

**WOLVERHAMPTON CCG**

**Governing Body - Tuesday 8<sup>th</sup> November 2016**

**Agenda item 12**

<b>Title of Report:</b>	<b>Executive Summary from the Quality &amp; Safety Committee</b>
<b>Report of:</b>	Dr Rajshree Rajcholan – GP Lead Quality
<b>Contact:</b>	Manjeet Garcha Director of Nursing & Quality
<b>(add board/ committee) Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	CCG is committed to ensuring the highest of Quality for all services commissioned.
<b>Relevance to Board Assurance Framework (BAF):</b>	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.
<b>Domain 2b: Quality</b>	

**Key issues of concern for noting**

**Legend**

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

<b>Key Issue</b>	<b>Level</b>	<b>Comments</b>	<b>Detail on page/RAG</b>
SBAR issues escalated	2	<ul style="list-style-type: none"> <li>• Delayed diagnoses</li> <li>• Delayed treatment</li> <li>• NEs</li> <li>• Sub-optimal care (transfer of patient)</li> </ul>	4/5
Confidential Leaks	1	Close monitoring	4
Pressure Injury Grade 3	1	Close monitoring	7/8
Health Acquired Infections-CDiff	2	Potential risk of increased incidence and potential harm Increased likelihood that RWT will breach its annual target	9
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 <sup>st</sup> March. Close scrutiny of impact on Wolverhampton commissioned residents. Joint Quality Review Visit planned for 31 <sup>st</sup> October 2016.	20
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	18
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	15/17
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 & BCPFT Action Plans in place.	10/16
CQC General Practice	1	2 practices are being supported for	11



		'requires improvement'	
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	6



## **1.0 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 11th October 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.

### **2.0 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:

- 3.1.1** A Never Event has been reported by RWT, this involves the injection of Lucentis into the wrong eye. This is the 4<sup>th</sup> Lucentis related NE in the last 3 years. The CCG has written to the Medical Director at RWT, a quality visit scheduled for January 2017 has been brought forward to 14<sup>th</sup> November. A full RCA will be undertaken and received at CQRM with an action plan.
- 3.1.2** An incident involving a male urology patient. Whilst being prepared for a trial without catheter at home, the nursing team found that the balloon of the catheter could not be deflated. After attending OPD the patient had to have emergency surgery the following day to remove the catheter. This incident has been reported to the product manufacturer as initial review suggests that this is a manufacturing fault.
- 3.1.3** Unexpected death of a BCPFT service user. This is being investigated currently and cause of death is not yet known.
- 3.1.4** A delay in assessment and transfer from midwifery led unit to delivery suite. The baby was delivered with use of forceps and required immediate specialist NNU care. The baby recovered quickly and is well with no long term effect. An investigation has commenced and the Chief Nurses are in liaison to assure safety of care in MLU. A visit to the maternity unit is planned for Monday 31<sup>st</sup> October 2016 and an update will be provided at the Governing Body meeting.

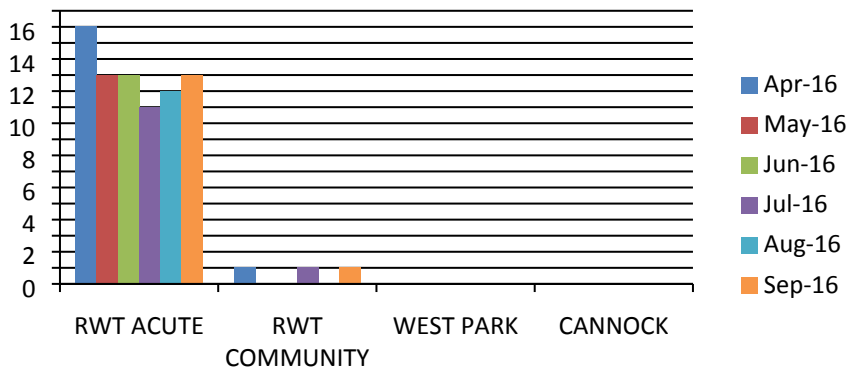


#### 4.0 THE ROYAL WOLVERHAMPTON NHS TRUST

##### 4.1 Serious Incidents (SIs)

14 new Serious Incidents were reported by RWT in September 2016.

