

**WOLVERHAMPTON CCG
GOVERNING BODY MEETING
Tuesday 9th July 2019**

Agenda item 8

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(S) OF REPORT:	Sally Roberts, Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
PURPOSE OF REPORT:	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). Up to April 2019 data.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
KEY POINTS:	<p>This report provides an update of Quality and safety activities and discusses issues raised through Q&S Committee, these are described as:</p> <ul style="list-style-type: none"> • Cancer performance remains significantly challenged, with further deterioration of all cancer targets except 31 day sub-treatment surgery and anti-cancer drug. There is particular and significant concern in relation to the 2 week wait target and the impact on performance relating to 2 week wait Breast Symptomatic. This is now having an impact on the overall 62 day performance. • Mortality indicators for SHMI remain above national expected rates. An achievement in SHMI is not expected until October 2019 in line with 6 month delay in data reporting. • Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG require further assurance in relation to sepsis pathways. A spotlight session will be conducted at July CQRM. • NHSI Maternity support review visit conducted. Capacity review to be undertaken in Quarter 1, 2019-20. • Black Country Partnership (BCPFT) are making some progress in relation to workforce issues with improvements seen in staff turnover and time taken to recruit. Work continues in relation to scoping adult MH beds capacity issues • In addition assurance and update was received by committee relating to Safeguarding activities and arrangements, NICE assurance, SEND, E&D, Health and Safety, Medicine Optimisation. • Comprehensive Quarter 4 18/19 Care Home Report was

	<p>received by QSC. Assurance was given regarding forthcoming closure of a Wolverhampton nursing home and a further home currently in suspension.</p> <ul style="list-style-type: none"> • Working Together to Safeguard Children 2018 – two separate reports are due to be published on 28th June around multi-agency Safeguarding arrangements and Child Death Overdue Panels (CDOP). Reports will be shared at QSC in July and with Governing Body in September. <i>Please refer to Appendices 1 and 2.</i> • SEND – the SEND review is near completion and draft recommendations are currently being agreed. Governing Body development session is planned for July. • Health and Safety – a robust action plan was presented at QSC. There are no areas of concern. • E&D – No risks identified and the CCG has successfully published its Annual Report in line with legal requirements. • Medicines Optimisation – work programme was presented and key priorities identified. Assurance was provided and no risks identified. • Assurance and update received at QSC in June 2019 relating to IPC Quarterly report. No incidences of MRSA bacteraemia attributed to the Trust in Q3 and Q4 18/19. C. difficile – both RWT and WCCG were under trajectory (31 against trajectory of 35) and achieved objectives at year end. • Quality visits have been undertaken to Penrose LD provision, Penn Hospital and Vocare (OOH). Reports were tabled at QSC in May. • One new key risk was identified by committee relating to 2 week breast cancer waits.
<p>RECOMMENDATION:</p>	<p>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.</p>

Appendices: Working Together to Safeguard Children 2018

- 1. Multi-agency Safeguarding arrangements**
- 2. Child Death Overdue Panels (CDOP).**

1. Key areas of concern are highlighted below:

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

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>Performance of all cancer targets at RWT remains significantly challenged with further deterioration of all cancer targets except 31 day sub-treatment surgery and anti-cancer drug. Concern remains in relation to the 2 week wait target, which decreased to 67.08% in April 2019 and particularly for performance relating to 2 week wait Breast Symptomatic, which has further declined to 3.77% in April, this performance is now having an impact on the overall 62 day performance. Pathways where demand and capacity are challenged include Upper GI, Colorectal and Head & Neck. Improvement has been observed in Urology, with increased waiting list initiatives supporting the additional work required for RALPh. Assurance is now provided relating to the actual or potential impact of harm to patients as a result of any delay.</p> <p>The Trust is supporting the 28 day faster diagnosis pathway, all breast referrals now go through the “one-stop clinic appointment” whereby patients are seen by a consultant and have diagnostic testing performed on the same day. An additional risk relating to 2 week breast symptomatic wait has been identified through Quality and Safety Committee and further assurance relating to this indicator has been requested.</p> <p>A system-wide capacity demand analysis has been agreed by the Cancer Alliance across the alliance footprint. As this footprint is extensive the Black Country West Birmingham STP leads have requested that the STP is the initial focus for this work.</p> <p>An STP meeting was held on 1st May 2019 with NHSE/I to discuss Black Country cancer performance and a set of system wide actions were identified, in particular there was an expectation that a system solution in the first instance for breast 2WW performance is sought, this work is underway.</p> <p>Harm reviews continue for patients treated at 104+ days on a cancer pathway</p> <p>Public Health data has been provided relating to breast pathway demand, this indicates a 10% increase in activity over the past 3-4 years for this pathway, in line with national and local trajectory increases. Other local trusts are not seeing the significant impact on performance as a result and further understanding is being explored.</p>	RAG

