

**WOLVERHAMPTON CCG**

**Governing Body - Tuesday 13<sup>th</sup> December 2016**

**Agenda item 14**

<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

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

Key Issue	Level	Comments	Detail on page/RAG
SBAR issues escalated	2	<ul style="list-style-type: none"> <li>Delayed diagnoses</li> <li>Delayed treatment</li> <li>Sub-optimal care (transfer of patient)</li> <li>NE Quality Visit 14/11/16</li> </ul>	4/5
Pressure Injury Grade 3	1	Close monitoring	6/7
Health Acquired Infections-CDiff	2	Potential risk of increased incidence and potential harm RWT has reached its annual target	7/8
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.	10/11
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 undertaken on 31 <sup>st</sup> October 2016.	16
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	13/14
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	11/13
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.	8/9
CQC General Practice	1	2 practices are being supported for 'requires improvement'	9



## **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 8<sup>th</sup> November 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 An incident has been reported by RWT that whilst undertaking an emergency reduction of a dislocated hip a complication which was evident on the x-rays but had not been noticed prior to the surgery was discovered. The procedure was abandoned and the child was transferred to BCH for specialist assessment and repair.
- 3.1.2 An unexpected death of a child has been reported by RWT. The child was brought into A&E lifeless and was certified as deceased on arrival. The injuries are suspected to be non-accidental, police and social services are involved and full investigations have been initiated. Guidance in line with Sudden Unexpected Death implemented. This case has attracted some media attention in the week and it was reported that the parents have been charged with murder.
- 3.1.3 An incident has been reported by The Nuffield Hospital regarding the professional conduct of locum consultant. This is being investigated by the police and local hospitals where intelligence suggested that this consultant was providing services for have been notified and appropriate actions taken.

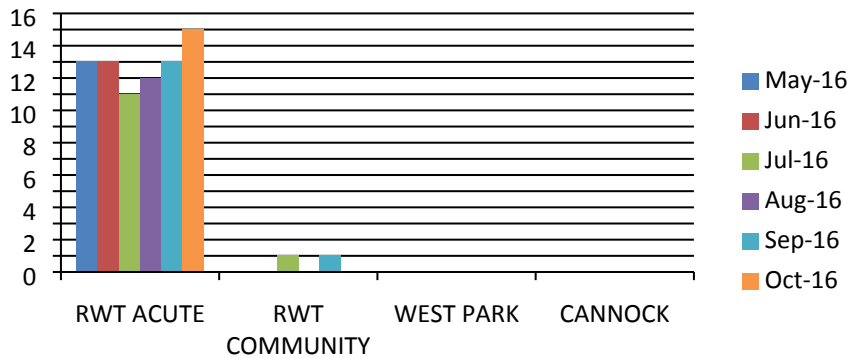
## **4.0 THE ROYAL WOLVERHAMPTON NHS TRUST**

### **4.1 Serious Incidents (SIs)**

16 new Serious Incidents were reported by RWT in October 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.

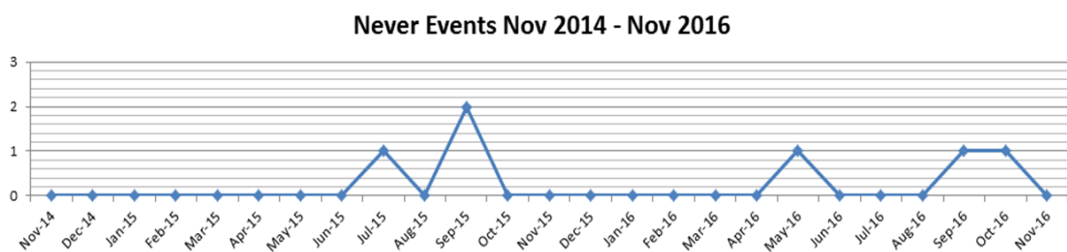
### 4.3 Never Events

RWT reported its 3rd NE for the current year in October 2016. (See chart page 6).

The most recent NE is related to an injection of Lucentis medication into the wrong eye. A full investigation is underway; early causes suggest a failure in adherence to Trust Policy that a patient without a signed consent should not leave the ward for theatre until this has been corrected.

