

**WOLVERHAMPTON CCG  
GOVERNING BODY MEETING  
Tuesday 12 November 2019**

**Agenda item 11**

<b>TITLE OF REPORT:</b>	Quality and Safety Assurance Report
<b>AUTHOR(S) OF REPORT:</b>	Sally Roberts, Chief Nurse & Director of Quality Yvonne Higgins, Deputy Chief Nurse
<b>MANAGEMENT LEAD:</b>	Sally Roberts Chief Nurse & Director of Quality
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception). July/August 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 - Significant improvements have been achieved since the implementation of the revised diversion initiative for the breast 2 week wait pathway. The number of cases within the backlog has significantly reduced and the wait for appointment times decreased. Daily monitoring of waiting times for this pathway across providers involved continues. A return to 28 day one stop clinic time performance is expected by November 2019. An additional mega breast clinic has also been established and commenced in September 2019.</li> <li>• Referral to treatment time incomplete pathway performance has not achieved the 92% target and is deteriorating. This KPI was highlighted as an area of concern to QSC in October. This may impact on the quality and safety of care provided to patients. No patients have currently waited over 52 weeks; however, performance against the 95% standard dropped to 84.5% in August.</li> </ul> <p>A recovery action plan has been received by the CCG and, following clinical challenge, has been amended and now accepted.</p> <p>The recovery plan, and associated trajectory, identifies specific speciality I actions to drive improvement. The focus is to reduce backlog where possible and ensure all available capacity is used effectively.</p>

	<p>Assurance has been gained that a process for identifying any harm associated with the delay is being implemented; this will include CCG clinician participation.</p> <ul style="list-style-type: none"> <li>• Mortality - The number of deaths has decreased when compared to last month, along with the SHMI which currently stands 1.1547; however the crude mortality rate has risen slightly.</li> </ul> <p>The mortality outlier for COPD has been completed and submitted to CQC. Key learning was identified in relation to improving knowledge and awareness of NIV criteria at emergency portals and in non-specialist wards and antibiotic prescribing for bronchiectasis.</p> <p>A continuous Quality Improvement project has commenced to review the pathway for EOL care in and out of hospital. This has commenced in the renal directorate, with a focus on identifying preferred place of death.</p> <p>The bereavement nurse is now in post and will commence improving the process for including families/relatives in mortality reviews.</p> <p>Methods for triangulation of outcomes of lessons learnt from clinical audits, serious incident learning and other governance processes with outcomes of SJRs continues to be explored to ensure maximum learning and to allow quality improvement initiatives to be developed.</p> <p>A themed spotlight session on mortality, sepsis and recognition and response to deteriorating patients was presented by the Trust at 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 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.</p> <ul style="list-style-type: none"> <li>• 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 has been undertaken by the CCG. The review highlighted numbers have decreased within Wolverhampton but increased in Sandwell and West Birmingham. Key themes from the review include around 40% of patients had a history of alcohol or drug misuse. More than</li> </ul>
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	<p>90% of patients had a history of previous self-harm or suicide attempts reported for all these incidents. 55% of these patients made more than 1 attempt of suicide or self-harm. 70% of patients were known or were referred to 5 or more mental health services. The findings will be shared with BCPFT and recommendations identified.</p> <ul style="list-style-type: none"> <li>• Further analysis continues in relation to the regional comparison of 12-hour breach data in relation to mental health patients. A system wide meeting with independent providers has taken place to identify how processes for out of hours bed provision can be improved. A demonstration of a system wide bed management database is being organised to support this.</li> <li>• Two Nursing Homes are currently rated “Inadequate” by CQC. Robust action plans are in place. The homes are being supported by the CCG’s QNA and City Council QACO teams and improvements have been seen.</li> <li>• In July 2019 Quality and safeguarding annual reports were received by the committee outlining achievements for last year. Safeguarding adults, children and children and young people in care report was received by the committee to provide assurance that the designated professionals continue to maintain an oversight of the quality and safety matters of safeguarding and CYPiC and are working collaboratively with partner agencies to address issues as they are identified. Public health updates were received by the committee and WCCG is working closely with public health to receive a monthly report of key indicators.</li> <li>• In August 2019, a review of the SEND health element has been completed and was received by the committee. The SEND health review has identified key recommendations and these will be agreed by the SEND steering group.</li> <li>• In addition assurance and an update was received by committee relating to Primary Care, End of Life, Medicine optimisation report, Equality and diversity, Health and Safety performance, Compton Care Quality Visit, BCPFT DOC Assurance Visit, BCPFT Serious Incident Suicide Deep Dive.</li> </ul>
<b>RECOMMENDATION:</b>	Provides assurance on quality and safety of care, and compliance with CCG constitutional standards and to inform the Governing Body as to actions being taken to address areas of concern.

