

**WOLVERHAMPTON CCG
Governing Body Meeting
Tuesday 11th February 2020**

Agenda item 12

TITLE OF REPORT:	Quality and Safety Assurance Report
AUTHOR(s) OF REPORT:	Sally Roberts, Chief Nurse Yvonne Higgins, Deputy Chief Nurse
MANAGEMENT LEAD:	Sally Roberts, Chief Nurse & Director of Quality
PURPOSE OF REPORT:	To provide the Governing Body with detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception) September/October/November 2019 data.
ANY EMERGING RISKS OR AREAS OF CONCERN FOR ESCALATION:	<p>Transforming care Programme – Wolverhampton continues to have more inpatients than the national identified trajectory, despite the significant reduction achieved. Wolverhampton has not had an admission to an inpatient bed for 16 months. BCWB CCGs remain on national escalation for this performance.</p> <p>Planned merger of Black Country Partnership Trust and Dudley Walsall Mental Health Trust – To seek assurance from the provider that any emerging clinical and governance risks identified during transition process are effectively and adequately mitigated and that there are effective processes and plans are in place to ensure continued mitigation and management of these risks post-transition. An update has been requested from BCPFT for the February, 2020 CQRM.</p> <p>The CCG is developing integrated assurance arrangements to ensure mechanisms are in place to effectively gain assurance relating to the quality and safety of the merged provider across the Black Country footprint. Strengthened reporting mechanisms have already been embedded and further work is ongoing.</p>
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.

<p>RECOMMENDATION:</p>	<ul style="list-style-type: none"> • GB to seek assurance through this report on those areas of highest risk and to receive assurance that the current arrangements for assuring Q&S of the local system are in place and that the mitigation provided is robust. • GB to be assured on the quality and safety of care, and compliance with CCG constitutional standards ongoing.
<p>KEY HIGHLIGHTS:</p>	<p>The main areas for focus identified in this report are:</p> <ul style="list-style-type: none"> • Cancer performance at Royal Wolverhampton Hospital Trust against 62 and 104 day cancer pathways, although improving, remains below trajectory. No reports of harm for patients waiting for treatment. • Referral to treatment time incomplete pathway performance at Royal Wolverhampton Hospital Trust has not achieved the 92% target. There are no reported waits over 52 weeks and the referral backlog is reducing. • Standardised Hospital Mortality Index for Royal Wolverhampton Hospital Trust has now returned to 'within expected' range. • On-going workforce challenges, in line with national picture, in relation to the retention and recruitment of clinical staff at the Black Country Partnership NHS trust remain. • Mental health bed capacity is running at above 95% consecutively at Black Country Partnership NHS trust. • Report contains updates on the Quality and Safety issues raised through Q&S committee. • Report contains summary of assurance and update on the reports received by Q&S committee for this reporting period.

1. Introduction

This report details the key activities of the oversight and improvement actions taken within the WCCG and the associated providers in relation to quality, safety and performance assurance. The report summarises information received at the Quality and Safety Meeting held for this reporting period.

2. Provider Key Issues

2.1 The Royal Wolverhampton NHS Trust

Cancer performance at Royal Wolverhampton Hospital Trust against 62 and 104 day cancer pathways, although improving, remains challenging. The trust has failed 5 out of the 9 indicators against the 2 week wait-breast symptomatic referrals, 31 days to first treatment, 62 day wait for the first treatment, 62 day wait-screening and 62 day wait - consultant upgrade. Assurance continues to be received relating to the actual or potential impact of harm to patients as a result of the delay, to date there have been no serious incidents reported relating to delays in cancer treatment. Key areas of concern remain urology and colorectal patients due to a number of late tertiary referrals and capacity to meet demands within these specialties.

Risk mitigation:

Significant improvements for Breast symptomatic patients have been sustained and patients are now being booked within the standard and currently, there is no backlog. The system wide approach to improving performance delivered on the initial part of this improvement, and further improvements relating to increased capacity initiatives have embedded and sustained improvements. Daily monitoring of waiting times for this pathway across providers continues to ensure consistency. In addition, there is an increased focus on patient throughput in breast imaging and an Advanced Nurse Practitioner has been successfully recruited and commenced in post in December 2019.

A key focus for improvement remains on the 62-day target. This is challenging due to the number of late tertiary referrals and capacity to meet demand within specialty services such as urology. Colorectal referral numbers are increasing due to the high level of demand. A Nurse-led triage process for gastro referrals will commence in January 2020.

For September 2019, 21 patients and for October 2019, 17 patients over 104 days were treated on a cancer pathway, all of these patients had a harm review and no harm was identified. The main reasons identified for these breaches were internal issues (capacity), patient choice, the clinical complexity of cases and delays in receiving tertiary referrals.

- **Referral to treatment time incomplete pathway performance has not achieved the 92% target**

An additional performance risk which may impact on the quality of patient care has been identified in relation to referral to treatment time. No patients have currently waited over 52 weeks; performance has improved against the 95% standard to 83.30% for November 2019 and thereby, reversing the trend of deteriorating performance from previous months. Assurance is required relating to the actual or potential impact of harm to patients as a result of the delay.

Risk Mitigation

The Trust has undertaken further work to reduce the number of patients on the incomplete waiting list. This work has been incorporated into the existing recovery action plan and a new trajectory has been agreed with specific departmental actions to aid improvement of compliance for this indicator. This is being monitored on a fortnightly basis and is showing signs of improvement. A return to standard is anticipated by March 2020.

The Trust is undertaking additional list validation, increasing capacity along with pathway cleansing and targeted in-depth training.

The Trust is continually experiencing high levels of referrals into the Endoscopy Department and capacity constraints in neurophysiology have been identified. Additional sessions have been sourced in endoscopy at the weekends throughout December 2019 and January 2020 with an aim of improving this performance as quickly as possible. For neurophysiology, capacity has been sourced elsewhere.

There have been no 52 week breaches for any patients on RTT pathway reported for this period.

For the month of November the trust maintained the performance and thereby is continuing to reverse the trend of deteriorating performance from previous months.

- **Mortality: Standardised Hospital Mortality Index was above national expected rates**

RWT was reporting higher than expected Standardised Hospital Mortality Index rates. RWT had a high percentage of in-hospital deaths for the local health economy compared with the national mean.

Risk Mitigation

The latest published SHMI has further reduced from 1.14 to 1.12 (period August 2018 to July 2019) and the trust has now moved inside the national SHMI funnel plot and is now classed as within the 'expected' range. The rate of SJR completion is showing improvement, with the backlog previously reported having reduced. A thematic review of SJR 2 cases has been shared with clinical colleagues. No further CQC or Dr Foster mortality alerts have been received.