A planned review visit made up of reviewers from the Quality and Safety Team at the CCG and expert nurses from neighbouring provider ophthalmic units was undertaken on 14<sup>th</sup> November 2016. The final report is being concluded and detail will be shared with the Governing Body at a further meeting.

As an immediate action the department took action to ensure that notes are checked on the day before the clinic for signed consent forms, missing consent forms actioned and no patients will leave the ward without a valid and appropriate consent form in the notes. The eye is also marked for completeness.



Date	Category	Total
July 2015	Wrong site surgery	1
Sept 2015*	Wrong side procedure	1
Sept 2015*	Wrong side procedure	1
<b>Total 2015/16</b>		<b>3</b>
May 2016	Maternity/obstetrics	1
Sept 2016	Wrong side procedure	1
Oct 2016*	Wrong side procedure	1
<b>16/17 ytd</b>		<b>3</b>

**\*wrong side eye injection**

#### 4.4 Slips Trips and Falls (causing serious harm)

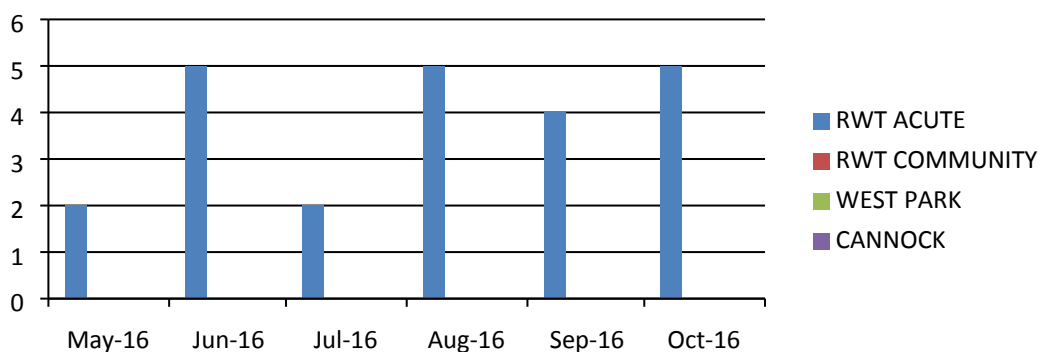
Five slip/trip/falls were reported by RWT in October 2016. One of the wards has been placed under 'special measures' by the Trust and further deeper dives and all intelligence on this ward are being triangulated. The Trust is reviewing leadership, staffing, infection and prevention audits, education and training on this ward. Dashboards are presented at the CQRM meetings with actions taken to address shortfalls.

There have been zero reported falls at West Park, community or Cannock Chase Hospital. 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

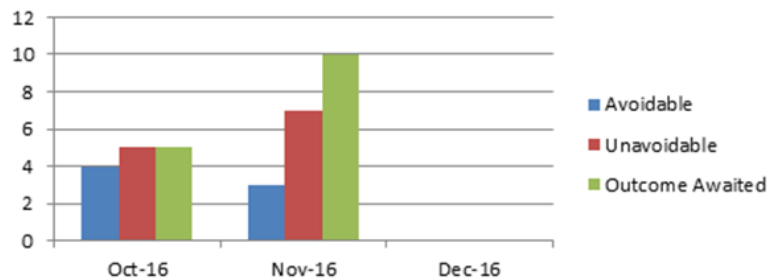


#### 4.5 Pressure Injury Grade 3

The work of the Health Economy Pressure Injury Prevention Steering Group continues to uncover the variations in care, understanding, education and training across the health economy.

The improving trend continues into October; 14 Grade 3 Pressure Injury incidents were reported by RWT; 8 at RWT site and 5 in the Community. Of those incidents, some have been closed and the chart below shows avoidable or unavoidable. There are still 5 incidents from October that are awaiting final sign off.

