

**WOLVERHAMPTON CCG  
GOVERNING BODY MEETING  
14<sup>th</sup> May 2019**

**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 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). February 2019 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. A revised remedial action plan for 62 day cancer standard has been received with an anticipated trajectory of 85% for June 2019. An additional risk relating to 2 week breast cancer wait has been identified.</li> <li>✓ Mortality indicators for SHMI remain above national rates and require continued understanding and assurance. An achievement in SHMI is not expected until October 2019 in line with 6 month delay in data reporting.</li> <li>✓ NHSI Maternity support review visit conducted. Capacity review to be undertaken in Quarter 1, 2019-20.</li> <li>✓ Clear actions and measures to address the HCAI amber risk are in place and the E Coli improvement plan anticipates progress by next data release in August 2019.</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>✓ One new key risk was identified by committee relating to 2 week breast cancer waits.</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 February. There has been a further decline to 76% in the 2 week wait target and particular concern highlighted for performance relating to 2 week wait Breast Symptomatic in February, which has further declined to 23% this is unprecedented. Key areas of concern, along with breast, are Urology, Upper GI, Lung, Colorectal and Head &amp; Neck. 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>✓ A meeting has been arranged for April 2019 between Cancer alliance and STP to look at the whole system performance.</li> <li>✓ Trust is looking into managing impact of rearrangement of Black Country pathology services, whilst maintaining current good turnaround times.</li> <li>✓ WCCG continuously working on engaging and providing support to GP's to improve referrals into the trust.</li> <li>✓ WCCG is currently in process of reviewing the cancer performance trajectories for 2019/2020 with the trust.</li> <li>✓ The trust has carried out harm reviews for 29 cancer patients who have been waiting 104 + days in February 2019 and no clinical or prolonged psychological harm has been identified as a result of their long cancer wait. The review has highlighted themes such as patient choice, patient clinical condition and comorbidities, late tertiary referrals, assessment delays and equipment and facility unavailability.</li> <li>✓ System support has been requested to review breast performance including request for Public Health data to evidence referral activity increase.</li> </ul>	
<p>Mortality: RWT is currently reporting the highest Standardised Hospital Mortality Index in the country</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. RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p>	



Key issue	Comments	RAG
	<p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>✓ A city-wide group (Mortality Improvement Group) with representation from RWT, CCG and Primary care and Public Health has already been established to oversee and review mortality related issues and statistics across the health economy.</li> <li>✓ The trust is intending to appoint a bereavement nurse to improve overall support and experience for families alongside the role of the medical examiner. They are also in process of recruiting mortality reviewers mainly for SJR2's.</li> <li>✓ Trust is planning further education along with an initiative to facilitate closer working between physicians and coders to resolve issues pertaining to documentation and recording of primary diagnosis for SHMI alerting diagnosis groups.</li> <li>✓ The Trust continues to implement the mortality improvement action plan which is closely monitored by WCCG via monthly CQRM's.</li> <li>✓ Of the 2018 completed SJR2s, 2 have BEEN reported as serious incidents due to the care being identified as poor. The key themes from SJRs has been identified as recognition of deteriorating patient, documentation, end of life care all of which are included in the Quality Improvement Programme for Mortality.</li> <li>✓ The Trust has CQC alerts currently open for Sepsis, Deficiency and other anaemia, Skin and Subcutaneous Tissue Infections, Senility and Organic Mental Disorders. Case note reviews have been completed and following analysis, reports will be forwarded to CQC by 11th April 2019. The reviews will be presented at the MRG and CQRM.</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 appointed 2 sepsis nurses who are now in post and an action plan is in place to improve performance.</li> <li>✓ WCCG has requested overall trust performance figures for Sepsis screening and treatment indicators and the trust has confirmed that these figures will be presented at the next CQRM.</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 during April.</li> <li>✓ National sepsis lead attended Team W event to raise awareness of sepsis management with GPs. The session was very well received.</li> </ul>	