1. Key areas of concern are highlighted below:

	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
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>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. 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, were included. 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>Significant improvements have been achieved since the implementation of the revised diversion initiative</li> </ul>	

Key issue	Comments	RAG
	<p>for the breast 2 week wait pathway. The number of cases within the backlog has significantly reduced and the wait for appointment times decreased. Daily monitoring of waiting times for this pathway across providers involved continues. A return to 28 day one stop clinic time performance is expected by November 2019.</p> <ul style="list-style-type: none"> <li>• An additional mega breast clinic has also been established and commenced in September 2019.</li> <li>• For July, 16 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. 10 of the patients related to tertiary referrals, 3 of these were received before day 40 of the pathway and 6 were received on or after day 62 of the patient pathway.</li> </ul>	
Referral to treatment time incomplete pathway performance has not achieved the 92% target and is deteriorating. This may impact on the quality and safety of care provided to patients.	<p>An additional performance risk which may impact on quality of patient care has been identified in relation to referral to treatment time. No patients have currently waited over 52 weeks; however, performance against the 95% standard has dropped to 84.5% in August.</p> <p><b>Risk Mitigation</b></p> <ul style="list-style-type: none"> <li>• A recovery action plan has been received by the CCG and, following clinical challenge, has been amended and now accepted.</li> <li>• The recovery plan and associated trajectory identifies specific departmental actions to drive improvement. The focus is to reduce backlog where possible and ensure all available capacity is used effectively.</li> <li>• Assurance has been gained that a process for identifying any harm associated with the delay is being implemented, this will include CCG participation.</li> </ul>	
Mortality: RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country	<p>RWT is currently reporting one of the highest Standardised Hospital Mortality Index in the country.</p> <p>The SHMI figure is currently 1.1547, which is lower than previously reported.</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. WCCG closely monitors the progress of this improvement plan through monthly</p>	

Key issue	Comments	RAG
	<p>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 deaths has decreased when compared to last month, along with the SHMI, however the crude mortality rate has risen slightly.</li> <li>• The mortality outlier for COPD has been completed and submitted to CQC. Key learning was identified in relation to continuing to work with nursing homes to identify incidence of inappropriate transfer and areas of improvement, improving knowledge and awareness of NIV criteria at emergency portals and in non-specialist wards and antibiotic prescribing for bronchiectasis.</li> <li>• A continuous Quality Improvement project has commenced to review the pathway for EOL care in and out of hospital. This has commenced in the renal directorate, with a focus on identifying preferred place of death.</li> <li>• The bereavement nurse is now in post and will commence improving the process for including families/relatives in mortality reviews</li> <li>• Methods for triangulation of outcomes of lessons learnt from clinical audits, serious incident learning and other governance processes with outcomes of SJRs continues to be explored to ensure maximum learning and to allow quality improvement initiatives to be developed.</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>• Improvements with sepsis pathways within the ED have been sustained. A key focus for the sepsis team is now to improve performance within in patient areas and other emergency portals.</li> <li>• Following the update of the electronic observation system to include sepsis screening and NEWS2, data relating to performing observations within a timely manner has been challenged. This is partly attributable to data capture changes however this also correlates with increased serious incidents reported in relation to sub optimal care of the deteriorating patient. The CCG has requested an improvement plan outlining clear actions for improvement and a trajectory for when improvements are expected.</li> <li>• The CCG has supported a review of the Critical Care Outreach Team within the Trust and key actions have been identified to strengthen the service.</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>	