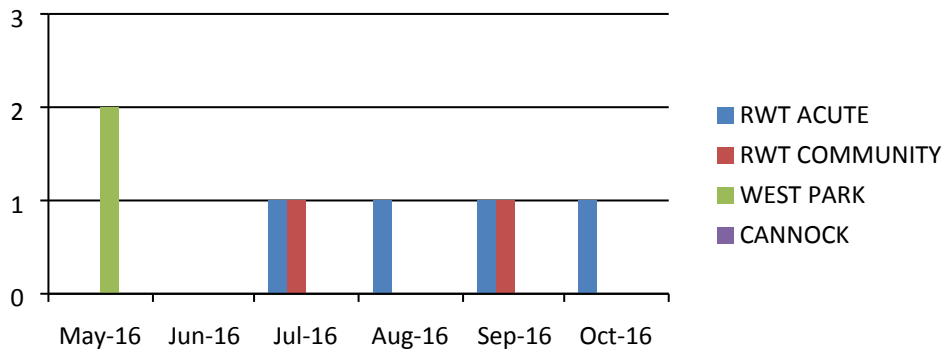
**G3 - U/A Outcomes - Last 3 Months**



#### 4.6 Pressure Injury Grade 4

The single Grade 4 Pressure Injury incident reported by RWT in October was deemed as avoidable.

**G4 Pressure Injuries - RWT Last 6 Months**



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

The Trust has reached its total target for the year (35), however, has shown some improvement in the monthly numbers for the last 2 months.



The quarterly rate/100,000 bed days has reduced to below the national average for the last two months and the quarterly rate/100,000 population has reduced to below the regional average for the last 2 months.

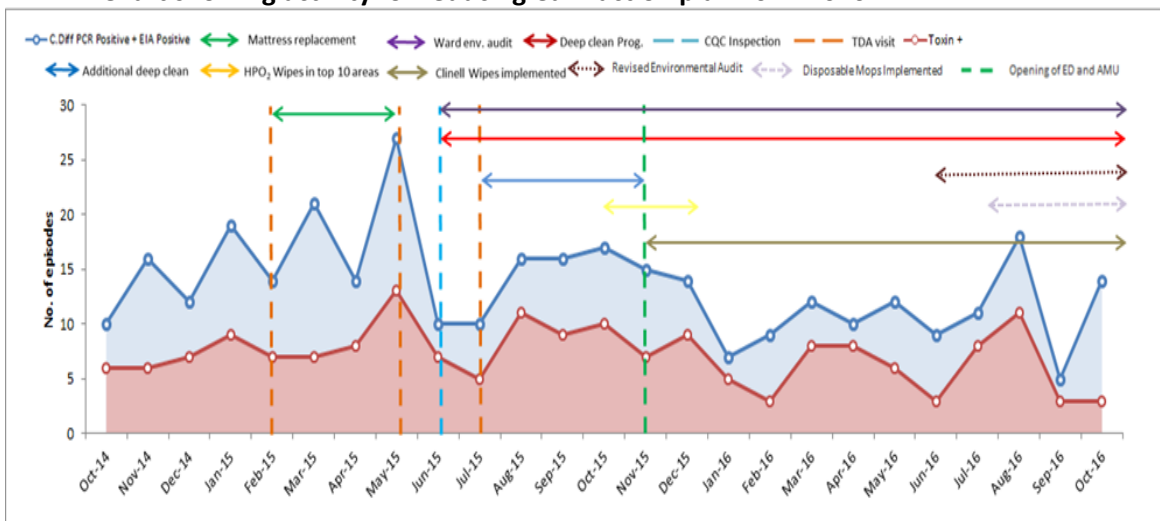
There are no associations found in relation to the typing results which suggest there is no evidence of cross contamination due to hand hygiene, equipment or environmental factors.

The following activities remain a focus:

- Decant and deep cleans are on schedule
- Antibiotic prescribing audits
- Monthly and quarterly ward audits for hand hygiene, environment and equipment
- Disposable mops/curtains implemented
- Time to treatment plateaued, action plan in place.
- Time to isolation showing some improvement.
- Out of hours on call management systems in place
- Management of community outbreaks robust (no community outbreaks reported and CCG is below its annual target).
- Local health economy wide antimicrobial resistance project has commenced (CCG is supporting this with funding to buy the CRP testing kits for primary care and urgent care centre).

Discussions are held at CQRM/Contract Review Meetings and sanctions in line with contract management will be applied.

**Chart showing activity for reducing Cdiff action plan 2014-2016**



#### 4.7.1 MRSA Bacteraemia

Zero reported.

#### 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

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that these issues have been addressed. The Trust has formally responded and we are awaiting the final report with action plan. This will be monitored at CQRM/CRM.

