

**WOLVERHAMPTON CCG  
GOVERNING BODY MEETING  
Tuesday 10<sup>th</sup> September 2019**

**Agenda item 16**

<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). May/June 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, 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 and also RTT. A collaborative Black Country and West Birmingham STP system-wide approach has been developed in response to the 2 week wait Breast Symptomatic performance at RWT. A targeted referral diversion commenced on 1st July with an aim of improving waiting times for patients. The plan was approved by the STP Health Partnership group.</li> <li>• Mortality indicators for SHMI remain above national expected rates. The SHMI figure is currently 1.192 (period of reporting March 2018-Feb 2019), which is lower than previously reported. The crude mortality rate has also further decreased to 2.47% for the third successive month. In light of improving performance the Quality and Safety committee made the decision to reduce the risk rating for mortality.</li> <li>• A themed spotlight session on mortality, sepsis and recognition and response to deteriorating patients was presented by the Trust at the July CQRM. The session highlighted the actions taken by the Trust to address key challenges within these areas, such as recruiting mortality reviewers and introduction of the Medical Examiners role, increased establishment for the Critical Care Outreach team</li> </ul>

and implementation of a sepsis monitoring dashboard. The themed spotlight on effective recognition of the deteriorating patient gave assurance on the implementation of an electronic data capture system for the Critical Care Outreach Team. Further assurance was requested in relation to comparison benchmarking data from the national cardiac arrest data and timeliness of medical review post NEWS2 trigger.

- There has been a slight increase in the number of self-harm/suicide serious incidents reported by BCPFT and a thematic review of these SI's is being undertaken by the CCG to identify any common themes and trends to discuss with the provider. However, the initial findings have not identified any increase in the number of self-harm/suicide SI's for the Wolverhampton population.
- Further analysis continues in relation to the regional comparison of 12-hour breach data in relation to mental health patients. A system wide meeting has been convened to identify any emerging issues or actions which can be implemented.
- Two Nursing Homes are currently rated "Inadequate" by CQC. Comprehensive action plans are in place. The homes are being supported to make improvement by the CCG QNA and City Council QACO teams.
- An issue was highlighted to WCCG relating to transcribing medication within a care home who is our current D2A provider. The provider informed us that this is against their policy. This issue was raised with WCCG Chief Nurse, Medicine Optimisation and contracts team for advice. Further discussions took place and the provider agreed to transcribe if the bespoke transcribing training was provided to their staff. The bespoke transcribing training has now been delivered and the issue has been resolved. The Quality Nurse Advisor team are also supporting the home from a quality improvement perspective.
- Lotus Clinical Therapy Services came to WCCG's attention following an issue raised by a Wolverhampton GP through quality matters at the end of May, as they had written to the GP requesting patient information. There were number of issues raised in relation to governance and processes which have now been addressed. Going forwards, to strengthen governance processes and to ensure referrals are appropriately screened, all referrals to Lotus will go through BCPFT Healthy Minds.
- 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.



**Wolverhampton**  
Clinical Commissioning Group

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

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

Key issue	Comments	RAG
<p>Cancer Performance for 104 and 62 day waits is below expected target. This may impact on the quality and safety of care provided to patients.</p>	<p>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 &amp; 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. At the time of writing this report, the waiting times for one stop clinic for all breast referrals pathways has further deteriorated to 45 days.</p> <p>A collaborative Black Country and West Birmingham STP system-wide approach has been developed in response to the 2 week wait Breast Symptomatic performance at RWT. A targeted referral diversion commenced on 1st July with an aim of improving waiting times for patients. The plan was approved by the STP Health Partnership group. Practices with high volume referrers within close proximity to other providers, mainly Dudley and Walsall, have been identified. These practices have been asked to consider with patients, at the point of referral, whether they would be willing to be referred to the alternative provider. Daily information on waiting times for the four providers across the Black Country will be provided to help practices to inform patients’ choice. For the targeted practices the additional distance to the alternative provider compared to RWT is no more than three miles. Information of the proposals has been communicated to all GPs within Wolverhampton.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>A targeted 2-week breast symptomatic referral diversion commenced on the 1st July 2019 for 10 practices. As impact was minimal, an extension of the scope of the referral diversion was agreed and commenced on 22nd July. A total of 39 practices from Wolverhampton, Walsall, Cannock Staffordshire and Telford and Wrekin CCGs, are now included. Daily information on waiting times for the four</li> </ul>	<b>RAG</b>