##### RWT All SI's (Excl PU's)



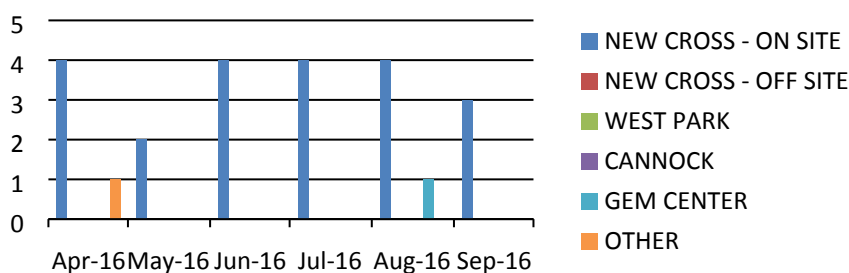
The Trust has completed an external review of SIs reported from key areas as A&E and emergency admissions areas. The report is being written and the findings will be shared at the January 2017 CQR meeting. The National Reporting and Learning System monitors all NHS Trusts for reporting timescales and numbers reported. RWT is not considered as an outlier.

##### 4.2 Confidential Breaches

This remains on the CCG radar; 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 did not demonstrate the expected sustained improvement but there was some improvement in August. September has unfortunately seen a small deterioration again and 3 incidents have been reported. The Trust was requested to review this at the September CQRM and an update is schedule for the November meeting.



## Confidential Breaches - RWT Last 6 Months



### 4.3 Never Events

RWT reported its 4th NE for the current year on October 21<sup>st</sup> 2016. As mentioned earlier under exception reporting page 4, this is being investigated by the Trust and in addition the CCG are carrying out a planned quality visit on 14<sup>th</sup> November. This review will take into consideration actions taken by the Trust following the previous incidents and what learning can be demonstrated including immediate actions taken following the most recent incident to ensure safety of patients. In addition a formal SBAR has been raised, Dr De Rosa has written to Dr J Odum (Medical Director) at RWT and we are awaiting the response for further consideration. This has been communicated to the Contracts Teams for appropriate application of sanctions.

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

### 4.4 Slips Trips and Falls

Three slip/trip/falls were reported by RWT in September 2016 (C24 – Renal, C41 – Gastroenterology and Anti Coagulation Clinic). C24 is on our radar for further deeper dive and all intelligence on this ward has been triangulated to identify themes which will be discussed with the Trust for assurance on leadership, staffing, infection and prevention audits, education and training on this ward.

There have been zero reported falls at West Park, community or Cannock Chase Hospital. This information has been verified since the last report in October.

The RWT Falls Group continues to meet on a monthly basis. The RWT Falls Policy has been reviewed (Prevention and Management of Falls). This is as a result of feedback from the National Inpatient Falls Audit. It was ratified by the Trust Board in October 2016.

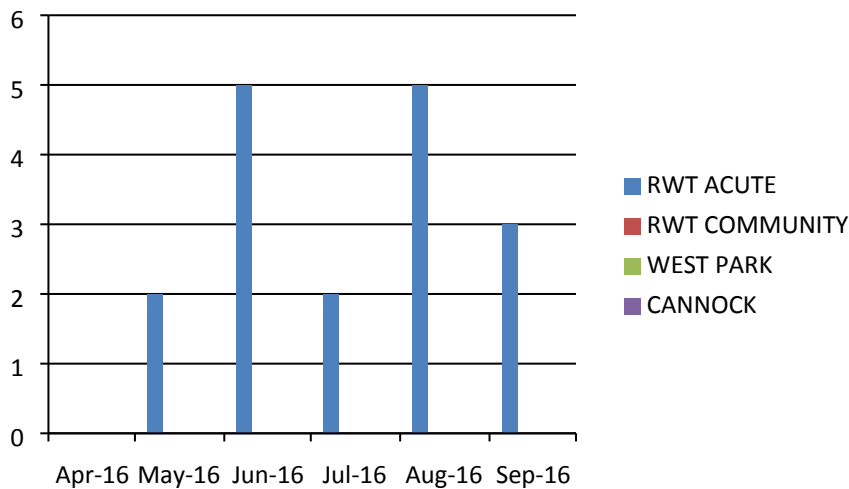
The launch of the renewed Falls Steering Group is making good progress and key changes have been implemented across all sites;