- **Concerns around sepsis pathways within RWT**

Following the CQC mortality outlier alert in relation to sepsis and sepsis CQUIN performance in 2018-19, the CCG requires further assurance in relation to sepsis pathways.

Data identifies that for the month of November 2019, 100% of patients who met the sepsis screening criteria in ED were appropriately screened and 90% of these received IV antibiotics within the hour. Within inpatient areas 79.9% of patients who met the sepsis criteria were appropriately screened and 52.8 % of these received IV antibiotics within the hour.

Risk Mitigation

The sepsis indicators continued to be achieved in the Emergency Department and improvements sustained. In terms of inpatient areas, the indicators remained rated as amber or red. The Trust continues to drive improvements via the established sepsis improvement plan.

The trust has raised concern with System C (electronic observations and sepsis module provider) in regards to the accuracy of the reports produced via the system. Compliance is higher from paper audit than the electronic ones generated. Therefore, the trust has arranged a meeting with System C. The trust will review their approach in term of reporting after this meeting.

The trust has achieved slight improvement for the late observations for this reporting period, however, this still remains a challenge. The trust is continually working on delivering Continual Quality Improvement (CQI) projects on a variety of wards to drive improvements.

- **Maternity Services**

Maternity services at RWT continue to engage positively with the Local Maternity System (LMS) and embedding the saving babies V2 care bundle and continuity of carer initiatives.

Risk Mitigation

The percentage of mothers where breast feeding has been initiated has improved and has exceeded target of 65% for the last 5 months. Smoking at the time of delivery has reduced significantly to 12% from 17.7%. The trust are reporting that these improvements are as a direct consequence of implementation of improvements with continuity of carer and saving babies lives care bundle V2.

The number of bookings has increased in October and November 2019. There are small numbers coming from Shropshire and may be in relation to the current publicity relating to maternity services within Shropshire. Maternity workforce indicators are closely monitored by the CCG. The vacancy rate is currently 0.5% and Birth to Midwife ratio is in line with birth rate plus at 1:27.

2.2 Black Country Partnership Foundation Trust

- **Workforce issues which may impact on the quality and safety of care provided**

In line with the national picture, BCP have identified workforce challenges in terms of retention and recruitment of clinical staff.

Risk Mitigation

The Trust continue to work with Health Education England to recruit nurses to the learning disability nursing apprenticeship programme at Coventry University in March 2020 and further work is taking place regarding the nurse fellowship programme with Wolverhampton University in relation to overseas recruitment of nurses.

The Trust is looking at the roll-out of the safe care tool alongside the Mental Health Optimal Staffing Tool (MHOST) which calculates clinical staffing requirements in mental health based wards based on patient needs (acuity and dependency) alongside clinical judgement. The trust is currently liaising externally to allocate a roster management system to develop an implementation plan.

The Trust sickness absence rate has reduced slightly to 5.93% compared to 5.96% in October but still remains amber rated against a threshold of 4.5%. The vacancy rate has increased to 12.91% which is slightly higher compared to 11.33% in October and remains red rated against the trust target. Staff turnover rate also increased to 13.33% compared to 12.95% in October and remains within the target range.

- **BCP adult MH beds capacity issues which may impact on the experience, quality and safety of care provided to patients**

Issues identified in relation to capacity of adult mental health beds. From April 2019 RWT to December 2019 there has been six 12-hours ED breaches reported and all these breaches relate to mental health patients. A local system wide table top review was led by CCG and identified the common themes as MH bed capacity issues, transport delays and unavailability of section 12 approved social worker.

Risk Mitigation

An initiative to implement an enhanced Bed Management function to support capacity has been agreed. A collaborative approach to bed management with Dudley & Walsall Mental Health Trust is also been explored, to ensure good practice is shared and the STP out of area placement plan ambition of zero out of area patients by April 2021 is achieved.

The system wide 12 hour mental health breach action plan has been revised to include more measurable outcomes. This will be monitored through the Urgent Care Delivery Board.

- **Planned merger of Black Country Partnership Trust and Dudley Walsall Mental Health Trust**

On 1st April 2020, it is planned that Black Country Partnership Trust and Dudley Walsall Mental Health Trust will merge to become one organisation -Black Country Healthcare NHS Foundation Trust; which will provide Mental Health and Learning Disability services across the Black Country.

Risk Mitigation

The two organisations have been working collaboratively over a number of months to align governance processes, structures and systems in preparation for the proposed merger.

The CCG is developing integrated assurance arrangements to ensure mechanisms are in place to effectively gain assurance relating to the quality and safety of the merged provider across the Black Country footprint. Strengthened reporting mechanisms have already been embedded and further work is ongoing.

- **Transforming Care Partnership (TCP)**

Although the Black Country and West Birmingham system has achieved significant discharges over the lifetime of the Transforming Care Programme, it is recognised that there is a significant number of adults with learning disabilities and/or autism who are currently inpatients in mental health or learning disabilities services. Wolverhampton has not had an admission to an inpatient bed for 16 months.

Risk Mitigation

Transformation work continues in relation to commissioning and service provision for adults with learning disabilities and/or autism, and in particular support for cases that require legal frameworks to enable discharge from inpatient services.

Further external reviews have been commissioned for clients who do not have an estimated discharge date before March 2020, to ensure that all actions are in place to effectively support discharge if appropriate.

A revised strengthened governance framework has been embedded across the TCP, with a key focus on quality. This includes changes to leadership arrangements across the TCP.

A revised detailed action plan, with a focus on high-level actions, was agreed by the TCP Board on 21st November. The action plan will be managed through the Delivery Group on a monthly basis, with a report to the TCP Board and through the CCG Governing Bodies.

3. Wolverhampton Nursing Homes

Two of the Wolverhampton nursing homes were rated “Inadequate” by CQC earlier this year; however, both of these homes have since been re-inspected by CQC and have been rated as “Requires Improvement”. Both homes have made significant improvements against robust action plans, supported by the CCG Quality Nurse Advisors (QNA) and Local Authority quality teams. The WCCG QNA team will continue to provide advice and support to the homes to improve the quality of care of the residents and to assist with the ongoing Quality Improvement initiatives identified. An enhanced ward round has recently been commissioned by WCCG and is currently live in two nursing homes, with full roll out planned shortly to all Wolverhampton Nursing homes.

4. Primary Care

The vast majority of Wolverhampton practices have been rated "Good" by CQC with no practice rated as "Inadequate"; however, one practice has been rated as "Requires Improvement". The practice rated as Requires Improvement has a comprehensive action plan in place, which is progressing well. The improvement plan is closely monitored and supported by WCCG. No serious incidents have been reported by Wolverhampton practices for this reporting period.

