

WOLVERHAMPTON CCG
Governing Body
11th April 2017

Title of Report:	Executive Summary from the Quality and Safety Committee
Report of:	Steven Forsyth, Head of Quality and Risk
Contact:	Steven Forsyth, Head of Quality and Risk
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 Governing Body
Relevance to Board Assurance Framework/Strategic Objectives:	<ol style="list-style-type: none"> 1. Improving the quality and safety of the services we commission 2. Reducing health inequalities in Wolverhampton 3. System effectiveness delivered within our financial envelope

Key issues of concern for noting

	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	RAG
SBAR issues escalated in 2016 Report received, monitor for 3 months	1	<ul style="list-style-type: none"> Delayed diagnoses Delayed treatment Sub-optimal care (transfer of patient) NE Quality Visits 14/11/16 Review in May 2017 	
Pressure Injury Grade 3/4	1	Close monitoring	
Increased HSMR and SHMI	2	Latest HSMR and SHMI (July15-June16) increased. Full programme of monitoring in place	
Health Acquired Infections- CDiff	1	Potential risk of increased incidence and potential harm RWT has reached its annual target, monthly CDiff back to trajectory (Nov – Jan) for close monitoring	
HCAI- CPE and others	2	Mycobacterium chimaera: infections linked to bypass machine, national issue with manufacturer being addressed, local patient look back review in progress CPE, numbers rising as per national picture, improved accountability framework and increased focus	
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	2	Vocare issues concerning quality of data and safeguarding cover. Escalated meeting on 9 th March with Accountable Officer and CEO of Vocare. CQC visit completed March 2017.	
Safeguarding	2	RWT designated and named Dr cover for Safeguarding Children, LAC and CDOP is not as robust. Whilst posts are covered and there are no gaps, substantive plans for recruitment are not known. This has been escalated by contract letter sent to RWT on 3 rd March requesting immediate assurance BCP interim safeguarding medical cover till March 13 th , then substantive Dr coming into role	
CQC General Practice RWT/BCPFT	1	2 practices are being supported for 'requires improvement' RWT RI plan in place and BCPFT rating is now 'Good'	

1.0 BACKGROUND AND CURRENT SITUATION

The CCG Governing Body delegates the quality and safety oversight to its Quality and Safety Committee, which meets on a monthly basis. This report is a material summation of the last Committee meeting 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