- Standardisation of policy and process
- Standardisation of assessment technique and paperwork



- Renewed enhanced care training for patients being nursed on 1:1

### Slip/Trip/Falls - RWT - Last 6 Months



#### 4.5 Pressure Injury Grade 3

Previously, the Governing Body was apprised 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 led to the distinct variation in practice across the health economy. Key areas have been identified:

- 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 September, 5 Grade 3 Pressure Injury incidents were reported by RWT; 2 at RWT site and 3 in the Community. This is a very encouraging improvement and continues to be on the downward trend in the monthly incidents reported over the last 9 months. All incidents are

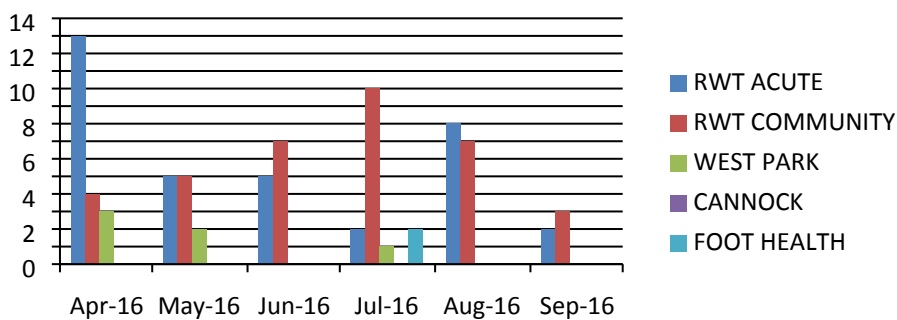


discussed at the bi weekly scrutiny meetings which the CCG attend and are graded as avoidable or unavoidable following a comprehensive RCA. These meetings are chaired by the Trusts' Chief Nurse and the head nurses from each area affected attend with their RCA findings and action plans.

Across the region, this is held up as a best practice and demonstrates ownership of the issue at executive director level.

Future reporting of these will include the avoidable and unavoidable data. (Due to the time lag for the final RCA scrutiny meeting and the decision on whether an injury is avoidable or not, this piece of work cannot be actioned until the December report).

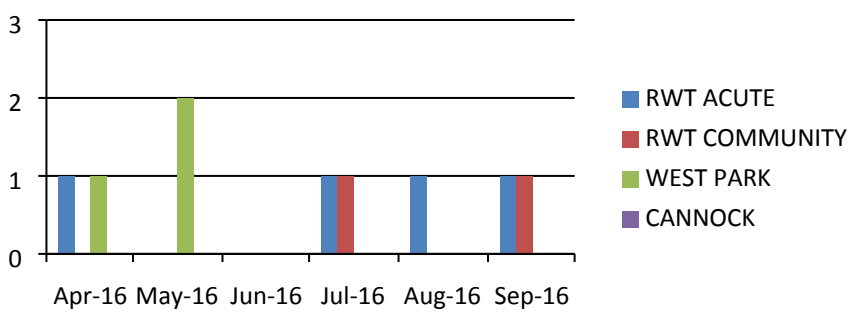
### G3 Pressure Injuries - RWT Last 6 Months



#### 4.6 Pressure Injury Grade 4

Two Grade 4 Pressure Injury incidents were reported by RWT in September. This has remained the same since April.

### G4 Pressure Injuries - RWT Last 6 Months





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

At present the greatest concern for the Trust is for C-Difficile. The Trust have reported over trajectory for the year with only 2 more cases before the Trust will reach its yearly ceiling. This is a reported improvement on last year for the same period but still not at the levels that are required. The Trust has decreased its tolerance in a 28 day period from 3 cases to 2 cases before executive led intervention is undertaken. The result of this action has led to the Trust being under trajectory for the past few months.