5. Safeguarding Arrangements

Adult Safeguarding

WCCG's Designated Adult Safeguarding Lead is leading the STP Safeguarding Assurance Framework and Dashboard Work Stream. A report was presented to the ICA End of Life Sub Group to update the group on the progress and learning from the LeDeR Programme (Learning Disabilities Mortality Review) in Wolverhampton, which indicates Wolverhampton is achieving its local LeDeR trajectory.

Planning is under way to arrange a Black Country and West Birmingham LeDeR Learning event in March 2020 at Walsall Football club. The first planning meeting took place in November. Learning from local Domestic Homicide Reviews, Safeguarding Adult Reviews and Serious Case Reviews event was held in November at Wolverhampton Race Course. The event was opened by WCCG Chief Nurse and Director of Quality in her capacity as chair of the executive WST and was facilitated by WST members. The event was well attended by Multi Agency Colleagues, including staff from WCCG Commissioned Services. The Safeguarding Commissioning Assurance Toolkit (S-CAT) was successfully submitted to NHSE at the end of November. This is part of a pilot, and has replaced the SAT (Safeguarding Assurance Toolkit). The United Nations Orange the World Campaign started on 26th November. This is 16 days of action to end violence against women and girls. The Safeguarding team promoted staff to wear orange ribbons and held a display in the Lockside Coffee shop in support of the campaign.

As part of the new statutory safeguarding arrangements (Wolverhampton Safeguarding Together), a workshop was held to plan how the proposed 'One Panel' will function. This will panel will replace the previous Safeguarding Adult Review Committee, the Serious Case Review Committee and the Domestic Homicide Review Panel. The first meeting of the One Panel is planned for spring 2020. A draft of the DHR 11 Report was shared at the DHR panel meeting on 29th November, prior to the Practitioners Learning Event planned for 5th December. Level 3 Safeguarding Adults training was provided for Primary Care and WCCG staff in November. The next session will be held in March 2020.

Children's Safeguarding

As part of the assurance work of the Wolverhampton Safeguarding Together partnership, the Deputy Designated Nurse (DDN) carried out a frontline practitioner visit alongside the police to the Multi-agency Safeguarding Hub (MASH), the 'front door' service that

manages early help and safeguarding concerns. A group of professionals, from different agencies were involved in the workshop session where questions were asked in relation to a variety of aspects in relation safeguarding children practices, policies and procedures. The DDN completed feedback documentation which has been submitted to WST for the Executive Group to review WST had recommenced the JTAI (Joint targeted area inspection programmes where Ofsted, Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS), the Care Quality Commission (CQC) and HMI Probation jointly inspect and report on the impact of local multi-agency safeguarding arrangements on children) preparation meetings which the DDN attended this month.

The current theme that is being inspected nationally is Children's mental health, where they are reviewing cases of children aged between 10-15, who are living with a mental health diagnosis. Self-evaluations in regards to mental health provision within services have been circulated for all agencies to complete. DDN led a meeting with BCPFT, RWT and MASH to review the audit tool used within health to review safeguarding practice. A generic audit tool was compiled with the agreement for the tool to be piloted in an audit, to be completed by June 2020 in RWT, BCPFT, MASH and CCG, in relation to domestic abuse in both adults and children's services.

6. LeDeR Update

The LeDeR Programme in Wolverhampton continues to progress well. There are no unallocated reviews in Wolverhampton; however, there are 24 unallocated across the rest of the Black Country. The LeDeR Administrator and LeDeR Co-ordinator posts have been recruited to, and will be supporting the allocation of unallocated reviews to agency reviewers. NHSE/I are providing the funding for this. A Black Country LeDeR Learning Event is planned for spring 2020.

7. Medicines Optimisation Update

The key highlights from the Medicines Optimisation reports received for this reporting period are as below:

An Integrated Pharmacy and Medicines Optimisation (IPMO) Regional Engagement STP Event took place on 24th July 2019, which informed stakeholders and interested parties of the work being undertaken. The IPMO are one of seven STPs in a pilot programme trying to get the best value for medicines, it has been very successful.

Work has been taking place around the Transfer of Care around Medicines (TCAM), which has focussed on transferring between secondary and primary care. STOMP has been looking after autism and Learning Disabilities patients.

There has been a launch of COPD events, which was attended by 400 clinicians.

Medicines Optimisation in Care Homes has been up and running since July to help with medicines. Prescribing Incentive Scheme (PIS) and the anti-biotic report shows that Wolverhampton is 'good' in this area. It also showed that there was an inappropriate prescribing of Co-Amoxiclav in ED. The CCG offered a Prescribing Incentive Scheme, which was very successful last year.

8. SEND Update

The key highlights from the SEND reports received for this reporting period are as below:

- The SEND Health Local Offer review completed.
- The SEND Health Strategy drafted and at consultation stage.
- CCG colleagues took part in a SEND listening and engagement event and are actively working with young people and parents/carers to ensure the co-production of health work for this agenda.
- A three year Delivery Plan following the recommendations arising from the health review has been developed and shared with all stakeholder colleagues.

9. CHC Update

The key highlights from the CHC reports received for this reporting period are as below:

- WCCG continues to meet requirements of the National Framework and Quality Premium.
- The service has adopted a number of process changes to improve efficiency and delivery of CHC.
- CHC has now fully committed to QA database.
- The Total Funded Care Budget is at present forecast to break even.

10. Health and Safety Update

R G Wilbrey (Consultants) Limited currently provides advice on Health and Safety for Wolverhampton CCG. A Quarter 3 Health & Safety audit has been undertaken. The action plan has been updated to reflect the considerable amount of work undertaken following R G Wilbrey's initial audit in March 2019. Six items remain amber, there are no significant risks reported with work either in hand or awaiting quotes. There are no red risks/issues. Plans are currently in place to reconfigure the CHC office to provide a safer working environment for staff. It is intended for this work to be completed by the end of March 2020.