Key issue	Comments	RAG
	<p>Risk Mitigation:</p> <ul style="list-style-type: none"> • The Trust is looking to provide additional CTC (computerised tomography colonography) capacity to support bowel screening and is reviewing radiology pathways. • The Trust is also managing the significant impact of rearrangement of Black Country pathology services to maintain current positive turnaround times. • For March 2019, 19 patients were treated at 104+ days on a cancer pathway during the month, all of these patients had a harm review and no harm was identified. Where harm may be expected as a result of delay then a full harm review will be conducted. An assurance report has been provided to NHSE/I in relation to the harm review process. • At the time of writing this report, the waiting times for one stop clinic for all breast referrals pathways has further deteriorated to 39 days. • Weekly system-wide assurance calls continue to provide updates on current cancer performance and remedial actions in place. • WCCG are continuing to work collaboratively with GP's to improve cancer referrals into the Trust. A GP Cancer event took place on 30th April 2019 relating to the Cancer 2WW Performance, pathways and referrals and to discuss ways in which Primary Care can better support pathways. The Trust answered GP questions relating to concerns and processes and the conversation generated from this event was positive. The full report of this event was shared at Quality & Safety Committee in June. Communication from the event has been sent to all GPs within Wolverhampton and Stafford. • System-wide work continues to improve the quality and timeframe of tertiary referrals. 	
<p>Mortality: RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country</p>	<p>RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country. The SHMI for January 2018 to December 2018 is 1.2083, which is a very slight decrease on the previous 1.21. The SHMI is rated red and the banding still remains higher than expected.</p> <p>RWT has a high percentage of in-hospital deaths for the local health economy compared with the national mean.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Focus continues on identified work streams to drive improvements, with a particular focus on early recognition and escalation pathways for deteriorating patients and sepsis. Following the CCG themed analysis of suboptimal care of the deteriorating patient serious incidents the terms of reference for the Deteriorating Patient Recognition Group have been reviewed and strengthened and the CCG will now form part of the membership for this group. An electronic data capture system for the Critical Care Outreach team has been sourced and is now live. This will enable effective analysis of crucial data to drive improvement. 	

Key issue	Comments	RAG
	<ul style="list-style-type: none"> • The Trust is continuously developing and updating the mortality improvement plan to ensure that the work programme is embedded within the Trust and across the health economy. Additional actions have been added to this plan including the recommendations received from the clinical review of mortality programme that was completed by the external clinician. WCCG closely monitors the progress of this improvement plan through monthly CQRM's and attendance at the mortality review group. • Significant work has been undertaken with the trust and an independent company to review the coding arrangements in the trust, this includes additional training for clinical coders, with training related to appropriate coding now being delivered to clinicians, the expectation is that this will impact positively on current SHMI reporting. • The Trust is currently recruiting mortality reviewers which will help strengthen clinical expertise for all specialities and will support consistency when conducting mortality reviews. It will also improve timeliness of initial SJR1s. <p>The SJR1 review carried out in May 2019 has highlighted 1 case of very poor care from February. The Trust has now reported this as a serious incident and is undertaking a full investigation into this incident. CCG will attend this RCA to gain assurance relating to initial reporting and lessons learned.</p>	
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. An improvement in performance is expected by June 2019 following introduction and embedding of the sepsis electronic flagging system.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • WCCG has highlighted sepsis CQUIN performance concerns with the provider at the CQRM and is considering the use of contractual levers to manage and improve sepsis performance, which is a contractual performance requirement from April 2019. It has been agreed that a focused spotlight session will be held at CQRM in July 2019 on both sepsis and the deteriorating patient. • The Trust has confirmed that Sepsis nurses are in post and are currently working on key improvement initiatives to improve sepsis screening and administration of IVAB within 1 hour. An initial focus will concentrate on sepsis pathways in ED. • Additional staff to support deterioration pathways are now recruited, with a doubling of critical care outreach team in post also. 	
Maternity capacity remains under review given local issues with maternity services and level of patient and baby acuity.	<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>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monitoring of booking numbers continues with a review planned for August. Currently numbers are below expected • An action plan has been devised relating to the RCOG review and the Trust is working towards 	