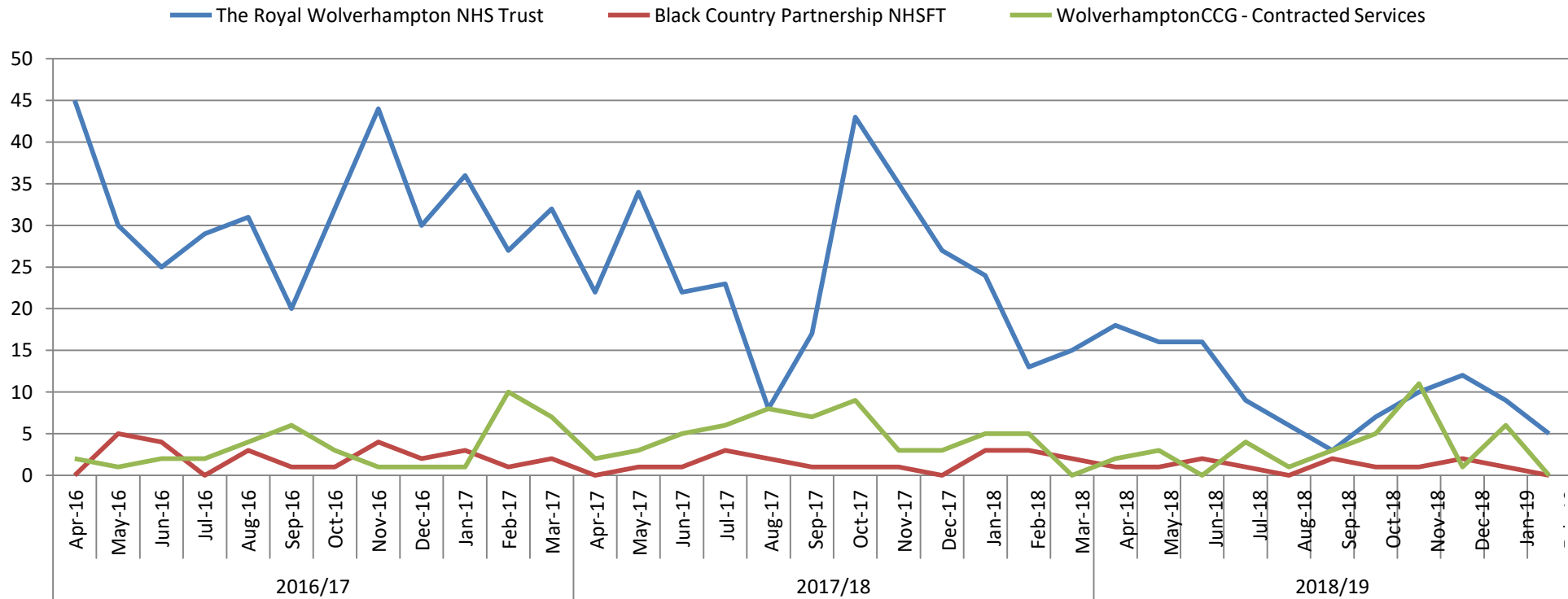
Key issue	Comments	RAG
<p>Maternity capacity remains under review given local issues with maternity services and level of patient and baby acuity.</p>	<p>Maternity services capping remains in place, elective and emergency section rate remain above trajectory, and induction of labour and instrumental delivery rate are also above local trajectory.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>✓ RCOG action plan has been devised and trust is working towards compliance with recommendations. The RCOG (Royal College of Obstetricians and Gynaecologists) report and action plan will be presented at the next CQRM in April 2019.</li> <li>✓ Restrictions on booking numbers have been successful thus far with end of calendar year birth rate figures slightly over for commissioned births of 5,000 - end of year total was 5,025.</li> <li>✓ The maternity dashboard has been reviewed and following the latest national data from NHS digital HES (Hospital Episode Statistics) data 2017/18 the maternity service will be altering tolerance indicators to reflect the national levels for Caesarean section rate. Total C/S rates 29%, new tolerances will be; Emergency rates 16.0%, Elective rates 13.0%. These changes will occur in April 2019.</li> <li>✓ The Trust is working hard to implement Saving Babies Lives Care Bundle and Continuity of Care trajectories.</li> </ul>	
<p>Black Country Partnership (BCP) (Workforce issues and adult MH beds capacity issues)</p>	<p>Issues identified in relation to capacity of adult mental health beds and also in terms of retention and recruitment. 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. No further breaches have been reported since then.</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 took place on 21st March 2019 to discuss current MH bed capacity provision i.e. referral to discharge processes, out of hours referral process and escalation process. WCCG is expecting a response to these queries soon.</li> <li>✓ BCPFT vacancy rate has slightly reduced to 11.52% compared to 11.79% in January but still remains red rated against the threshold of 4.5%. Turnover remains within the target range.</li> <li>✓ A joint announced quality visit has been planned for 18th April 2019 to visit Penn hospital in-patient areas to seek assurance on the concerns raised by CQC during the visit.</li> </ul>	
<p>Quality concerns identified at a Nursing Home providing discharge to access (D2A)</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.</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>	<p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>✓ Clinical lead and senior nurse recruited and now in post.</li> <li>✓ The Deterioration Project has been launched with the staff.</li> <li>✓ Some QI improvement initiatives have been sustained.</li> <li>✓ Thematic review of falls completed identifying areas for further improvement.</li> <li>✓ A recent contract led review meeting with the provider identified significant cost increases being requested by provider.</li> <li>✓ A review and option appraisal of service is due to be heard at Commissioning Committee.</li> </ul>	
<p>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>✓ Ongoing work by the trust to review patients from VI practices who have been discharged with a urinary catheter (regarding Gram negative bacteraemia reduction).</li> <li>✓ Hand hygiene performance is regularly monitored and discussed at the monthly IPCG (Infection Prevention and Control Group) and resulting actions have been local monitoring as well as resilience on trust wide systems and a systematic process of reminders and follow-ups to staff.</li> <li>✓ WCCG closely monitors trust hand hygiene compliance at monthly CQRM &amp; CRM's.</li> <li>✓ WCCG ward review visit is being planned for April, where IPC compliance will be reviewed.</li> </ul>	

