

WOLVERHAMPTON CCG

Governing Body - Tuesday 11TH October 2016

Agenda item 11

Title of Report:	Executive Summary from the Quality & Safety Committee Assurance Report for Section 11 Audit Safeguarding Children
Report of:	Dr Rajshree Rajcholan – GP Lead Quality
Contact:	Manjeet Garcha Director of Nursing & Quality
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on. Report on Section 11 provides assurance to the Governing Body that the CCG is meeting its Statutory Responsibility for Safeguarding Children.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	CCG is committed to ensuring the highest of Quality for all services commissioned.
Relevance to Board Assurance Framework (BAF): Domain 2b: Quality	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.

Key issues of concern for noting

Legend

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

Key Issue	Level	Comments	Detail on page/RAG
SBAR issues escalated	2	<ul style="list-style-type: none"> Delayed diagnoses Delayed treatment NEs Sub-optimal care (transfer of patient) 	6
Confidential Leaks	1	Close monitoring	6
Pressure Injury Grade 3	1	Close monitoring	8
Health Acquired Infections-CDiff	2	Increasing incidence of Cdiff, trust failed its 2015/16 target	10
Performance Improvement notices impacting on Quality	2	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	
Workforce- RWT Risk Register	2	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety and A&E performance.	14
Sustaining Maternity Services at Walsall impact	2	Full Risk Assessment completed, go live 21 st March. Close scrutiny of impact on Wolverhampton commissioned residents. Joint Quality Review Visit planned for September.	19
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	19
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	15
Safeguarding/PREVENT training	2	Is in line with trajectory, but close scrutiny at quarter intervals.	
Early Intervention Service CPA Mandatory training	2	Progress is being made and remains under scrutiny.	
CQC Inspection Reports (BCPFT & RWT)	2	Rating 'requires improvement' for RWT. Action Plans in place. RWT is awaiting the final report.	10/16
CQC General Practice	1	2 practices are being supported for 'requires improvement'	11
Mortality	1	Within expected limits, some data cleansing and audits being conducted.	13



Falls	1	Improvements seen in number of falls causing serious harm. CCG will maintain focus	7
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BACKGROUND AND CURRENT SITUATION

The CCG's Quality and Safety Committee meets on a monthly basis.

This report is a material summation of the Committee's meeting on 13th September 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

In addition, there is an assurance report on the statutory completion of the Section 11 Audit for Children's Safeguarding; this is included in the committee reports for information.

1. PURPOSE OF THE REPORT

- 2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of Clinical Quality and Patient Safety, in accordance with the CCG's statutory duties.
- 2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

3.0 CURRENT SITUATION

3.1 Weekly Exception Reports

Weekly Exception Reports continue to be issued to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last four weeks the key concerns raised were:

- Maternal and 32 weeks gestation fetal death. An SI was reported by RWT that following a forced entry into a property, a lady believed to be the mother and a 32 week gestation infant were found deceased. A full investigation has commenced and the initial 48 hr report does not suggest anything suspicious.
- RWT reported a Never Event where the consultant doctor injected the wrong heel during an invasive surgical procedure. No harm was reported to the patient and the right heel was treated successfully.

3.2 Board Assurance Framework (BAF) and Red Risk Register Update

The current CCGs internal assurance framework sets out the business critical factors for the CCG to deliver its essential functions, and in turn allows the CCG to identify any risks that may impact on its ability to deliver the national requirements. It is based upon the national Assurance Framework and associated key lines of enquiry, combined with local priorities for the CCG relating to quality and transformation.



The national Assurance Framework changes each year and for the 16/17 a new 'CCG Improvement and Assessment' regime has been published. A Governing Body development session was undertaken on 27th September with PricewaterhouseCoopers. Several actions have been agreed as a result of this session and the Governing Body members present have agreed the following to take place in the coming months:

- CCG Strategic Objectives to be reconfirmed in the context of the wider Risk Register and BAF work.
- Several different examples of BAFs being used across the health economy were shared and discussed. Quality and Risk Team are working on a drafting a couple of different models which will be shared at a future GB meeting.
- The Risk Register is being 'cleansed'.

