

WOLVERHAMPTON CCG

Governing Body
Tuesday 14th February 2017

Agenda item 11

Title of Report:	Executive Summary from the Quality and Safety Committee
Report of:	Manjeet Garcha, Director of Nursing and Quality
Contact:	Dawn Bowden, Quality Assurance Co-ordinator
Governing Body 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.
Public or Private:	This report is intended for the public domain
Relevance to CCG Priority:	CCG is committed to ensuring the highest Quality for all services commissioned.
Relevance to Board Assurance Framework (BAF):	Domains 1, 2, 3 and 4.

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 in 2016 Report received, monitor for 3 months	2	<ul style="list-style-type: none"> Delayed diagnoses Delayed treatment Sub-optimal care (transfer of patient) NE Quality Visits 14/11/16 	
Pressure Injury Grade 3/4	1	Close monitoring	
Health Acquired Infections- CDiff	2	Potential risk of increased incidence and potential harm RWT has reached its annual target	
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. Vocare safeguarding and NHS111 Response Rate issue	
OFSTED Inspection	2	Currently in progress	
CQC Inspection Reports (BCPFT & RWT)	2	Rating 'requires improvement' for RWT & BCPFT Action Plans in place.	
CQC General Practice	1	2 practices are being supported for 'requires improvement'	

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 last Committee meeting on 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

RWT reported a 4th Never Event in December. This was a retained surgical swab during surgery to the axilla. The full RCA is currently in progress; however, early indication is that this was due to individual behaviour and breach of current theatre protocol. Full duty of candour applied and the full RCA will be submitted within 60 days of the incident (mid February) and then an update will be provided in the March report.

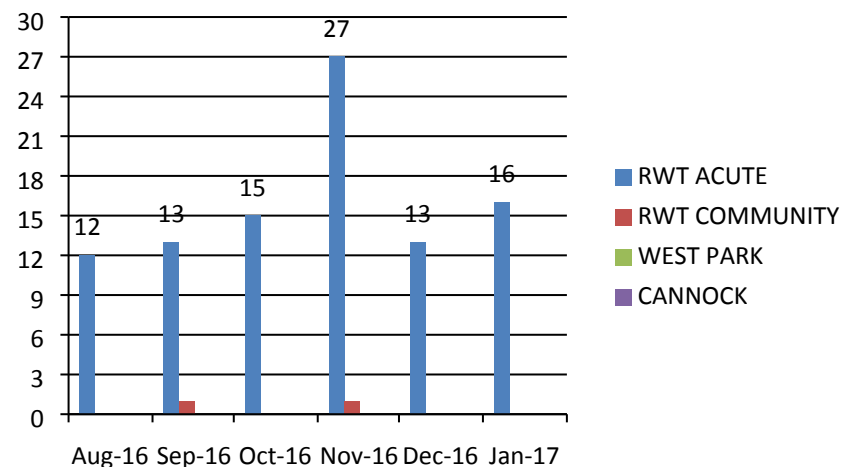
A further incident reported from the maternity unit whereby a baby was given expressed breast milk which was from another mother. There are very clear protocols in place regarding labelling of breast milk which is stored in a refrigerator. The Trust is investigating this incident and the midwife concerned is being supported through this process. Full duty of candour has been applied. No harm was caused to the infant.

The CCG received notification from the CQC that a local nursing home, Ruksar Nursing Home, was at risk of imminent closure due to financial difficulties. The Local Authority protocol for closure of care homes was put into action and tripartite meetings held with the owner, solicitors, CWC, CQC and the CCG. Following appropriate assessment, meeting with residents and carers, all residents were moved to Atholl Nursing Home. Atholl Nursing Home has also employed most of the staff and the current home manager to help with the transition. A media plan was prepared, however, was not required. On-going review visits are in progress to monitor any issues arising as a result of the move.

4. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

4.1 Serious Incidents

RWT All SI's (Excl PI's)



Type Of Incident	Number
Diagnostics Incident	1
Falls	6
IP	2
Pending Review	1
Maternity	1
Treatment Delay	1
Confidential Breach	3
Surgical/invasive procedure incident	1
Total	16

There were 16 SI's (excludes Pressure Injury Incidents) reported in January 2017. There were no significant concerns in regard to the trends or the nature of these serious incidents reported by RWT. In addition 3 IG breaches were reported too, this is a deterioration compared to zero reported in December 2016. All SI's are robustly monitored and scrutinised by the Serious Incident Scrutiny Group (SISG) panel at the CCG.

The Governing Body are informed that following the SBAR that was raised in 2016 for an increased frequency of SIs attributed to the Emergency Department (ED) at RWT, Professor Matthew Cooke was commissioned by RWT to complete an investigation into emerging themes. Professor Cook has a background including working as an ED consultant, working for the Department of Health as an expert on emergency medicine and acute care and is currently Clinical Director for the Emergency Care Improvement Program (ECIP). His research interests include how systems affect patient safety including human factors.

Professor Cook selected 25 consecutive SIs, reviewed relevant information from the case history and root cause analysis reports and reviewed in detail with regard to 3 key factors; system factors, individual factors and overcrowding issues.