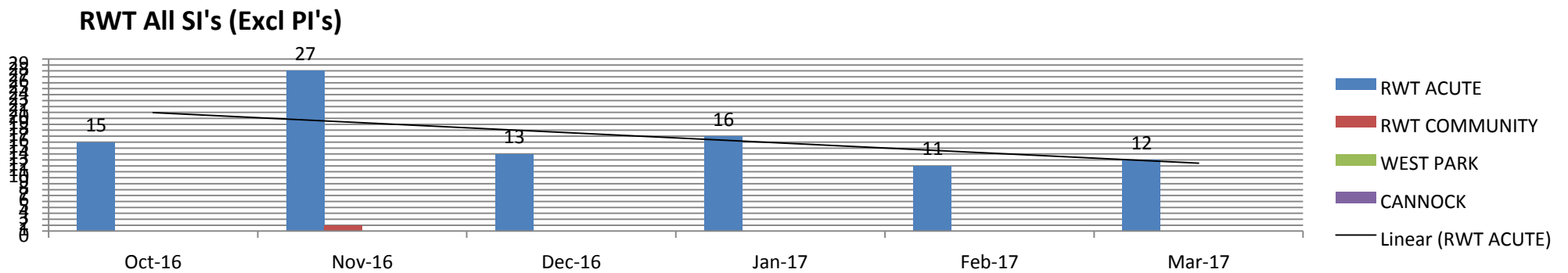
Weekly Exception Reports

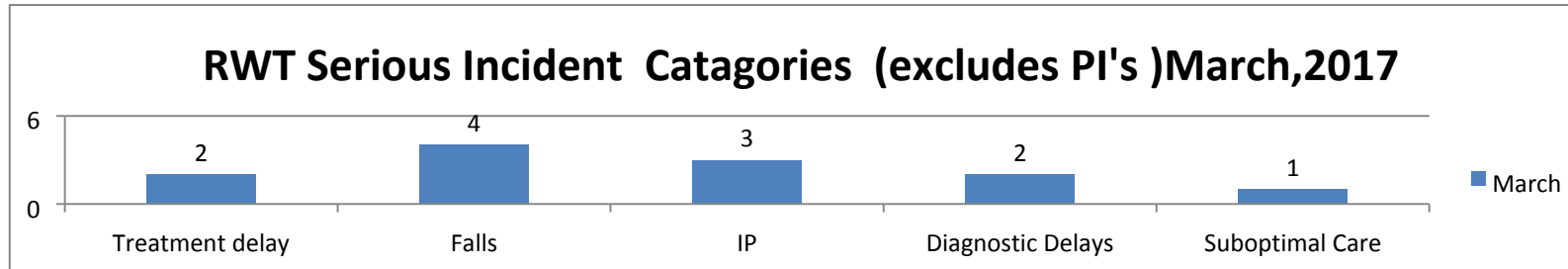
There are two homes in the City that are closed due to staff and resident influenza. The home is maintaining safety and standards of care and the Infection Control Team are advising and supporting resilience.

4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Governing Body is asked to note the following:

a) Serious Incidents





12 serious incidents were reported by RWT in this reporting period and a breakdown of these SI's has been given in the graph above.

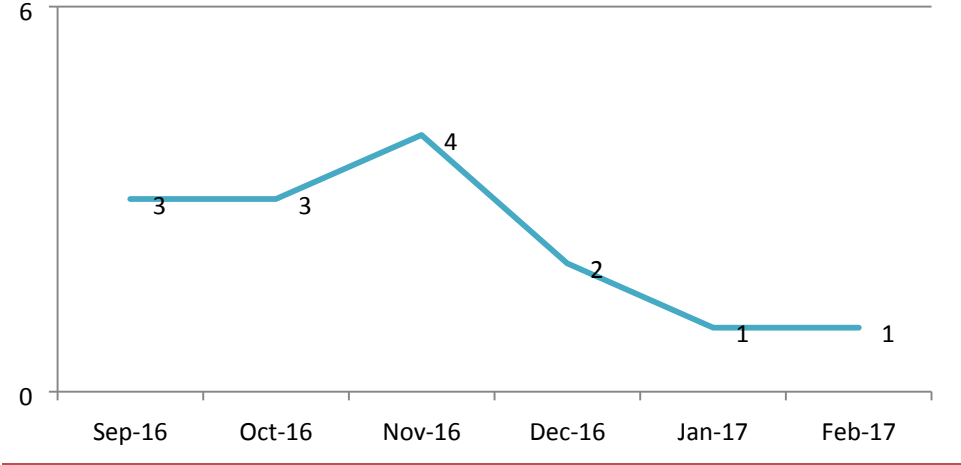
4.1 Infection Control Serious Incidents

RWT has reported 4 new confirmed Carbapenemase-Producing Enterobacteriaceae (CPE) positive patients during February 2017 (compared to 5 in January 2017). The majority of the February cases were picked up as part of the extensive screening that was carried out following the cluster of cases on the Orthopaedic wards at the end of January. So far there have been 17 new CPE positive patients during 2016/2017. RWT is developing a CPE strategy which includes a business case for molecular testing in the laboratory, full implementation of a risk assessment and screening process, and executive level awareness raising sessions.

4.1.2 C.Diff Incidence

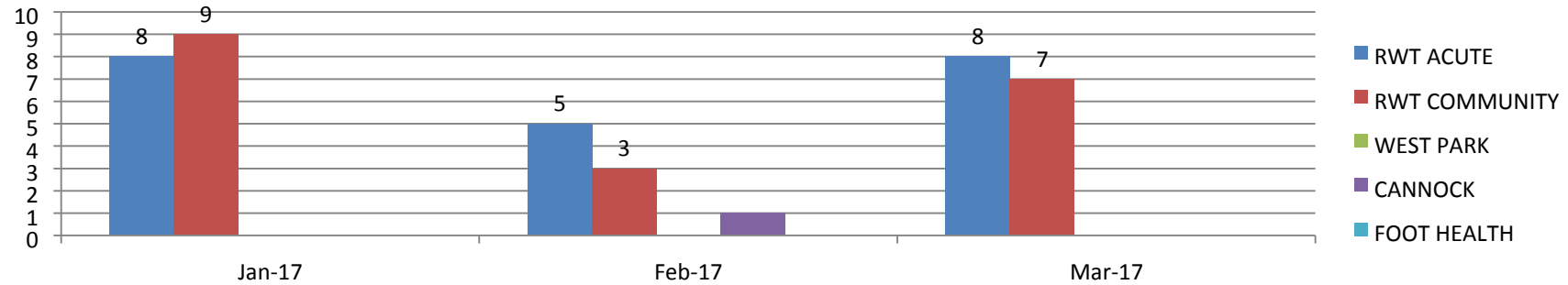
RWT has achieved sustained reduction in CDiff cases for the 6 months. There is only 1 CDiff case attributable to RWT against a target of 2 for the month. RWT is 9 cases over their target at the end of month 11, and have exceeded our external target of 35 cases for the year. However, they have sustained a lower monthly outturn since September which is due to a multimodal strategy, including disposable mop heads and certain antibiotic restrictions