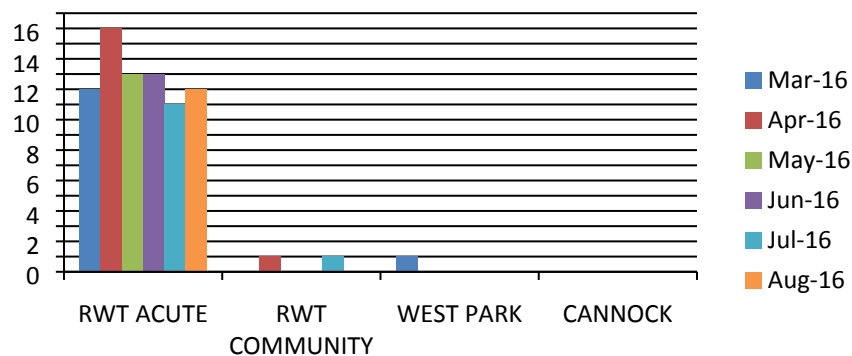
The next Governing Body update for BAF will be in November 2016.

4.0 THE ROYAL WOLVERHAMPTON NHS TRUST

4.1 Serious Incidents (SIs)

12 new Serious Incidents were reported by RWT in August 2016.

RWT All SI's (Excl PI's)



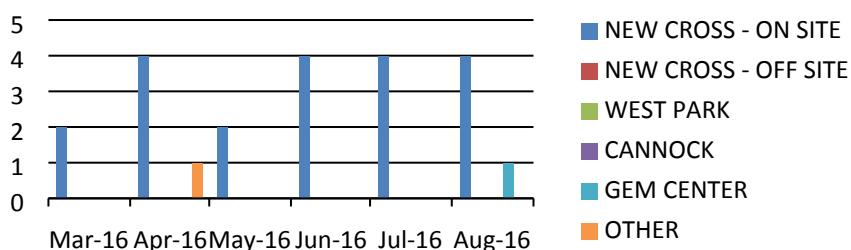
The Trust has initiated an external review of SIs reported from key areas as A&E and emergency admissions areas. This is currently underway and the findings will be shared at a forth coming CQRM.

4.2 Confidential Breaches

This remains an area of concern; in February 2016 a new Trust wide policy was launched with an awareness raising week of road shows across all sites. As expected we saw a surge of incidents reported in April then a dip in May. June to July has not shown the expected sustained improvement at the acute site and the Trust has been requested to review this and report findings to the November CQRM.



Confidential Breaches - RWT Last 6 Months



4.3 Never Events

The Trust has reported a Never Event in September 2016. This was an incident related to an injection being administered into the wrong heel. No harm was reported, however, in line with national reporting requirements the Trust are undertaking a full RCA. The root cause will review the use of the WHO Safer Surgical Check List and learning will be shared across the Trust.

Total NEs for 15/16 was 3 and YTD 16/17 is 2.

4.4 Slips Trips and Falls

There were 5 slip/trip/falls incidents meeting the SI criteria reported by RWT in August 2016, all occurred at New Cross Hospital. Apart from an improvement in July, August has seen a decline in performance. There have been zero reported falls at West Park, community or Cannock Chase Hospital. This information has been verified since the last report.

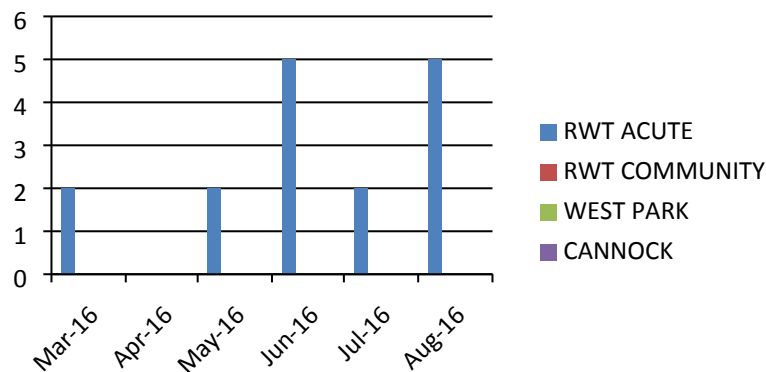
The launch of the renewed Falls Steering Group is making good progress and key changes have been implemented across all sites;

- Standardisation of policy and process
- Standardisation of assessment technique and paperwork
- Renewed enhanced care training for patients being nursed on 1:1

Performance is being monitored closely and triangulated with other ward dashboard themes i.e. low staffing, other safety incidents, patient and staff experience surveys and the CCG performance team at CQRMs. A further update will be provided in November.



Slip/Trip/Falls - RWT - Last 6 Months



4.5 Pressure Injury Grade 3

Previously, the Governing Body was appraised of the launch of a Health Economy Pressure Injury Prevention Steering Group launched by the CCG in February. Since the initial meeting, all stakeholders have undertaken a gap analysis.