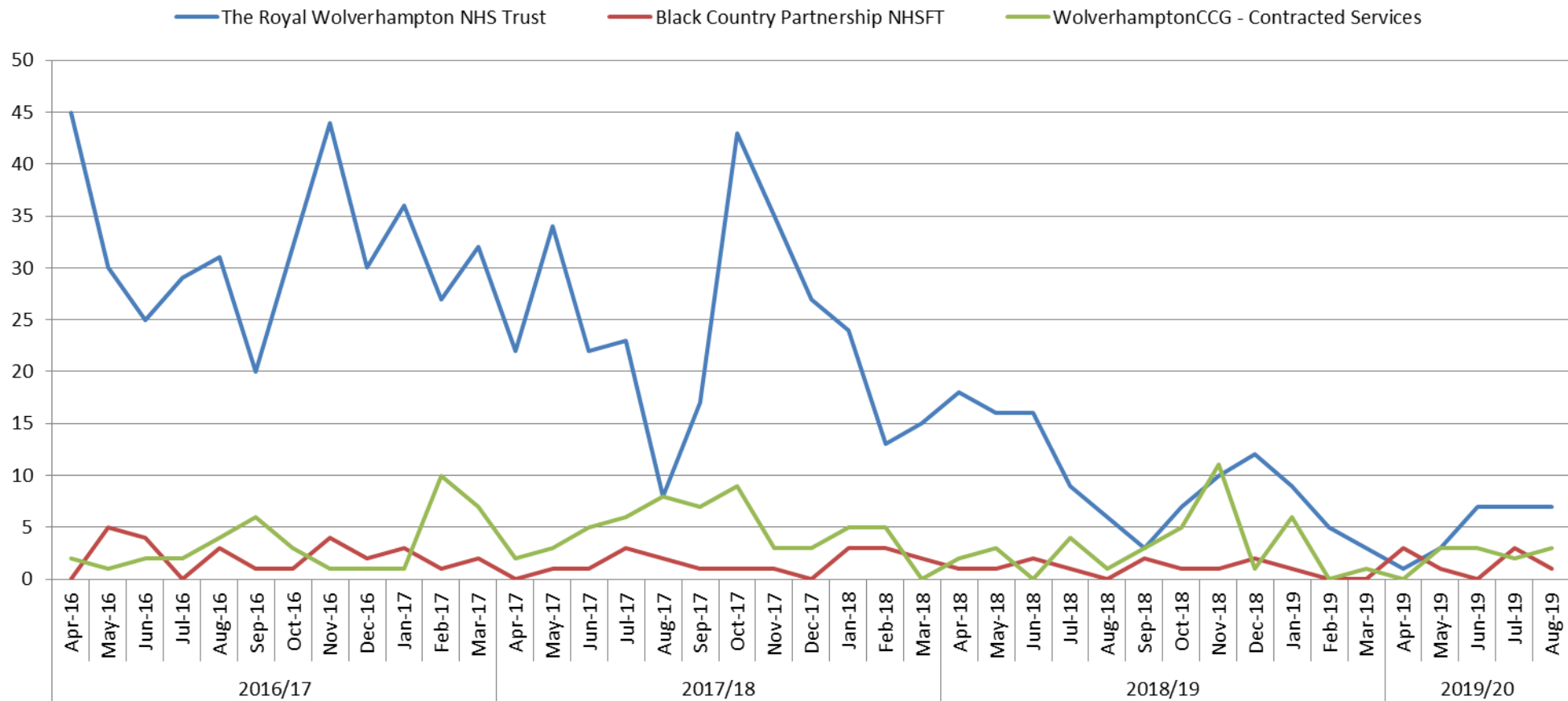
Key issue	Comments	RAG
	<b>Risk Mitigation:</b> <ul style="list-style-type: none"> <li>A themed review of suicide SIs has been conducted. Key themes from the review include around 40% of patients had a history of alcohol or drug misuse. More than 90% of patients had a history of previous self-harm or suicide attempts reported for all these incidents. 55% of these patients made more than 1 attempt of suicide or self-harm. 70% of patients were known or were referred to 5 or more mental health services. The finding will be shared with BCP and recommendations identified.</li> <li>A further meeting with independent providers has taken place to identify how processes for out of hour's bed provision can be improved. A demonstration of a system wide bed management database is being organised to support this.</li> <li>Workforce data remains static.</li> <li>The CCG continue to work with the provider to strengthen reporting processes. A further revised report template will be presented to November CQRM. The aim of the revisions is to enable the CCG to gain further assurance in relation to core services and key quality indicators.</li> </ul>	
Reduced CQC rating of W-ton Nursing Home	<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> <b>Risk Mitigation</b> <ul style="list-style-type: none"> <li>Robust action plan in place with monthly reporting back to CQC.</li> <li>Joint quality visit by LA &amp; CCG quality completed</li> <li>No new quality or safeguarding concerns reported</li> </ul>	
Some emerging concerns regarding nursing home being unable to deliver to the Step Down Contract	<p>Should the nursing home be unable to deliver to the Step Down contract, this could have an impact on flow across the system.</p> <p>Care Home manager and staff are accessing training and development opportunities offered by the CCG.</p> <p>A "Walk in my Shoes" visit was conducted to increase understanding and improved communication across Providers. Quality Improvement programme of work agreed between providers facilitated by the designated QNA.</p> <b>Risk Mitigation</b> <ul style="list-style-type: none"> <li>QNA continues to provide intensive support within the home.</li> <li>Joint visit with CWC quality assurance officer being planned.</li> </ul>	

Key issue	Comments	RAG
	<ul style="list-style-type: none"> <li>Manager accessing support via managers meetings and development opportunities.</li> <li>Key actions identified following the “Walk in my Shoes” event are progressing</li> </ul>	

## 2. PATIENT SAFETY

### 2.1 Serious Incidents

Chart 1: Serious Incidents Reported by Month





In total, 11 Serious Incidents (SIs) were reported in August 2019. Of these 7 related to RWT, 1 to BCPFT and 3 to WCCG.