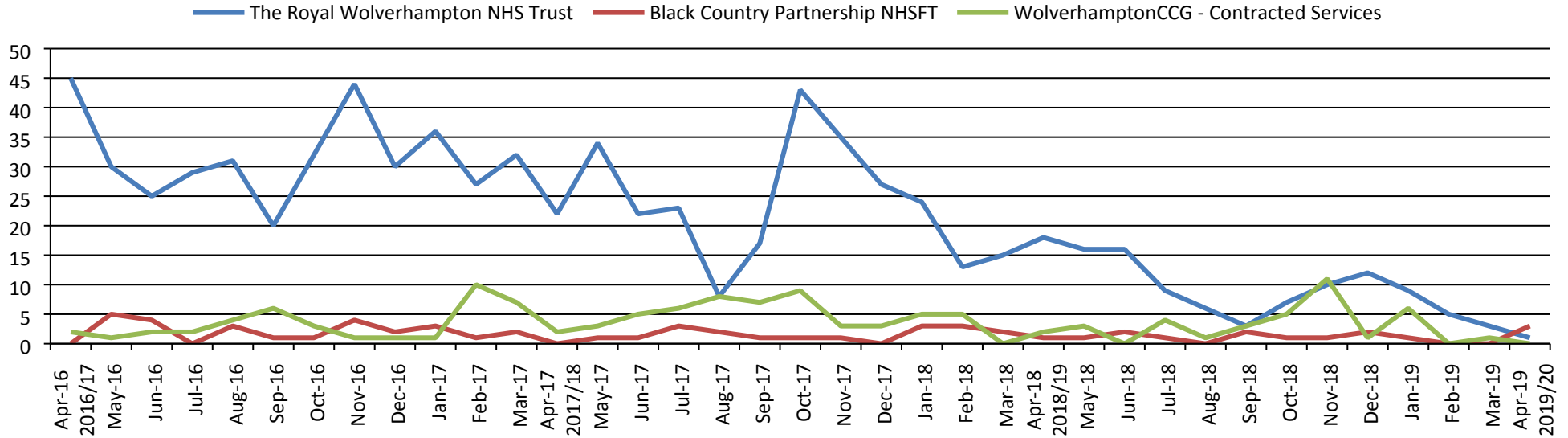
Key issue	Comments	RAG
	<p>compliance with recommendations.</p> <ul style="list-style-type: none"> • Audits of C- section rates have been undertaken and reported. The emergency C-Section rate has seen significant fluctuation and has increased to 22.1%. However, no trends or issues were identified. The National Perinatal audit shows that the Trust is not an outlier for C-section rates. The Trust also has the lowest C-section rate in Black Country. <p>Update June- current booking numbers are below expected.</p>	
<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 April 2019 RWT has reported three 12-hours ED breaches and all these breaches related to mental health patients. The common cause of these breaches has been identified as MH bed capacity issues, transport delays and unavailability of section12 approved social worker.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • The overall sickness rate for the Trust has slightly reduced but still remains red rated against a threshold of 4.5%. The vacancy rate has also increased for the Trust and remains red against the target. The CCG monitors and seeks assurance for the workforce performance through monthly CQRM's. • The Trust is proceeding with the return to practice initiative in partnership with Dudley and Walsall Mental Health Trust. Planning has taken place with Wolverhampton University and it is hoped there will be a first cohort in September 19. The Trust has appointed 7 RN's following a recent recruitment event. • The Trust has employed a recruitment agency to undertake a targeted nursing campaign for a period of 4 weeks. • A joint commissioning final quality visit to Penn hospital report has been sent to the provider and will be discussed at the June 2019 CQRM. • A visit has also taken place to Penrose Learning Disability provision and the report is currently with the provider for factual accuracy. Concerns in relation to staff not feeling supported with violence and aggression incidents and also specific skills/training in relation to autism management were identified. • WCCG Chief Nurse had positive discussions with BCPFT Interim Chief Nurse to seek assurance around safeguarding, LeDeR and SI management. • Revised and strengthened arrangements to CQRM now in place. 	
<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>Risk Mitigation:</p> <ul style="list-style-type: none"> • Commissioning Committee had agreed to seek alternative provision for D2A with a revised specification being developed. Procurement was planned to take place by September 2019. • Intention to close the Nursing Home with effect from end of June 2019 has now been communicated to WCCG. The last resident will move on 28th June 2019. • Robust plans are being developed to ensure the safe transition of residents and the procurement exercise has now been brought forward to ensure alternative placement provision for D2A from end of June. 	
<p>Concern relating to HCAI which could potentially impact on the Quality and safety of care provided.</p>	<p>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>Risk Mitigation:</p> <ul style="list-style-type: none"> • The E Coli performance is an improving picture. System wide engagement with E Coli reduction improvement plan continues. Detailed plans are developed and initial actions implemented. Plans are monitored at the 6 weekly E.coli system wide meetings. 	

2. PATIENT SAFETY

2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month



In total, four Serious Incidents (SIs) were reported in April 2019. Three of these related to Black Country Partnership and one to Royal Wolverhampton Hospital. None were reported for Wolverhampton CCG.

All serious incidents were reported within the national timescale of two working days.

Chart 2: Serious Incident Types Reported April 2019

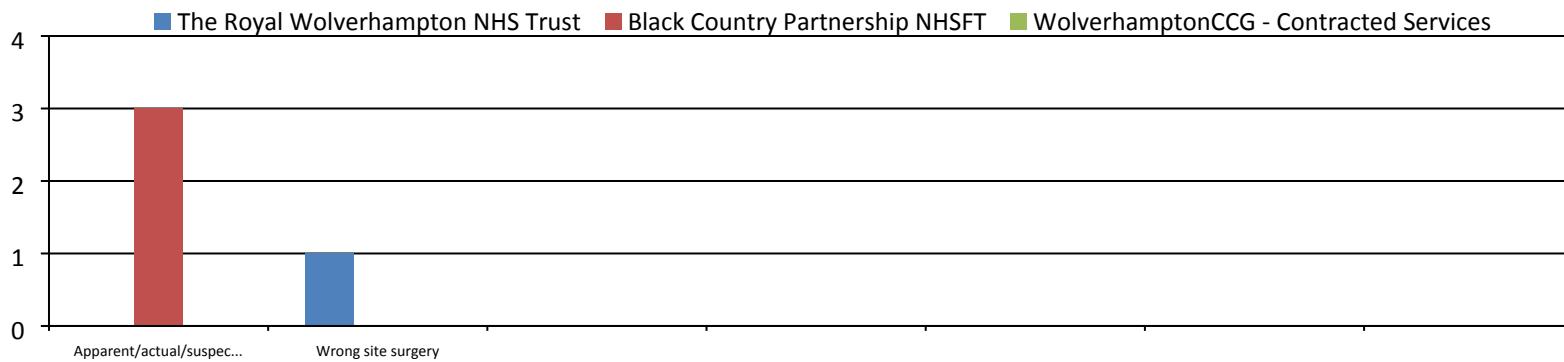


Chart 2 shows the breakdown of serious incident types reported by each provider for April 2019. The SI for Wrong Site surgery at RWT was originally reported by the Trust as a Never Event but downgraded later to a serious incident following further investigation.