Last 6 Months C Diff Monthly Figures
RWT

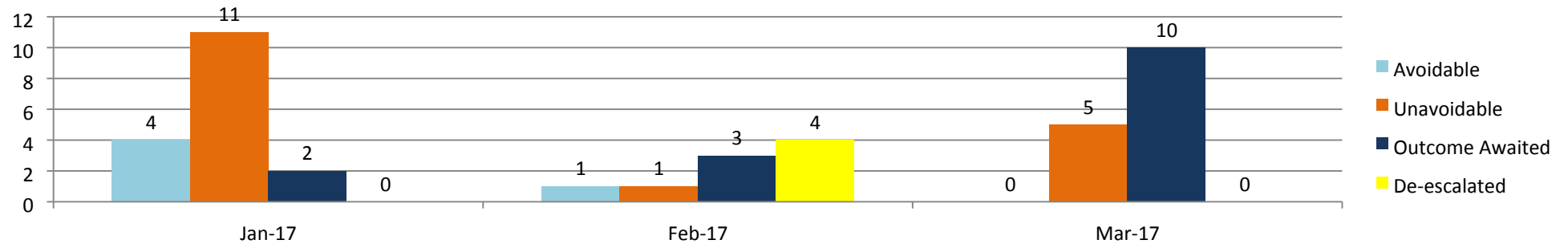


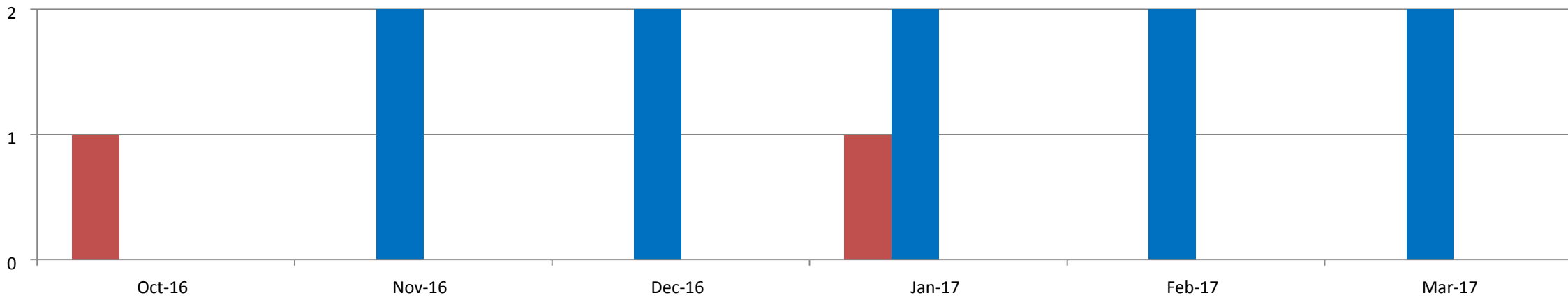
4.1.3 Stage 3 Pressure Injuries, avoidable and unavoidable in the last 3 months