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

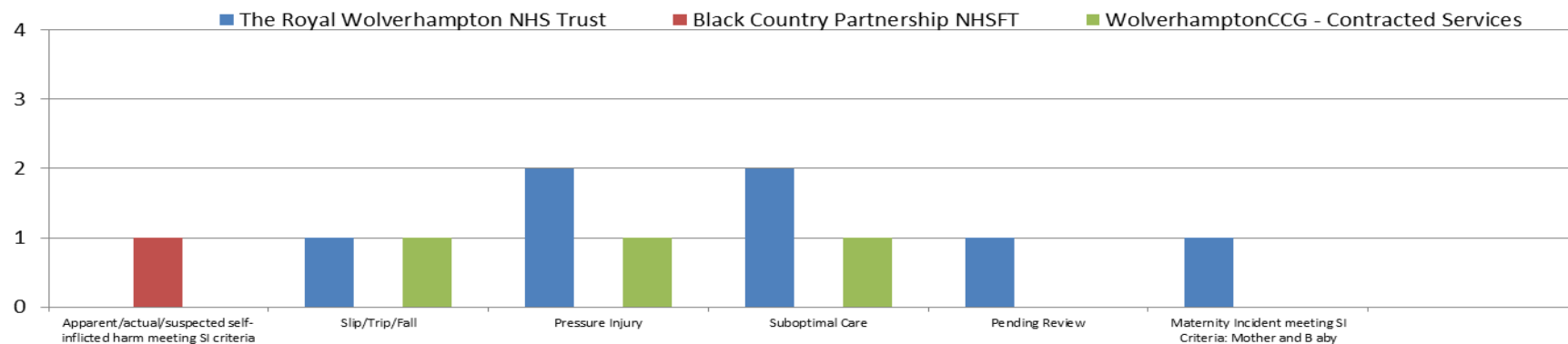


Chart 2 shows the breakdown of serious incident types reported by each provider for August 2019. Initial data for September is identifying an increase in SIs reported under the delayed diagnosis category by RWT. Further analysis will be undertaken and reported at QSC in November.

## 2.3 Never Events

**Table 1: Reported Never Events**

	Yr. 16-	Yr. 17-	Yr. 18-	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	0								1
Black Country Partnership	0	0	0	0	0	0	0	0								0
Other providers	0	1	0	0	0	0	0	0								0

Total Reported	5	5	4	0	0	1	0	0								1
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No new never events reported for this period.

### 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 August 2019.
<b>C. Diff</b>		<b>&lt;35</b>	The Trust reported seven cases in August 2019. The cumulative figure for 2019/20 is 22 and slightly above trajectory. A deep dive into all C-diff cases reported since April will be conducted by the trust to identify any trends to inform improvement. 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>	<p>2017/18 2018/19 2019/20</p>	>90%	Bookings at 12+6 weeks were 92.4% in August (92.1% July).
<b>Number of Deliveries (mothers delivered)</b>	<p>2017/18 2018/19 2019/20</p>	<416	Number of mothers delivered increased in August to 445, up from 395 in July.
<b>One to One care in established labour</b>	<p>2017/18 2018/19 2019/20</p>	100%	Number of mothers delivered increased in August to 445, up from 395 in July.
<b>Breastfeeding (initiated within 48 hours)</b>	<p>2017/18 2018/19 2019/20</p>	>=66%	August showed a further increase to 73.2% from 66% in July. Analysis has identified that this is as a direct result of improvements in continuity of carer, particularly with multiple births.
<b>C-Section – Elective (Births)</b>	<p>2017/18 2018/19 2019/20</p>	<12%	The rate for elective C-Sections decreased to 9.7% in August and remains within target.

Measure	Trend	Target	Assurance/Analysis
<b>C-Section – Emergency (Births)</b>		<14%	Emergency C-section case rate has seen an increase to 20.2% in August and remains above target.
<b>Admission of full term babies to Neonatal Unit</b>		0	One baby was admitted to neonatal unit during August 2019.
<b>Midwife to Birth Ratio (Worked)</b>		≤30	The Midwife to birth ratio currently stands at 1:27 which is within national standards.
<b>Maternity – Sickness Absence</b>		<3.25%	Despite a downward trend at the beginning of the year, Maternity sickness showed a further increase in July to 5.8%, up from 4.7% in June. (Reported one month behind).