The main findings of the gap analysis lead to the variation in practice across the health economy and key areas to address have been identified as:

- Training - all health care staff should receive consistent training in prevention, decision making/judgements & include opportunities to develop competency.
- Who/how to refer onto other health care providers/sectors to address gaps that currently exists, a single protocol to be designed.
- Information – should clearly define who does what and who/how to escalate.
- Communication - eDischarge to be improved to include wound care needs/implications.
- Peer support/advice for Practice Nurses to be improved
- Wound Care Pathway to be reviewed and pathways agreed
- Formulary –several areas to be addressed but e.g. Compression Therapy Review, changes to products and skills will have implications for health economy; change process should include implementation & training to be cascade to all stakeholders.

This work is currently underway and being driven by the group

In August, 15 Grade 3 Pressure Injury incidents were reported by RWT; 8 at RWT site, 7 in the Community.

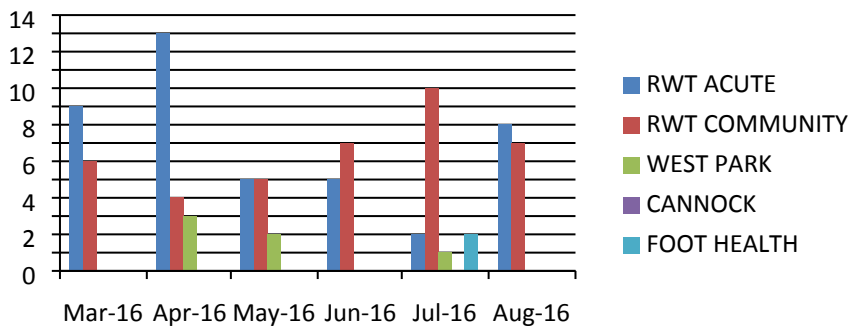
There is an improvement in the monthly incidents reported over the last 6 months; especially since April. All incidents are discussed at the bi weekly scrutiny meetings which the CCG attend and are graded as avoidable or unavoidable



following a comprehensive RCA. These meetings are chaired by the Trusts' Chief Nurse and the head nurses from each area affected have to attend with their RCA findings and action plans. Across the region, this is held up as a best practice and demonstrates true ownership of the issue at director level.

Future reporting of these will include the avoidable and unavoidable data. (This is currently being planned into future report templates).

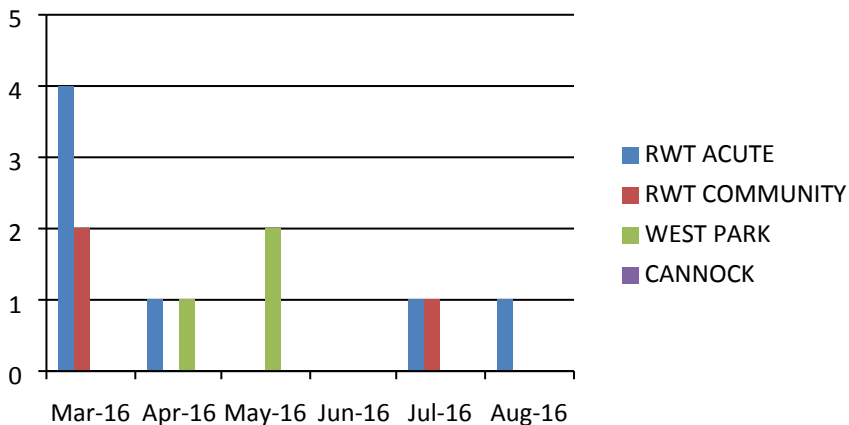
G3 Pressure Injuries - RWT Last 6 Months



4.6 Pressure Injury Grade 4

One Grade 4 Pressure Injury was reported by RWT in August. This is encouraging and early indication is that the Trust prevention of pressure injury deterioration initiatives in place are having a positive impact.

G4 Pressure Injuries - RWT Last 6 Months



4.7 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

Staph aureus Bacteraemia – The Trust had reached its internal target of 2, having had 3 cases in month.

MRSA Hospital acquired – zero reported for August 2016.

MRSA Acquisitions – 2 reported for August 2016

Clostridium difficile – The Trust had hit its internal target of 9. In August there were a total of 16 Toxin positives; 8 were attributable to RWT and 8 were to CCG, however, early indication for September is that there were 2 toxin positives. September data will be validated on 15th October 2016. None were reoccurrences (i.e. no association between previous admissions in the previous six months and there were no clusters. More sustainable improvement is being targeted via junior doctors during the August induction.

The quarterly CCG CDI rate was the lowest rate recorded for a number of years, and the monthly CDI rate per hundred thousand bed days also showed some good improvement against the regional average. The Trust remains an outlier in relation to attributable CDI rates.