Stage 3 Pressure Injuries - RWT Last 3 Months



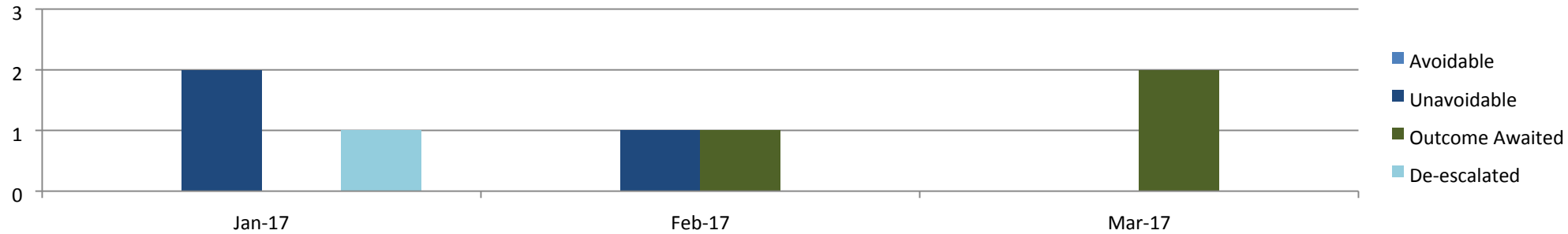
Stage 3 - Pressure Injury Outcomes - Last 3 Months





G4 Pressure Injuries - Last 6 Months

S4 - U/A Outcomes - Last 3 Months



There was a total of 17 pressure injury incidents reported for March 2017 which is a significant increase compared to 11 PI's reported in February 2017. There were 15 pressure injuries (Acute 8 + community 7) reported for stage 3 category and 2 stage 4 pressure injury were reported by community. A significant reduction in avoidable pressure injuries has been observed for last 2 months, however, we are continuously monitoring and scrutinising all pressure injuries incidents from the provider. The CCG attends a weekly pressure injury scrutiny meeting at RWT.

The WCCG quality team met with RWT to work collaboratively to develop a city wide pressure injury preventative strategy and to set up a joint pressure injury prevention steering group to plan and deliver this strategy successfully.

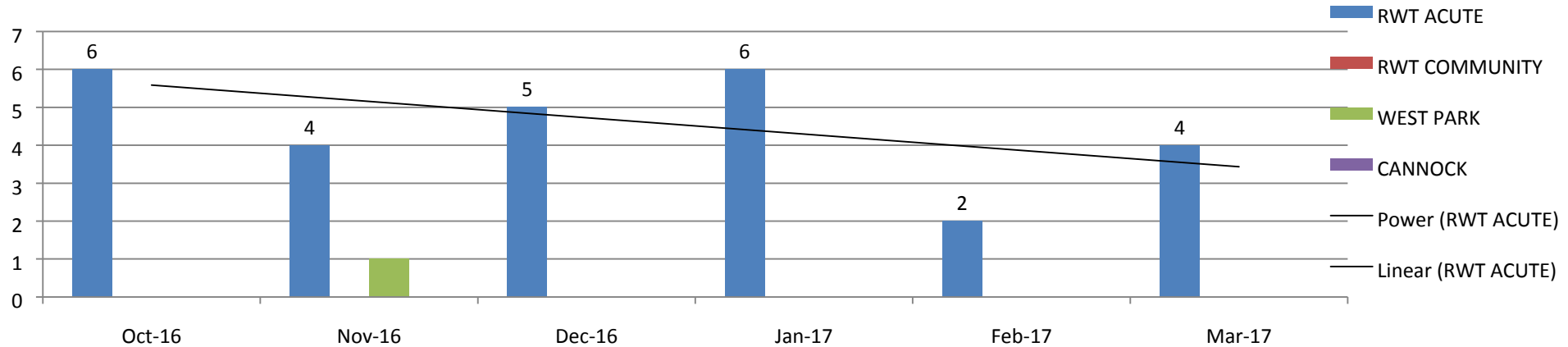
RWT pressure injury preventative actions:

- Tissue Viability Strategy plans for year 1- reviewing the wound formulary as pathway at a time, which leads to further pathway development. Pathways launched with in 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 submitting a business case to support a wound centre of excellence in April, 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. No other formal evaluation arranged yet.
- Tabletop exercise to compare heel offloading devices planned for June now once procurement have completed cost analysis the best 3 products, due to plans required for the wound assessment CQUIN.
- To analyse slide sheet orders and compare incidents to agree a standard slide sheet for moving and handling to prevent shear and friction.
- The Tissue Viability Team have completed a tabletop exercise to agree the skin protectant for the formulary. 2 products were a challenge to choose between with very similar cost savings as well as patient benefits. Therefore a continence exercise was completed by the Lead Nurse. This process confirmed Medihoney barrier cream was best for the patient experience and more work is required on continence advice and management as pads contribute to pressure redistribution. A moisture associated dermatitis prevention pathway will be designed and launched in May 2017.