## 2. PATIENT SAFETY

### 2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month



In total, 5 Serious Incidents (SIs) were reported in February 2019. This is a significant decrease compared to 16 SI's reported in January. The 5 SI's were all reported by RWT. No SI's were reported for CCG or BCPFT. All serious incidents were reported within the national timescale of two working days.

**Chart 2: Serious Incident Types Reported February 2019**

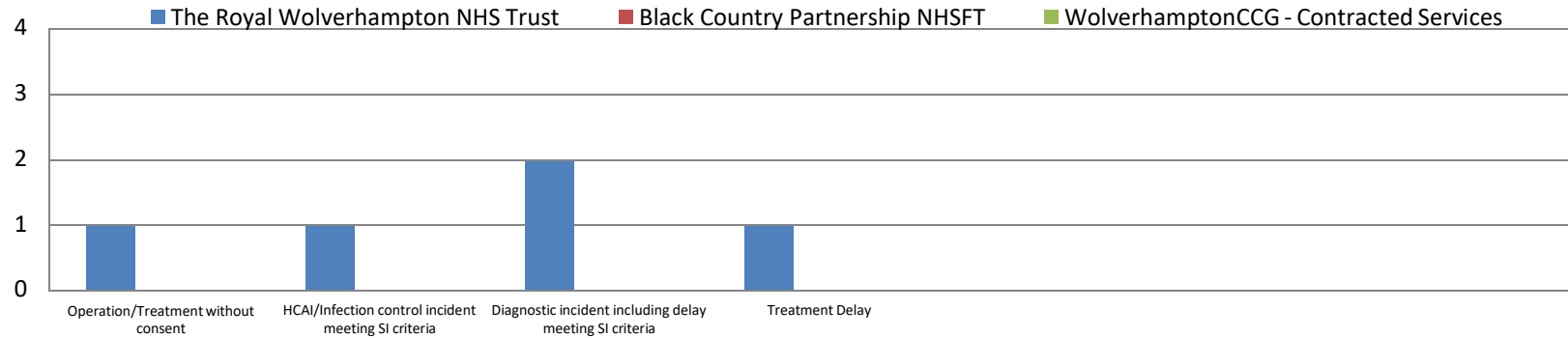


Chart 2 shows the breakdown of serious incident types reported by each provider for January 2019. RWT was the highest reporting provider (9).

**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 Endoscopy Surveillance Incident:**

Trust has recently reported a diagnostic delay serious incident which relates to endoscopy surveillance which dates back to 2011. Trust is currently in the process of validating the data to confirm the exact number of patients affected by this delay. WCCG chief nurse is fully sighted on this SI and has received immediate assurance from the Medical Director with regards the immediate actions taken by the trust to mitigate the risks. The trust is conducting a comprehensive RCA investigation to identify the root cause, learning to prevent reoccurrence of similar incidents.