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.

A joint table top review meeting between WCCG, SWBCCG, BCPFT and WMAS took place on 28th May 2019 to review and establish a process for serious incidents when there are multiple providers involved in any incident to ensure system wide learning. The following actions were agreed from the meeting:

1. Provider to undertake individual RCA. However, if it becomes apparent a Serious Incident investigation involves other providers, CCG to be contacted. CCG will then co-ordinate responses, to encourage system wide learning in line with NHS SI Framework.
2. SWBCCG to contact Birmingham/Solihull CCG regarding wider learning for SI 2018/22912 as patient was previously under care of BSMH FT.
3. WCCG to contact NHS Pathways via NHSE to discuss triage pathways.

2.2 RWT Endoscopy Surveillance incident May 2019 Update

A table top review for this serious incident took place on 3rd May 2019 to discuss the scope of investigation. The duty of candour has been applied and so far the Trust has not received any media queries related to this incident.

RWT Neonatal Pressure Injuries Concern May 2019 update

The Trust has made significant changes to the nursing practice especially around CPAP, ventilation and oxygen sets. An overarching action plan is due June 2019.

2.3 Never Events

Table 1: Reported Never Events

	Yr 16-17	Yr 17-18	Yr 18-19	April 19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Yr to date
Royal Wolverhampton	5	4	4	1	0											1
Black Country Partnership	0	0	0	0	0											0
Other providers	0	1	0	0	0											0
Total Reported	5	5	4	1	0											1

There were no Never Events reported for this reporting period.

3. ROYAL WOLVERHAMPTON HOSPITAL TRUST

3.1 Infection Prevention

Measure	Trend	Target	Assurance/Analysis
MRSA		0	No new MRSA cases reported in April 2019.
C. Diff		<35	The Trust reported four cases in April 2019. New NHSI Clostridium difficile case assignment definitions for 2019/20 commenced in April 2019, this has impacted on CDI numbers, creating a rise in Trust attributable cases. Efforts are underway to address this. The deep clean programme for 2019/20 is underway. Further analysis is required into the post discharge cases to identify if any additional actions are required.

3.2 Maternity

Measure	Trend	Target	Assurance/Analysis
Bookings at 12+6 weeks		>90%	The figure for April decreased to 90% which is a slight decrease on March's figure of 93.2% but still within target.

Measure	Trend	Target	Assurance/Analysis
Number of Deliveries (mothers delivered)	<p>Line chart showing the number of mothers delivered from April 2017 to March 2020. The y-axis ranges from 300 to 500. A red horizontal target line is at 416. The data points fluctuate around this target, with a slight dip in April 2019.</p>	<416	The number of mother's delivered decreased slightly in April to 402 compared to 416 in March. The figure remains below target of 416.
One to One care in established labour	<p>Line chart showing the percentage of one-to-one care in established labour from April 2017 to March 2020. The y-axis ranges from 0% to 100%. A red horizontal target line is at 100%. The data points are consistently very close to 100%.</p>	100%	One to one care in established labour improved again in April to 98.2%.
Breastfeeding (initiated within 48 hours)	<p>Line chart showing the percentage of breastfeeding initiated within 48 hours from April 2017 to March 2020. The y-axis ranges from 55% to 75%. A red horizontal target line is at 66%. The data points fluctuate around this target, with a dip in April 2019.</p>	>=66%	Despite an increase in March, the figure decreased in April to 60.5%.
C-Section - Elective (Births)	<p>Line chart showing the percentage of elective C-sections from April 2017 to March 2020. The y-axis ranges from 0% to 15%. A red horizontal target line is at 12%. The data points fluctuate around this target, with a dip in April 2019.</p>	<12%	The rate for elective C-Sections remains below the 12% threshold at 10.7% in April compared to 11.2% for March.
C-Section - Emergency (Births)	<p>Line chart showing the percentage of emergency C-sections from April 2017 to March 2020. The y-axis ranges from 0.0% to 30.0%. A red horizontal target line is at 14%. The data points fluctuate around this target, with a notable increase in April 2019.</p>	<14%	Emergency C-section case rate decreased during December 2018 to March 2019 but has seen an increase in April 2019 to 22.1%. As previously reported, the Trust recently undertook 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.

Measure	Trend	Target	Assurance/Analysis
Admission of full term babies to Neonatal Unit		0	Four full term babies were admitted to neonatal unit during April 2019 (the highest figure since September 2018).
Midwife to Birth Ratio (Worked)		<=30	The Midwife to birth ratio remains stable and currently stands at 1:28 which is within national standards.
Maternity - Sickness Absence		<3.25%	Following a peak in February 2019 up to 7.7%, maternity sickness absence showed a downward trend for February 2019 at 6.5%. Data for March and April is awaited from the Trust.

3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
Mortality - SHMI Observed vs. Expected Deaths		N/A	<p>The SHMI for January 2018 to December 2018 is 1.2083. Variation in data used for the SHMI calculation and differences in RWT's trends when compared with England contributes to the higher than expected SHMI for the Trust.</p> <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> <p>The Trust is making good progress on the Mortality Improvement Action Plan which looks to address the governance arrangements,</p>

Measure	Trend	Target	Assurance/Analysis
Mortality - SHMI		N/A	a city wide approach, clinical documentation, coding, clinical analysis and associated learning and overarching staffing. WCCG monitors this action plan via the monthly CQRM.