Tissue Viability Lead Nurse is heavily involved with a task and finish group for NHS improvement for definitions and measurements of pressure injuries. A consensus questionnaire is due to be sent out in April. There will be a national meeting in May 2017. Once analysed, recommendations will be made on how to define a pressure injury/sore/ulcer and what to measure to improve consistency across England.

4.1.4 Patient Slip/Trip/Falls
Slip/Trip/Falls - RWT - Last 6 Months



There were 4 patient falls reported for this reporting period compared to 2 patient falls reported in February 2017.

Themes emerging from Patient Falls RCA's:

- Delays in patient discharge once medically fit for discharge
- Multiple moves/transfers of patients within hospital
- Patient transfers to inappropriate clinical areas
- Lack of supervision of confused and at high risk of falls patients

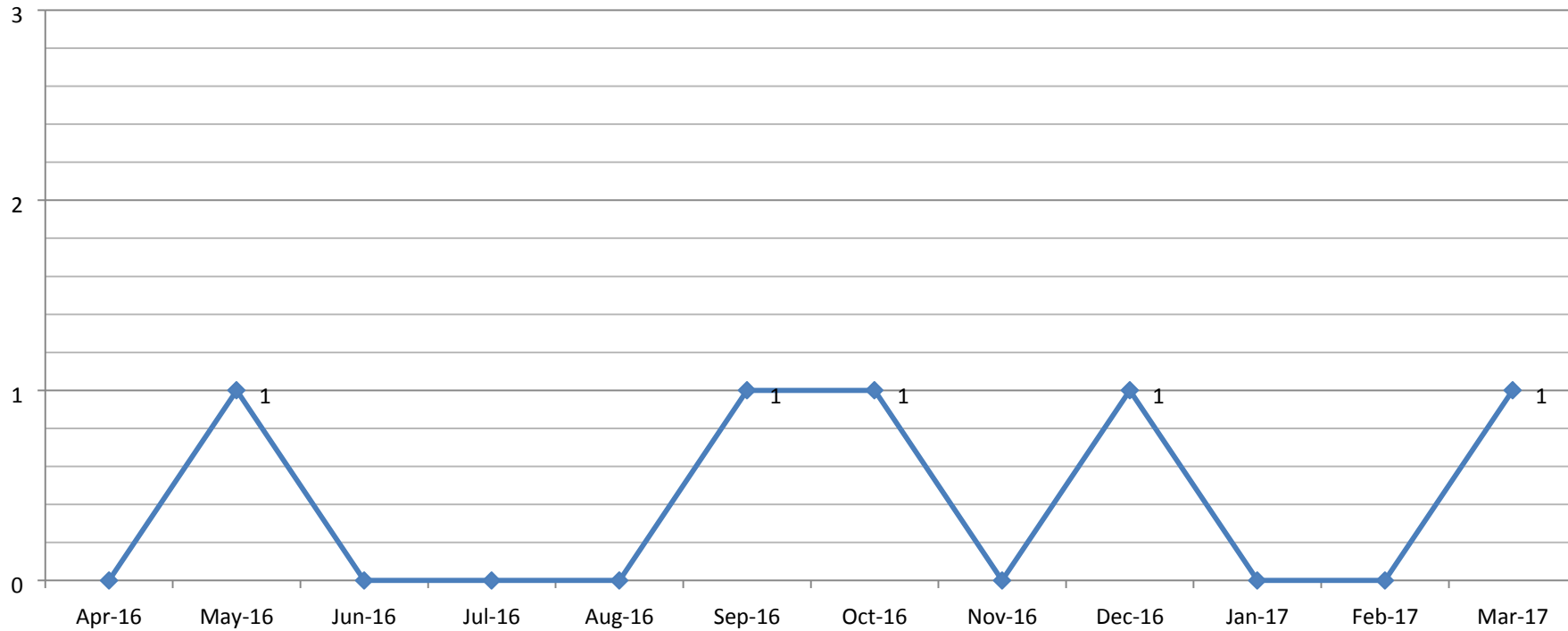
Actions:

- Falls prevention and post falls policies has been revised and has been implemented
- Internal and external audits
- Staff training and education

- All clinical staff to ensure medical falls assessment has been completed
- Arm's length and Tag Nursing
- National Falls collaborative project
- Medical training launch for next changeover of trainees

- **5.0 Never Events**

Never Events July 2015 - March 2017



A never event was reported by RWT in March 2017 and this brings the total count to 5 in last 12 months.