### 3.3 Mortality

Measure	Trend	Target	Assurance/Analysis
<b>Mortality – SHMI (NHS Digital)</b>	<p>SHMI (NHS Digital)</p>	N/A	<p>The SHMI for May 2018 to April 2019 is 1.1547. 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>
<b>Mortality – SHMI Observed vs. Expected Deaths</b>	<p>Expected Deaths Observed Deaths</p>	N/A	<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 documentation, coding, clinical analysis and associated learning and overarching staffing. WCCG monitors this action plan via the monthly CQRM.</p>

### 3.4 Cancer Waiting Times

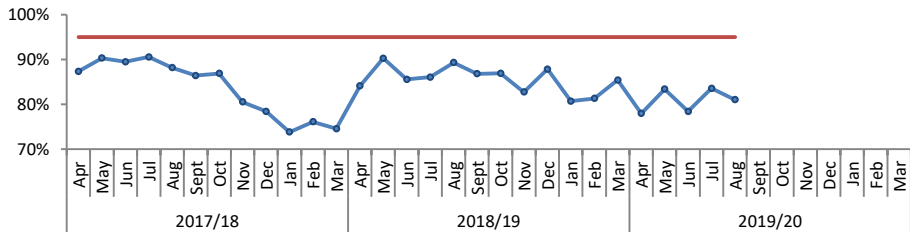
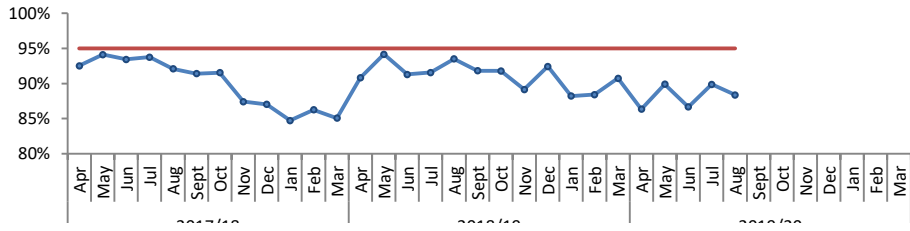
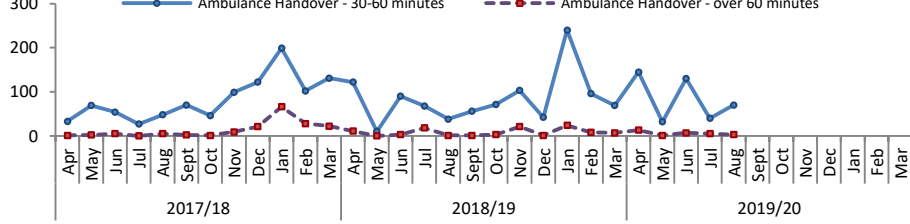
Measure	Trend	Target	Assurance/Analysis
<b>6 Week Diagnostic Test</b>		<1%	<p>Figure for August shows a sharp increase to 3.1%, up from 0.64% in July.</p>

Measure	Trend	Target	Assurance/Analysis
<b>2 Week Wait Cancer</b>	<p>2018/19 2019/20</p>	<b>93%</b>	The 2 week wait cancer performance position in August is 77.16%.
<b>2 Week Wait Breast Symptomatic</b>	<p>2018/19 2019/20</p>	<b>93%</b>	August's figure 2.31%.
<b>31 Day to First Treatment</b>	<p>2018/19 2019/20</p>	<b>96%</b>	Despite an improvement to 88.72% in July, August is showing a decrease to 84.21%.
<b>31 Day Sub Treatment - Surgery</b>	<p>2018/19 2019/20</p>	<b>94%</b>	Figure for August has decreased slightly to 67.5% compared to 72.55% in July.
<b>31 Day Sub Treatment - Radiotherapy</b>	<p>2018/19 2019/20</p>	<b>94%</b>	31 day sub treatment radiotherapy dropped below target in August at 79.31% compared to July at 94.03%.



Measure	Trend	Target	Assurance/Analysis
<b>62 Day Wait for First Treatment</b>		<b>85%</b>	Performance continues to fluctuate. Figure for August shows 58.29% compared to July 62.23%.
<b>62 Day Wait - Screening</b>		<b>90%</b>	62-day wait showed a further decline in August to 60.53%.
<b>62 Day Wait - Consultant Upgrade (local target)</b>		<b>88%</b>	The 62-day wait consultant upgrade (local target) performance remained steady in August at 75.51%.
<b>62 Day Wait - Urology</b>		<b>85%</b>	The average waiting time in July was 76 days (reported one month behind). Performance for Urology in July was 76.36%.
<b>Patients over 104 days</b>		<b>N/A</b>	16 patients identified over 104 days in July 2019 compared to 20 in June 2019 (reported one month behind).

3.5 Total Time Spent in Emergency Department (4 hours)

Measure	Trend	Target	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross		92%	August performance = 81.04%.
Time Spent in ED (4 hours) - Combined		95%	Overall performance continues to fluctuate. August data shows 88.39%.
Ambulance Handover		N/A	70 ambulances breached the 30-60 minute ambulance handover target during August.  3 ambulances breached the >60 minutes handover target during the month.