3.4 Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
6 Week Diagnostic Test		<1%	Figure for April shows 0.62% and remains within standard.
2 Week Wait Cancer		93%	The 2 week wait cancer performance position in April remains below target at 67.08%.

Measure	Trend	Target	Assurance/Analysis
2 Week Wait Breast Symptomatic	<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 8/1 9/2 9 0</p>	93%	April figure is 3.77% compared to March figure 5.61%. A significant decrease since February at 23.81%, and 66.67% in January.
31 Day to First Treatment	<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 8/1 9/2 9 0</p>	96%	The Trust did not achieve this target during the financial year 2018/19. April has seen a slight improvement at 87.07% compared to March figure 85.25%.
31 Day Sub Treatment - Surgery	<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 8/1 9/2 9 0</p>	94%	The figure for April increased to 79.17% and remains under target.
31 Day Sub Treatment - Radiotherapy	<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 8/1 9/2 9 0</p>	94%	31 day sub treatment radiotherapy remains slightly under target at 85.89% in April.
62 Day Wait for First Treatment	<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 8/1 9/2 9 0</p>	85%	Performance declined in April to 53.59% compared to March at 61.76%.

Measure	Trend	Target	Assurance/Analysis
62 Day Wait - Screening	<p>A line chart showing the percentage of 62-day wait screening performance from April 2019 to March 2020. The y-axis ranges from 50% to 100% in 10% increments. A red horizontal line is drawn at the 90% mark, representing the target. The blue line with circular markers shows the actual performance, which fluctuates between approximately 65% and 95% over the period. The final data point for April 2020 is at 86.05%.</p>	90%	62-day wait screening declined slightly in April to 86.05% (under target) compared to March at 90.91%.
62 Day Wait - Consultant Upgrade (local target)	<p>A line chart showing the percentage of 62-day wait consultant upgrade performance from April 2019 to March 2020. The y-axis ranges from 0% to 100% in 20% increments. A red horizontal line is drawn at the 88% mark, representing the target. The blue line with circular markers shows the actual performance, which fluctuates between approximately 75% and 95% over the period. The final data point for April 2020 is at 75.63%.</p>	88%	The 62-day wait consultant upgrade (local target) performance was 75.63% in April compared to 72.35% in March 2019 and remains under target.
62 Day Wait - Urology	<p>A dual-axis chart showing Average Waiting Time in days (red bars) and 62 Day Wait - Urology performance (blue line) from April 2019 to March 2020. The left y-axis represents percentage (0-80%) and the right y-axis represents days (0-120). The blue line with circular markers shows the 62-day wait performance, which fluctuates between approximately 40% and 60% over the period. The final data point for March 2020 is at 44.83%.</p>	85%	The average waiting time in March was 81 days compared to February at 83 (reported one month behind). Performance for Urology in March was 44.83%.
Patients over 104 days	<p>A line chart showing the number of patients over 104 days from April 2019 to March 2020. The y-axis ranges from 0 to 25 in increments of 5. The blue line with circular markers shows the number of patients, which fluctuates between approximately 10 and 25 over the period. The final data point for March 2020 is at 19 patients.</p>	N/A	19 patients identified over 104 days in March 2019 compared to 17 in February 2019.

3.5 Total Time Spent in Emergency Department (4 hours)

Measure	Trend	Target	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross		92%	Performance for New Cross declined in April to 77.94% compared to 85.41% in March.
Time Spent in ED (4 hours) - Combined		95%	Overall performance declined in April at 86.36% compared to 90.76% in March.
Ambulance Handover		N/A	April saw significant increase in the number of handovers >30-60 minutes, up to 145 from 69 in March. 13 ambulances breached the 60 minute handover in April compared with 7 in March.

3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Sickness Absence Rates (%)		3.85%	Attendance levels have improved when considered over the rolling 12 month period despite the worsened performance in the 'in month' figure caused by 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 and a long term sickness absence tracker in Division 1. (Reported on month behind).

Measure	Trend	Target	Assurance/Analysis
Vacancy Rates (%)	<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 2017 2019 7/1 8 8/1 9</p>	10.5%	The vacancy rate has decreased slightly in March to 6.53% compared to 7.13% in February. (Reported one month behind).
Staff Turnover Rates (%)	<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 2017 2019 7/1 8 8/1 9</p>	10.5%	Turnover rates remain fairly static at 9.31% for March. (Reported one month behind).
Mandatory Training Rate (%)	<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 2016 2018 2019 16/17 17/18 18/19</p>	95%	Mandatory training (generic) compliance rates have improved again in month and the 95% target has been achieved. March figure is 97.10%. There is further work to do in relation to role specific training.
Appraisal Rate (%)	<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 2016 2018 2019 16/17 17/18 18/19</p>	90%	The target for appraisal compliance for March has been achieved (90.4%).