6.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. Whilst some significant targeted work is being carried in in collaboration with the RWT, CCG, NHSi and the CSU, the Trust have commenced on the following actions;

1. Ensure that all directorates follow the mortality policy. That all deaths undergo review that the relevant documentation is forwarded to governance /uploaded onto Sharepoint and any deaths graded as potentially avoidable undergo a formal MDT within the designated timeframe with the summary and actions presented to Mortality Review Group. Managing this process will require directorate and Divisional oversight to ensure that the Trust is compliant, and will be supported by Governance.
2. The Trust has been challenged on the “independence” of the case note reviews and advised that the internal directorate reviews currently give poor external assurance. The Trust is arranging some peer review/audit of case records using clinicians from other Trusts. There is no formal process for arranging this regionally or nationally, so it will need local discussions and arrangements.
3. In addition, it has been recommended that the Trust arrange an external review of clinical “pathways” to provide further assurance that these are robust and safe and are not exposing gaps which could cause adverse outcomes. The Trust will review Myocardial Infarction and UGI haemorrhage pathways (these are diagnostic groups which are currently alerting).
4. The Trust will also review their process for palliative care coding. The Trust is suggesting that this has progressively declined since the introduction of the Swan project, perhaps to the detriment of the HSMR, but not so much to the SHMI. Interestingly, in Salford (where the Swan project was developed) their palliative care coding remains high as a percentage.
5. The Trust will need to review notes documentation and coding/ capture of co-morbidities and also review the data submissions more generally compared to peer Trusts. Currently this is being considered.
6. A more comprehensive report is being collated, awaiting business intelligence data from CSU.

Update from RWT Mortality Board papers include the following actions agreed March 2017:

- A senior external clinical review of clinical pathways within the organisation. This will be organised shortly, terms of reference are in process of being set out and will be overseen and approved by the executive mortality assurance group.
- An external peer review of deceased patients' case notes, focused on a selection of diagnosis groups that have had a raised SMR and have been reviewed internally.
- External review of data and clinical coding by an independent reviewing organisation with expertise and experience in managing data sets and clinical coding.
- Engaging with CSU to draw on their expertise of working with other trusts on similar issues and explore potential causes for diagnosis level raised SMRs.
- A review of palliative care and end of life care coding to include a review of practices in England in order to aid understanding of the wide variation across England.
- Review and improve plan of consultants and clinical coders working together to improve accuracy of coding.
- Escalation of the elevated SHMI and HSMR to the Trust's risk registers. □ Update provided to the Trust Board for discussion.

7.0 Items to Note from CQR Meeting - March 2017

□ Cancer Waiting Times/Cancer Target Compliance

	Target	Q3 2016/17			Q4 2016/17			
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Feb-17
2 Week Wait Cancer	93%	93.02%	93.42%	94.56%	95.51%	93.35%		Excluding Tertiary Referrals
2WW Breast Symptomatic	93%	94.02%	95.89%	99.46%	99.44%	93.20%		
31 Day to First Treatment	96%	96.55%	94.55%	98.48%	97.49%	96.13%		
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	98.53%	100.00%	100.00%	100.00%		
31 Day Sub Treatment - Surgery	94%	93.62%	82.00%	78.38%	71.43%	76.67%		
31 Day Sub Treatment - Radiotherapy	94%	94.66%	100.00%	100.00%	97.52%	97.73%		
62 Day Wait for First Treatment	85%	70.66%	69.02%	80.00%	73.08%	77.98%	81.94%	
62 Day Wait - Screening	90%	80.00%	95.83%	90.48%	88.89%	66.67%	70.00%	
62 Day Wait - Consultant Upgrade (local target)	88%	90.78%	90.00%	90.51%	92.54%	94.92%	98.15%	

31 Day Sub Surgery - 7 patient breaches during the month, all of these were Urology patients that we were unable to schedule within standard (7 of these were patients waiting for robotic surgery).