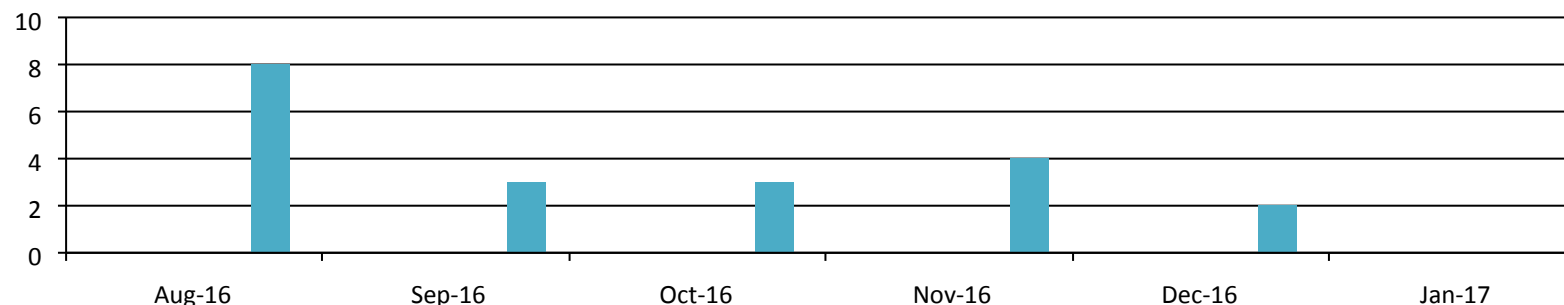
The full report is available on request, however, the key findings and recommendations are:

- All but two incidents occurred in a crowded department. Crowded departments lead to more interruptions and distractions, higher stress levels and increased haste.
- A more robust approach to guideline production and updating and encouraging a culture where guidelines are referred to improved induction and supervision of locums and in particular senior review before the patient is discharged.
- Consider a pre discharge check list.
- Human factors training to help clinicians understand the risks of cognitive bias.
- Improved documentation by senior staff.
- Assessment of medical and nursing staffing numbers to reflect numbers of patients in the department rather than number of cubicles.
- Case note audit

The recommendations are being incorporated into a wider action plan; this will be shared at the February CQRM

4.1.2 Health Care Acquired Infections C.Diff Incidents

Last 6 Months C Diff Monthly Figures RWT



In December 6 cases were positive by toxin test; 2 of these were attributable to RWT using the external definition of attribution, against a target of 3 for the month. January data is not available until 15th February, when it is signed off on the national system. The ytd figure for RWT is 40 actual v 35 plan which is a breach of their annual target.

Actions:

A sustained reduction in monthly performance has been realised and the Q3 target was achieved for the first time since 2014/15. Interventions are being analysed to identify which have impacted on this reduction. Monitoring and emphasis on the importance of prevention of Clostridium difficile infection continues at ward level. The Trust has undertaken a look back exercise, this was instigated because 2 toxin +s were the same strain, however the patients were not on the same ward at the time the samples were taken. There was little chance of cross contamination as the ward was closed due to flu outbreak. The look back exercise (past 12 months) has shown that during the last 12 months the same two patients were on a ward at the same time but not in the same bay. The findings are inconclusive at the moment and as The Trust has invested a considerable amount of resource into this look back exercise they are considering the next steps.

4.1.3 MRSA Bacteraemia

One incident of bacteraemia was reported in December. This was a patient who attended emergency department at RWT from a care home, was not admitted. Following arbitration the case was allocated to 'third sector'. This is a significant change in the way that cases are allocated as previously there were 2 sectors; acute or CCG and in the past this would have been allocated to the CCG.

4.1.4 Influenza

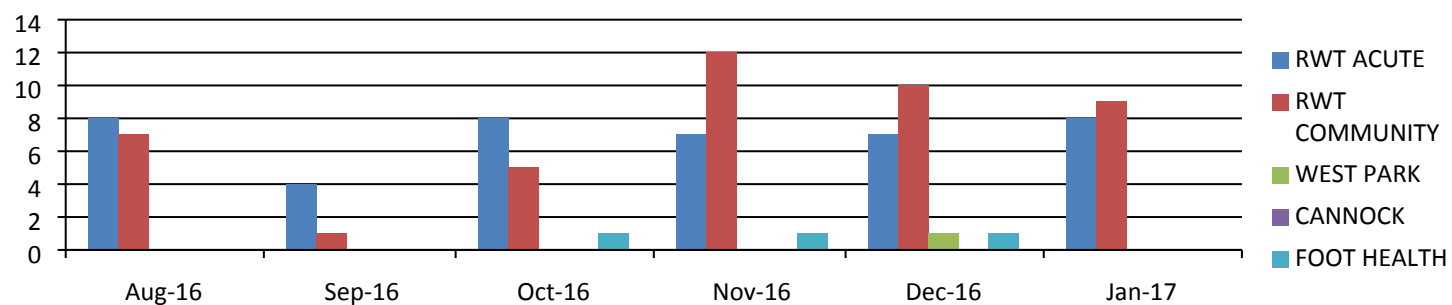
There were 2 confirmed outbreaks in Q2 affecting all or part wards. The Trust achieved 50% of its CQUIN (national) for staff flu vaccination uptake.