#### **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.

#### **4.10 Regulator concerns**

##### **4.10.1 CQC RWT**

The Trust has received its final report for the inspection in 2015. The rating remains unchanged 'requires improvement' and this is now available on the CQC website. The action plan has been monitored at CQRM and is now closed.

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 unfortunately still not received. As previously reported, a Strategic Stakeholder Group has been set up and meetings have been progressed. The function of this group is to seek demonstrable assurance that the actions are being progressed and how they are being embedded. Assurance is reported to the Local Children's Safeguarding Board.

##### **4.10.2 OFSTED Inspection**

The CCG has been informed that an OFSTED inspection will now not occur until the New Year. The preparatory teams continue to meet to ensure that the framework assessments for any sector; including health meet all the statutory requirements effectively.

##### **4.10.3 CQC General Practice**

General Practice A previously rated as 'inadequate' has recently been rated as overall 'good'. Two other practices are currently 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 2106 and the final report is awaited.

##### **4.12.4 Health and Safety Executive**

RWT received a Notice of Contravention for Radiology Department, the Trust has responded and we are awaiting the final reported recommendations and Trust action plan.

##### **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 have accompanied the CCG Quality and Risk Team on 3 visits to date. More dates are being planned for the New Year.

#### 4.13 Mortality (RWT)

The published SHMI, released by the Health and Social Care Information Centre (HSCIC) for July 2015 to July 2016 is 1.06 which has increased compared to previous periods and banded “as expected”.

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%.

Mortality Audits have been undertaken for patients with a primary diagnosis of Pneumonia (Oct 2015- January 2016) and Fluid and Electrolyte Disorder (May 2015 to March 2016).

1. **Pneumonia.** 80 cases, representing 56% of the total deceased cases were reviewed and generally care was found to be of a very good quality. Areas of good practice were highlighted and also recommendations made for improvements and learning. The RWT Mortality Review Group oversees the dissemination of the information from this audit via the matrons in the clinical areas and any action plans arising from the findings.
2. **Fluid and Electrolyte Disorder.** Thirty five cases, representing 60% of the total deceased between May 2015 and March 2016) were randomly selected from the cohort of adult patients admitted with a diagnosis from the Fluid and Electrolyte disorder group, who subsequently died either in the hospital or within 30 days post discharge. The cases that were identified as being incorrectly coded were subsequently recoded and excluded from the sample. No findings of sub optimal care or avoidable mortality identified, however, more work is being undertaken to understand causes of variation in coding across acute trusts in England.

The CCG has been working with NSHE and RWT on how learning from avoidable deaths in primary care can be included in the Trust mortality review meetings. This has progressed, a clinical lead from one of the VI practices has been approached to invite to the group, once membership is established this will be progressed. Membership will be confirmed at the next RWT MRG meeting.

#### 4.15 Workforce

The Chief Nurses provide a monthly report with information on inpatient nursing and midwifery staffing. This data is also made available on the Trust intranet site and NHS Choices. Improvements and challenges have been noted in the following areas:

- Registered Nurse fill day duty fill rate has improved since January 2016 from 11 wards that did not meet the minimum requirements to 3 in October. This is reflective of the band 5 recruitment that the Trust has undertaken this year of local, European and Filipino nurses (c100 band 5s in the last few months). A further 123 nurses are in the pipeline at various stages of the immigration process.



- RN fill rate for night duty remains a challenge as most new recruits cannot be assigned without supervision and cannot undertake the enhanced duties as administration of IV medications.
- HCA fill rates for day and night duty have improved slightly.
- Retention of staff- RWT is a pilot site to deliver the Associate Nurse Foundation Degree Programme for 20 HCAs who will commence training in Jan 2017.
- Band 7 leadership modules are being pursued to improve leadership and support skills for band 7 nurses.
- There are currently 225.37 (wte) registered nursing vacancies open across the Trust, a small reduction from September which was 239.10. Allowing adjustment for those that have been offered but are awaiting start dates there is a nursing workforce gap of 134.69 WTE as at the end of October 2016.
- Nurse turnover for bands 5-7 is decreasing slightly i.e. band 5 turnover is now at 10.97% compared to 13% in April.
- Medical workforce recruitment is on-going with 3 consultants for A&E successfully interviewed in November. All 3 have accepted and are due to commence with the Trust early in the New Year.