Key issue	Comments	RAG
	<p>providers across the Black Country continues to be provided to help practices to inform patients' choice.</p> <ul style="list-style-type: none"> <li>• During the first 5 weeks of the referral diversion, 21 patients were referred to Walsall Healthcare Trust, 6 to Dudley Group of Hospitals and 82 to Royal Wolverhampton Trust</li> <li>• The Trust continue to review radiotherapy pathways and a quality checklist has been developed with Medical Physics and Radiotherapy. Additional slots have been added through additional capacity made available and new radiologists post come in place from July through to September.</li> <li>• For April 2019, 22 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. 14 of the 22 patients were late tertiary referrals.</li> <li>• For May 2019, 10 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. Of the tertiary referrals received none were received before day 40 of the pathway, and 6 were received on or after day 62 of the patient pathway. NHSI/E and the Cancer Alliance continue to support improvements to drive improvements in the timeliness of tertiary referrals.</li> <li>• The inaugural STP cancer board took place on 5th August with CCG attendance.</li> </ul>	
<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.</p> <p>The SHMI figure is currently 1.192 (period of reporting March 2018-Feb 2019), which is lower than previously reported. The crude mortality rate has also further decreased to 2.47% for the third successive month.</p> <p>Significant work has been undertaken with the Trust and an independent company to review the coding arrangements. This includes additional training for clinical coders, with training related to appropriate coding now being delivered to clinician. The expectation is that this will impact positively on current SHMI reporting.</p> <p>A number of initiatives are underway to ensure that end of life care is appropriate and sensitive to patient and family needs. A quality improvement project (QIP) with the Renal Directorate, Palliate Care Team and Continuous Quality Improvement leads, to develop excellence in an inpatient environment, is being devised.</p> <p>Themes identified within mortality reviews remain consistent including recognition of deteriorating patient, documentation, and end of life care. Actions to address these themes are outlined in the Quality Improvement Programme for mortality.</p> <p>WCCG closely monitors the progress of this improvement plan through monthly CQRM's, Trust and system wide mortality improvement groups and attendance at the mortality review group.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• The number of alerting diagnosis diagnoses groups that have a higher than expected estimated SHMI for March 2018 –Feb 2019 has reduced. The Trust has received a request from the CQC for investigation of</li> </ul>	

Key issue	Comments	RAG
	<p>COPD cases (Feb to Dec 2018) in response to a SHMI outlier alert. The Mortality Review Group (MRG) had pre-empted this request and have already begun an internal data quality investigation, trends analysis and case note review. The Trust has also commissioned Price Waterhouse Cooper to undertake an independent trends analysis review. The Trust response will be ready for September.</p> <ul style="list-style-type: none"> <li>• A themed spotlight session on mortality, sepsis and deteriorating patients was presented by the Trust at the July CQRM. The session highlighted the actions taken by the Trust to address key challenges, such as recruiting mortality reviewers and introduction of the Medical Examiners role to ensure timely mortality reviews (SJR) within 4 weeks, timely learning and sharing and data quality improvement.</li> <li>• A Learning from Deaths (LfD) IT platform and web page has been developed, along with a mortality dashboard to enable effective measurement of hospital mortality improvements.</li> <li>• The Trust continues to implement the Mortality Strategy and Mortality Improvement Plan, with a clear focus on improving the quality of clinical care and preventing avoidable patient deaths.</li> <li>• The themed spotlight on effective recognition of the deteriorating patient gave assurance on the implementation of an electronic data capture system for the Critical Care Outreach Team. Further assurance was requested in relation to comparison benchmarking data from the national cardiac arrest data and timeliness of medical review post NEWS2 trigger.</li> </ul>	
Concerns around sepsis pathways	<p>Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance, the CCG required further assurance in relation to sepsis pathways. Assurance was gained at CQRM in July and key initiatives to drive improvement implemented.</p> <p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• A themed spotlight session on sepsis was held at July's CQRM.</li> <li>• The Trust continues the Sepsis Quality Improvement Project by process mapping procedures to identify key areas of delay and for potential improvement. Following this PGDs have been introduced, in an attempt to improve timeliness of intravenous antibiotics administration for patients who trigger the Sepsis tool or Neutropenic sepsis pathway.</li> <li>• The use of a 'red phone' has been initiated whereby a clinician is available 24/7 to review any patients who are triaged as 'Category 2'.</li> <li>• There is an improved focus on inpatient areas with weekly sepsis rounds undertaken which support education.</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. 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>	

