</td><td>5.2</td><td>5.4</td><td>5.5</td><td>5.8</td><td>5.2</td><td>5.1</td><td>5.0</td><td>5.5</td><td>5.8</td><td>5.4</td><td>5.3</td><td>5.2</td><td>5.1</td></tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2016/17	5.2	5.4	5.2	5.4	6.1	5.5	5.5	6.4	6.3	5.7	5.9	6.2	5.8	5.3	5.9	5.5	5.6	6.0	6.1	5.0	5.6	6.2	6.1	4.6	2017/18	4.8	5.4	5.5	5.5	5.9	5.9	6.1	5.5	5.6	5.9	5.5	5.6	5.9	5.5	5.6	6.0	6.1	5.0	5.6	6.2	6.1	4.6	4.8	2018/19	5.4	5.5	5.6	5.2	5.1	5.0	5.5	5.4	5.8	5.4	5.5	5.2	5.4	5.5	5.8	5.2	5.1	5.0	5.5	5.8	5.4	5.3	5.2	5.1	<b>&lt;4.5%</b>	<p>Sickness rate reduced further in January to 5.23% however, KPI remains red rated against a target of 4.5%.</p>	
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																																																															
2016/17	5.2	5.4	5.2	5.4	6.1	5.5	5.5	6.4	6.3	5.7	5.9	6.2	5.8	5.3	5.9	5.5	5.6	6.0	6.1	5.0	5.6	6.2	6.1	4.6																																																																															
2017/18	4.8	5.4	5.5	5.5	5.9	5.9	6.1	5.5	5.6	5.9	5.5	5.6	5.9	5.5	5.6	6.0	6.1	5.0	5.6	6.2	6.1	4.6	4.8																																																																																
2018/19	5.4	5.5	5.6	5.2	5.1	5.0	5.5	5.4	5.8	5.4	5.5	5.2	5.4	5.5	5.8	5.2	5.1	5.0	5.5	5.8	5.4	5.3	5.2	5.1																																																																															
<b>Staff Turnover Rates (%)</b>	<p>Detailed description: This line chart tracks the monthly percentage of staff turnover from April 2016 to March 2019. The vertical axis is labeled from 9% to 15% in 2% increments. A red dashed line indicates a target range from 10% to 15%. The data points, connected by a blue line, consistently stay within this target range, mostly between 14% and 15%.</p> <table border="1"> <caption>Staff Turnover Rates (%) Data</caption> <thead> <tr><th>Year</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>14.5</td><td>14.5</td><td>14.5</td><td>15.2</td><td>15.2</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> <tr><td>2017/18</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> <tr><td>2018/19</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2016/17	14.5	14.5	14.5	15.2	15.2	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	2017/18	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	2018/19	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	<b>10-15%</b>	<p>Turnover rate reduced slightly and remains within the target range.</p>
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																																																															
2016/17	14.5	14.5	14.5	15.2	15.2	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5																																																																															
2017/18	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5																																																																															
2018/19	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5																																																																															
<b>Average Time to Recruit</b>	<p>Detailed description: This line chart tracks the monthly average time in working days to recruit staff from April 2017 to March 2019. The vertical axis is labeled from 40 to 120 in increments of 20. A horizontal green dashed line represents the 55-day target. The data points, connected by a blue line, show significant volatility, with a major peak in May 2017 (around 110 days) and a low in June 2018 (around 45 days). Most of the time, the recruitment period is above the 55-day target.</p> <table border="1"> <caption>Average Time to Recruit Data</caption> <thead> <tr><th>Year</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr> </thead> <tbody> <tr><td>2017/18</td><td>78</td><td>110</td><td>68</td><td>65</td><td>82</td><td>75</td><td>70</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td></tr> <tr><td>2018/19</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td><td>55</td></tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2017/18	78	110	68	65	82	75	70	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	2018/19	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	<b>55</b>	<p>Average time to recruit KPI improved to 58 working days in January slightly above the 55 working day target.</p>																										
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																																																															
2017/18	78	110	68	65	82	75	70	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55																																																																																
2018/19	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55																																																																															
<b>Overall vacancy rate</b>	<p>Detailed description: This line chart tracks the monthly overall vacancy rate from April 2016 to March 2019. The vertical axis is labeled from 0% to 20% in 5% increments. A horizontal green dashed line represents the 9% target. The data points, connected by a blue line, consistently stay above the target, fluctuating between approximately 11% and 15%.</p> <table border="1"> <caption>Overall vacancy rate Data</caption> <thead> <tr><th>Year</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr> </thead> <tbody> <tr><td>2016/17</td><td>14.5</td><td>13.5</td><td>13.5</td><td>14.5</td><td>15.0</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> <tr><td>2017/18</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> <tr><td>2018/19</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td><td>14.5</td></tr> </tbody> </table>	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	2016/17	14.5	13.5	13.5	14.5	15.0	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	2017/18	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	2018/19	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	<b>&lt;9%</b>	<p>There was a small reduction in vacancy rate which reduced from 11.83% in December to 11.79% in January and remains red rated against the target.</p>
Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar																																																																															
2016/17	14.5	13.5	13.5	14.5	15.0	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5																																																																															
2017/18	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5	14.5																																																																															
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Measure	Trend	Target	Assurance/Analysis
<b>Agency Usage (%)</b>		<b>&lt;3.9%</b>	Agency usage continues to remain above target at 5.4% for January 2019.
<b>Mandatory Training Rate (%)</b>		<b>85%</b>	Performance against annual and 3 yearly mandatory training improved during January.
<b>% of Shifts filled (Bank and Rostered)</b>		<b>95%</b>	Work continues to monitor safe staffing. The Trust is planning to implement the safe care tool on allocate which will support the data collection process. It will also enable them to utilise the acuity tool to support safe staffing.
<b>Safe Staffing - %Fill Rate Registered Staff</b>		<b>N/A</b>	