4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

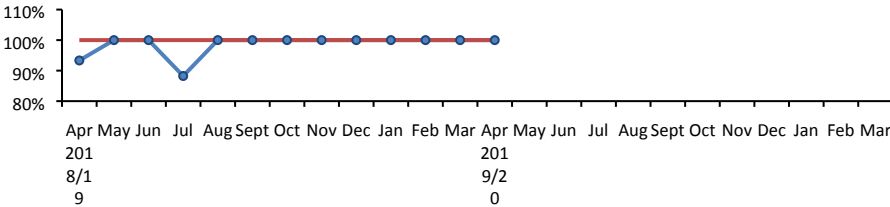
4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Turnover Rates (%)	<p>17% 15% 13% 11% 9%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 17/ 18/ 19/ 18 19 20</p>	10-15%	Turnover rate reduced to 13.55% in April and remains within the target range.
Average Time to Recruit	<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 8/1 9/2 9 0</p>	55	Average time to recruit KPI decreased sharply during April to 50 working days, achieving target.
Overall vacancy rate	<p>20% 15% 10% 5% 0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 17/ 18/ 19/ 18 19 20</p>	<9%	Vacancy rate increased slightly in April to 12.43% and remains red rated against the target.
Mandatory Training Rate (%)	<p>98.0% 93.0% 88.0% 83.0% 78.0%</p> <p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar 20 20 20 17/ 18/ 19/ 18 19 20</p>	85%	Performance against annual, yearly and 3 yearly specialist mandatory training improved during April and all 3 remain green against the 85% target.

Measure	Trend	Target	Assurance/Analysis
% of Shifts filled (Bank and Rostered)		95%	Overall figure for April was 95% and met the target.
Safe Staffing - %Fill Rate Registered Staff		N/A	Registered fill rate for April was 98.9%. Unregistered fill rate was 216.90%.

4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
CPA % of Service Users followed up within 7 days of discharge		95%	This indicator remained slightly below target in April at 94.44% compared to March at 93.94%.
% of people with anxiety or depression entering treatment		1.40%	Target for this KPI has increased to 1.83% (previously 1.40%) following contract negotiations between WCCG and the Trust for the financial year 19/20. April achieved 1.64%, slightly under target for the month.

Measure	Trend	Target	Assurance/Analysis																																																																											
% of inpatients with Crisis Management plan on discharge from secondary care	 <table border="1" data-bbox="302 236 1189 443"> <caption>Trend Data: % of inpatients with Crisis Management plan on discharge from secondary care</caption> <thead> <tr> <th>Month</th> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>2019</td><td>95%</td></tr> <tr><td>May</td><td>2019</td><td>100%</td></tr> <tr><td>Jun</td><td>2019</td><td>100%</td></tr> <tr><td>Jul</td><td>2019</td><td>90%</td></tr> <tr><td>Aug</td><td>2019</td><td>100%</td></tr> <tr><td>Sept</td><td>2019</td><td>100%</td></tr> <tr><td>Oct</td><td>2019</td><td>100%</td></tr> <tr><td>Nov</td><td>2019</td><td>100%</td></tr> <tr><td>Dec</td><td>2019</td><td>100%</td></tr> <tr><td>Jan</td><td>2020</td><td>100%</td></tr> <tr><td>Feb</td><td>2020</td><td>100%</td></tr> <tr><td>Mar</td><td>2020</td><td>100%</td></tr> <tr><td>Apr</td><td>2020</td><td>100%</td></tr> <tr><td>May</td><td>2020</td><td>100%</td></tr> <tr><td>Jun</td><td>2020</td><td>100%</td></tr> <tr><td>Jul</td><td>2020</td><td>100%</td></tr> <tr><td>Aug</td><td>2020</td><td>100%</td></tr> <tr><td>Sept</td><td>2020</td><td>100%</td></tr> <tr><td>Oct</td><td>2020</td><td>100%</td></tr> <tr><td>Nov</td><td>2020</td><td>100%</td></tr> <tr><td>Dec</td><td>2020</td><td>100%</td></tr> <tr><td>Jan</td><td>2021</td><td>100%</td></tr> <tr><td>Feb</td><td>2021</td><td>100%</td></tr> <tr><td>Mar</td><td>2021</td><td>100%</td></tr> </tbody> </table>	Month	Year	Percentage	Apr	2019	95%	May	2019	100%	Jun	2019	100%	Jul	2019	90%	Aug	2019	100%	Sept	2019	100%	Oct	2019	100%	Nov	2019	100%	Dec	2019	100%	Jan	2020	100%	Feb	2020	100%	Mar	2020	100%	Apr	2020	100%	May	2020	100%	Jun	2020	100%	Jul	2020	100%	Aug	2020	100%	Sept	2020	100%	Oct	2020	100%	Nov	2020	100%	Dec	2020	100%	Jan	2021	100%	Feb	2021	100%	Mar	2021	100%	100%	Trust continues to achieve target of 100% for April 2019.
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5.0 PRIVATE SECTOR PROVIDERS

5.1 Vocare

There have been no quality matters or any serious incidents reported for this reporting period. An unannounced quality visit took place on 24th April 2019 to seek assurance around management of children, productivity, clinical leadership and clinical pathways. A full visit report has been sent to the provider. No immediate concerns were identified during the visit. A further announced quality visit took place to Staffordshire House on 16th May 2019 as part of the CCG's annual quality visit planner to gain assurance around the following areas:

- Assurance around Duty of candour process.
- Assurance around Datix incidents logging and closure process.
- Assurance around Complaints management process.

It was an assuring visit and it was pleasing to see that all governance systems and processes were well embedded and robust. There was clear evidence of good reporting, monitoring and escalation matrix in place through use of Datix systems. The Duty of Candour process was followed correctly and there were good record keeping and audit processes in place. The organization make good use of benchmarking processes across the region and share good practice across sites to improve quality of care through learning from incidents. There were no immediate concerns highlighted and therefore, no immediate actions were requested from the provider. Attendance at the daily risk meeting provided assurance around discussion, actions and escalation for any incidents highlighted for the previous day and discussions of any issues related to performance, staffing and safeguarding. A full visit report has been sent to the provider.