Key issue	Comments	RAG
	<p><b>Risk Mitigation:</b></p> <ul style="list-style-type: none"> <li>• WCCG conducted a Duty of Candour (DOC) assurance visit and identified concerns in relation to DOC process. Further clarification has been requested and confirmation is awaited. A meeting with the provider has been arranged for 22nd August 2019.</li> <li>• Further analysis continues in relation to the regional comparison of 12-hour breach data in relation to mental health patients. This continues to be of concern given the low numbers but regularity of 12 hour breaches of MH patients awaiting a bed in ED.</li> <li>• There has been a slight increase in the number of self-harm/suicide serious incidents reported for BCPFT and WCCG is currently undertaking a thematic review of these SI's to identify common themes and trends to discuss with the provider. However, the initial findings have not identified any increase in the number of self-harm/suicide SI's for the Wolverhampton population.</li> <li>• Overall sickness absence rate has increased to 6.15% in June and remains red against a trust threshold of 4.5%. The vacancy rate has also increased to 14.55% and remains red rated against the target, however, the staff turnover rate has reduced to 13.25% and remains within the target range. Ongoing work continues through the Health &amp; Wellbeing Group to implement proactive measures to reduce sickness absence such as health checks, staff training/education and manager training.</li> <li>• The Trust is also exploring the opportunity to work with Royal Wolverhampton Acute NHS Trust in a new programme they have developed for international nurse recruitment.</li> </ul>	
<p>Reduced CQC rating of W-ton Nursing Home</p>	<p>Due to failures in the Well Led and Safe domains identified at a recent CQC inspection, a Wolverhampton Nursing home is expected to receive a reduced CQC rating.</p> <p>CQC Report has now been published. Care home rated inadequate in Well Led and Safe domains and requires improvement in caring, effective and responsive domains. CHC funded residents reviewed and no concerns identified. QNA team will continue to work with the home on QI and training. The LA QACO team has been asked to support joint quality monitoring visits with the QNA team.</p> <p><b>Risk Mitigation</b></p> <ul style="list-style-type: none"> <li>• Robust action plan in place with monthly reporting back to CQC.</li> <li>• LA and CCG quality teams are monitoring progress via the CQC returns.</li> <li>• Improvements are being made in Health &amp; Safety concerns.</li> <li>• QNA continues to support the home with identifying any training needs.</li> </ul>	
<p>Concerns identified in relation to Lotus Clinical Therapy Service</p>	<p>Lotus Clinical Services came to WCCG's attention following an issue raised by a Wolverhampton GP through Quality Matters at the end of May, as they had written to the GP requesting patient information. There were a number of issues raised in regard to this service provider and the assurance process in place.</p> <p>Lotus is a specialised supported housing provider with a Local Authority contract (City of Wolverhampton</p>	

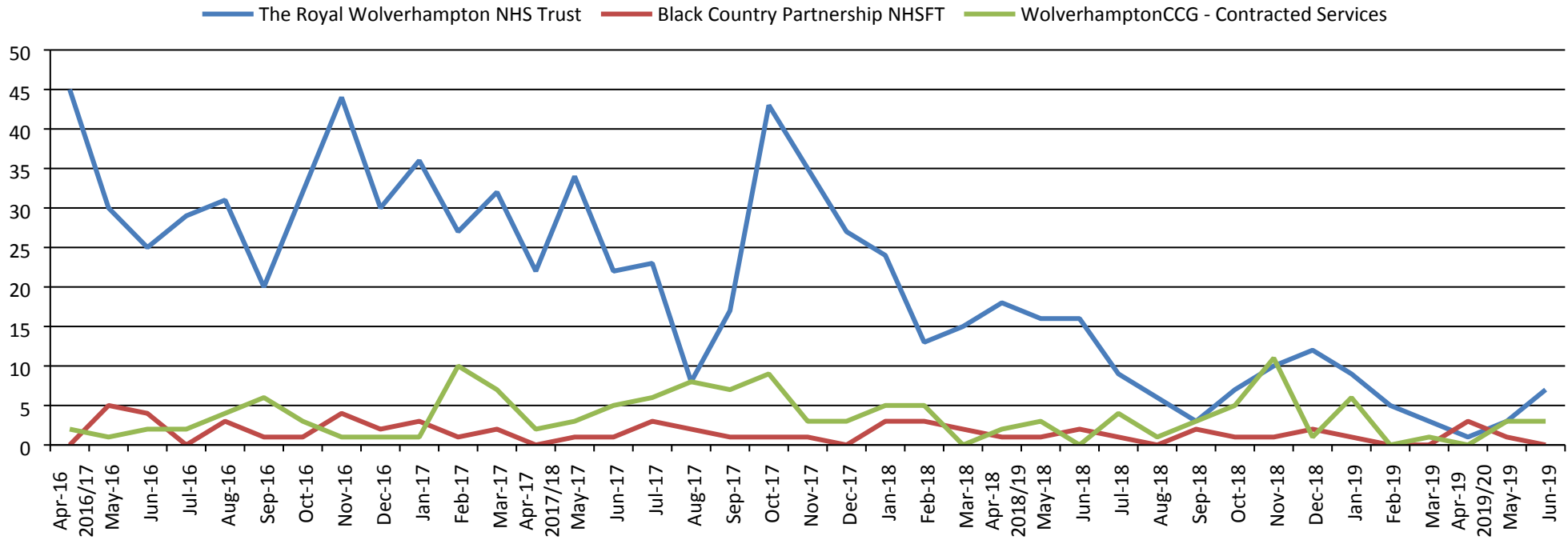
Key issue	Comments	RAG
	<p>Council). The organisation provides specialist housing with 24/7 support for very vulnerable women who have long histories of abuse, trauma and mental health and substance misuse difficulties.</p> <p>Lotus is now providing counselling for this cohort of women, including women who are community based and are mothers and in receipt of early help from Wolverhampton City Council – a gap that is not covered by Healthy Minds or the Well-Being Service.</p> <p><b>Risk Mitigation</b></p> <ul style="list-style-type: none"> <li>• As it is a spot purchase there is no service specification. However, our MH commissioner has assessed the company against the NHSE counselling guidance and they are registered with all the required organisations.</li> <li>• We have met with Lotus on a number of occasions with Black Country Partnership Foundation Trust (BCPFT), to ensure that there is collaborative working and integrated care pathways where appropriate. We are ensuring that the organisations work in partnership with connectivity across their services. BCPFT and Lotus are developing an information sharing agreement to improve shared / joint governance and referral pathways.</li> <li>• Going forwards, to strengthen governance processes and to ensure referrals are appropriately screened, all referrals to Lotus will go through BCPFT Healthy Minds.</li> </ul>	