## 4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
CPA % of Service Users followed up within 7 days of discharge		95%	BCP continues to meet the target for this indicator – January = 100%.
% of people with anxiety or depression entering treatment		1.40%	This indicator improved in January 2019, up to 1.58% from 0.97% in December.
% of inpatients with Crisis Management plan on discharge from secondary care		100%	Trust continues to achieve target of 100% for January 2019.

## 5.0 PRIVATE SECTOR PROVIDERS

### 5.1 Vocare

There are currently no quality issues or concerns and no serious incidents have been reported for January 2019. Vocare was rated “Inadequate” and “Requires Improvement” in their last two CQC inspections. However, a re-inspection of Wolverhampton Urgent Care Centre undertaken on 8th November 2018 has resulted in the service being rated as “good” in all areas and “good” overall. Vocare continues to achieve key performance targets month on month, there have been no quality matters raised recently. A permanent advanced lead practitioner/ manager will commence in April 2019. Assistant Operational Manager and Advanced Lead Practitioner are directly supported by the Regional Director, Assistant Director, Medical Director and Clinical Director: SMT meetings have been held weekly throughout January. Local Vocare is now an integral part of the Central Region and therefore also supported by clinical governance, safeguarding and pharmacy teams.

## **6.0 SAFEGUARDING**

### **6.1 Safeguarding Children**

- Work is progressing in regards to the development of a Black Country CDOP. The Designated Doctor (DD) and Deputy Designated Nurse Safeguarding Children (DDNSC) attended a further Steering Group meeting. The meeting reviewed the outcome of the stakeholder event that was held in November 18, clarified additional work that is needed to occur in regards to the 2 operational CDOP's that are in place (Wolverhampton / Walsall and Sandwell / Dudley), and a decision was made for the work to continue under the Terms of Reference of a shadow Black Country CDOP until the changes are officially in place in relation to the new Child Death Arrangements.
- The DDNSC held a meeting with Public Health; commissioners for the HV/SN service, the Head of Service for 0-19 and a member of RWT safeguarding team. This was to review and agree the processes and procedures that are in place in relation to the actions that occur when any notifications are received by the 0-19 service from A+E, hospital services and the Urgent Care Centre (provided by VoCare). Two processes were agreed on; one to use for paper records, and one to use when the records are to become electronic. A review of the quality and content of the notifications from VoCare is also going to occur with the support from the DDSNC
- The DDSNC and DD had a meeting with the new social worker team manager for MASH. This meeting was to discuss health's role and input in to strategy meetings and how to ensure that this can occur as effectively as possible. A process was agreed for the MASH professionals to follow to be able to access essential child protection paediatrician involvement at strategy meetings. A proposal was discussed in regards to direct input from HV and SN in to strategy meetings. The DDSNC to discuss and agree this proposal with RWT and the 0-19 services.