11. Appendices

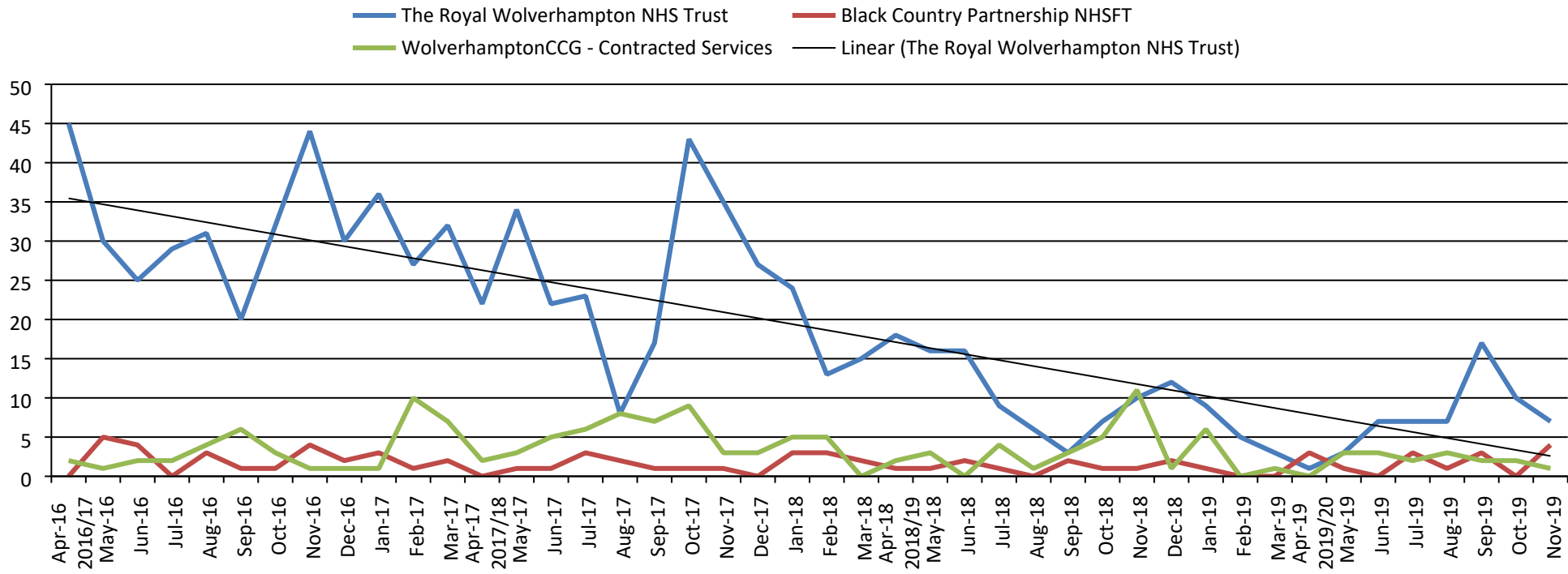
Appendix 1 - Serious Incidents Summary

Appendix 2 – Acute and Mental Health Providers' Quality & Safety Dashboard

Appendix 3 – Primary Care Quality Dashboard

Appendix 1 - Serious Incidents Summary

Chart 1: Serious Incidents Reported by Month



In total, 12 Serious Incidents (SIs) were reported in November 2019. Of these seven related to RWT, four incidents were attributable to BCPFT, and one for WCCG.

Chart 2: Serious Incident Types Reported November 2019

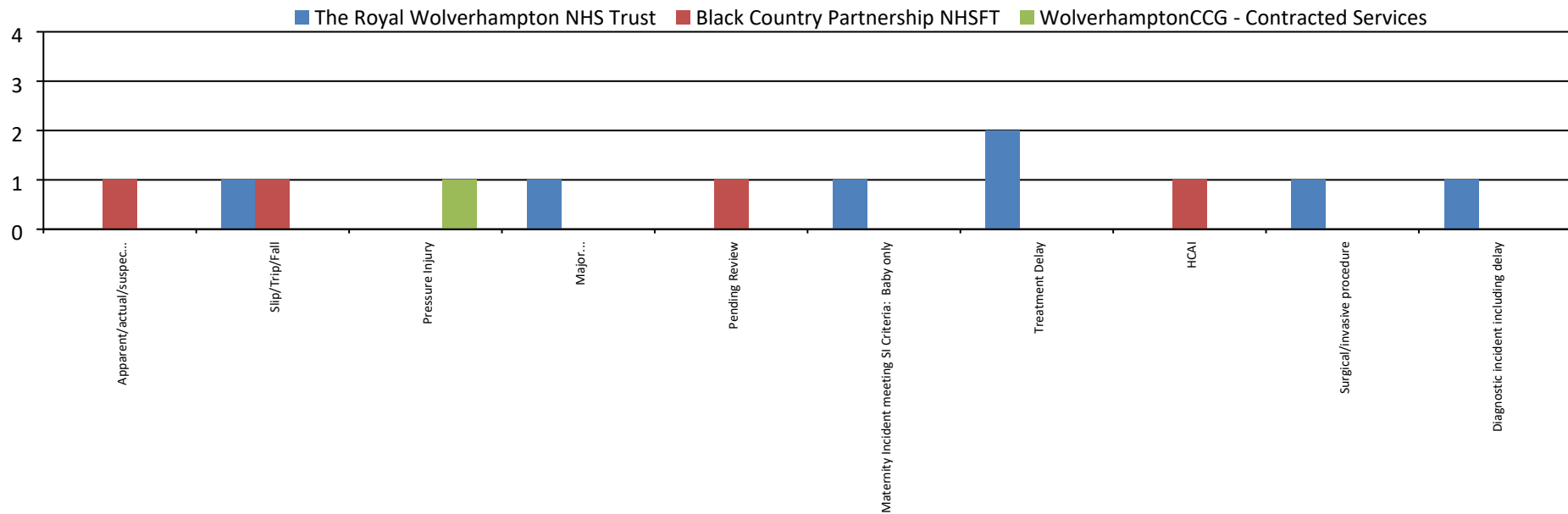


Chart 2 shows the breakdown of serious incident types reported by each provider for November 2019.

RWT Pressure Ulcer incidents: There is an increased prevalence in the number of pressure ulcers reported (non-STEIS) mainly in the community care settings. In acute settings, the pressure ulcers are mostly reported from 2-3 clinical areas and the trust is doing further correlation to identify any common themes or trends, however, initial findings suggest that staffing may be a contributing factor. In community settings, there are number of pressure ulcer incidents reported by north-east team and delays in escalation and risk assessments have been identified as a common theme. The trust has developed comprehensive action plans to maintain and improve their position on achieving a reduction in pressure ulcers across the trust.

Chart 3: Never Events

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	0	0	0	0	0					2
Black Country Partnership	0	0	0	0	0	0	0	0	0	0	0					0
Other providers	0	1	0	0	0	0	0	0	0	0	0					0
Total Reported	5	5	4	1	0	1	0	0	0	0	0					2

No new never events reported for November 2019.