## 2. PATIENT SAFETY

### 2.1 Serious Incidents

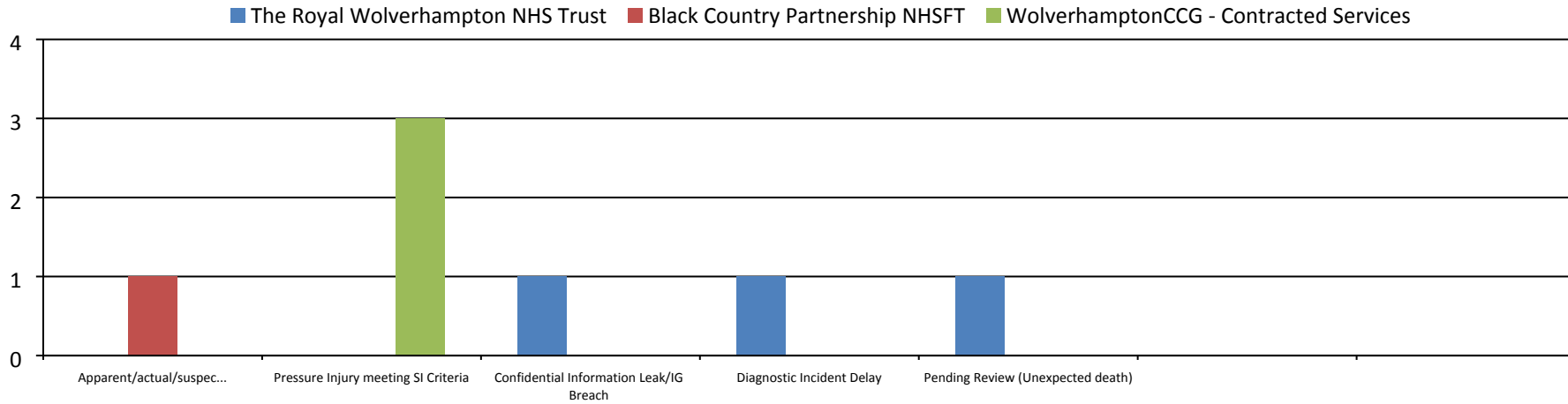
Chart 1: Serious Incidents Reported by Month



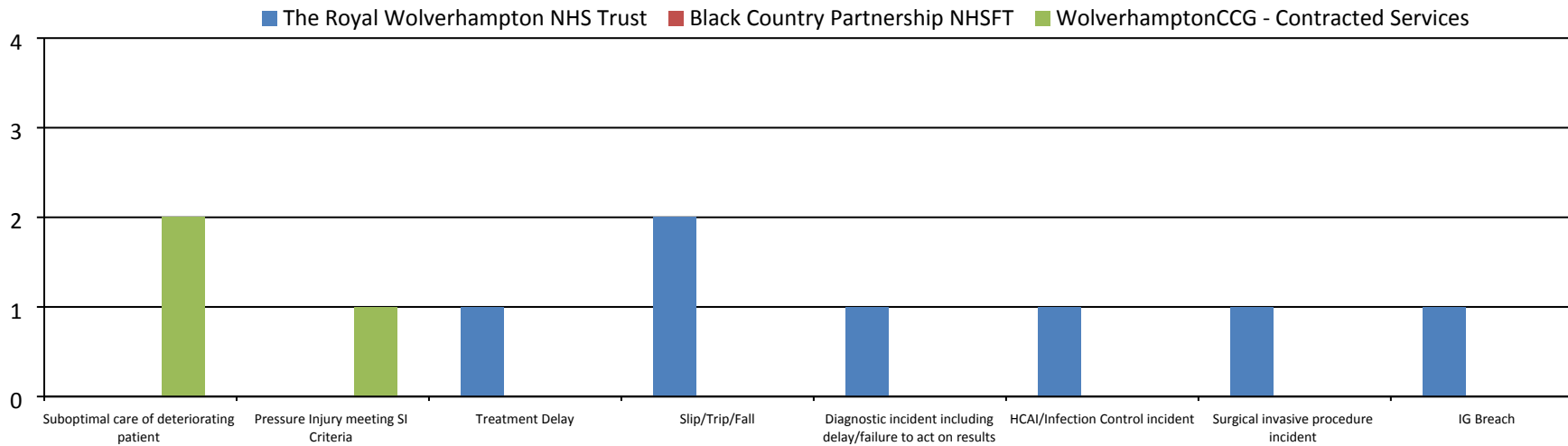
In total, seven Serious Incidents (SIs) were reported in May 2019. Of these three related to RWT, one to BCPFT and three to WCCG.