3.6 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
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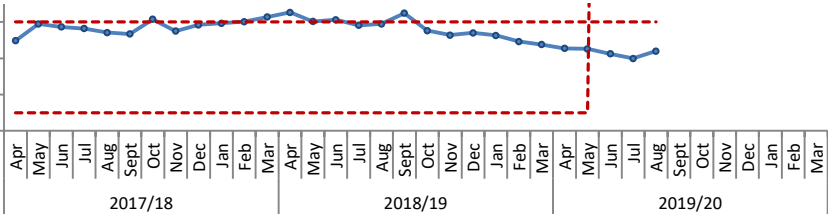
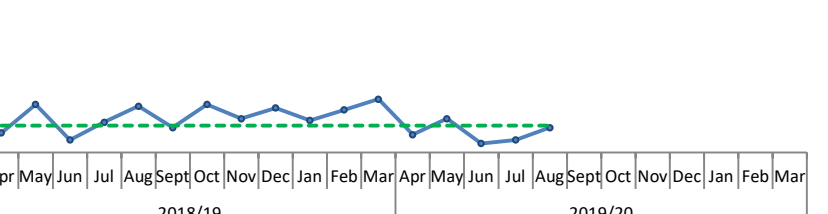
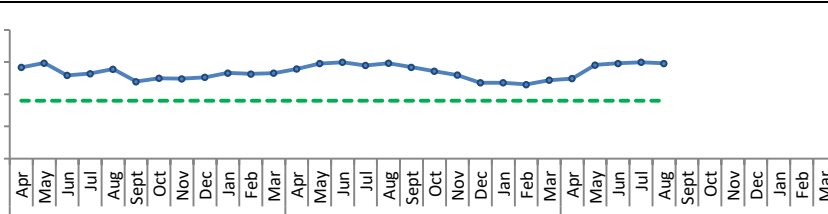
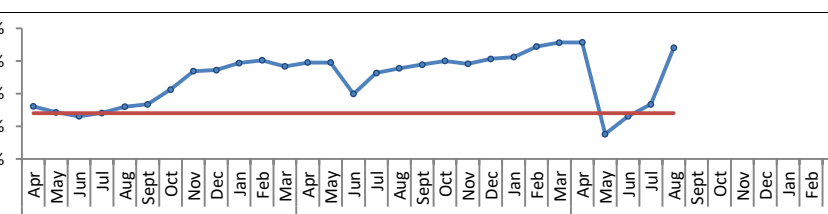
Measure	Trend	Target	Assurance/Analysis
<b>Staff Sickness Absence Rates (%)</b>		<b>3.85%</b>	Latest data shows that staff sickness absence rates improved in July at 3.8% and remains slightly under target.
<b>Vacancy Rates (%)</b>		<b>10.5%</b>	The vacancy rate remains steady at 8.48% in August.
<b>Staff Turnover Rates (%)</b>		<b>10.5%</b>	Turnover rates show 9.32% for July 2019 a slight increase on 8.95% in June. Turnover performance is meeting the standard in all but unregistered clinical staff groups, where it is at or slightly over target.
<b>Mandatory Training Rate (%)</b>		<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. Data for July shows 95.7%.
<b>Appraisal Rate (%)</b>		<b>90%</b>	July 88.9%. Appraisal compliance has deteriorated slightly such that it is not meeting the Trust target. The Trust is undertaking work to improve the position in this regard.



4. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

A full report detailing the findings of the initial Duty of Candour visit to Black Country Partnership in June 2019, together with follow up visit in August 2019, was presented at Quality & Safety Committee in September.

4.1 Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Turnover Rates (%)		10-15%	Turnover rate increased slightly in August to 13.4% and remains within target.
Average Time to Recruit		55	Average time to recruit KPI has shown a further increase during August to 55 working days.
Vacancy rate (%)		<9%	Vacancy rate remains steady in August at 14.8% but is still above target.
Mandatory Training Rate (%)		85%	Annual specialist mandatory training performance improved considerably in August to 95% against a target of 85%.

Measure	Trend	Target	Assurance/Analysis
<b>% of Shifts filled (Bank and Rostered)</b>		<b>95%</b>	<p>Overall figure for August was 96.4%.</p> <p>Registered fill rate for August was 96.1%. Unregistered fill rate was 223.3%.</p>
<b>Safe Staffing - %Fill Rate Registered Staff</b>		<b>N/A</b>	

## 4.2 Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
<b>CPA % of Service Users followed up within 7 days of discharge</b>		<b>95%</b>	<p>August showed a decrease to 92.86% against a target of 95%.</p>
<b>% of people with anxiety or depression entering treatment</b>		<b>1.83%</b>	<p>July data 2.04%. August data awaited.</p>

Measure	Trend	Target	Assurance/Analysis
% of inpatients with Crisis Management plan on discharge from secondary care		100%	Trust failed to achieve target in August 2019 for the first time since July 2018. August data shows 94.12% against target of 100%.