Blood Culture Contamination rates – Figures for the month showed that all 4 of the contaminants were within Paediatrics and this is being addressed through junior doctor education.

Device related hospital acquired bacteraemia – 5 in August for acute site and 7 in community; 6 urinary catheters and 1 line inserted which was managed by another acute provider.

The hand hygiene figures were the best ever achieving 96% compliance. Medical staffs remain slightly under compliance but there is some dedicated work being undertaken with all but especially junior doctors.

Antimicrobial Prescriber Training fell short of the 95% target at 92.1%. It was noted that over the last quarter figures for Division 1 had increased, but Division 2 figures had remained almost static for the same period. This is being addressed by the matrons and assurance is sought at the monthly CQRM and RWTs IPC meeting.

Risk Register – *Clostridium difficile* remains as amber on the Trust Risk Register and the Trust is off monthly trajectory with potential to breach the annual total. An extensive action plan is in place.

In September, the Trust launched an Anti-Microbial Stewardship Programme which the CCG has supported through some funding. The Trust is also participating in a national point prevalence survey (PPS) audit. The PPS audit will be carried out at acute Trusts in the UK and Europe. The information collated will inform and improve the understanding of local, national and Europe wide issues on the following:

➤ Occurrence of HCAs



- Quality of antimicrobial prescribing
- Quality of antimicrobial stewardship

CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact. In addition, all quality visits have specific lines of inquiry on HCAI to ensure that ward audits, hand hygiene and patient comments are taken into account.

4.8 West Midlands Quality Review Service

There are currently no active action plans from reviews. All are complete and closed. There is an ongoing programme of reviews planned for 16/17 and there is a robust system in place for the CCG to be involved from planning to closure.

4.9 Performance

Performance Indicators are discussed in full detail in the CCG Finance and Performance Paper.

4.10 NHS Safety Thermometer

RWT's harm free care rate to July was 92.99%. Specific areas of harm are related to pressure injury, falls and new VTE.

Assurance: data from several sources has been triangulated. The Trust is reviewing the ward dashboards to identify key themes. This remains under for close scrutiny at present until a step change is seen and sustained.

4.11 Regulator concerns

4.11.1 CQC RWT

The Governing Body has previously been appraised about the 2015 CQC inspection at RWT. The Trust appealed its position of 'requires improvement' and a response from CQC is still awaited. In the meantime, a full and very comprehensive action plan is in place and is monitored at CQRM.

In July the CQC carried out an announced review of safeguarding children and Looked after Children across the acute, CCG and LA pathways. Verbal feedback was received at the end of the review and the written report is expected by end of August. A Strategic Stakeholder Group has been agreed and the first meeting was held on 25th August 2016. The function of this group is to seek demonstrable assurance that the actions are being progressed and how they are being embedded. Exception will be reported to the Local Children's Safeguarding Board. With the second meeting on October 7th, no issues have been raised.



4.11.2 CQC General Practice

General Practice A previously rated as 'inadequate' has recently been rated as overall 'good'. Two other practices are being supported to improve from 'requires improvement'.

4.11.3 CQC BCPFT

BCPFT CQC Risk Summit was held in May. A substantial action plan is in place and this is being monitored at CQRM and Contract Meetings. The Governing Body will be kept apprised of any exceptions.

4.11.4 Health and Safety Executive

RWT received a Notice of Contravention for Radiology Department, the Trust will respond within the required time frame and this will be monitored at CQRM and contract review meetings until satisfactory assurance is received. An update is expected in November 2016.

4.11.5 Healthwatch

Following discussions with RWT and Healthwatch, it has been agreed that where possible scheduled quality visits to the Trust will be joint with Healthwatch and CCG. Healthwatch colleagues have arranged to accompany the CCG Quality Team at 3 visits in September and October and more will be planned in the New Year. This is now in place, Healthwatch have attended a joint visit to the A&E and UCC on 26th September 2016.

4.12 Primary Care Joint Commissioning Committee (PCJCC)

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group. Discussions from this meeting are shared with the PCJCC.

As part of the improving quality in primary care initiatives, the CCG has considered what other support can be given to practices and how this would be delivered and monitored. A Primary Care Quality Assurance Coordinator role has been created and recruited into. The incumbent starts employment on 1st September and will work closely with the new Head of Primary Care in assuring systems and processes to improve quality of care in primary care to successfully deliver the CCG Primary Care Strategy and is expected to commence employment in September.

Assurance – monthly overview reports from the PCOMG are discussed at the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern. The Primary Care Strategy Committee is now also fully operational.