There were ten Serious Incidents (SIs) reported in June 2019. 7 related to RWT and 3 to WCCG. There were no incidents reported for BCPFT in June.

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



**Chart 3: Serious Incident Types Reported June 2019**



Charts 2 and 3 above show the breakdown of serious incident types reported by each provider for May and June 2019.

## 2.2 RWT Endoscopy Surveillance Serious incident July 2019 Update

A final root cause analysis report for this serious incident has been received and reviewed by the WCCG Serious Incident Scrutiny Group. The RCA has identified that lack of robust administration process for monitoring surveillance patients as a root cause for this SI. The trust has developed a comprehensive action plan to mitigate any identified risks and to prevent reoccurrence of similar incidents. This SI has now been closed on STEIS.

### RWT Duty of Candour Visit 17th July 2019

A planned DOC visit by WCCG quality team was carried out for RWT on the 17th July 2019. Overall, it was positive and assuring visit and the provider was able to demonstrate that there were robust DOC systems and processes in place. A formal feedback from this visit has been shared with the provider.

## 2.3 Never Events

**Table 1: Reported Never Events**

	Yr 16-	Yr 17-	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	0	0	1	0									1
Black Country Partnership	0	0	0	0	0	0	0									0
Other providers	0	1	0	0	0	0	0									0
<b>Total Reported</b>	<b>5</b>	<b>5</b>	<b>4</b>	0	0	1	0									1

A Never Event was reported on June 2019 for Royal Wolverhampton Hospitals. This incident relates to a patient who went to the theatre for the repair of Left Neck of Femur under spinal anaesthesia and block. The Spinal anaesthesia was introduced with the patient in the lateral position. The patient was then turned back to the supine position and a fascia iliaca block was performed on the right side (wrong side). However, this was immediately realised that the wrong side block has been performed on the patient. The consequence of this wrong side block was minimal for the patient; therefore, the surgeons proceeded with planned surgery on the left side. The patient would not be mobilised as they had spinal anaesthesia, so the block did not affect this aspect of care. Trust is currently undertaking a full RCA into this SI to identify the root cause and to identify learning.

### 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 June 2019.
<b>C. Diff</b>		<b>&lt;35</b>	The Trust reported another three cases in June 2019. The cumulative figure for 2019/20 is 11. 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
<b>Bookings at 12+6 weeks</b>		<b>&gt;90%</b>	Bookings at 12+6 weeks for June remain steady at 90% meeting target.

Measure	Trend	Target	Assurance/Analysis
<b>Number of Deliveries (mothers delivered)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	<416	Number of mothers delivered decreased slightly in June to 407 from 421 in May.
<b>One to One care in established labour</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	100%	June = 96.8% showing a decrease compared to May at 98.6%.
<b>Breastfeeding (initiated within 48 hours)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	>=66%	June showed an increase to 63.7% up from 62.8% in May and 60.5% in April.
<b>C-Section – Elective (Births)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	<12%	The rate for elective C-Sections decreased in June to 9.3% from 12% in May and remains under the threshold.
<b>C-Section – Emergency (Births)</b>	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	<14%	Emergency C-section case rate has seen a decrease for the first time since March, down to 19.2%; however, it remains above target.

Measure	Trend	Target	Assurance/Analysis
<b>Admission of full term babies to Neonatal Unit</b>	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar  20 20 20  16/ 17/ 18/  17 18 19</p>	0	There were no full term babies admitted to neonatal unit during June 2019.
<b>Midwife to Birth Ratio (Worked)</b>	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar  20 20 20  16/ 17/ 18/  17 18 19</p>	<=30	The Midwife to birth ratio remains stable and currently stands at 1:28 which is within national standards.
<b>Maternity – Sickness Absence</b>	<p>Ap May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar  20 20 20  16/ 17/ 18/  17 18 19</p>	<3.25%	Maternity sickness absence has shown a further downward trend declining to 3.9% from 4.6% in April.