Appendix 2 –Quality & Safety Dashboard

Royal Wolverhampton Hospitals NHS Trust

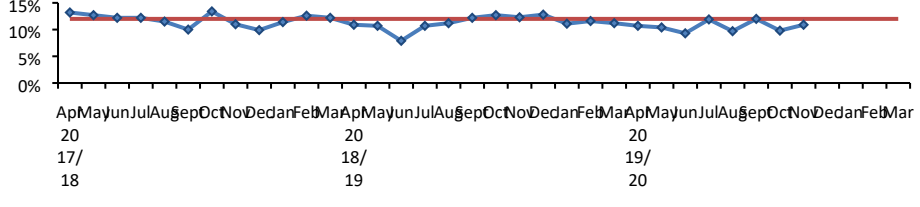
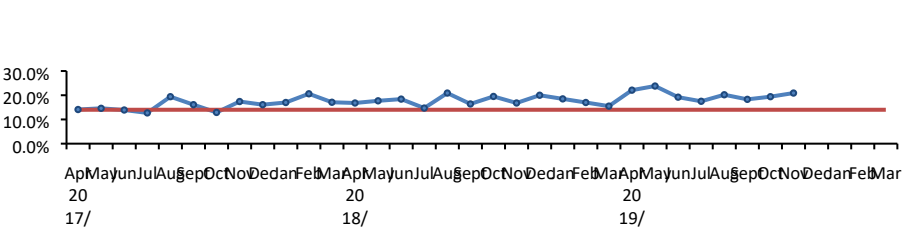
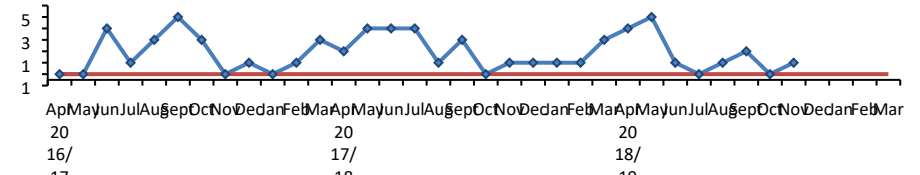
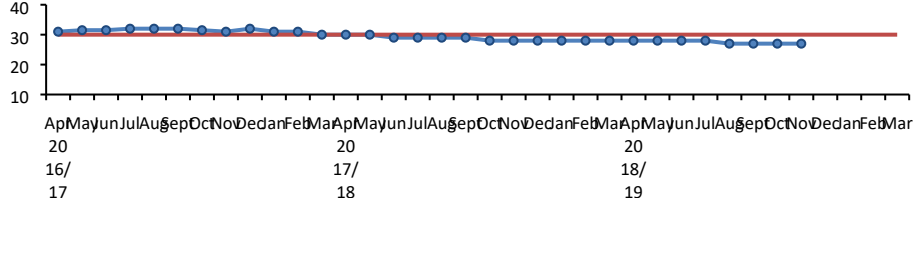
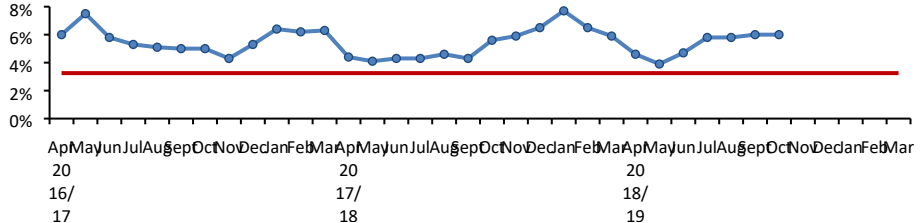
1. Infection Prevention

Measure	Trend	Target	Assurance/Analysis
MRSA	<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</p> <p>20 20 20 17/ 18/ 19/ 20/</p>	0	No new MRSA cases reported in November 2019. Trust has reported one MRSA Bacteraemia incident which has been attributed to the WCCG because the bacteraemia was identified within 48 hours of admission to the trust. A table-top meeting identified no omissions in care and treatment. Therefore, this incident did not meet the criteria to be reported as a serious incident. Trust has completed the PIR (Post Infection Review) for this incident and all relevant data was inputted on the DCS (Data capture system) as per the national guidance. Incident has been logged onto WCCG local incident reporting system. Any learning identified from this incident will be shared across the system.
C. Diff	<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</p> <p>20 20 20 17/ 18/ 19/ 20/</p>	<35	The Trust reported one case in November 2019. The cumulative figure for 2019/20 is 31 and above trajectory. 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 underway to address this. Deep clean programme for 2019/20 underway. Further analysis required to identify if any additional actions are required. Trust currently undertaking a deep dive into the recent increase of Cdiff cases. Initial findings suggest that in all 11 cases reviewed patients were given Intra Venous Antibiotics but it was clinically appropriate. 6/11 patients were identified to be on Proton Pump inhibitors which may have been a contributing factor.

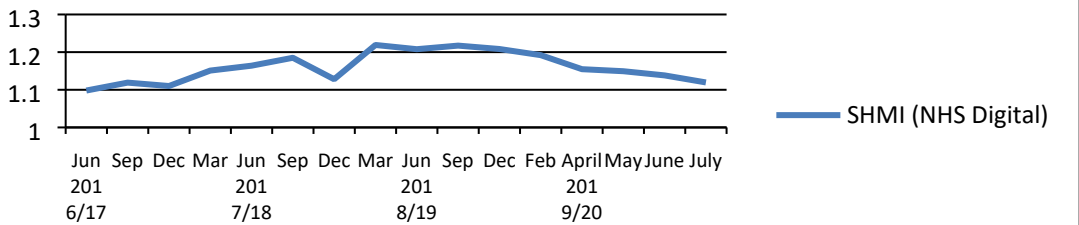
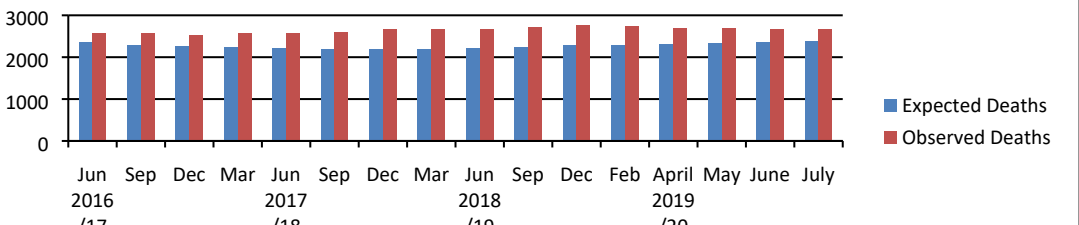
2. Maternity

Maternity services at RWT continue to engage positively with the Local Maternity System (LMS) and embedding the saving babies V2 care bundle and continuity of carer initiatives.