The Trust has provided assurance that the following actions have been undertaken:

- Ward/divisions of concern are being monitored more vigilantly.
- Lesson learnt from wards showing improvement have been shared.
- Actions have been taken where treatment delays and time to isolate are not at optimum rates.
- Disposable mops have been introduced since July 2016 and from September there is scrutiny with the clinical teams following every case with the tolerance for an incident meeting lowered to 2 cases in 28 days linked to any area.
- Chart of full activity showing incentives and effect to reduce CDiff are shown on table below.

MRSA bacteraemia has remained at nil since February 2015. CPE remained a challenge for the Trust however the Trust continued to monitor the most resistant cases.

As would be expected through the summer period, cases of Noro-Virus have remained very low.

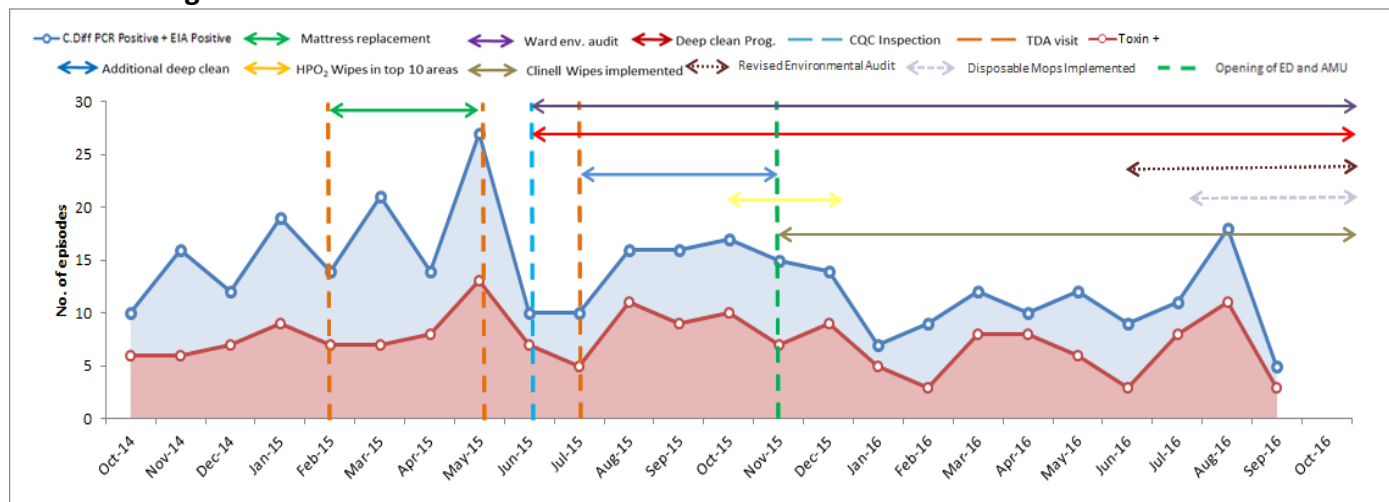
European Point Prevalence Survey commenced in September 2016; all wards will be audited for HCAI. The information collated will inform and improve the understanding of local, national and Europe wide issues on the following:

- Occurrence of HCAIs
- 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.



Chart showing incentives and effect since October 2014



#### 4.8 West Midlands Quality Review Service

The draft report for the review of imaging services which took place on September 21<sup>st</sup> 2016 at RWT has been received by the Trust and CCG. Immediate risks were notified to the Trust at the time of the review and a letter of assurance has been received by WMQRS and CCG from the Chief Executive that these issues have been addressed. The Trust now has until 4<sup>th</sup> November to review the report and make any comments/submit any additional information. Once the final report has been received the CCG will formally include the action plan to be added to the CQRM agenda for monitoring and assurance.

#### 4.9 Performance

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

Quality issues related to poor performance are routinely addressed under the Serious Incident reporting mechanism. In addition RWT are undertaking a review of all RTT breaches to monitor any harm which has resulted as a result of delay for treatment. This is being led by NHSE for a specific Specialised Commissioned Service at present but once a model has been agreed, it will be utilised for all harm reviews.