4.13 Mortality (RWT)

The published SHMI, released by the Health and Social Care Information Centre (HSCIC) for January - December 2015 is 1.04 and banded "as expected" with no significant variation from the benchmark (England average is 1). This represents a very slight increase of 0.02 when compared to previous publications.

The SHMI is a ratio between observed and expected death rates. The expected death rate is a number statistically derived from the analysis of all ordinary admissions (day cases and regular attenders are excluded). For the last 4 publications a slight increase is noted in crude mortality of up to 0.2%.

The charts below represent the SHMI trend for RWT showing the consistent performance in the last 3 years (Fig. 1) and RWT's position in the national picture for the reporting period (Fig. 2).

Fig. 1 RWT's SHMI by publication period

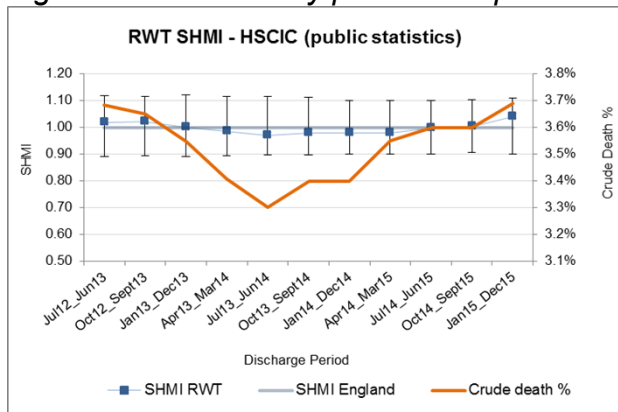
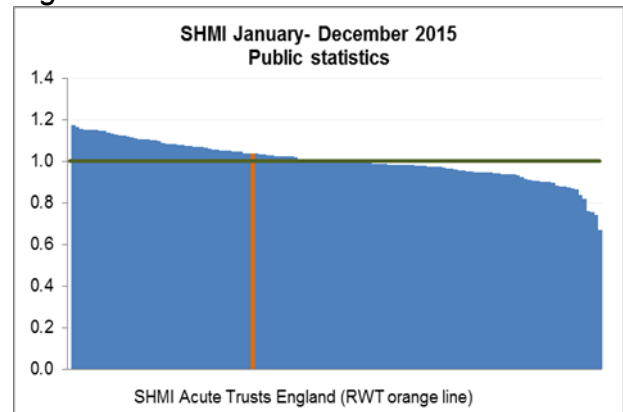


Fig. 2 RWT's SHMI for the latest 12 months



(Source: HSCIC, figures released bi-monthly, next release at the end of September 2016).

The estimated SHMI (provided by Healthcare Evaluation Data – HED) for the latest 12 months, March 2015 - February 2016 is 104.7 and banded as higher than expected (95% CI). Whilst the mortality rates for the Trust have not increased following the latest data refresh, the expected death rate has decreased, which resulted in a higher standardised mortality rate. This is likely to be due to changes in the national dataset which would impact on an individual Trust's data.

To note, this is not the final dataset for 2015-16; this was expected to be released in August 2016 and the analysis is being reviewed and shared at the next Trust MORAG meeting.



A number of diagnoses groups have been showing a higher than expected SHMI at internal alert level. These were discussed at the Mortality Review Group (MRG) and a plan of action was agreed.

MRG is coordinating the coding and clinical reviews for the following diagnosis groups:

- Pneumonia – large clinical audit in progress. An audit conducted in 2015 by a Respiratory Consultant in collaboration with the Coding Department found that coding for Pneumonia was accurate. It is anticipated that the higher SHMI in recent months is attributed to the decrease in the overall number of admissions with Pneumonia. This hypothesis is being tested within the current audit and the evidence will be presented in the final report.
- Acute bronchitis – 51% of the sample reviewed (41 cases) for coding had the diagnosis amended; clinical audit is near completion (following data resubmission this diagnosis group is well within expected limits).
- Intestinal infection - 23% of the sample reviewed (26 cases) for coding had the diagnosis amended; clinical audit is in progress.
- Other liver diseases - 33% of the sample reviewed (15 cases) for coding had the diagnosis amended; clinical audit is to commence shortly.
- Acute myocardial infarction - 7% of the sample reviewed (27 cases) for coding had the diagnosis amended; clinical audit is completed and findings are presented to the MRG in September 16.
- Phlebitis; thrombophlebitis and thromboembolism – 2 out of 9 cases reviewed for coding had the diagnosis amended; clinical audit is in progress.
- Fluid and electrolyte disorders - 12% of the sample reviewed (41 cases) for coding had the diagnosis amended; clinical audit is to commence in August 16.
- Abdominal pain – clinical audit in progress.
- Coma, stupor and brain damage – 17% of the sample reviewed (12 cases) for coding had the diagnosis amended; clinical audit completed report to be presented at MRG in September 2016.