These two final visit reports will be discussed at CQRM on 29th May 2019.

6.0 SAFEGUARDING

6.1 Safeguarding Children

- DDNSC held a meeting with the Head of the 0-19 service and team leader for the Parenting families service where a new process for health attendance and input into strategy meetings was discussed. A Standard Operating Procedure is going to be put in RWT that will be mirrored for BCPFT to improve and enhance the outcome of strategy meetings.
- DDNSC was involved in an unannounced visit to Vocare and directly reviewed the safeguarding processes that are in place in the service. This was a positive experience as progress has occurred due to the new structures and governance arrangements that have now been put in place in Vocare.
- A date has been set for the Working with Adolescents conference that the DDNSC is leading on of Wednesday 25th September and it is to be held at Walsall Football Stadium. Work is due to commence directly with children and young people to support their involvement and participation in the event, ranging from deciding on the official name of the event, planning of the day and in the actual conference itself.
- The Task and finish group – which included the WCCG Designated Nurses (adults and Children) – agreed the options for the new Multi-Agency Safeguarding Arrangements (MASA). These were presented to the senior executive Team of the current WSCB for their decision. The outcome will be presented to the WSB prior to wider dissemination.

6.2 Safeguarding Adults

- The LeDeR Steering Group met on 8th April. An update has been provided to the TCP Board regarding the progress that has been made across the Black Country. Further funding has been requested for a LeDeR Coordinator, extension of the BCPFT LeDeR Reviewer post and a Learning Event to be held in October 2019. There continues to be no backlog of reviews in Wolverhampton
- A Practitioners' Event was held in April for the current Safeguarding Adult Review. Recommendations were agreed and areas of good practice were identified
- The Designated Adult Safeguarding Lead attended an announced Quality Assurance Visit to Penn Hospital, following CQC concerns regarding the application of the Mental Capacity Act. 4 Staff members were informally interviewed re knowledge of the MCA – all demonstrated knowledge appropriate to their level and expertise was identified within the role of the Ward Manager. Staff are aware of when and how to contact the Trust's Safeguarding Team for support. All MCA Assessments are on Datix, Ward Manager and Safeguarding Team has oversight of this. An Audit of the quality of MCA Assessments is carried out by the Ward Manager but no formal process is in place – within the feedback report it was recommended that an audit tool/formal process is developed. Further detail can be found in the Final Penn Hospital Quality Visit Report
- Notification has been received that DHR 11 will progress. An IMR Author has been identified for the CCG/GP element. Terms of Reference have been agreed and the first panel meeting is on 21st June.

6.3 Children and Young People in Care (CYPiC)

- CYPiC Health Steering Group was held, where priorities from the action plan were discussed - these will be shared with the Corporate Parenting Strategic Partnership Board in June to provide multi agency oversight

- Stafford Road Residential was closed down following a visit from Ofsted. Concerns were highlighted after a serious assault on a Sandwell young person placed there. Wolverhampton had 2 children placed at this establishment who have subsequently been moved to Birmingham. The DNCYPiC will continue to work with originating CCG's, and Wolverhampton Local Authority to ensure we have a sound oversight on vulnerable children placed here. MA meeting around notifications arranged for May to discuss current processes and identify gaps.

6.4 Care Homes

A comprehensive Quarter 4, 2018/19 report was provided at Quality & Safety Committee in June 2019. Highlights include:

- Serious Incidents remain relatively low across the nursing homes – there were 9 reported during Quarter 4. Of these, 2 were Category 3 pressure ulcers, 1 related to Category 4 pressure ulcer and 4 were slip/trip/falls.
- The three STEIS reportable pressure ulcers reported in Quarter 4 were all deemed to be avoidable following discussion at Scrutiny Group. Learning from these incidents included calculation of correct Waterlow Score, risk assessments to be completed according to best practice, staff to follow repositioning regime and nurses to monitor interventions. In addition, pressure ulcer prevention to be stepped up when early signs of injury.
- Four slips, trips, falls with serious injury occurred during Quarter 4 2018/19, compared to 3 reported in Quarters 2 and 3. Although there appears to be a steady increase in incidents reported, it should be noted that numbers are still relatively low throughout the year (12 in total) and have decreased when compared with incidents reported in 2017/18 (16 in total). 4 care homes reported no falls with harm during 2019/20 demonstrating learning from excellence is having an impact.
- Following a CQC inspection that rated them as “inadequate with multiple breaches,” a Wolverhampton Nursing Home remains in suspension until their next inspection in approximately six months’ time. The home continues to be monitored by Commissioners and the regulator on a monthly basis.
- The suite of 11 (BPG) best practice guidelines for care homes have been revised in collaboration with specialist from Primary and Secondary care with a launch event planned for July 2019. Craft cards are also being developed to support implementation of the guidelines in the care homes. BPG for oral health is underdevelopment and will be launched separately as part of the oral health training.
- The end of SPACE project (quality improvement programme) evaluation report has been published highlighting that 100% of Nursing Homes were utilising safety crosses, that there were positive trends in harm reduction (falls, pressure injuries Category 3 and 4, urinary tract infections, significant reduction in ambulance conveyance). The report also acknowledged the value of sharing learning and best practice and that this was widespread across the nursing home sector. The Quality Nurse Advisor team will continue to support sharing good practice and spread of SPACE by producing articulates for the Primary Care Newsletters, establishing a resource library to share the learning, tools and techniques and best practice as part of learning from excellence and attending local, STP and national events.