### 3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – SHMI (NHS Digital)</b>	<p>Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Mar Jun Sep Dec Feb  2014 2015 2016 2017 2018  /15 /16 /17 /18 /19</p>	N/A	<p>The SHMI for March 2018 to February 2019 is 1.192. The SHMI figure is now reported monthly.</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, a city wide approach, clinical</p>

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – SHMI Observed vs. Expected Deaths</b>		N/A	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
<b>6 Week Diagnostic Test</b>		<1%	Figure for June shows 1.0% and meets the target.
<b>2 Week Wait Cancer</b>		93%	The 2 week wait cancer performance position in June is 73.31% and remains below target. 76.1% of these breaches were due to capacity and 23.9% of these breaches were due to patient choice.
<b>2 Week Wait Breast Symptomatic</b>		93%	June's figure shows an increase to 3.82% compared to 1.10% in May. 94.4% of these breaches were due to capacity and 5.9% of these breaches were due to patient choice.

Measure	Trend	Target	Assurance/Analysis
<b>31 Day to First Treatment</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>96%</b>	June data shows a further decline to 82% down from 85.98% in May. 34 of these breaches were due to capacity and 5 of these breaches were due to patient choice and 1 breach was due to complex case.
<b>31 Day Sub Treatment - Surgery</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>94%</b>	The figure continues to fluctuate and shows a slight increase in June to 72.5% from 61.54% in May. All breaches were due to capacity issues.
<b>31 Day Sub Treatment - Radiotherapy</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>94%</b>	31 day sub treatment radiotherapy met the target in June, 94.68% against a target of 94%. 3 of these breaches were due to capacity and 2 of these breaches were due to patient choice.
<b>62 Day Wait for First Treatment</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>85%</b>	Performance has fluctuated over the past four months. Figure for June shows 53.75% compared to May at 66.28%. 12 of these breaches were due to capacity issues, 13 complex cases, 8 patient choice and 15 tertiary referrals received between day 42 and 167.



Measure	Trend	Target	Assurance/Analysis
<b>62 Day Wait - Screening</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>90%</b>	62-day wait showed a further decline in June to 72.41% compared to May at 78.85% and down from 86.05% in April.
<b>62 Day Wait - Consultant Upgrade (local target)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>88%</b>	The 62-day wait consultant upgrade (local target) performance declined in June to 66.05% compared to 77.18% in May but remains under target.
<b>62 Day Wait - Urology</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>85%</b>	The average waiting time in May decreased to 74 compared to April at 84 days (reported one month behind). Performance for Urology in May was 59.26%.
<b>Patients over 104 days</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>N/A</b>	10 patients identified over 104 days in May 2019 compared to 22 in April 2019 (reported one month behind).

### 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 RWT ED declined in June to 78.41% from 83.39% in May.
<b>Time Spent in ED (4 hours) - Combined</b>		<b>95%</b>	Overall performance also declined slightly in June, 86.67% compared to 89.91% in May.
<b>Ambulance Handover</b>		<b>N/A</b>	130 ambulances breached the 30-60 minute ambulance handover target during June compared with 90 for the same period last year.  7 ambulances breached the >60 minutes handover target during the month compared with 3 for the same period last year.

### 3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>		<b>3.85%</b>	Data for June was not published at the time of writing this report and is awaited.

Measure	Trend	Target	Assurance/Analysis
<b>Vacancy Rates (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 7/1 8 8/1 9</p>	<b>10.5%</b>	The vacancy rate remains within the 10.5% target, in June it was 8.6% rising from 8.4% in May 2019.
<b>Staff Turnover Rates (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9 9/2 0</p>	<b>10.5%</b>	Turnover rates remain fairly static at 9.07% for June.
<b>Mandatory Training Rate (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 20 20 20 16/ 17/ 18/ 19 17 18</p>	<b>85%</b>	Mandatory training (generic) compliance rates have remained steady in month and continue to meet the 85% target which changed from April 2019.
<b>Appraisal Rate (%)</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 20 20 20 16/ 17/ 18/ 19 17 18</p>	<b>90%</b>	The target for appraisal compliance for June has been achieved.

**4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

No Serious incidents were reported by the trust for this reporting period.

A planned Duty of Candour assurance visit to BCPFT took place on 17th June 2019. The visit identified some issues around decision making process for DOC application for the serious incidents reported on the STEIS and how the DOC records or relevant correspondence is linked to the Datix. The WCCG quality team has further analysed the DOC records and has arranged a meeting with the provider for 22nd August 2019 to discuss the issues highlighted during this visit.