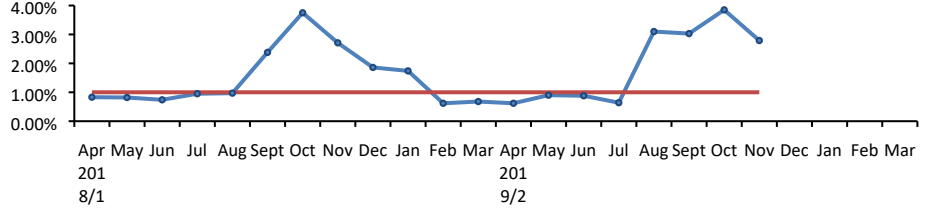
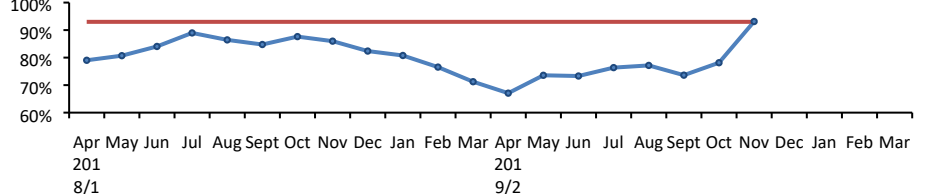
Measure	Trend	Target	Assurance/Analysis
Bookings at 12+6 weeks	<p>Line chart showing the trend of bookings at 12+6 weeks from April 2017 to March 2020. The y-axis ranges from 80% to 100%. A red horizontal target line is set at 90%. The blue data line fluctuates around the target, showing an overall upward trend in late 2019 and early 2020.</p>	>90%	The number of bookings has increased in October and November 2019. This may be in relation to the current publicity relating to maternity services within Shropshire.
Number of Deliveries (mothers delivered)	<p>Line chart showing the trend of 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 set at 416. The blue data line shows a significant dip in November 2019, falling below the target.</p>	<416	Number of mothers delivered decreased substantially to 368 in November from 416 in October.
One to One care in established labour	<p>Line chart showing the trend 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 set at 100%. The blue data line remains consistently very close to the 100% target.</p>	100%	November's figure remains steady at 97.8%.
Breastfeeding (initiated within 48 hours)	<p>Line chart showing the trend of breastfeeding initiated within 48 hours from April 2017 to March 2020. The y-axis ranges from 0% to 80%. A red horizontal target line is set at 65%. The blue data line has been consistently above the target for the last five months.</p>	>=66%	The percentage of mothers where breastfeeding has been initiated has exceeded the target of 65% for the last 5 months. Smoking at the time of delivery has also reduced significantly to 12% from 17.7%. The trust are reporting that these improvements are as a direct consequence of implementation of improvements with continuity of carer and saving babies lives care bundle V2.
C-Section – Elective (Births)		<12%	The rate for elective C-Sections has fluctuated since June. November's figure shows an increase back up to 12% from 9.8% in October.

Measure	Trend	Target	Assurance/Analysis
	 <p>Line chart showing a trend of approximately 10-12% over time, with a red target line at 10%. The x-axis labels are: Ap 20, May 17, Jun 18, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19, Jan 20, Feb 20, Mar 20.</p>		
C-Section – Emergency (Births)	 <p>Line chart showing a trend of approximately 15-20% over time, with a red target line at 14%. The x-axis labels are: Ap 20, May 17, Jun 18, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19, Jan 20, Feb 20, Mar 20.</p>	<14%	Emergency C-section case rate saw another slight increase in November to 20.9%, up from 19.4% in October, and 18.3% in September.
Admission of full term babies to Neonatal Unit	 <p>Line chart showing a trend of approximately 1-5 admissions over time, with a red target line at 0. The x-axis labels are: Ap 20, May 16, Jun 17, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19, Jan 20, Feb 20, Mar 20.</p>	0	One neonatal unit admissions during November 2019.
Midwife to Birth Ratio (Worked)	 <p>Line chart showing a trend of approximately 25-35 over time, with a red target line at 30. The x-axis labels are: Ap 20, May 16, Jun 17, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19, Jan 20, Feb 20, Mar 20.</p>	<=30	Maternity workforce indicators are closely monitored by the CCG. The vacancy rate is currently 0.5% and Birth to Midwife ratio is in line with birth rate plus at 1:27.
Maternity – Sickness Absence	 <p>Line chart showing a trend of approximately 4-8% over time, with a red target line at 3.25%. The x-axis labels are: Ap 20, May 16, Jun 17, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19, Sep 19, Oct 19, Nov 19, Dec 19, Jan 20, Feb 20, Mar 20.</p>	<3.25%	Maternity sickness rates remained stable again in October at 6% (reported one month behind).

3. Mortality

Measure	Trend	Target	Assurance/Analysis
Mortality – SHMI (NHS Digital)		N/A	<p>The SHMI for August 2018 to July 2019 is 1.1195. Expected deaths 2,375. Observed deaths 2,660.</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>
Mortality – SHMI Observed vs. Expected Deaths		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>

4. Cancer Waiting Times

Measure	Trend	Target	Assurance/Analysis
6 Week Diagnostic Test		<1%	<p>November's figure showed a decrease to 2.79% from 3.85% in October.</p>
2 Week Wait Cancer		93%	<p>The 2 week wait cancer performance position in November was 93.12% against a target of 93%.</p>

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%	November's figure showed significant increase to 72.92% up from 17.11% in October and September's figure at 1.92%.
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%	November data shows a very slight decrease at 87.5% compared to 88.19% in October.
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%	Data for November 2019 shows November figure of 95.12% against a target of 95% and the target has now been achieved for two consecutive months.
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 shows 94.12% in November, achieving the target of 94% for the second month in succession.

Measure	Trend	Target	Assurance/Analysis
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 9/2 0</p>	85%	Performance continues to fluctuate. Figure for November has decreased slightly to 52.75% compared to October at 55.84%. September figure was 48.59%.
62 Day Wait - Screening	<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>	90%	62-day wait showed a further decline in November to 40.82% from 50% in October, with September at 57.69%.
62 Day Wait - Consultant Upgrade (local target)	<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>	88%	The 62-day wait consultant upgrade (local target) performance was 74.53% in November compared to 75.15% in October.
62 Day Wait - Urology	<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>	85%	The average waiting time in October decreased to 78 compared to September at 96 days (reported one month behind). Performance for Urology in October increased to 64.81%, up from 60% in September (reported one month behind).
Patients over 104 days	<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>	N/A	17 patients identified over 104 days in October 2019 compared to 21 in September 2019 (reported one month behind).