## **2.2 RWT Neonatal Pressure Injuries Concern:**

An emerging concern has been highlighted at the weekly pressure ulcer scrutiny meeting as the Trust has reported 7 neonatal pressure ulcers (Cat 3 & 4 device related PU's) since November 2018, which is a significant number of pressure ulcers reported compared to 0 neonatal pressure ulcers reported in the last three years. Please note that 6 out of 7 neonates were extremely premature neonates and were born between 23/40 to 27/40 weeks. All these pressure ulcers were discussed at the trust weekly scrutiny meeting and were deemed not reportable on STEIS because no omissions in care were identified. WCCG has escalated this issue with the Trust via CQRM and has requested the Trust to undertake a deep dive into these incidents and to submit an overarching action plan to WCCG.

## **2.3 CQC Learning from deaths – A review of the first year of NHS Trusts implementing the national guidance**

The Care Quality Commission has published Learning from deaths – a review of the first year of NHS Trusts implementing the national guidance in March 2019. Please see the brief summary of this report below:

CQC's review finds that awareness of the guidance is high. Inspections have found evidence of some trusts having taken action to revise policies and establish more robust oversight of the investigation process to ensure learning is shared and acted on.

Overall, CQC found that the key to enabling good practice is: an open and learning culture; clear and consistent leadership; values and behaviours that encourage engagement with families and carers; positive relationships with other organisations; and the ability to support staff with training and the wider resources needed to carry out thorough reviews and investigations.

However, progress made to date varies between trusts and some organisations have found it harder than others to make the changes needed. In particular, improving engagement with bereaved families and carers is an area where some providers have struggled.

Issues such as fear of engaging with bereaved families, lack of staff training, and concerns about repercussions on professional careers, suggest that cultural issues within some organisations may be a barrier to putting the guidance into practice.

The report includes a case study analysis of three NHS hospital trusts – West Suffolk NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust and Norfolk Community Health and Care Trust – that have demonstrated areas of good practice in implementing changes to improve investigations and learning when patients in their care die.

Following this review CQC has committed to further strengthening its assessment of how trusts are investigating and learning from patient deaths and to providing additional support and training for inspection staff involved in monitoring and inspecting trusts progress.

CQC also set out where the challenges lie for the Learning from Deaths programme to continue to support implementation, and to make sure that learning from deaths remains a priority for the NHS so there is the necessary investment made by trusts.



## 2.4 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	0		4
Black Country Partnership	0	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		0
<b>Total Reported</b>	<b>5</b>	<b>5</b>	2	0	2	0	0	0	0	0	0	0	0		4

There were no Never Events reported in February 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 February 2019.
<b>C. Diff</b>		<b>&lt;35</b>	Cumulative figure increased to 26 in February 2019.
<b>Hand Hygiene - All Staff</b>		<b>95%</b>	Increase in hand hygiene KPI to 93.47% in February, up from 90.36% in January.
<b>Infection Prevention Training</b>		<b>95%</b>	Infection Prevention training above threshold in February 2019 increasing to 96.35%.

### 3.2 Maternity

Measure	Trend	Target	Assurance/Analysis
<b>Bookings at 12+6 weeks</b>		>90%	The figure for February decreased slightly for the second consecutive month to 89.10% from 90% in January.
<b>Number of Deliveries (mothers delivered)</b>		<416	The number of deliveries decreased significantly from 416 (target) in January 2019 to 346 in February 2019.
<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 again slightly in February 2019 to 96.1% from 97.8% in January.
<b>Breastfeeding (initiated within 48 hours)</b>		>=66%	Despite the rate of breast feeding initiation in January 2019 meeting the threshold at 66.4%, the figure for February declined to 60.5%.
<b>C-Section - Elective (Births)</b>		<12%	The rate for elective C-Sections remains slightly below the 12% threshold at 11.6% for February.

Measure	Trend	Target	Assurance/Analysis
<b>C-Section - Emergency (Births)</b>		<14%	Emergency C-section case rate continues to decrease, from 18.5% in January to 14% in February 2019. 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 February 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 1:27 and is within national standards.
<b>Maternity - Sickness Absence</b>		<3.25%	Maternity Sickness Absence saw a further increase in February 2019 up to 7.7%, from 6.5% in January (reported one month behind).