The CCG Assurance Framework allows the Quality Team to review themes from the ward dashboards to triangulate low staffing with other patient safety incidents and intelligence.

## 5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST Level of Concern as of 31<sup>st</sup> October 2016

Black Country Partnership	
Month	Concern Level and Actions
Oct 2016	Level 2 –2015 CQC rating was requires improvement. SIGNIFICANT progress has been made. This rating is likely to improve when outcome of recent review has been confirmed.

### a) PREVENT Training

Remedial action plan agreed in June. This will be monitored via CQRM and Contract Review Meetings. In October, a contract performance notice was agreed. This is being monitored monthly.

### 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 October 2 SIs were reported. Full investigations are in place therefore a final category has not yet been agreed.

**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 October 2016 was 97.48% this is an improving picture from previous performance.

**5.7 Items to Note from October Mental Health Themed Clinical Quality Review Meeting:**

- Adults of Working Age - there was a reduction in incidents in August. Violence & aggression accounts for the highest rate of incidents but they are low level, and the highest rate was seen on Macarthur ward.
- The Trust is looking at renewing admission criteria to address the higher levels of acuity among patients. There have been issues in PICU with some patients requiring medium to high secure facilities, however staff are struggling to find appropriate placements for them. The financial implication of this has been raised with NHSE and there is also a high impact on staff and patient safety. Risk management is being reviewed with staff.
- The Trust is encouraging the raising of concerns before they escalate into complaints and has developed a weekly tracker to manage complaints.
- A patient story included within the division's monthly report was from a patient on Macarthur ward who was responsible for 40+ incidents of violence & aggression who, upon discharge, wrote to all staff acknowledging and apologising for his challenging behaviour. It was noted that this was a result of the good work staff had done with the patient.
- There are high rates of sickness absence and policies are in place to manage this. Sickness in planned care is largely due to long term physical health issues.
- Following an issue whereby a patient blocked a door with a chair, the Trust has identified risks with doors in rooms and confirmed that an override mechanism can be used in emergencies. Doors are checked on rotation to ensure mechanisms are working.
- Additional work is being done to establish the threshold for the length of prone restraints. Trust staff has been recognised for their work on restraint and have contributed to a national report. Risk assessments are included in care plans in place across the Trust. It was noted that staff are not trained to put patients into a prone position, however patients may put themselves in this position and it is in the interest of their safety to hold them there until de-escalation is possible. A report into restraint will be presented to CQRM in December.
- Workforce - The sickness absence rate is at 6.1% and is being managed locally. Proactive Health and Wellbeing Boards are working on this.



The vacancy rate is at 15.1% and work is on-going. The rise includes new posts which are being actively recruited to.

The staff turnover rate is at 15%, predominantly in corporate services.

Bank/agency usage is closely monitored via the national framework. The Trust has reduced its use of agency over recent months following roster management workshops and close work with the finance team.

## 6.0 OTHER SECTORS

6.1 Nuffield Hospital – CQRM held, no issues of concern were noted.

6.2 Vocare – The Vocare CQRM in October was the first combined quality and contract review meeting. Discussions set out the required standard of quality reporting that is required. CCG Quality Team will continue to support to improve this going forward.

## 7.0 CHILDREN'S SAFEGUARDING

### 7.1 Serious Case Reviews

There are two serious case reviews currently underway. Publication dates are not known and the Governing Body will be kept apprised.

#### 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 January 2017. All stakeholders have undertaken a very comprehensive predatory assessment and once a formal notification is received 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 Oct 2016:

	Number	%age
<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 October 30<sup>th</sup> 2016

THE Governing Body are informed that there will be some significant staffing changes to the LAC Professionals team in the New year and plans are in place to ensure continuation of a safe and effective service.

- The Designated Senior Nurse for LAC post which has been 18 month fixed term post has been reviewed and as of immediate effect has been approved for permanent status. This is a statutory post for the CCG and the review has confirmed that in order to fulfil strategic elements of the post, it is required as a full time permanent post. HR advice has been sought.
- The Designated Doctor for LAC is taking leave for one year, beginning 1<sup>st</sup> January 2017. Exec Nurse has met with the Medical Director at RWT to agree a successor. Dr Simons will undertake this role and has many years' experience in LAC work.
- There are also discussions of further change in staff in April 2016; this is being managed via RWT MD and CCG DON and succession planning with the leaving incumbent.
- The current GP Lead for Safeguarding Children is on sick leave, this work is being managed by the safeguarding teams and arrangements have been made to service any requirement for undertaking CCG responsibility for Serious Case Reviews.