5. Total Time Spent in Emergency Department (4 hours)

In January 2020 to date, 13 patients have spent over 12 hours within the Emergency Department from the time when a decision to admit was decided. These breaches were as a result of capacity within the Trust. A full RCA will be undertaken and further analysis and learning reported in subsequent reports.

Measure	Trend	Target	Assurance/Analysis
Time Spent in ED (4 hours) - New Cross	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	92%	November performance decreased further compared to the previous month, down to 74.48% compared to 76.87% in October and 81.82% in September.
Time Spent in ED (4 hours) - Combined	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	95%	Performance for November declined slightly to 84.31% compared to October's figure of 85.93%.
Ambulance Handover	<p>ApMayJunJulAugSepOctNovDecJanFebMarAprMayJunJulAugSepOctNovDecJanFebMar</p> <p>20 20 20 17/ 18/ 19/ 18 19 20</p>	N/A	101 ambulances breached the 30-60 minute ambulance handover target during November, a slight decrease on the October figure of 110. 12 ambulances breached the >60 minutes handover target during November (7 in October).

6. Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Sickness Absence Rates (%)	<p>Apr 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>	3.85%	<p>Staff sickness absence rates remained steady during August and September at 3.74%, slightly under target. Further Data is awaited.</p>
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 201 201 7/1 8/1 8 9</p>	10.5%	<p>The vacancy rate has reduced and remains within target at 7.98% in September (reported one month behind). This is driven by a net increase of almost 25 WTE trained nurses and a further 11.53 WTE awaiting their pin in September. October data waited.</p>
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 201 201 8/1 9/2 9 0</p>	10.5%	<p>Staff turnover rate reduced to 9.07% in September (reported one month behind). Turnover performance is meeting the standard in all but unregistered clinical staff groups where it is at, or slightly over, target. Reports are now available at a granular level in respect of vacancies and these have been circulated to divisional nurses and other leaders. Reports have also been introduced in nursing areas which provide vacancy forecasts, taking into account anticipated leavers and known starters. October data waited.</p>
Mandatory Training Rate (%)	<p>Apr 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 16/ 17/ 18/ 17 18 19</p>	85%	<p>Mandatory training (generic) compliance rates have remained steady in September (95.5%) and continue to meet the 85% target which changed from April 2019 (reported one month behind). October data waited.</p>

Measure	Trend	Target	Assurance/Analysis
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 20 20 16/ 17/ 18/ 19 17 18 19</p>	90%	Performance decreased slightly in September to 87.9% compared to August at 88.9%. Appraisal compliance is not meeting the Trust target. The Trust is undertaking work to improve the position (reported one month behind). October data waited.

BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

1. Workforce and Staffing

Measure	Trend	Target	Assurance/Analysis
Staff Turnover Rates (%)	<p>Apr 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 17/ 18/ 19/ 20 18 19 20</p>	10-15%	Turnover rate in November increased slightly to 13.33% but remains within the target range.
Average Time to Recruit	<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 increased slightly to 54 working days in November but remains within the 55 working day target

Measure	Trend	Target	Assurance/Analysis
Overall vacancy rate	<p>Line chart showing Overall vacancy rate from April 2017 to March 2020. The y-axis ranges from 0% to 20%. A green dashed horizontal line is at 9%. The data points fluctuate around 12-15%.</p>	<9%	Vacancy rate increased in November to 12.91% up from 11.33% in October and remains red rated against the target.
Mandatory Training Rate (%)	<p>Line chart showing Mandatory Training Rate (%) from April 2017 to March 2020. The y-axis ranges from 78.0% to 98.0%. A red solid horizontal line is at 85%. The data points are mostly above 90%.</p>	85%	Performance against annual mandatory training and 3 yearly specialist mandatory training were all on target at the end of November.
% of Shifts filled (Bank and Rostered)	<p>Line chart showing % of Shifts filled (Bank and Rostered) from April 2017 to March 2020. The y-axis ranges from 90% to 100%. A red solid horizontal line is at 95%. The data points fluctuate between 93% and 99%.</p>	95%	The overall figure has increased slightly in November to 97.18%.
Safe Staffing - %Fill Rate Registered Staff	<p>Line chart showing Safe Staffing - %Fill Rate Registered Staff and %Fill Rate Unregistered Staff from April 2017 to March 2020. The y-axis ranges from 60% to 260%. The registered staff fill rate (blue line) is around 110%. The unregistered staff fill rate (purple line) is around 210-230%.</p>	N/A	The registered fill rate for November has decreased slightly to 97.9% compared to October at 103.3%. The unregistered fill rate also decreased to 213.4% from 232% in October.

2. Quality Performance Indicators

Measure	Trend	Target	Assurance/Analysis
CPA % of Service Users followed up within 7 days of discharge	<p>Apr 2017/18, May 2018/19, Jun 2018/19, Jul 2018/19, Aug 2018/19, Sep 2018/19, Oct 2018/19, Nov 2018/19, Dec 2018/19, Jan 2019/19, Feb 2019/19, Mar 2019/19, Apr 2019/19, May 2019/19, Jun 2019/19, Jul 2019/19, Aug 2019/19, Sep 2019/19, Oct 2019/19, Nov 2019/19, Dec 2019/19, Jan 2020/19, Feb 2020/19, Mar 2020/19</p>	95%	This KPI remains steady at 97.06%.
% of people with anxiety or depression entering treatment	<p>Apr 2018/19, May 2018/19, Jun 2018/19, Jul 2018/19, Aug 2018/19, Sept 2018/19, Oct 2018/19, Nov 2018/19, Dec 2018/19, Jan 2019/19, Feb 2019/19, Mar 2019/19, Apr 2019/19, May 2019/19, Jun 2019/19, Jul 2019/19, Aug 2019/19, Sept 2019/19, Oct 2019/19, Nov 2019/19, Dec 2019/19, Jan 2020/19, Feb 2020/19, Mar 2020/19</p>	1.83%	October data shows a further increase to 1.83% and has achieved target (reported one month behind).
% of inpatients with Crisis Management plan on discharge from secondary care	<p>Apr 2018/19, May 2018/19, Jun 2018/19, Jul 2018/19, Aug 2018/19, Sept 2018/19, Oct 2018/19, Nov 2018/19, Dec 2018/19, Jan 2019/19, Feb 2019/19, Mar 2019/19, Apr 2019/19, May 2019/19, Jun 2019/19, Jul 2019/19, Aug 2019/19, Sept 2019/19, Oct 2019/19, Nov 2019/19, Dec 2019/19, Jan 2020/19, Feb 2020/19, Mar 2020/19</p>	100%	November data remains on target at 100%.