4.1.5 Norovirus

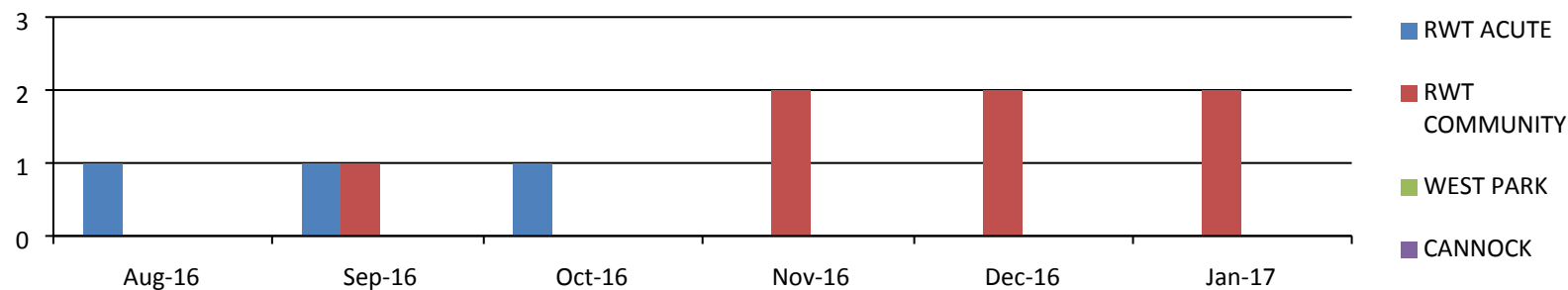
Nationally Norovirus has been higher than previous years. RWT had 6 confirmed outbreaks affecting whole or part wards and 3 care home outbreaks were managed according to the protocols.

4.1.6 Pressure Injuries (stage 3 and 4)

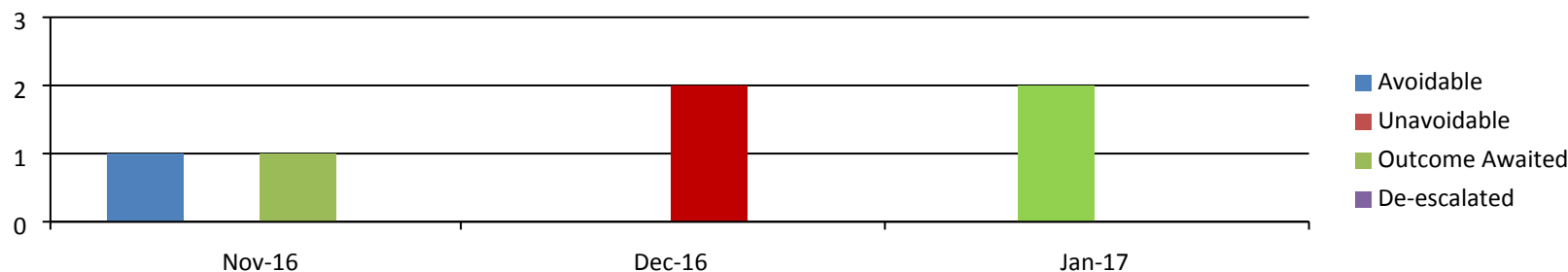
Stage 3 Pressure Injuries - RWT Last 6 Months



S4 Pressure Injuries - RWT Last 6 Months



S4 - U/A Outcomes - Last 3 Months



Themes emerging from RCA's:

- The avoidable community incident themes were related to delayed referral to appropriate services such as: Community Integrated Care Team, Orthotics or Consultants when the patient has changed medical/physical needs.
- The avoidable hospital incidents themes were omissions in recorded interventions or omissions in discharge planning.

Actions taken by RWT:

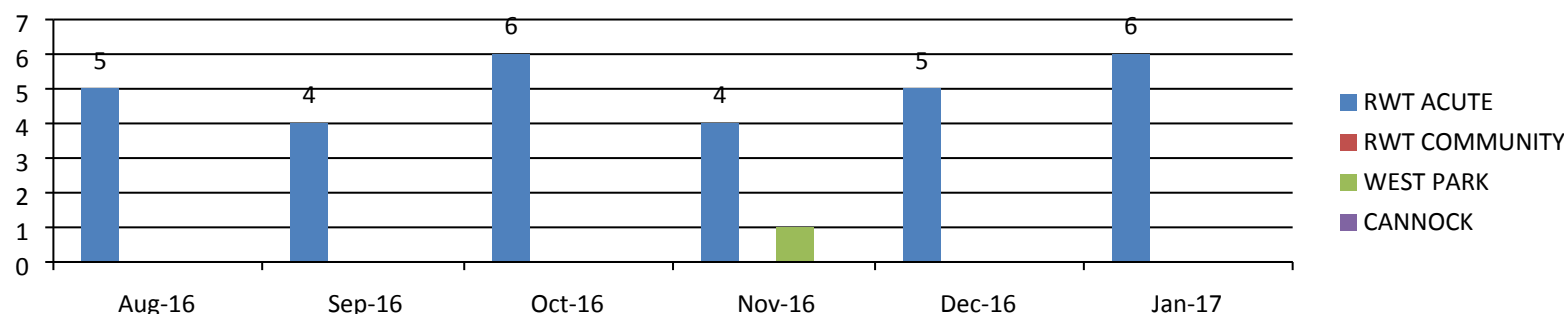
- Weekly Pressure Injury scrutiny meetings chaired by Chief Nurse
- Tissue viability strategy plans for year 1 - reviewing the wound formulary development. Pathways launched within The Trust, general practices and nursing homes.
- Tissue viability steering group and CCG pressure ulcer steering group are working on further analysis of trends and recommended best practice. Some innovations require business cases to support implementation. Particularly to prevent inherited incidences.
- CCG are considering to support a wound centre of excellence in January with an aim to improve the patient referral and care pathway within a community setting.
- Evaluating a new mattress with improved heel offloading technology in the Northeast locality - evaluation stopped as patient sadly died.
- Table top exercise to compare heel offloading devices planned for March once procurement have completed

cost analysis of the best 3 products.

- To analyse slide sheet orders and compare incidents to agree a standard slide sheet for moving and handling to prevent sheer and friction.
- Reinforce all clinical areas to achieve 100% compliance with Manual handling and pressure injury prevention and management training.
- Daily walk rounds by ward managers to check the overall documentation for the skin assessment and care delivered to the patients.
- CWC Commissioner for domiciliary care will be invited to future scrutiny meetings. This will strengthen commissioning assurance for the CWC.

4.1.7 Patient Slip/Trip/Falls – Serious Incidents resulting in harm

Slip/Trip/Falls - RWT - Last 6 Months



Themes emerging post RCA:

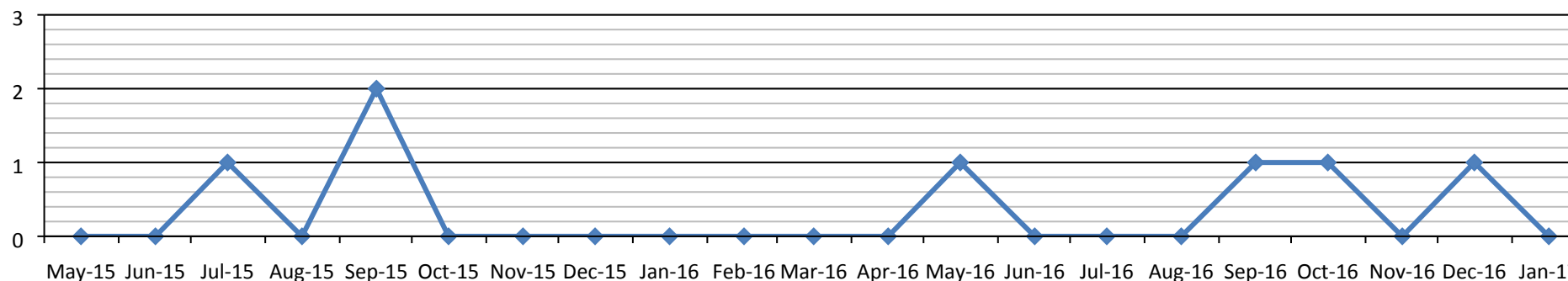
- Most patients medically fit awaiting discharge. A review of patient moves has been requested.
- Inappropriate patients transfers within clinical areas i.e. dementia, confused patients, day wards

Trust actions:

- Falls prevention and post falls policy has been revised and has now been implemented across all 3 sites
- Internal audits planned
- Staff training and education sessions in place
- All clinical staff to ensure medical falls assessment have been completed (i.e. everyone's responsibility)
- The Trust has also signed up to a 90 day collaborative with NHSi. This is an intensive support programme with short term actions to be achieved. This commenced in January 2017

4.1.8 Never Events

Never Events May 2015 - Jan 2017



Never Events reported as per category July 2015-Dec 2016

Date	Category	Total
July 2015	Wrong site surgery	1
Sept 2015*	Wrong side procedure	1
Sept 2015*	Wrong side procedure	1

Total 2015/16		3
May 2016	Maternity/obstetrics (swab)	1
Sept 2016	Wrong side procedure (wrong heel)	1
Oct 2016*	Wrong side procedure (wrong eye)	1
Dec 2016	Retained Surgical Swab	1
Total 16/17 (ytd)		4

- Wrong side eye injection

The Trust has reported 4 NEs in the current year. Of these, there was another wrong eye injection making this the third incident of this type since September 2015. The CCG, accompanied by 2 ophthalmic specialist matrons from Sandwell and West Birmingham Hospitals and Burton Hospitals undertook an announced visit to review the patient pathways in the ward, clinic and injection suites. The findings of the visit were shared with the Ophthalmic Department at the end of the visit and key actions agreed as the review concluded several areas which needed improvement in order to assure that the likelihood of this type of incident reoccurring was minimised. Key areas for improvement include:

- Transfer of patients to injecting suites without a consent form
- Marking of the eye to be undertaken on the ward before transfer to injecting suite
- Theatres lists to be used to double check right or left eye
- Patient notes to be reduced to 'skinny notes' for ophthalmic patients
- Privacy and dignity of patients in the theatre suites as 2 patients are taken in at the same time
- Theatre lists to be reviewed as currently staff are working to 1 injection every 6 mins. due to demand

A subsequent unannounced visit took place on a Saturday morning clinic 2 weeks after the initial review. The review found significant improvements and spoke to patients and staff who reported excellent experience. The numbers of patients booked were still about 1 patient every 6 mins, however the safety systems were improved.

Due to two of the previous NEs occurring in clinical areas where a visit would be difficult (maternity delivery room and theatre), a table top review meeting was held between WCCG/RWT/NHS Improvement on 20th January 2017. The key rationale was to discuss learning and

what changes have been implemented to change practice in the Trust over the last 5 years, key challenges and what has worked well. In addition, discussion took place regarding significant changes to policies and processes.

Overall, it was a very positive and reassuring visit. The Trust felt that this type of exercise had been helpful and constructive. WCCG recognises that whilst visits to a service/department are still important, they are not always necessary as this productive exercise demonstrated. Also this type of exercise allows opportunity for more collaboration i.e. NHSi on this occasion but we would consider associate commissioners and CQC for future reviews.

A written report has been shared with The Trust with some key actions which were agreed, one of which was for the Trust to increase staff involvement in the sharing of their personal experiences when they have been involved in a NE incident. This would be beneficial for other staff and nurture a blame free culture.

The following review visit reports will be shared at QSC in March 2017. They have now been approved by the Trust and are being monitored at the CQRMs: urgent care & emergency department, maternity department, ophthalmic department, imaging visit report.

A further visit was undertaken to the discharge lounge, this is currently being discussed with the Trust and a full report will be shared with the Governing Body in March.

5.0 Items to Note from CQR Meeting - January 2017

5.1 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.

6.0 REGULATOR CONCERNS

CQC RWT

In July 2016 the CQC undertook a health economy wide Children's Safeguarding and LAC review. Whilst the final letter is still awaited a comprehensive action plan is in place and monitored by a Strategic Group chaired by the CCG Chief Nurse. The Group met on February 2nd and noted the excellent progress with actions across the health and social care economy. Exceptions are escalated to the Safeguarding Board.

The CQC have issued a Mortality Outlier Alert for Bronchitis. This is currently being investigated by RWT. The CCG are discussing a collaborative piece of work with NHSi, NHSE and CSU to consider some deep dives to investigate the associated mortality. The Governing Body will be kept apprised of the findings and actions.

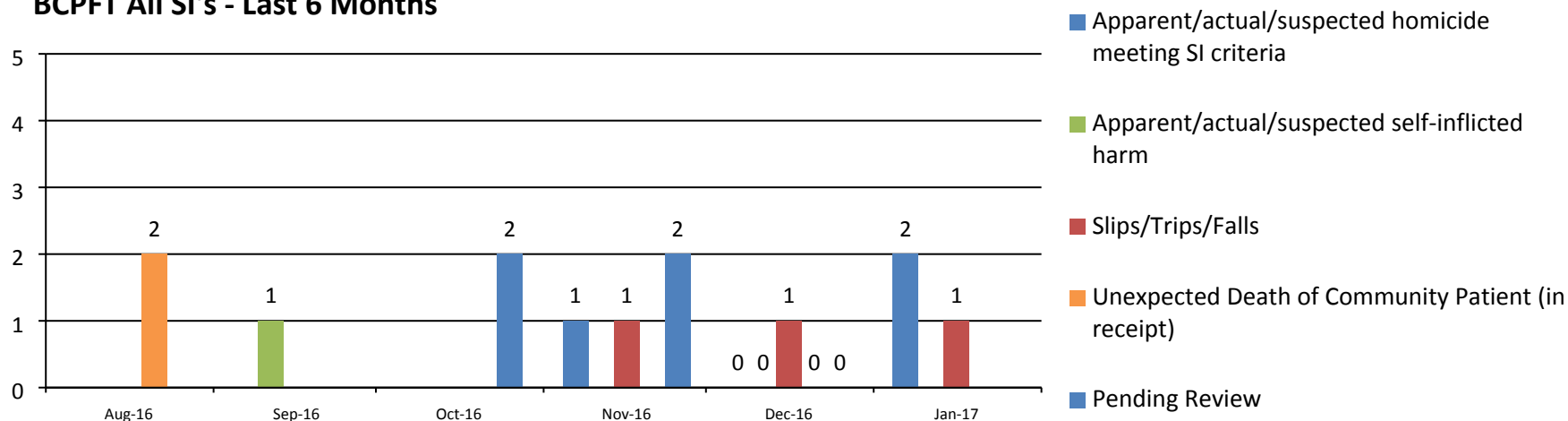
Ofsted Inspection

This commenced on January 16th 2017 and is currently in progress. There are weekly briefings and no areas of concern have been identified. A verbal update will be provided at the Governing Body Meeting as the Inspection will have concluded by then.