#### 4.12 Regulator concerns

##### 4.12.1 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 25<sup>th</sup> August 2016. The function of this group is to seek demonstrable assurance that the actions are being progressed and how they are being embedded. Exceptions will be reported to the Local Children's Safeguarding Board. With the second meeting held on October 7<sup>th</sup> the action plan is being progressed by all stakeholders and no areas of concern have been raised.

RWT safeguarding team structure has been reviewed by RWT and a business case was presented to the October Commissioning Committee for funding to support. A verbal update will be provided at the Governing Body meeting on the 8<sup>th</sup> November.

#### **4.12.2 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'. The CCG meets with CQC area managers to share intelligence on a regular basis.

#### **4.12.3 CQC BCPFT**

BCPFT CQC Risk Summit was held in May 2016. A substantial action plan is in place and this is being monitored at CQRM and Contract Meetings. A further visit from CQC took place on 17<sup>th</sup> October and the final report is awaited.

#### **4.12.4 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.

#### **4.12.5 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 are scheduled to accompany the CCG Quality Team at 3 visits in September and October and more will be planned in the New Year. Healthwatch have attended a joint visit to the A&E and UCC on 26<sup>th</sup> September 2016 and Maternity Unit on 31<sup>st</sup> October.



#### 4.14 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 bench mark (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

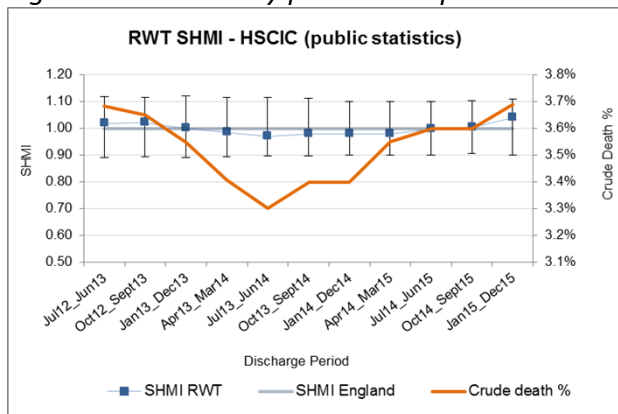
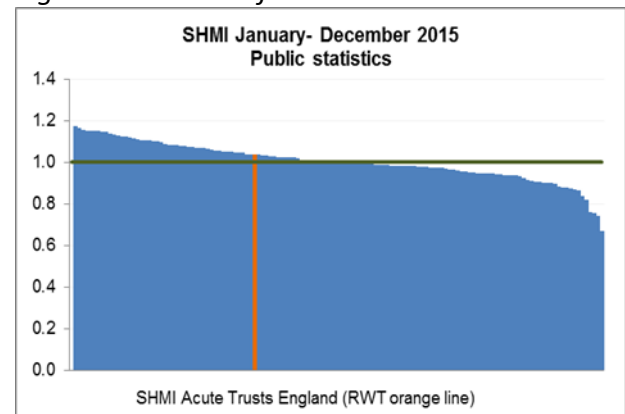


Fig. 2 RWT’s SHMI for the latest 12 months



(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 September 2016 and the analysis is being reviewed and shared at the next Trust MORAG meeting. (October meeting was cancelled by RWT).*

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 has 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. 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.

The CCG is also working with NSHE and RWT on how learning from avoidable deaths in primary care can be included in the Trust mortality review meetings.

#### 4.15 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 25<sup>th</sup> 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)**
- Midwifery posts have been filled and there are no vacancies in this area at the time of writing this report. **(14 newly qualified midwives have commenced employment at the end of October)**
- 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)**



- 2 longstanding consultant vacancies have been recruited to substantively

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.