### 3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – Inpatient deaths</b>		N/A	The SHMI for October 2017 to June 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 February has slightly decreased to 2.95% compared to 3.42% in January.

Measure	Trend	Target	Assurance/Analysis
<b>Mortality - SHMI Observed vs. Expected Deaths</b>		N/A	<p>The trust has developed mortality strategy 2019-2022 to ensure that the organisation is learning from mortality through the development of a strong mortality governance framework with a clear focus on improving the quality of clinical care.</p>
<b>Mortality - SHMI</b>		N/A	<p>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.</p>

### 3.4 Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
<b>6 Week Diagnostic Test</b>		<1%	<p>Figure for February shows 0.62% which is a significant improvement compared to 1.74% in January 2019 and is now back within standard.</p>
<b>2 Week Wait Cancer</b>		93%	<p>The 2 week wait cancer performance position in February remains below target at 76.55%. 79.4% of these breaches were due to capacity and 20.6% were due to patient choice.</p>

Measure	Trend	Target	Assurance/Analysis
<b>2 Week Wait Breast Symptomatic</b>		<b>93%</b>	February 2019 figure was 23.81%, down from 66.67% in January. 96% of these breaches were due to capacity and 4% were due to patient choice.
<b>31 Day to First Treatment</b>		<b>96%</b>	The Trust has not achieved this target for this financial year although February has shown slight improvement at 87.78%. 21 of these breaches were due to capacity issues, and 3 were due to complex cases and 7 were due to patient choice.
<b>31 Day Sub Treatment - Surgery</b>		<b>94%</b>	The figure for February 2019 has shown significant improvement, rising to 80% from 57.14% in January. 4 of these breaches were due to capacity issues and 1 breach was due to patient choice.
<b>31 Day Sub Treatment - Radiotherapy</b>		<b>94%</b>	31 day sub treatment radiotherapy saw an increase in February 2019 to 91.67%, slightly under target but an improvement on January's figure of 80.62%. 8 of these breaches were due to capacity issues and 1 breach was due to patient choice.
<b>62 Day Wait for First Treatment</b>		<b>85%</b>	Performance decreased in February 2019 to 48.57%. 26 of these breaches were due to capacity issues, 9 complex cases, 13 patient choice and 16 tertiary referrals received between day 27 and 176.

Measure	Trend	Target	Assurance/Analysis
<b>62 Day Wait - Screening</b>		<b>90%</b>	62-day wait screening target decreased again in February 2019 to 46.67%. 6 breaches were due to capacity issues and 2 breaches were due to patient choice.
<b>62 Day Wait - Consultant Upgrade (local target)</b>		<b>88%</b>	The 62-day wait consultant upgrade (local target) performance for February 2019 saw improvement to 78.21% from 71.43%.
<b>62 Day Wait - Urology</b>		<b>85%</b>	The average waiting time decreased to 74 in January 2019 (reported one month behind). Performance for Urology in January was 34.29%.
<b>Patients over 104 days</b>		<b>N/A</b>	10 patients identified over 104 days in January 2019 compared to 15 in December 2018. 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 remained steady at 81.31%, under target; however 27 <sup>th</sup> in the country. Winter planning remains in place.
<b>Time Spent in ED (4 hours) - Combined</b>		<b>95%</b>	The Trust did not achieve the combined target for February 2019; overall performance remained steady, however, at 88.43%.
<b>Ambulance Handover</b>		<b>N/A</b>	February saw an improvement in ambulance handovers 30-60 minutes, down from 240 in January to 96 in February. 8 ambulances breached the 60 minute handover in February compared with 24 in January.

### 3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>		<b>3.85%</b>	Attendance levels have improved marginally when considered over the rolling 12 month period despite the slightly worsened performance in the 'in month' figure, which is attributed to expected levels of seasonal illness. Actions to build on this improvement include continued focus particularly on long term absence, such as monthly sickness absence workshops in the divisions.