7.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

Serious Incidents

BCPFT All SI's - Last 6 Months



There were three SI's reported by BCP for January 2017.

- 1 slip/trip/fall
 - 2 suspected suicide (1 patient in receipt of mental health services was found 'hanged' in own home and second patient took a drug overdose in own home and was found to be lifeless. Both incidents have a 'stop clock' applied awaiting coroner's inquest outcome).
- a) Clinical Quality Review Meeting – the next meeting will be held on Tuesday 7th February with the theme being Mental Health Services. It should be noted that January's meeting was cancelled due to the number of apologies, meaning it would not be quorate.

8.0 PRIVATE SECTOR PROVIDERS

Vocare (Out of Hours) – Following CQRM on 27th January 2017 where serious concerns regarding training of staff for safeguarding children's and adults was raised, followed by further concerns regarding response times, the Out of Hours Provider has been issued with a formal letter/GC9 for failure to give assurance to the CCG regarding performance and collection of data. An immediate action plan has been requested and will be monitored at Contract Review meetings. A further meeting with the provider's Assistant Regional Director was held on 30th January to monitor progress. 2nd February 2017, further data has been requested from Vocare to validate late response concerns, a chronology of concerns is being collated including safeguarding, quality and contractual issues. A 'risk summit' meeting with executive staff from Vocare and CCG is being planned at the earliest.

9.0 CHILDREN'S SAFEGUARDING

Serious Case Review - An extra-ordinary meeting of the WSCB was held on 9th January 2017 to sign off the final overview report following the death of Child F in January 2016. The final report was due to be submitted to the DfE on 25th January 2017 with publication of the report planned for 3rd February 2017.

OFSTED - OFSTED inspectors commenced an inspection of Wolverhampton Local Authority and their partner agencies on 16th January 2017. The inspection is due to last 4 weeks with the main purpose of the inspection to ensure that adequate services are being provided to protect and to achieve better outcomes for children and young people.

MASH - The recruitment process is now complete the successful applicants will be commencing posts in February 2017. The MASH is progressing well; weekly numbers have increased due to heightened awareness and bi weekly dip sampling is underway to monitor quality and appropriateness of all referrals.

Looked After Children – the January figures show a slight increase in the number of LAC for Wolverhampton, however an improving procure overall. See chart below

	Number	%age
Wolverhampton City Council	272	43.0
Dudley Metropolitan Borough Council	38	6.0
Sandwell Metropolitan Borough Council	34	5.4
Walsall Metropolitan Borough Council	61	9.7
South Staffordshire Council	42	6.6
All in Adjoining LAs	175	27.7
Anywhere Else - not in W'ton or in Adjoining LAs	185	29.3
TOTAL LAC	632	100

The reviewed commissioning arrangements from April 1st 2017 will strengthen further the health assessment arrangements in place. Following the CQC Review in July 2016, the CCG were recommended to ensure that the Designated Nurse for Looked After Children should be full time strategic post and should not be undertaking any operational work. This proposal was supported at Commissioning Committee in October 2016 and the post holder's role has been amended accordingly. RWT will take on the activity of review health assessments for those children within a 50 mile radius as of April 2017.

10.0 ADULT SAFEGUARDING

- Wolverhampton Safeguarding Adults Board (WSAB)**

WSAB met on the 15th December 2016 (Quarterly meeting). To note:

Board members have been asked to identify a process for managing 'persons in position of trust' allegations (in addition to the process which is already in place within the Local Authority). WCCG has identified a process with HR input; this will form part of the WCCG Safeguarding Adults and Children Policy which will be presented at the Quality and Safety Committee in March.

- **Domestic Homicide Review Standing Panel (DHR)**

The DHR Standing Panel met on 14th December 2016. There are no outstanding actions from previous DHR's for WCCG.

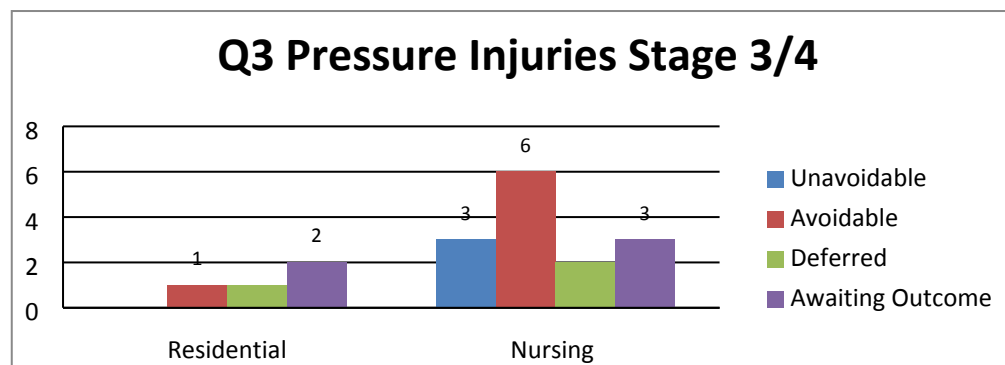
- **Multi Agency Safeguarding Hub (MASH)**

Dip sampling of cases is now carried out on a monthly basis. Positive feedback has been received from the dip sampling regarding WCCG's responses to requests for information required by the MASH for all red, amber and green rated referrals.