It is imperative that the availability of expert advice and support to the CCG from safeguarding professionals is not weakened at any time and even more so when an OFSTED inspection is imminent. The Governing Body can be assured that all steps have been taken to sustain and maintain a safe position in mitigating this high risk.

## **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.

## **8.2 Multi Agency Safeguarding Hub (MASH) Arrangement**



Both the Children's and Adults MASH have now been in place since January and August respectively. The MASH arrangements are working well and key stakeholders are evaluating impact and effectiveness on a continuous basis so that issues which come to light can be addressed immediately. In general, the quality of the referrals being made into the MASHs' are of a good quality are appropriate.

## 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	F
Parkfields	PL

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. Nine contracts were awarded in the first wave and a significant more are expected in the second wave. Dashboards have been developed to monitor the said care homes which are allowing, for the first time, the CCG to undertake analysis on good quality metric data. Homes of on-going concern are supported for education, training and leadership training. 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 been completed.

**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, Staffordshire, Wolverhampton Commissioners, Public Health and Healthwatch quality visit to RWT Maternity Unit was undertaken on 31<sup>st</sup> October 2016. The review was very positive, no key areas of concern were noted and a full report has been shared for factual accuracy with the Trust. On-going progress will be monitored at CQRM and the joint commissioner meetings. Governing Body will be kept apprised of any significant or exceptional risk.

## **10.2 Quality Visit to the Eye Hospital RWT**

Following on from the recent NE in ophthalmology, a quality visit was undertaken on 14<sup>th</sup> November 2016. The review team was made up from the CCG Quality Team and 2 expert matrons from neighbouring provider ophthalmic units. A couple of significant issues were raised with the Trust for immediate attention to ensure patient safety and a full report is being compiled to share with the Trust in the next week. The action plan will be monitored via CQRMs.

## **10.3 Internal Audit Risk Management (PwC)**

This has now been completed and a draft report has been shared with the CCG Audit and Governance Committee. The Exec Team are reviewing the action plan; some work has already commenced in relation to the proposed new BAF layout and on-going risk management processes. This will be shared at the next Governing Body Development Session in December and a further assurance report regarding progress will be provided to the Governing Body in February 2017.

## **10.4 Improving Quality in Primary Care – Full Delegation expected April 2017**

Discussions have commenced with NHSE as to the legacy and handover of current NHSE responsibilities to the CCG Quality Team for the expected full delegation in April 2017. Once known, the impact of these will be assessed on the current capacity and capability of the team.



## **10.5 Equality Delivery System (EDS2)**

The CCG is required to publish its Equality Delivery System (EDS2) on its website by 31<sup>st</sup> March 2017. Plans are in place to ensure that the CCG meets this requirement and further progress updates will be made at January and February Governing Body meetings with a final sign off in March.

## **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 November, information from Quality Review Meetings held during the month of October 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.

Any items identified 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.

### **14.4 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.

Governing Body/

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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 NE in Ophthalmology at RWT
- **Note** the steps being taken regarding BCPFT safeguarding/PREVENT training compliance
- **Note** the progress with the EDS2 work for meeting statutory requirements by March 2017.
- **Continue** to receive monthly assurance reports

**Name:** Manjeet Garcha  
**Job Title:** Director of Nursing and Quality  
**Date:** 1<sup>st</sup> December 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	1.12.2016
Public/ Patient View	NA	
Finance Implications discussed with Finance Team	NA	
Quality Implications discussed with Quality and Risk Team	Report of Q&RT	1.12.2016
Medicines Management Implications discussed with Medicines Management team	David Birch	
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	1.12.2016
Information Governance implications discussed with IG Support Officer	Michelle Wiles	
Legal/Policy implications discussed with Corporate Operations Manager	NA	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Manjeet Garcha</b>	<b>1.12.2016</b>

(V1.0 final)