Measure	Trend	Target	Assurance/Analysis
<b>Vacancy Rates (%)</b>		<b>10.5%</b>	<p>The vacancy rate has reduced slightly, driven by an increase of 27 in the number of staff employed directly by the Trust.</p>
<b>Staff Turnover Rates (%)</b>		<b>10.5%</b>	<p>Turnover has increased marginally from 10.45% to 10.46% over January, however, normalised turnover has reduced.</p>
<b>Mandatory Training Rate (%)</b>		<b>95%</b>	<p>Mandatory training (generic) compliance rates have diminished in month and a detailed review of mandatory training compliance by Division has been considered by the Workforce and Organisational Development Committee and Trust Management Committee.</p>
<b>Appraisal Rate (%)</b>		<b>90%</b>	<p>Appraisal compliance remains below target, and has worsened over the month of January. This is being closely monitored in the Divisions.</p>

4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>		<b>&lt;4.5%</b>	Sickness rate reduced in February to 6.44%; however, KPI remains red rated against a target of 4.5%.
<b>Staff Turnover Rates (%)</b>		<b>10-15%</b>	Turnover rate reduced slightly for the second consecutive month down to 13.93% in February from 14.26% in January and remains within the target range.
<b>Average Time to Recruit</b>		<b>55</b>	Average time to recruit KPI continues to fluctuate. February recorded 64 days compared to 58 in January and remains above the 55 working day target.
<b>Overall vacancy rate</b>		<b>&lt;9%</b>	Overall vacancy rate remains steady at 11.52% and is red rated against the target of 9%.

Measure	Trend	Target	Assurance/Analysis
<b>Agency Usage (%)</b>	<p>The chart displays monthly agency usage percentages. The blue line fluctuates between approximately 4.5% and 7.0% throughout the period. A red horizontal line is drawn at 3.9%, representing the target. The x-axis is labeled with months from April 2016 to February 2019.</p>	<b>&lt;3.9%</b>	Agency usage continues to remain above target at 5.3% for February 2019.
<b>Mandatory Training Rate (%)</b>	<p>The chart displays monthly mandatory training rates. The blue line shows a general upward trend, starting around 88% and ending at 95.2% in February 2019. A red horizontal line is drawn at 85%, representing the target. The x-axis is labeled with months from April 2016 to February 2019.</p>	<b>85%</b>	Performance against annual and 3 yearly mandatory training improved again during February 2019 to 95.2% and is above target.
<b>% of Shifts filled (Bank and Rostered)</b>	<p>The chart displays monthly percentages of shifts filled. The blue line fluctuates around the 95% target, with a notable dip to approximately 89% in July 2016. A red horizontal line is drawn at 95%, representing the target. The x-axis is labeled with months from April 2016 to February 2019.</p>	<b>95%</b>	Work continues to monitor safe staffing closely. 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>	<p>The chart displays two data series: %Fill Rate Registered Staff (blue line) and %Fill Rate Unregistered Staff (purple line). The registered staff fill rate remains consistently below 100%, fluctuating between approximately 80% and 110%. The unregistered staff fill rate is significantly higher, fluctuating between approximately 160% and 220%. The x-axis is labeled with months from April 2016 to February 2019.</p>	<b>N/A</b>	No ward/unit fell below the 90% (red) threshold for registered staff for the first time in over two years and eight of the twelve wards/units were just below the 100% (amber) threshold for registered staff. The main reason for amber was ongoing vacancies plus both short term and long term staff sickness.

## 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 – February 97.37%.
% of people with anxiety or depression entering treatment		1.40%	This indicator has increased for the second consecutive month, up to 1.88% in February from 1.58% in January.
% of inpatients with Crisis Management plan on discharge from secondary care		100%	Trust continues to achieve target of 100% for February 2019.

### 5.1 PRIVATE SECTOR PROVIDERS

#### 5.2 Vocare

There are currently no quality issues or concerns and no serious incidents have been reported for February 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 has 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.