**4.1 Workforce and Staffing**

Measure	Trend	Target	Assurance/Analysis
<b>Staff Turnover Rates (%)</b>		<b>10-15%</b>	Turnover rate 13.25% in June and remains within the target range.
<b>Average Time to Recruit</b>		<b>55</b>	Average time to recruit KPI has shown a decrease during June to 45 working days and remains within target.
<b>Vacancy rate (%)</b>		<b>&lt;9%</b>	Vacancy rate increased again slightly in June to 14.8 % and remains red rated against the target.

Measure	Trend	Target	Assurance/Analysis
<b>Mandatory Training Rate (%)</b>		<b>85%</b>	Annual specialist mandatory training performance increased to 85%.
<b>% of Shifts filled (Bank and Rostered)</b>		<b>95%</b>	Overall figure for June was 97.89%
<b>Safe Staffing - %Fill Rate Registered Staff</b>		<b>N/A</b>	Registered fill rate for June was 100.2%. Unregistered fill rate was 227.20%.

#### 4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
<b>CPA % of Service Users followed up within 7 days of discharge</b>		<b>95%</b>	This indicator was achieved in both May and June (target 95%).

Measure	Trend	Target	Assurance/Analysis
<b>% of people with anxiety or depression entering treatment</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>1.83%</b>	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. Target achieved for both May and June at 1.85%.
<b>% of inpatients with Crisis Management plan on discharge from secondary care</b>	<p>Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar 201 201 8/1 9/2 9 0</p>	<b>100%</b>	Trust continues to achieve target of 100% for June 2019.

## 5.0 PRIVATE SECTOR PROVIDERS

### 5.1 Vocare

There have been no quality matters, serious incidents or any quality and safety concerns for this reporting period. CQRM held and assurance gained in relation to key quality areas.

#### WCCG Responsive Visit to Vocare on 18th July 2019

On 17th July 2019, WCCG received some intelligence in regards to issues relating to medication safety, safe and secure storage of stock drugs, drugs dispensing issues & missing drugs at Vocare UCC. The quality team undertook a responsive visit with the medicine optimisation team to seek immediate assurance on medication safety practices at Vocare Urgent Treatment Centre and a responsive visit to Vocare was conducted on 18th July 2019.

#### Key findings:

- No immediate concerns were identified in regards to medication safety and all medicines. CD's, stock drugs were stored in a safe and secure manner in an access-controlled locked room. The lock in question was in working order and we were informed that the lock has been fixed recently.
- Robust systems and processes are in place for room a drug fridge temperature checks, ordering and receiving medicine stock delivery, twice-weekly medicine stock levels and CD checks, drugs dispensing etc. Further clarification will be gained at the next CQRM.

## 6.0 SAFEGUARDING

### 6.1 Safeguarding Adults and Children

A comprehensive Quarter 1, 2019/20 Adults', Children's and Children/Young People in Care Report was presented to Quality and Safety Committee in July. The report was agreed and accepted by the Committee – there were no major issues highlighted.

### 6.2 Care Homes

A comprehensive Quarter 1, 2019/20 report was provided at Quality & Safety Committee in July 2019. Highlights include:

- There were 6 SIs reported in care homes during Quarter 1, a slight decrease compared to Quarter 4 when 9 were reported.
- Of these, four were pressure ulcers (2 x Cat 4 and 2 x Cat 3) and the other two related to sub-optimal care of the deteriorating patient meeting SI criteria. Three of the four STEIS reportable pressure ulcers reported in Quarter 1 were deemed to be avoidable following discussion at Scrutiny Group. One incident was deferred awaiting further information from the Provider.
- There were no slips/trips/falls with serious injury reported for Quarter 1, 2019-20 demonstrating that fall prevention training and quality improvement initiatives are having an impact.
- Bentley Court rated “Inadequate” by CQC report published 12th March 2019 has had a further unannounced re-inspection. Report outcome is pending.
- Newlyn Court also rated “inadequate” by CQC with report published 19th June 2019. Inspection found them to be inadequate in safe and well led domains due to multiple health and safety breaches. The care of resident has not been compromised and the home is working to a robust improvement action plan.
- 34 SA1s relating to nursing homes were received during Quarter 1, a similar number compared to the previous quarter when 33 SA1s were received regarding nursing homes.
- Of these 34 referrals, 12 related to pressure ulcers acquired within the homes. Managers are leading on the investigation and enquires supported by the QNAT. Lessons learnt are being shared internally with the staff in the home and also wider, to ensure learning across the sector. Probert Court (who had the highest number of safeguarding referrals) closed at the end of Q1 and residents were safely transferred to alternative placements.