- **NHS England Safeguarding Projects money**

£10,000 is available for WCCG to spend on appropriate projects to support NHS England's Safeguarding Priorities. WCCG's Safeguarding Team are progressing this.

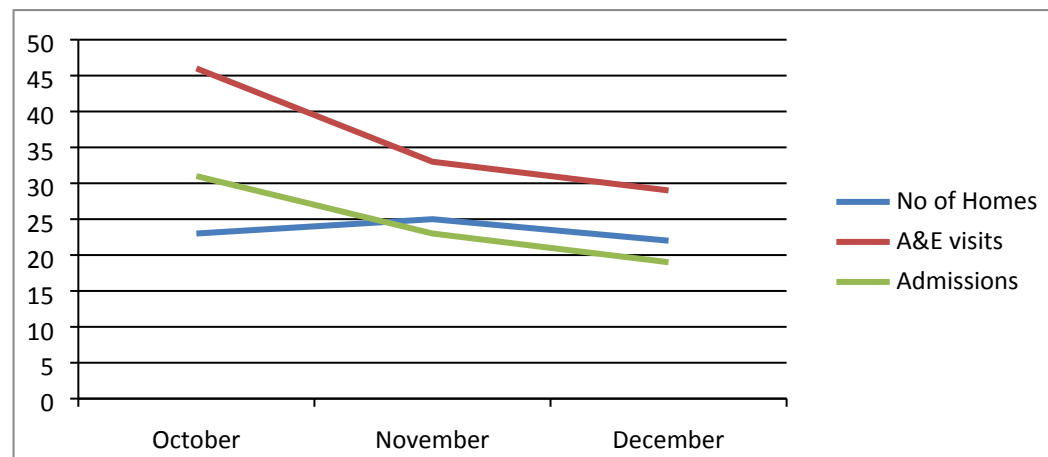
Care Homes



Fifteen notifications of acquired stage 3 & 4 pressure injuries (PI) requiring RCA (root cause analysis) investigation across 11 care homes were received during Q3. This was up on Quarter 2 when 9 grade 3 & 4 pressure injuries were reported. However this is down on Q1 when 19 acquired PIs were reported. Three out of the 10 RCA investigations concluded that the PIs to be unavoidable. This is an improvement on

Q2 when only 1 PI was deemed unavoidable demonstrating the intensive training to the care homes in pressure injury prevention is having an impact.

The QNAs (quality nurse advisors) received 31 referrals for safeguarding and quality concerns during the Quarter. This was significantly up on last quarter when 12 referrals were received. Twenty eight of which related to neglect/acts of omissions in care requiring investigation and 7 required Section 42 enquiry. The QNAs will continue to work closely with the sector and the Local Authority on improving quality, reducing harms and promoting safety culture.

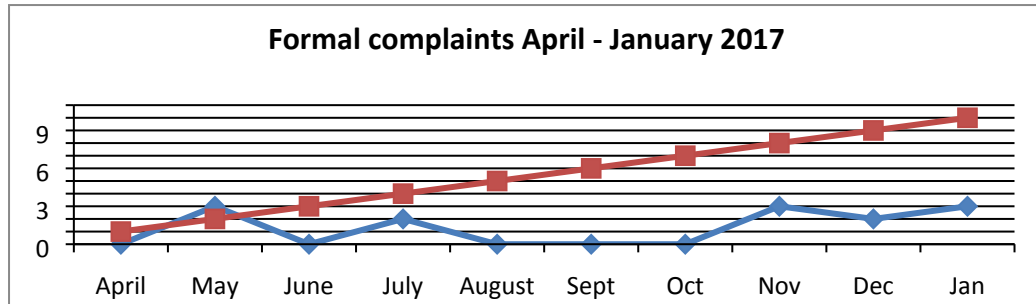


Eighty three hospital admissions were reported in Q3 compared with 65 in Q2. Chest infection, falls, sudden onset confusion and 4 confirmed UTIs continue to be the main reasons for hospital attendances and admissions. In terms of (EOLC) end of life care; of residents dying in the care home 50% were dying in their preferred place of care, had advanced care plans and DNACPR in place.

Participation in the NHS Safety Thermometer for Quarter 3 has remained relatively low with 8 – 10 care homes participating. However of those homes submitting data monthly, harm free care percentage is averaging 96-98% over the target of 95%. Three care homes have consistently achieved 100% harm free care during the quarter with 6 homes achieving 100% harm free care during November.

11. USER AND CARER EXPERIENCE

a) New formal complaints



Three formal complaints were received during January 2017.