All audits are discussed at the MRG and at the Commissioner Mortality Oversight Group.

Lessons and actions from the audits

All cases coded on admission with pneumonia, bronchitis or chest sepsis are validated by a second coder prior to being input in the system.

A review of admissions recorded as elective found that in some areas some admissions should have been recorded as non-elective. The Head of Coding and Data Quality has been coordinating work to ensure that where local rules apply for direct admission portals, the rules are well documented and administrative staff receive the appropriate training.

Collaborative work between clinical coders and clinicians is on-going in order to improve quality of documentation and accuracy of coding. NHSE continue their collaborative work with CCGs and they introduced enhanced monitoring and review of mortality data associated with avoidable deaths in primary care. The first of these meetings chaired by NHSE was held on 2nd February 2016. Work has commenced to improve mortality governance and WCCG is represented on the group and wider Tri partite Clinical Forum that met on 22 March 2016. A Memorandum of Understanding for sharing information across the health sector has been developed. The CCG is working with the Trusts to have a shared approach on sharing coroner concerns at CQRMs. Since the agreement, there have been no coroner recommendations discussed at CQRMs.

4.14 Workforce

Further to an extraordinary meeting regarding safer staffing held in January 2016, attended by TDA and the CCG the trust continue to progress a series of work streams and developments in responses to the challenges they face associated with recruitment and retention of their staff, these include: - (progress updates taken from the Chief Nurse Assurance Report to the Trust Governing Body on 25th July 2016 can be seen in brackets)

- Impact on quality on areas of low fill rates and how this is managed (**3 times a day assessment of patient acuity to ensure staff with the right skills are on the appropriate wards**)
- Early capture of new graduate (**see next point**)
- Local recruitment (**29 newly qualified from Sept 2016 cohort have secured staff nurse posts in the Trust**)
- Overseas recruitment (**Filipino nurses have joined the Trust, the numbers are small at the moment due to English competency testing**)
- Workforce strategy direction (**retention- 13 members of staff have been successful in accessing further training courses at University level.**)
- **Return to Practice-3 currently employed on the course)**



- Risks and mitigations –(management and leadership band 7 insights include **conflict management, recruitment and retention and report writing**)
- Impact on recruitment following acquisitions of new site. Planning assumptions reflection and going forward to next planning round.
- Recruitment fairs- **(successful in Dublin and Edinburgh)**
- Ward 3 West Park **(closed)**
- Ward A5/6 **(12 beds closed to support the staffing deficit pending the on-going recruitment)**

Assurance - the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This is under on-going scrutiny at monthly CQRMs and QSGs. The Trust has closed Ward 3 at West Park Hospital as a direct result of staffing issues impacting on quality of patient care. Ward 3 was staffed by an intensive support team of 6 senior nurses from RWT, this was not sustainable. Twelve further beds are closed on A5 and A6 to support the staffing deficit

The CCG Primary Care Workforce Analysis has now been concluded and a full suite of documents compiled including a draft strategy (undergoing some final refinement before ratification), workforce data for general practice staff and an implementation plan.

5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

Level of Concern as of 31st August 2016.

Black Country Partnership	
Month	Concern Level and Actions
August 2016	Level 2 – Recent CQC inspection rated the Trust as Requiring Improvement. BCPFT has an action plan in place and has now shared this with WCCG. Concern level to be reviewed following re-inspection by CQC possibly in six months' time. Action plan continues to be monitored at CQRM.

a) PREVENT Training

Remedial action plan agreed in June. This will be monitored via CQRM and Contract Review Meetings.