## 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.

## 6.0 SAFEGUARDING

### 6.1 Safeguarding Adults and Children

Learning Disability Mortality Review update for Wolverhampton:

- Total number of notifications to date: 23
- Number of reviews in progress: 11 (includes 1 CDOP case)
- Number of reviews to be allocated: 0
- Number of completed reviews: 12

DHR 11: IMR's and Chronologies have been submitted and scrutinised by the DHR Panel. Further Chronologies have been requested, for submission in October to extend the scoping period for the review.

There are no Safeguarding Adult Reviews in progress, however scoping of agency contact has been carried out for 2 new SAR referrals, awaiting decisions if these will progress

### 6.2 Children's Safeguarding

- Designated professionals continue to attend key meetings to progress the SCR for Child N and the Learning Review for Child P.
- Continuing to work in collaboration with colleagues across the STP to progress arrangements for the Learning Event – Our Voices – Our Shoes.



- A Black Country Multi-Agency SUDIC Protocol is being produced in view of the 2018 guidance, led by WCCG Designated Doctor, and is out for consultation with agencies across the Black Country.

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

August saw Wolverhampton CYPiC numbers drop below 600 (599) for the first time since 2012.

Designated CYPiC professionals met as part of the STP work-stream to ensure a consistent approach across the STP foot print and reduce unwarranted variation in the way health services are commissioned for our CYPiC. As a result task and finish groups were attended in July and August to:

- i) Review all tools and establish a standard quality assurance audit tool for statutory health assessments across STP.
- ii) Gain clarity around the commissioning of CAMHS across the STP to identify gaps and ensure equity across the area.

The Designated Nurse CYPiC attended an urgent Care Planning Meetings in August around concerns for children who are placed outside Wolverhampton. This is to ensure strategic oversight of health needs and monitor risk. Subsequent discussions were had with RWT Named professionals and local CCG's where the children are placed.

A Wolverhampton sibling group were removed from their foster carer in June 2019 due to safeguarding concerns. Subsequent information given by the children resulted in an emergency placement being sought and an investigation commenced around the care they received. The Designated Nurse CYPiC attended the following strategy meeting, and met with the CYPiC local authority lead in August to discuss concerns from a health perspective. Having discussed with the Designated Nurse Safeguarding Children, it was agreed that the case will be referred to the Learning and Improvement Committee.

### **6.2 Care Homes**

Bentley Court Nursing Home remains in suspension. A joint quality assurance visit conducted by City Wolverhampton Council (CWC) Quality and Compliance Officer and QNA significant identified areas of improvement. The QNA team continues to work closely with CWC quality teams to monitor care home position and provide support. Provider multiagency meetings are being held to monitor sustained improvement.

Newlyn Court Nursing Home suspension continues since receiving an inadequate CQC rating on 19th June 2019. The home is making good progress on its improvement action plan with monthly reporting back to CQC. A joint quality visit by LA & CCG Quality team has been completed. There has been no new quality or safeguarding concerns reported.

Primrose Hill – there is a risk this nursing home will be unable to deliver to the Step Down contract and have an impact on DTA from the Trust. The QNA team is currently providing intensive support with twice weekly contact with the home, and will be supporting to deliver improvements against an agreed

action plan. The Manager is accessing support via Managers' meetings and development opportunities. A joint visit with CWC quality assurance officer is being planned.

Quality Improvement - there were no reported pressure ulcers acquired within nursing homes who took part in the Quality Improvement survey during the month of August. Numbers of reported falls with harm remain low compared with occupied bed days.

August's A&E attendance from survey monkey data has been compared with WMAS call out and conveyance data. On the whole this correlates, with the exception of 3 care homes where there are slight discrepancies. The home with the highest call out and conveyance rates from the WMAS data continues to be Sunrise of Tettenhall, followed by Wulfrun Rose. The QNA team continues to target these homes with specific training in frailty, deterioration and EOLC.