## 6.1 SAFEGUARDING

### 6.2 Safeguarding Children

- The Designated Doctor attended a Black Country CDOP steering group meeting. Funding from all four areas is going to be provided to fund eCDOP and training is going to be arranged to use the system. A Black Country CDOP information sharing protocol is going to be formulated to aid consistency in this area. A transition event is being planned and invitations will be sent out to all CDOP members and stakeholders.
- GP reports to Child Protection Conferences – There was a further Task and Finish Group meeting to address ongoing poor compliance. In conjunction with the WSCB Business Unit, and the RWT Safeguarding Team, the Named Doctor for Safeguarding Children has changed the electronic template used for reports to make it quicker and easier to complete, provide focus on the information required and to reduce duplication of information provided by a range of health professionals. The aim is to improve compliance, ensuring effective information sharing by GPs across the city. The new template was launched at TEAM W in March 2019.
- DDSNC attended a further School Nurse Pilot meeting occurred where the mid-term evaluation was discussed and key areas of learning were identified to be addressed. Issues have arisen from the pilot with regards to information sharing in relation to minutes of meetings. A sub group meeting is to occur to discuss and address issues with key partners.
- DDSNC attended a Neglect Strategy meeting where the development of the strategy was progressed and a first draft is due to be presented at the Executive Committee in June.

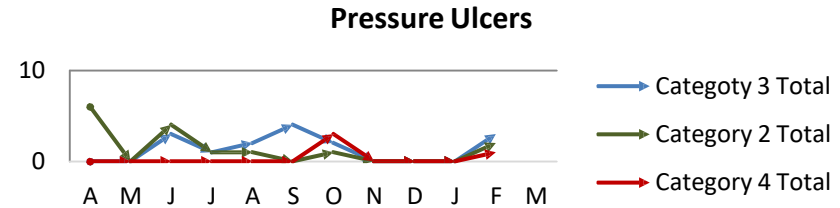
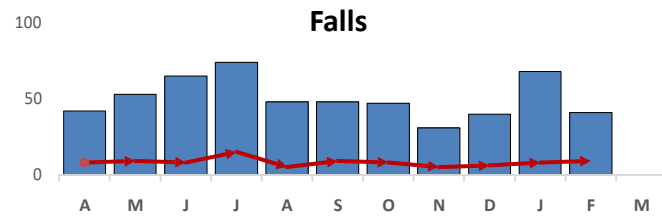
### 6.3 Safeguarding Adults

- West Park Hospital (inpatients): A cluster of Safeguarding Concerns were raised in February 2019. 2 of these were for the same patient. 5 were raised in total; the theme is staff attitude towards patients. 4 of the concerns have been closed by the Multi Agency Safeguarding Hub (MASH). These will be investigated via RWT's internal processes. 1 concern has progressed to the SA2 Planning Stage and an internal enquiry is awaited by the MASH from RWT. A copy of the responsive action plan for all concerns has been requested from RWT by WCCG's Designated Adult Safeguarding Lead. To note there have been 3 Serious Incidents reported by West Park Hospital over the past 12 months (1 pressure ulcer, 1 fall and 1 Infection Prevention Incident). These safeguarding concerns are the first to be raised against West Park Hospital since May 2018.
- LeDeR: 6 reviews have been completed and submitted to Bristol. 1 notification has been requested to be removed (no evidence of a Learning Disability) and 1 review has been returned to the reviewer for more information prior to completion.
- DHR 11: a decision is awaited from the Home Office regarding whether this will proceed.
- Safeguarding Adults Level 3 training took place on 21st March and was well attended by Primary Care and Care Home staff. The evaluation data will be presented in the Safeguarding Q4 report.

## 6.4 Care Homes

14 homes participated in the Survey Monkey Care Home Questionnaire in February 2019 a slight decrease compared to 17 in January 2019. This difference should be taken into account when reviewing data below.

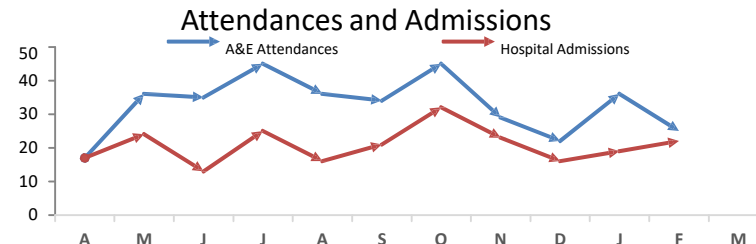
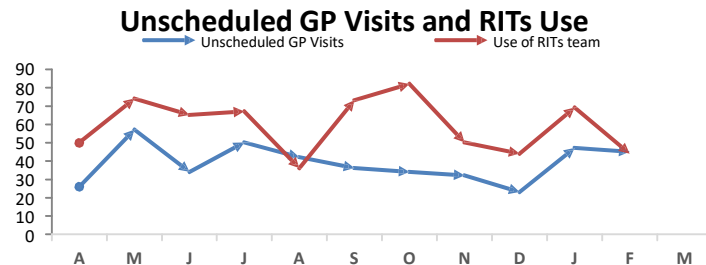
The table below shows a decrease in falls in February 2019 to 41, compared to January (68). Falls requiring a visit from GP/to A&E increased slightly from 8 in January to 9 in February. A falls themed review analysis will be undertaken.