### **6.2 Safeguarding Adults**

- Safeguarding Adult Review (SAR) scoping exercise has been carried out for a person who was found deceased at home, the decision is awaited as to whether this will proceed to a SAR
- The first meeting with the SAR author took place for another review following a death where neglect is suspected. WCCG is represented on the Panel by the Designated Adult Safeguarding Lead
- WCCG's Designated Adult Safeguarding Lead attended a Health Education England Workshop in London to develop a blended learning package for Safeguarding Adults Level 3 training. Further workshop to take place in the summer
- LeDeR: 5 reviews have been submitted to Bristol. 2 further reviews almost complete. BCPFT LeDeR Reviewer is now in post and is supporting reviews across the Black Country. Black Country STP (ICS) LeDeR Learning Event is planned for later in the year.
- The newly appointed WCCG Quality and Safeguarding Adults Practitioner commenced in post in January 2019.
- A Review of the Wolverhampton Safeguarding Children's Board continues, in line with the new Working Together 2018. An independent reviewer has been commissioned by the Wolverhampton Safeguarding Board, with oversight from the 3 Statutory Partners (CWC, WCCG and the Police).
- Wolverhampton Safeguarding Board carried out a Parents with Disability Audit in January 2019, the results are awaited.
- A new Domestic Homicide Review notification was received in January 2019 (DHR 11). A scoping exercise is being carried out to determine the need for a full DHR.

### **6.3 Children and Young People in Care (CYPiC)**

- The final task and finish group was held at WCCG in January, attended by Named and Designated professionals across the region, in order to finalise amendments to the current form, making them more child focused. Wolverhampton is piloting the forms with excellent feedback from children, Carers and professionals. It is anticipated that they will be adopted both regionally and nationally.
- 50 mile plus cohort; Whilst considerable work has been done to build and strengthen working relationships with the Provider Trust (RWT), it is unfortunate that issues arose around the sharing of information (from Trust to CCG) for this small cohort. This was internally escalated in January within WCCG and addressed accordingly. A review of the current commissioning arrangements is to be considered moving forward to ensure more timely access to relevant data.

### **6.4 Care Homes**

There have been no acquired pressure injuries reported from care homes who participate in the Care Home Quality Improvement questionnaire for three consecutive months.

Use of the RITs team within Care Homes increased during January 2019 to 69, up from 44 in December.

Mortality data continues to show that the majority of nursing home residents are dying in care homes rather than in hospital (75% January 2019).

Of the 40 deaths in January, 30 died in nursing homes, 10 in hospital. 27 residents died in their preferred place of care (67.5%) with 25 of them having an EOL/Advanced Care Pathway (62.5%).

## 7.0 PRIMARY CARE QUALITY DASHBOARD

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

Issue	Concern	RAG rating
<a href="#">Infection Prevention</a>	Three IP audit have been undertaken so far in February– the overall average rating is silver. The flu vaccination programme continues and stock of all vaccines is available across the city, some flu outbreaks have been noted in care homes. Work continues to drive the improvement in the management of sepsis in primary care.	1b
<a href="#">MHRA</a>	Since 1 <sup>st</sup> April 2018 <ul style="list-style-type: none"> <li>• 44 weekly field safety bulletins with all medical device information included.</li> <li>• 5 device alerts/recalls</li> <li>• 15 drug alerts/recalls</li> </ul>	1a
<a href="#">Serious Incidents</a>	One serious incident currently under investigation at the practice	1b
<a href="#">Quality Matters</a>	Currently up to date: 9 open 2 of these are overdue	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>	No new complaints to report	1a
<a href="#">FFT</a>	In January <ul style="list-style-type: none"> <li>• 2 practices did not submit</li> <li>• 2 submitted fewer than 5 responses (supressed data)</li> </ul>	1a
<a href="#">NICE Assurance</a>	NICE assurance is now linked to GP Peer Review system – last meeting in early November	1a
<a href="#">CQC</a>	One practice currently have a Requires Improvement rating and is 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>	Spirometry training, Nursing Associate and HCA apprenticeship business case are currently being finalised. 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 the risk around this has been reviewed. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process.	2