Two complaints were against Concordia (Dermatology service).

- a) allegation of patient dispute with provider at appointment.
- b) poor care and patient experience.

The other complaint related to Nuffield Hospital but had two elements a) primary care and b) Nuffield as a provider.

In all three cases, formal correspondence has been sent within the agreed timescales.

The themes from the complaints have been acted on i.e. Dermatology contract meetings are assured of the changes to improve the service and experience for users. This is being monitored via Contract Review Meetings. The third complaint is complex in that involves RWT, Nuffield, primary care and another acute provider. The outcome for the patient is resolved in that their delayed surgery has now been completed, however, the full RCA is awaited from RWT as to the actions being put into place to prevent this happening again.

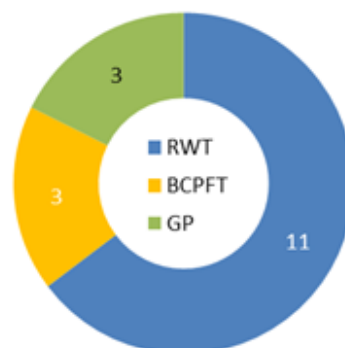
12. Quality Matters Monthly Summary

Governing Body
14th February 2017

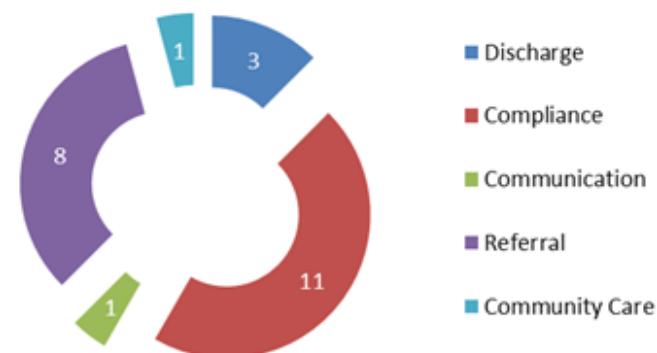
New Quality Matters in January 2017



New Quality Matters by Provider



Closure Categories in January 2017.



Recent Outcomes – Draft Discharge Notifications.

The number of Quality Matters regarding 'draft discharges' (that The Royal Wolverhampton Trust produces a draft discharge letter before a patient is fully discharged) has reduced significantly. The numbers had grown in Q3 of 2016/17 and since discussions took place in October (several copies of discharge letters were shared with RWT) RWT confirmed that the e-discharge system changes would be made and that all draft e-discharges would cease immediately as of Monday 21st November. This change would appear to have been successful as there has only been 1 isolated event reported to Quality Matters since the changes were made and associate commissioners are also requested for their input into monitoring this issue at CQRMs.

Current Themes – Discharge Notes.

In the recent examples being raised by GPs via Quality Matters it would appear that discharge documentation is either missing patient details such as the address or is missing medication that has been prescribed. These matters have been highlighted within the Royal Wolverhampton Trusts CQRM paper for Quality Matters.

13. HEALTH AND SAFETY

In January 2017 QSC received assurance of the Q3 Health and Safety Report. In addition to the report there was also a proposal for the future H&S management in the CCG (the previous Competent Person has moved to another role). The CCG has a full plan in place for the training of the new Competent Person and administration support to be trained by April 2017 and have engaged the support from a local Health and Safety expert company to provide on-going support for actions identified in the November 2016 Audit.

The Health and Safety Audit identified that a fire assessment was required with the appropriate certification, this has been completed and as a result of this, a Personal Evacuation Escape Plan (PEEP) is also planned for a member of staff who the CCG Statutorily requires this for. This will be completed by mid-February 2017.

14. PRIMARY CARE

In preparation of the CCG being fully delegated from April 2017, the Executive Nurse and Head of Quality and Risk met with NHSE Senior Quality Team. A plan of handover has been agreed and this is being progressed.

Infection Prevention

Reports have been received following visits to the surgeries in December. Those scoring below the minimum of 85% compliance are being supported and monitored through the improving quality dashboard.

15. Friends and Family Data

GP FFT	Submission for - November 2016		
	WCCG	West Mids	England
Percentage Recommended	85% ↑	89% ⇔	88% ↓
Percentage Not recommended	3% ↓	6% ⇔	6% ⇔
No of Practices "no data"	7		
No of Practices "had data suppressed" (<i>less than 5 responses</i>)	7		
No of practices with 0 responses	1		

Recommended rate from previous months has increased to 85% from 82%. Percentage not recommended has gone down to 3% from the previous month.

Seven practices failed to submit data and this is being followed up via NHSE.

16. CQC Inspections/Reports

Two practice reports have been published this month:
Dr Nicola Whitehouse Tettenhall Road - Good
Woden Road Surgery – Good

17. 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 current OFSTED Inspection.
- **Note** the steps being taken regarding the NEs at RWT
- **Note** the actions taken in preparation for handover of 'quality' elements from NHSE on full delegation
- **Note** the actions taken for statutory Health and Safety arrangements for the CCG
- **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: 1st February 2017