February 2019 saw an increase in reporting of acquired pressure ulcers - 3 x Grade 3, 2 x Grade 2 and 1 x Grade 4. These can be attributed to 3 nursing homes, Eversleigh, Bentley Court and Atholl House. The QNAs are working with the homes to improve their pressure ulcer prevention.

Bentley Court CQC report has been published. Care home rated “inadequate” in all domains. 3 x CHC funded residents currently reside in the home. The Individual Care Team is intending to review the placements to ensure the home is still able to meet the needs of these 3 residents.

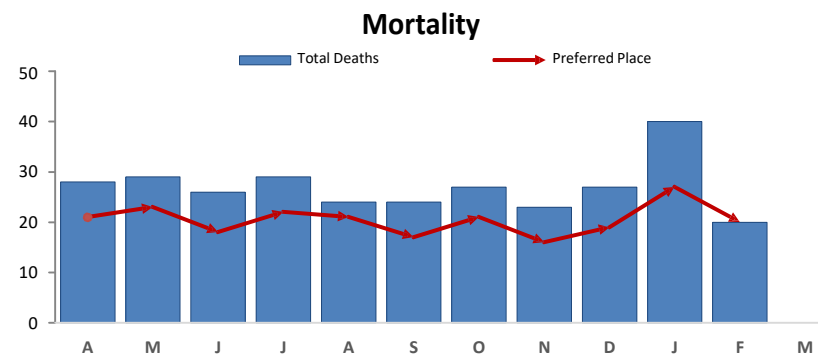
Use of the RITs team declined during February 2019 to 44, compared to 69 in January. Unscheduled GP visits also show a slight decrease from 47 in January to 44 in February. This can be seen in the table below left and again the fluctuation in the numbers of care homes submitting data should be taken into account.



The table above right shows a decrease in the number of attendances to A&E from Care Homes. January saw 36 attendances, with February down to 25. However, admissions to acute wards from care homes show a slight increase for the second consecutive month from 19 in January to 22 in February. Mortality data continues to show that the majority of nursing home residents are dying in care homes rather than in hospital (75% February 2019).

Of the 20 deaths in February, 15 residents died in nursing homes, 5 in hospital. 20 residents died in their preferred place of care (100%) with 16 of them having an EOL/Advanced Care Pathway (80%).

ELEMENT	Total
<b>Palliative Care in last MONTH</b>	
Number of residents passing away in their preferred place of care	20
Number of residents passing away in the nursing home	15
Number of residents passing away in hospital	5
number of residents passing away on a EOL/Advanced Care Pathway	16
Number of residents passing away with DNACPR in place	19
<b>Total number of residents passing away in last MONTH</b>	<b>20</b>



## 7.1 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>	Four IP audit have been undertaken in late February early March– the overall average rating is silver. The flu vaccination programme is now complete for 2018/19, 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>· 51 weekly field safety bulletins with all medical device information included.</li> <li>· 5 device alerts/recalls</li> <li>· 16 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: 10 open 3 of these are overdue	1b
<a href="#">Practice Issues</a>	Issues relating to DocMan, and maternity discharges are being managed.	1b
<a href="#">Escalation to NHSE</a>	On-going process	1a
<a href="#">Complaints</a>	Six complaints received by NHSE in Quarter 3	1a
<a href="#">FFT</a>	In February 2018 <ul style="list-style-type: none"> <li>· 1 practice did not submit</li> <li>· 4 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 – next meeting due in May	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 programmes now up and running. Practice Nurse Strategy and documents for submission to Primary Care Commissioning Committee. Training for nurses and non-clinical staff continues as per GPFV	1a
<a href="#">Training Hub Update</a>	Training Hub work continues across the Black Country. HEE have been reviewing the role and function of the Training Hubs in light of the re-procurement process. Risk identified and logged on register.	2