## 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 July 2019	Mitigation for August 2019	Date of expected achievement of performance	RAG rating
<a href="#">Serious Incidents</a>	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	Four further incidents reported to PPIGG	One incident referred to PPIGG Another potential SI identified	30 <sup>th</sup> September 2019	1b
<a href="#">Quality Matters</a>	All issues being addressed by appropriate teams at the CCG and trust that has raised the issue. For review at PPIGG as relevant	Six incidents open all relating to IG breaches re: blood forms	Five incidents open, three are overdue and have been chased, three relate to IG breaches re: blood forms, one to inappropriate referral and one to staff behaviour	30 <sup>th</sup> September 2019	1a
<a href="#">Practice Issues</a>	No issues at present	No issues noted at present	No issues noted at present	None at present	1a
<a href="#">Escalation to NHSE</a>	Four incidents due to be reviewed at PPIGG from Quality Matters	Four incidents referred to PPIGG this month. Two for management by CCG and two to be reviewed by PAG	One incident referred to PPIGG awaiting outcome	30 <sup>th</sup> September 2019	1b
<a href="#">Infection Prevention</a>	IP audit cycle has recommenced for 2019/20	New audit cycle has commenced	Eight practices audited, every practice improved from previous	On going	1a

			annual audit. Issues identified relate to waste management, environment and PPE.		
<a href="#">Flu Programme</a>	Flu planning meetings have recommenced for 2019/20 flu season	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	Sufficient vaccine is available in the city but MHRA rules will not be relaxed this year. Monthly CCG/PH meetings have recommenced. Monthly NHSE teleconferences have commenced	31 <sup>st</sup> March 2020	1b
<a href="#">Vaccination Programme</a>	Vaccination programmes continue to be monitored	NHSE/PHE meeting identified issues with MMR uptake and susceptibility. Risk identified to discuss and consider adding to risk register. Continue to work with colleagues in PH and other CCGs	There are plans to add MMR uptake to collaborative contracting visit agenda as an ongoing item and to share data with locality managers	On-going	1b
<a href="#">Sepsis/ECOLI</a>	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.	Continue to work with Medicines Optimisation and IP teams	Ongoing work against action plan	30 <sup>th</sup> November 2019	
<a href="#">MHRA</a>	No issues at present.	No further update	No further update	None at present	1a
<a href="#">Complaints</a>	No issues at present – quarterly report due July 2019	No further update – awaiting NHSE data	Seven complaints received in Q4 <ul style="list-style-type: none"> <li>• 6 closed 1 open</li> <li>• 2 relate to the same practice</li> <li>• 4 not-upheld; 1 partially upheld; 1 upheld</li> </ul> Themes include: <ul style="list-style-type: none"> <li>• Prescriptions</li> <li>• Communication</li> <li>• Clinical treatment and errors</li> <li>• Staff attitude –this area the number of complaints has significantly reduced</li> </ul>	On going	1a
<a href="#">FFT</a>	Quarterly full report due in July	In June 2019	In July 2019	On-going	1a

	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	<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>	<ul style="list-style-type: none"> <li>6 practices did not submit</li> <li>2 submitted fewer than 5 responses</li> </ul> <p>Uptake was 2.2% compared with 0.9% regionally and 0.5% locally. Practices have been reminded to nominate someone to upload their data if the main person is on leave. Full report to be provided next month</p>		
<a href="#">NICE Assurance</a>	No actions at present – next NICE meeting in August 2019	Next meeting in September	Next meeting in September	None at present	1a
<a href="#">Collaborative contracting visits</a>	All practices now complete new cycle to commence in October 2019	As of 23 <sup>rd</sup> July 2019 two practices are outstanding in this visit cycle – due to restart in September	All practices now complete, 5 action plans outstanding (minor issues only). Template reviewed again for new cycle from October.	On going	1b
<a href="#">CQC</a>	There has been another practice given requires improvement rating.	Practices now undergoing their annual reviews by telephone. CQC reporting issues as they occur.	Three practices now have a requires improvement rating, these are being supported by CCG Quality and Primary Care teams	On going	1b
<a href="#">Workforce Activity</a>	Work continues to promote primary care as a desirable place to work and to promote current programmes	GPN strategy launch booked for 3 <sup>rd</sup> October 2019 at Science Park Retention and apprenticeship programmes continue. Regional GPN meeting now set up with rolling chair	GP strategy launch planning continues – venue now Himley Hall. GPN retention plan work streams under development.	On-going Strategy 3 <sup>rd</sup> October	1a
<a href="#">Workforce Numbers</a>	Awaiting NHS Digital workforce data release.	No change to status	No change to status – data available but this is from September 2018 which is not new data.	On-going	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 steering group Flu and spirometry training Pharmacy network meetings Practice manager update sessions	Further flu training will be held in September Spirometry training is due in September and December Immunisation training for HCAs will be available c/o Training Hub MERIT Diabetes training is being provided by pharma PMP will include immunisations	On-going	1a

		Medical assistant training	and cytology		
<a href="#">Training Hub/HEE/HEI update</a>	To continue monitoring, risk reduced and closed.	Training Hub cover now identified to continue with work as planned	Sandwell CCG are now providing Training Hub cover, GPN facilitation remains with Dudley TH no issues noted	On-going	1a