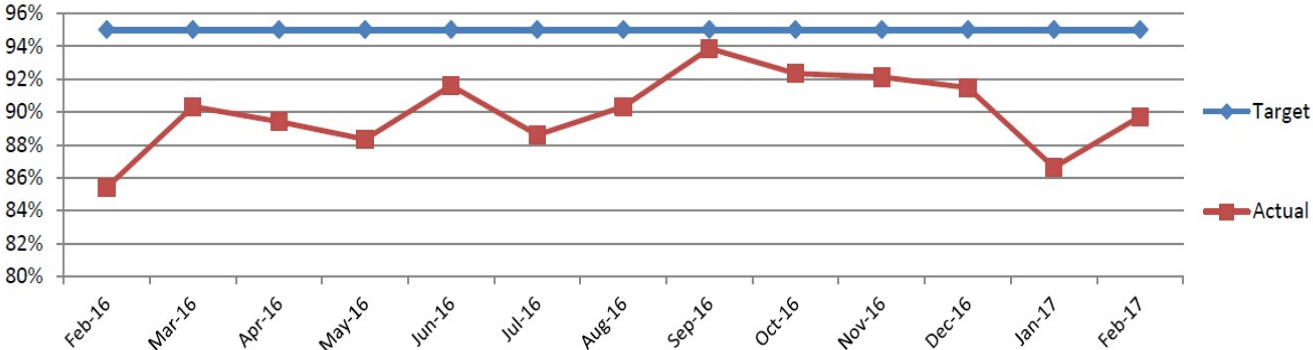
62 Day Traditional - 24 patient breaches in month - 11 x Tertiary referrals received between days 41 and 82 of the patients pathway (operating guidelines state referrals should be made within 42 days), 6 x Capacity Issues, 1 x Patient Initiated and 6 x Complex Pathways. Of the tertiary referrals received in month 8 (72.7%) were received after day 42 of the pathway, and 2 (18.2%) were received after day 62 of the patient pathway.

62 Day Screening - 4 patient breaches - 3 x patient initiated and 1 x further investigations required.

- A&E Performance

Total Time Spent in Emergency Department (4 hours)

	Target	Q3 2016/17				Q4 2016/17		
		Oct-16	Nov-16	Dec-16		Jan-17	Feb-17	Mar-17
New Cross	95%	86.78%	86.19%	84.91%		77.44%	82.75%	
Walk in Centre		100.00%	100.00%	100.00%		100.00%	100.00%	
Cannock MIU		100.00%	100.00%	100.00%		100.00%	100.00%	
Vocare		99.61%	99.27%	98.11%		97.24%	96.00%	
Combined		92.33%	92.12%	91.47%		86.63%	89.71%	



- Ambulance Handover

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number between 30-60 mins	0	53	60	53	87	50	50	44	30	105	221	146	
Number over 60 minutes	0	0	5	3	5	6	0	53	4	17	41	37	

Ambulance handover saw an improvement in month for both 30-60 minutes and the >60 minute handover target. The sanction for Ambulances during February was £66,200. This is based on 146 patients between 30-60 minutes @ £200 per patient and 37 patients >60 minutes @ £1,000 per patient.

8.0 Health and Safety

As reported in February, the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. Q4 report will be presented to SMT/QSC in April 2017 and assurance summary provided for the Governing Body.

9.0 EDS2 Compliance

A separate report has been presented to Governing Body on 14th March 2017, with full assurance of compliance to the EDS2 requirements. The Governing Body will be requested to note and sign off the work for publication by 31st March 2017.

10.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Governing Body is asked to note the following:

Serious Incidents

There were 2 serious incident reported for March 2017 for BCPFT.

These relate to a treatment delay and apparent/actual/suspected self-inflicted harm meeting SI criteria.

Pressure Injury SI update: pressure injury serious incident reported in May 2016 this incident still remains open on the STEIS because WCCG has challenged the outcome of this pressure injury incident as “Unavoidable” by BCPFT. This PI has been discussed by WCCCG Executive Nurse Lead and BCPFT Director of Nursing. The CCG still need to see a final RCA and action plan. This pressure injury SI will remain deferred until we receive the full and final RCA from BCPFT.

10.1 CQC Report – the Trust has now received the final report from the CQC following last year’s inspection. The Trust has been rated as “good” overall which is an improvement on the previous rating. A congratulations letter has been sent to BCPT CEO and Chairman from Dr Dan De Rosa.

11.0 OTHER PROVIDERS

11.1 Vocare (Out of Hours)

There were 3 serious incidents reported in this reporting period and all these incidents relate to treatment delays. Vocare is investigating these incidents internally and we are waiting for the final RCA submission from the provider. CQC has visited the Urgent Care Centre on 24th March 2017.