## 7.0 PRIMARY CARE QUALITY DASHBOARD

**RAG Ratings:** 1a Business as usual; 1b Monitoring; 2 Recovery Action Plan in place; 3 RAP and escalation

Issue	Comments	Highlights for June 2019	Mitigation for July 2019	Date of achievement expected of performance	RAG rating
<u>Serious Incidents</u>	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	Serious incident escalated to PPIGG – closed no further actions as it had already been reviewed by PAG	Four further incidents reported to PPIGG	Awaiting outcomes	1b
<u>Quality Matters</u>	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"> <li>• 4 open</li> <li>• 8 closed</li> </ul>	Six incidents are open all relating to IG breaches re: blood forms	Five due for response in July and one in August	1a
<u>Practice Issues</u>	No issues at present	No issues at present	No issues noted at present	No further actions at present	1a
<u>Escalation to NHSE</u>	Four incidents due to be reviewed at PPIGG from Quality Matters	Four incidents referred into PPIGG with four more pending review this month	Four incidents referred to PPIGG this month.	Expected completion by end of July 2019	1a
<u>Infection Prevention</u>	IP audit cycle has recommenced for 2019/20	No issues at present	New audit cycle has commenced	No further actions at present Training to be completed by end of November	1a
<u>Flu Programme</u>	Flu planning meetings have recommenced for 2019/20 flu season	No issues at present	All practices have active orders for all vaccines. It has been noted nationally that there will be a delay in delivery of QIV – NHSE and flu planning group to support practices with contingency	Risk identified and added to register. Flu planning group will meet at least monthly from now until March 2020	1b
<u>Vaccination Programme</u>	Vaccination programmes continue to be monitored	Wolverhampton continue to have low uptake for some vaccines	NHSE/PHE meeting identified issues with MMR uptake and susceptibility. Risk identified to discuss and	Ongoing issue at present, to review in 3 months	1a



			consider adding to risk register. Continue to work with colleagues in PH and other CCGs		
<u>Sepsis</u>	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.	Awaiting commencement of new IP audit cycle  Training for practice nurses arranged for November	Continue to work with Medicines Optimisation and IP teams	No further actions at present  Training to be completed by end of November	
<u>MHRA</u>	No issues at present.	No further update	No further update	No further actions at present	1a
<u>Complaints</u>	No issues at present – quarterly report due July 2019	Quarter 4 complaints data not yet available	No further update – awaiting NHSE data	No further actions at present	1a
<u>FFT</u>	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 May 2019 <ul style="list-style-type: none"> <li>• 5 practices did not submit – there appeared to be an issue with CQRS in some sites and one has submitted late</li> <li>• 1 practice submitted fewer than 5 responses</li> <li>• Uptake was 1.8% compared to 0.8% regionally and 0.6% nationally</li> </ul>	In June 2019 <ul style="list-style-type: none"> <li>• 2 practices did not submit</li> <li>• 1 submitted fewer than 5 responses</li> <li>• Uptake was 2.5% compared with 0.8% regionally and 0.6% nationally.</li> </ul>	No further actions at present	1a
<u>NICE Assurance</u>	No actions at present – next NICE meeting in August 2019	New NICE guidance for primary care discussed in May 2019 – available to providers	Next meeting in August	No further actions at present	1a
<u>Collaborative contracting visits</u>	11 practice visits are outstanding; this will be completed by late summer in line with recent audit.	Visit schedule now available with all practices allocated a visit	As of 23 <sup>rd</sup> July 2019 two practices are outstanding in this visit cycle – due to restart in September	Expected completion by end of July 2019	1b
<u>CQC</u>	No issues at present	One practice identified as being requires improvement –	Practices now undergoing their annual reviews by	On-going process	1b

		meeting arranged with practice and CCG to discuss action plan	telephone. CQC reporting issues as they occur.		
<a href="#">Workforce Activity</a>	Work continues to promote primary care as a desirable place to work and to promote current programmes	Awaiting approval of GPN strategy in Dudley and Sandwell and then to arrange launch	GPN strategy launch booked for 6 <sup>th</sup> October 2019 at Science Park Retention and apprenticeship programmes continue. Regional GPN meeting now set up with rolling chair	On-going	1a
<a href="#">Workforce Numbers</a>	Awaiting NHS Digital workforce data release.	Workforce figures are still pending due to changes in data collection	No change to status	Awaiting further information	1b
<a href="#">Training and Development</a>	None flagged at present	Training continues across the workforce for: GPs – retention work GPNs – strategy launch and retention work, flu training ARTP spirometry and diabetes training Other professions – pharmacy network meetings and PA Fellowships to commence Practice manager update sessions planned	Training continues across the workforce for: GPs – retention work GPNs – strategy launch and retention steering group Flu and spirometry training Pharmacy network meetings Practice manager update sessions Medical assistant training	To continue planning GPN retention and strategy launches Complete by October 2019	1a
<a href="#">Training Hub/HEE/HEI update</a>	To continue monitoring, risk remains open.	Work to reconfigure the Training Hub provision continues. Primary Care Board due to meet in June 2019 to discuss the work plan for hubs and PCNs	Training Hub cover now identified to continue with work as planned	This action is on-going and will be updated as new information is available.	1b