7.0 PRIMARY CARE QUALITY DASHBOARD

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

Issue	Comments	Highlights for April 2019	Mitigation for May 2019	Date of expected achievement of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	One serious incident is currently being reviewed by scrutiny group. A second near miss has been identified.	Near miss reported to PPIGG at NHSE – chair happy with response at practice and local level no further action required. RCA for serious incident currently being finalised for review at SISG and referral back to PPIGG	Expected completion by end of June 2019	1b
Quality Matters	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Currently up to date: <ul style="list-style-type: none"> • 14 open • 4 of these are overdue 	Currently up to date: <ul style="list-style-type: none"> • 12 open • 2 of these are new Main themes are: <ul style="list-style-type: none"> • IG breaches • Prescribing issues • Referral issues 	On-going process as new Quality Matters are identified	1a
Practice Issues	No issues at present	DocMan issues are now closed. Awaiting a date for a meeting re: maternity discharges	Maternity discharge issue has been closed – no evidence of any IT issues found.	No further actions at present	1a
Escalation to NHSE	Four incidents to be reviewed at PPIGG from Quality Matters	Awaiting Quality Matters responses and scrutiny of RCA to assess requirement to refer cases into PPIGG	Four incidents have received a response from the relevant practice which will be reviewed at PPIGG	Expected completion by end of June 2019	1b
Infection Prevention	Planning continues around training for practices in reduction of gram negative infection – collaboration with IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.	New IP audit cycle has not yet commenced; comparison with 2018/19 figures will be made this year. Flu planning group will meet to plan the 19/20 season and training is booked. Work on e-coli reduction continues with IP, meds optimisation and continence teams. Training planned for November.	Monitoring of IP audits continues, monitoring of practice sepsis leads continues.	Expected completion by end of June 2019	1a

MHRA	No issues at present.	Since 1 st April 2019: <ul style="list-style-type: none"> • Field safety notices - 1 • Drug alerts – 3 • Device alerts - 0 	No further update	No further actions at present	1a
Complaints	No issues at present – quarterly report due July 2019	Awaiting Quarter 4 complaints report from NHSE	Awaiting Quarter 4 complaints report from NHSE	No further actions at present	1a
FFT	Quarterly full report due in July 2019 Practices who were unable to submit via CQRS or who had submitted but data was not showing on NHSE return have had their data added manually	In March 2019 <ul style="list-style-type: none"> • 2 practices did not submit • 2 practices submitted fewer than 5 responses 	In April 2019 <ul style="list-style-type: none"> • 2 practices did not submit (3 practices attempted to submit via CQRS but were unable to – this data was entered into the spreadsheet manually) • 2 practices submitted fewer than 5 responses • Uptake was 2.4% compared to 0.9% regionally and 0.7% nationally 	No further actions at present	1a
NICE Assurance	No actions at present – next NICE meeting in August 2019	NICE assurance meeting was held in March. 11 new guidelines were identified as relevant for primary care.	Nothing new to report	No further actions at present	1a
Collaborative contracting visits	11 practice visits are outstanding, this will be completed by late summer in line with recent audit.	27/40 67.5% practices have been visited in total (an average of one per month) since the programme started in October 2016.	Visit schedule has been reviewed and an action plan is being devised to ensure that all practices receive their visit in a timely manner.	Expected completion by end of September 2019	1b
CQC	No issues at present	One practice currently has a Requires Improvement rating and continues to be supported.	CQC inspections continue, two practices have requires improvement rating – one has merged with another practice and one is being managed by RWT	This action is on-going CQC revise information as re-inspections occur.	1b
Workforce Activity	Awaiting NHS Digital workforce data release.	Retention programme information has been collated and work streams identified Apprenticeship programmes are established with HCAs in place and NAs expressing an interest. Work continues around recruitment of overseas professionals currently resident in UK	Retention programme will be launched in line with the GPN strategy documents and deliverables identified at this time	September 2019	1a

Workforce Numbers	Awaiting NHS Digital workforce data release.	No information is available about the date of release of workforce data – NHS Digital have advised they will inform us when it is available.	Still awaiting digital workforce data	Awaiting further information	
Training and Development	None flagged at present	GPN strategy document approved by PCCC at Wolverhampton and Walsall STP. Spirometry training sent out for expressions of interest. Diabetes training programme under development with WDC.	GPN strategy approved at STP CLG group and by all other CCGs apart from Sandwell (delay due to PCN work) – launch to be arranged for summer 2019 Work continues with WDC around diabetes training Spirometry training dates agreed and expressions of interest gathered Training offered by continence team for HCAs and GPNs. Discussions have commenced around launch of the GPN strategy.	September 2019	1a
Training Hub Update	To continue monitoring, risk remains open.	Training Hub meeting held in late April to discuss role and function going forward. Plans to develop a Training Academy for the Black Country discussed.	Discussions have commenced with Training Hubs in late May – potential hub and spoke model discussed. Development of primary care training academy planned model with a board in place to offer direction to the teams.	This action is on-going and will be updated as new information is available.	2