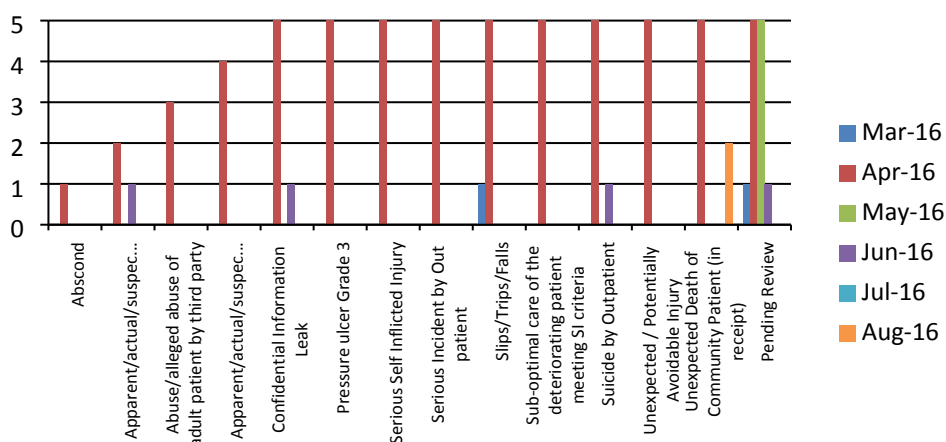
b) Early Intervention Service

Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

5.1 Serious Incidents

2 SIs of unexpected death of community patients were reported, both have a stop clock applied due to the nature of the investigation i.e. police and coroner.

BCPFT All SI's - Last 6 Months



5.2 Never Events – zero reported

5.3 Falls – zero falls were reported.

5.4 Numbers of Overdue SI's – zero

5.5 Overdue National Patient Safety Alerts (NPSA) – nil that we are aware of.

5.6 NHS Safety Thermometer

BCPFT's harm free care rate for July 2016 was 97.6%. This is in line with previous performance.

5.7 Items to Note from Clinical Quality Review Meeting

The theme of the quality review meeting which took place in August 2016 was CAMHS. Key areas to note were:

RED Indicators - Month 4 (July 2016) BCPFT dashboard shows reporting on national and local quality requirements



Friends and Family Test – the Trust is receiving positive FFT responses. Suggestions from respondents include shorter waiting times and weekend/evening clinics.

CQC Safeguarding Inspection – the CQC Safeguarding inspection in July in Wolverhampton raised a concern regarding the perinatal pathway. BCPFT was given detailed feedback on the day of the visit and WCCG will share the formal report once it is received. Feedback meeting will also be held.

PREVENT Contract Performance Notice – currently being monitored via WCCG Contracting Team. Training figures are currently 57% for Levels 3 and 4 WRAP training, with a target of 85% by December 2016.

The CQUIN for 15/16 – Quetiapine remains not achieved, action plan agreed and is being monitored via Contract Review Meetings.

6.0 OTHER SECTORS

6.1 Compton Hospice – CQRM held, no issues of concern noted. A CQC inspection also took place in July 2016. Overall rating is 'good'.

6.2 Vocare - took over the Out of Hours Service at 8.00 am on 1st April 2016. The contract is now signed and conversations held re planning and agreeing TOR for CQRMs to commence in November 2016. One SI reported by Vocare is currently under review as the RCA did not meet the CCG expectation of completion and quality. Going forward expectations and time scales of quality and timescales will be agreed and monitored via the CQRMs.

7.0 CHILDREN'S SAFEGUARDING

7.1 Serious Case Reviews

A SCR has been completed on a Wolverhampton resident family, due to the high likelihood of family identification, advice has been sought from the national panel on limited publication. The report will be published later this year.

7.2 Section 11 Audits are currently being undertaken across the health economy. Primary Care is also required to be engaged in these, we are hoping for good levels of responses and the Safeguarding teams are available for additional support. As a statutory responsibility the CCG Section 11 Audit will be shared with the Q&S Committee in September and then subsequently with the Governing Body (report is attached under Committee Reports Quality and Safety).

7.3 Looked After Children



The number of LAC continues to show a positive decrease, Wolverhampton CCG remain active partners within multi-agency arrangements and core corporate duties and responsibilities. The following table demonstrates the number of LAC for the month of August 2016

	Number	%age
Wolverhampton City Council	270	42.3
Dudley Metropolitan Borough Council	40	6.3
Sandwell Metropolitan Borough Council	32	5.0
Walsall Metropolitan Borough Council	46	7.2
South Staffordshire Council	33	5.2
All in Adjoining LAs	151	23.6
Anywhere Else - not in W'ton or in Adjoining LAs	218	34.1
TOTAL LAC	639	100

8.0 ADULT SAFEGUARDING

8.1 The Quality and Safety Committee received a detailed assurance report on adult safeguarding, comprising the following key points:-

- Wolverhampton Safeguarding Adults Board
- Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DOLs)
- Adult MASH
- Domestic Homicide Review Standing Panel
- Safeguarding Adult Review Committee
- NHS England Safeguarding Projects

The report also detailed assurances regarding quality indicators in provider contracts and how improvements had been made in 2016/17 contracts and the introduction of an Assurance Framework for Services commissioned by the CCG to provide consistency in reporting, eliminate duplication and identifies timings for the provision of information. The report was fully accepted by the committee.