PRIMARY CARE QUALITY DASHBOARD

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

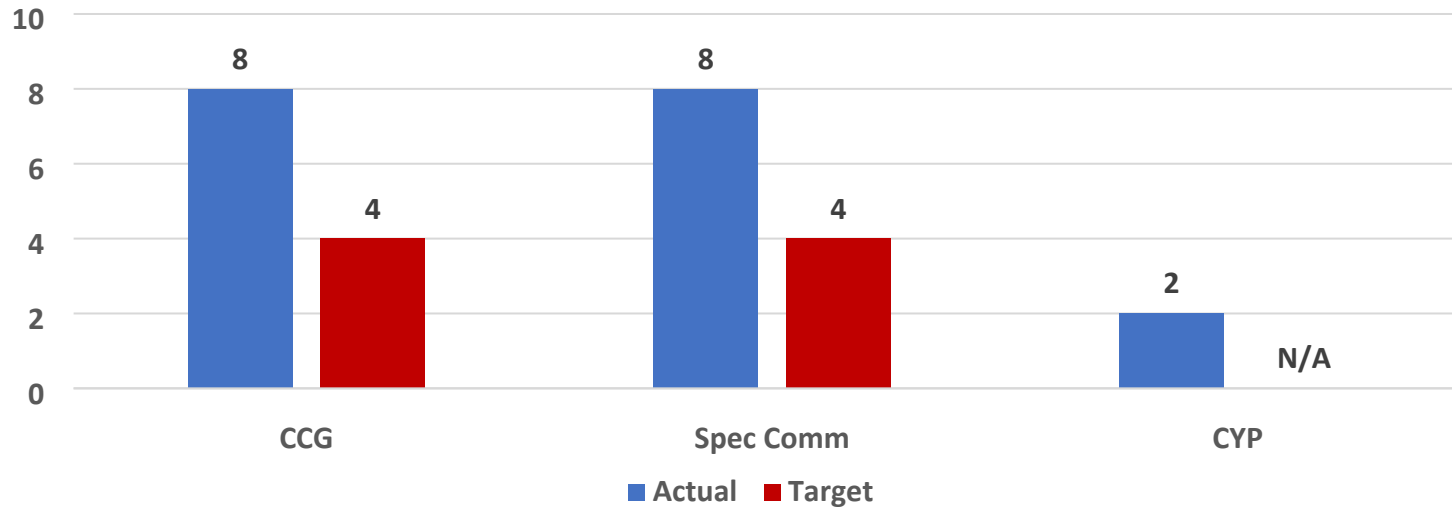
Issue	Comments	Highlights for November 2019	Mitigation for December 2019	Date of achievement expected of performance	RAG rating
Serious Incidents	All RCAs are reviewed at SISG and escalated to PPIGG if appropriate.	Awaiting further information before referring into PPIGG following Quality Matters referral	One practice has recently had a vaccine fridge failure – being managed at practice level	31 st January 2020	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	13 open Quality Matters 10 of these are new 3 are continuing 2 QM are overdue 7 QMs closed	12 open Quality Matters 3 QM is overdue 0 QM closed	31 st January 2020	1b
Escalation to NHSE	Four incidents due to be reviewed at PPIGG from Quality Matters	Awaiting further information before referring into PPIGG for two incidents	PPIGG referrals awaiting further information	31 st January 2020	1b
Infection Prevention	IP audit cycle has recommenced for 2019/20	Average IP rating 95% Audits continue	Average IP rating 95% Audits continue Plans to support IP improvements in practice being scoped	On going	1a
Flu Programme	Flu planning meetings have recommenced for 2019/20 flu season	LAIV child vaccine ordering has reopened following issue Uptake: 51.5% Over 65s 18.5% Under 65s at risk 18.3% Pregnant women	Current adult uptake for week 49 (w/c 9 th December 2019): 64.3% Over 65s 33.6% Under 65s at risk 32.6% Pregnant women	31 st March 2020	1a
Vaccination Programme	Vaccination programmes continue to be monitored	Uptake for 2018/19 66.4% Work to increase uptake continues with Public Health	Work continues as previously	On-going	1a
Sepsis/ECOLI	Planning continues around training for practices in reduction of gram negative infection – collaboration with	Training was undertaken on 14 th November – work to increase awareness of programme continues	Work continues as previously	On-going	1a

	IP team, prescribing and continence teams. Some practices have still not identified a sepsis lead and this is being chased.				
MHRA	No issues at present.	No issues at present	No issues at present	None at present	1a
Complaints	No issues at present – quarterly report due July 2019	No new complaint data at present	No new complaint data at present	On going	1a
FFT	Slightly lower uptake in July, most probably due to summer holidays	In October 2019 (September data): <ul style="list-style-type: none"> • 3 practices did not submit • Uptake was 2.2% compared with 0.7% regionally and 0.9% nationally 	In November 2019 (October data): <ul style="list-style-type: none"> • 8 practices did not submit • Uptake was 1.9% compared with 1.1% regionally and 0.8% nationally 	On-going	1a
NICE Assurance	No actions at present	Awaiting information	New NICE guidance available	None at present	1a
Collaborative contracting visits	All practices now complete new cycle to commence in November 2019	One visit undertaken Four visits booked in up to March 2020	Two visits undertaken Three further visits booked up to March 2020	On going	1a
CQC	Monitoring of practices and support continues.	Two practices now have requires improvement ratings and support continues Annual reviews and inspections continue	Two practices now have requires improvement ratings and support continues Annual reviews and inspections continue	On going	1b
Workforce Activity	Work continues to promote primary care as a desirable place to work and to promote current programmes	GP and GPN retention work continues at STP level	GP and GPN retention work continues at STP level	On-going	1a
Workforce Numbers	Awaiting NHS Digital workforce data release.	Data available via new workforce dashboard tool	Data available via new workforce dashboard tool	On-going	1a
Training and Development	None flagged at present	GP and GPN retention work continues Practice nurse education continues with 2020 programme under	GPN Speciality Training programme bid successful at STP level – 10 places available across patch	On-going	1a

		development Training Hub continue to support extra sessions NMP funding available Apprenticeship offers continue Pharmacist network continues Non-clinical training continues			
Training Hub/HEE/HEI update	To continue monitoring, risk reduced and closed.	Training Hub coordinator now embedded in CCG	No further updates	On-going	1a

Transforming Care data

Wolverhampton Inpatients versus March 2020 Target



Admission rate 2019-2020 (CCG, Spec Comm and CYP combined rate)