## 5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST Level of Concern as of 30<sup>th</sup> September 2016

Black Country Partnership	
Month	Concern Level and Actions
September 2016	Level 2 –previous CQC inspection rated the Trust as Requiring Improvement. BCPFT action plan in place. Re inspection took place on October 17 <sup>th</sup> 2016, awaiting report to review the current concern level

### a) PREVENT Training

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

### b) Early Intervention Service

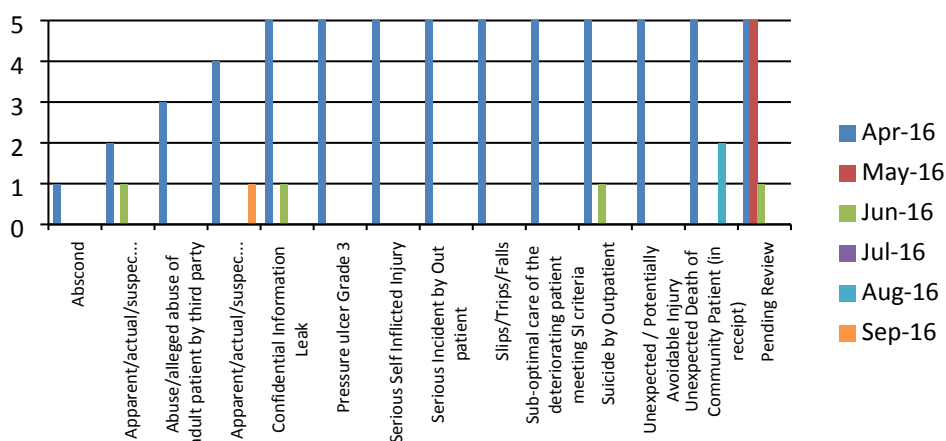
Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

## 5.1 Serious Incidents

In September, 1 SI of suspected self-harm at Penn Hospital was reported. Full investigation has been completed for how the blade was brought into the hospital following return from an approved leave of absence. The process for assessment of risk prior to each episode of leave from wards has been reviewed and strengthened.



## BCPFT All SI's - Last 6 Months



The SIs which show 'pending review' are those that currently have a 'stop clock' applied due to third party involvement i.e. police, coroner, court case

**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 at the time of writing this report.

### 5.6 NHS Safety Thermometer

BCPFT's harm free care rate for August 2016 was 95%. 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 September 2016 was Learning Disabilities. Key areas to note were:

- The largest number of incidents occurred in forensic services and included both physical and non-physical aggression. One incident involved a moderate degree of harm where a nurse was injured by a patient. There were five medication errors which are being managed by the Trust.
- There were five informal complaints, no formal complaints and three compliments.
- There was one prone restraint in month. This will be examined at the next CQRM.
- The sickness absence rate was 7.7% with the causes of sickness similar to previous months. Despite the high rate of sickness absence, it should be noted that the rate of incidents has not increased, showing that patient safety measures remain effective.





- The Autism Strategy has gone to Cabinet. A diagnostic pathway will be commissioned through Dudley and Walsall Trust.
- The consultation on Pond Lane has come to an end and the report will be shared once completed.
- The new Section 117 policy has gone through a Section 117 Working Group and is due to be shared with BCPFT's Mental Health Act Manager before it can be taken forward.
- A number of Syrian refugees are expected in Wolverhampton at the end of the year. WCCG has gone out to tender regarding primary care but needs to consult with BCPFT regarding CAMHs, LD and mental health provision.

**RED Indicators** - Month 5 (August 2016) BCPFT dashboard shows reporting on national and local quality requirements

**PREVENT Contract Performance Notice** – the contract performance notice has been agreed and the final version will be shared at October's CQRM and will continue to be monitored monthly.

Going forward the new Head of Quality and Risk is working with the BCPFT to strengthen the quality of data that the Trust shares. Currently there are weaknesses and also the process which examines the number of delayed transfers of care is being overhauled.

## 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 1<sup>st</sup> April 2016. The contract is now signed and conversations held re planning and agreeing TOR for CQRMs to commence in November 2016. The first meeting was held in October. 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

On Monday 26th September Wolverhampton Safeguarding Children Board (WSCB) published the findings of a Serious Case Review into parental neglect. The SCR centres on the children of a Wolverhampton couple who were taken into care in 2014 after an emergency admission to hospital identified significant concerns regarding their supervision



and care. The father was jailed for two years for gross neglect following a subsequent child protection investigation. The mother has since passed away.