The CCG has recruited to the post of substantive, fulltime Designated Adult Safe Guarding Lead; the incumbent commenced their new role 5th September 2016.

9.0 CARE HOMES

The CCG's Quality Nurse Team continue to work closely with the Adult Safeguarding Team at the Local Authority and to oversee investigations and support the Local Authority with quality concerns. Four nursing homes remain suspended under partial



or full suspension within the city. One of the homes is being managed under the Local Authority's Failing Home Policy.

SUSPENSIONS	Full – F Partial – PL
Anville	F
Wrottesley Park	PL
Parkfields	F

Assurance – there is a robust system in place whereby safety concerns such as safeguarding, care home acquired pressure injury, falls and frequent attenders to A&E are monitored. The Quality Nurse Advisors have a schedule of planned and unplanned visits to monitor compliance and improvements.

The process by which care homes are suspended works very well and homes are not permitted to take on new residents until sustained improvements are made and can be evidenced. In future homes in suspension will be recorded on the CCGs risk register in addition to the tracking that takes place via the SBAR process.

Under an Any Qualified Provider (AQP) process Arden & GEM (CSU) Commissioning Support Unit managed the procurement process on behalf of Wolverhampton CCG for care home commissioned care. This opportunity advertised in Contracts Finder opened 1st February 2016 and closed on the 4th March 2016. Nine contracts have been awarded and will run for an initial 3 year period from 1st July 2016 to end of June 2019.

Out of area homes which have Wolverhampton health or social care funded patients and that are of concern are monitored jointly as in area homes and in addition escalation communication is shared with NHSE and the appropriate CCG for awareness. I.e. Hunters Lodge Care Home, Staffordshire. Quality concerns have been raised and shared with Stafford commissioners and with NHSE Quality team.

NHSE have a wider remit to share this information at Quality Surveillance Group Meetings.

10.0 ADDITIONAL ASSURANCE INFORMATION TO NOTE

10.1 Supporting Walsall Maternity Services

Wolverhampton and Walsall Clinical Commissioning Groups, Royal Wolverhampton Hospitals NHS Trust have agreed to increase its delivery capacity by 500 deliveries in 2016/17 to ensure the sustainability of maternity services at Walsall Manor Hospital.



Increased activity commenced on 21 March, mothers from 6 practices identified on the Wolverhampton and Walsall border have been booked for their maternity care to be met at Royal Wolverhampton Trust. Both CCGs are working closely with the trust to ensure patient safety standards are maintained. A joint quality review visit is planned for end of October.

Assurances have been acquired regarding:

- Staffing on maternity
- Staffing and consultant cover for neo natal services
- Current vacancies and recruitment timelines
- Sonographer capacity
- Repatriation of babies back to Walsall in a timely manner

Antenatal and Post natal care will continue to be provided by Walsall Community Midwives in most cases.

Further plan:

June: Walsall maternity capping monitoring meetings now completed.

July: Commence Black Country data collection exercise for maternity services and commissioning semi structured interviews re: maternity services. This has now commenced.

End of July: Commissioning stakeholder event for maternity services. Share commissioning response, in consideration of agreeing scope for Business Case going forward. This event is delayed, currently waiting new date.

October: Joint Walsall and Wolverhampton CCGs (and Healthwatch) quality visit to RWT Maternity Unit.

11.0 CLINICAL VIEW

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

12.0 QUALITY AND SAFETY COMMITTEE

At the Quality & Safety Committee Meeting held in August, information from Quality Review Meetings held during the month of July was considered. Minutes of this meeting are available for information on the agenda.



Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.
Items for escalation have been reported at the front of this report.

13.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

14.0 Risks and Implications

14.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk

14.2 Quality and Safety Implications

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.

14.3 Equality Implications

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

14.4 Medicines Optimisation Implications

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

14.5 Legal and Policy Implications

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

15.0 Recommendations

For Assurance

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

Name: Manjeet Garcha

Governing Body/

Quality & Safety Committee Exec Summary MG/ OCT 2016

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Job Title: Director of Nursing and Quality
Date: 4th October 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Rajcholan	4-10/16
Public/ Patient View	Pat Roberts	NA
Finance Implications discussed with Finance Team	NA	NA
Quality Implications discussed with Quality and Risk Team	Report of Q&RT	Aug 2016
Medicines Management Implications discussed with Medicines Management team	David Birch	NA
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	NA
Information Governance implications discussed with IG Support Officer	Michelle Wiles	NA
Legal/Policy implications discussed with Corporate Operations Manager	NA	NA
Signed off by Report Owner (Must be completed)	Manjeet Garcha	04/10/16

(V2.0 final)