There was a wide range of services and practitioners supporting the family, and many displayed considerable commitment to improve the care the children were receiving. However, coordination of services was lacking resulting in the neglect the children were exposed to not effectively being addressed. Had this been better it may have made a difference – but equally it could also have been the case that the parents’ resistance to help would have remained exactly the same.

The agencies involved in the review were Wolverhampton Safeguarding Children Board, City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group, the Royal Wolverhampton Hospitals Trust, Black Country Partnership NHS Trust, Recovery Near You, Spurgeons Young Carers and Base 25, the children’s schools and the family’s GPs. The WCCG action plan developed as a result of the SCR was fully implemented prior to the publication.

In order to protect the children within the family, the publication was redacted and subject to a ‘soft publish’ agreement.

**7.2** As reported in the previous Governing Body report in October, Section 11 Audits were completed by provider and the CCG as per the statutory requirements. The data is currently being analysed by the Local Safeguarding Children Board and the CCG will take action with any gaps in its internal or provider audit provision.

**7.2.1 OFSTED Inspection**

The 2016/17 OFSTED Inspection schedules require that Wolverhampton OFSTED inspection will be completed before May 2017. A multi disciplinary OFSTED team from all the key stakeholders have been deployed in Wolverhampton for several months now in preparing for the inspection. The next opportunity for the inspection will now be after November 14<sup>th</sup>. All stakeholders are currently ready in waiting for the formal notification and the mobilisation team will lead on informing and leading on the inspection.

**7.3 Looked After Children**

The number of children in care continues to slowly but steadily decrease, with the WCCG remaining active partners within multi-agencies arrangements and core corporate duties and responsibilities. Below are the figures as at the end of Sept 2016:

	<b>Number</b>	<b>%age</b>
<b>Wolverhampton City Council</b>	<b>271</b>	<b>43.2</b>
Dudley Metropolitan Borough Council	40	6.4
Sandwell Metropolitan Borough Council	29	4.6
Walsall Metropolitan Borough Council	60	9.6



South Staffordshire Council	35	5.6
<b>All in Adjoining LAs</b>	<b>164</b>	<b>26.2</b>
<b>Anywhere Else - not in Wolverhampton or in Adjoining LAs</b>	<b>192</b>	<b>30.6</b>
<b>TOTAL LAC*</b>	<b>627</b>	<b>100</b>

- as of September 30<sup>th</sup> 2016

## 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 5<sup>th</sup> 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.

<b>SUSPENSIONS</b>	<b>Full – F Partial – PL</b>
Anville	F
Wrottesley Park	F
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 1<sup>st</sup> 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. Dashboards are being designed to monitor quality of care in these 9 homes using contractual levers to drive performance.

Out of area homes which have Wolverhampton health or social care funded patients and that are of concern are monitored jointly with CQC and City of Wolverhampton Council. 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 31<sup>st</sup> October 2016. A verbal update will be given at the Governing Body meeting on 8<sup>th</sup> November.

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.

Chronology of actions to date includes:

**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. (31<sup>st</sup> October 2016).

## **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 October and information from Quality Review Meetings held during the month of September 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**

Failure to commission good quality and safe services would be a considerable reputational risk for the organisation.



#### **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.

#### **14.3 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.

#### **14.4 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 reviewed and updated.

#### **15.0 Recommendations**

For **Assurance**

- **Note** the actions being taken.
- **Note** the actions in relation to the CQC Safeguarding and LAC Review in July 2016 and the preparedness for the pending OFSTED Inspection.
- **Note** the steps being taken regarding the 4<sup>th</sup> NE in Ophthalmology at RWT
- **Note** the steps being taken regarding BCPFT safeguarding/PREVENT training compliance
- **Note** the maternity review findings which will be reported verbally at the meeting
- **Continue** to receive monthly assurance reports

**Name: Manjeet Garcha**

**Job Title: Director of Nursing and Quality**

**Date: 27<sup>th</sup> 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	27/10/16
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	Oct 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
<b>Signed off by Report Owner (Must be completed)</b>	<b>Manjeet Garcha</b>	<b>27/10/2016</b>

(V1.0 final)