Actions:

- Continuous monitoring of these issues through monthly CQRM's
- Robust scrutiny of all SI's received
- Planned data verification with clinical input on 6th April 2017
- Work collaboratively with CQC
- Issue letter of concern regarding quality requirements
- Board to Board meeting
- Improvement Board meeting to be held April 2017

12.0 CHILDREN'S SAFEGUARDING

a) OFSTED

The judgement of the recent Ofsted inspection of Children's Services in the City of Wolverhampton was published on 31.3.17. The Overall Judgement is Good.

This Good judgement places the City of Wolverhampton within the top 20% of councils nationally, and joint 23rd out of the 129 councils to have been inspected under the current framework –there are only two “Outstanding” councils in the whole of the country putting this achievement into context.

b) CQC

Following the publication of the CQC report of its review of health services relating to safeguarding children and services for looked after children in Wolverhampton, WCCG have developed and submitted an action plan as required, to address the recommendations. This will be monitored by WCCG through a Strategic Group and CQC colleagues in the Central Region, who will determine the appropriate regulatory response.

c) MASH

The WCCG Safeguarding Children Administration Officers have now commenced in post. There has been some initial feedback and thanks from the Senior Social work manager MASH as there has some very positive feedback regarding the checks completed by one of the officers in the absence of the MASH Nurses , stating they were all in timescales and very relevant. It is clear that despite that the role is still developing, it is already making a difference in ensuring relevant and appropriate information is available to support the assessment of risk following a referral into the MASH.

d) Safeguarding Quality Visit

A number of WCCG Safeguarding Team, supported by the Regional Prevent Lead carried out a Quality Safeguarding Visit to BCPFT. The Purpose of the visit was to observe how the service is provided as per set rationale, to gather evidence to support each area and ask any questions deemed appropriate in determining the level of assurance the evidence affords.

WCCG was keen to acknowledge the volume of information that had been made available since the visit was initially arranged for July 2016. This included:

- The CQC review of health services for Children Looked After and Safeguarding in Wolverhampton Recent report published by CQC
 - Completion of the joint safeguarding dashboard
- Presentation of two reports in line with the assurance/reporting framework

As a result, the visit was a targeted visit to gain assurances for specific areas where further clarity or evidence was required to ensure WCCG is assured that BCPFT have safe and effective safeguarding arrangements in place.

Initial verbal feedback was provided at the time of the visit with a draft report sent to the organisation for comments on factual accuracy prior to a final report being agreed.

12.1 Adult Safeguarding

a) Care Homes

Four pressure injuries were reported requiring RCA investigation reported in care homes during March, the same as the previous month. All RCA investigations are scheduled to be presented at CCG Pressure Injury Scrutiny Group during Quarter 1.

The QNAT received 11 safeguarding referrals. Three required Adult MASH discussions, 2 of the 3 required Section 42 investigations. Five new SI's, all of which were falls with fractures and this was up on previous months when 2 were reported. More detailed analysis of falls with fractures will be completed to determine root causes and the development of a prevention plan by the end of Quarter 1.

b) Probert Court

Probert Court is currently working on a robust action plan to improve the medicine management practice and is closely monitored and supported by WCCG's Quality Team.

Issues identified through Probert Court CQRM's:

- Meds safety at Probert court
- Mandatory and statutory training compliance
- Poor Safety thermometer compliance
- Safeguarding training

WCCG Actions:

- Monitor through CQRM's
- Regular Quality visits and support by quality team
- Issue letter of concern regarding quality requirements

It should be noted that from 1st April 2017 Probert Court will be managed by Accord Housing Association Limited.

13.0. Improving Quality in Primary Care

As of 1st April 2017, the CCG will be fully delegated for Primary Care Commissioning. In preparation for this, the Quality Team have met with NHSE colleagues to ascertain the handover. A full handover for Quality is planned for March 20th (both Directors of Nursing from CCG and NHSE). The Quality Team are also reviewing what impact this will have on team resource and capacity. This will be kept under review for the first few months to monitor.

13.1 Workforce

The workforce fair is still in the final planning phase with a tentative date of late May/early June 2017.

GPFV programmes including administrator training and practice manager development have commenced.

Root Cause Analysis training is being held on 10th March and 6th April for practice staff involved in investigating serious incidents/significant events.

Work around training and workforce analysis for the PCH and VI practices is being planned for April.

Risks around changes to the nursing associate placements have been identified and will be added to the Workforce risk register.

13.2 Infection Prevention.

No reports have been received this month – the IP audit process will commence again in April 2017 for the next financial year.

IP Audit Ratings: Gold 97-100%; Silver 91-96%; Bronze 85-90%

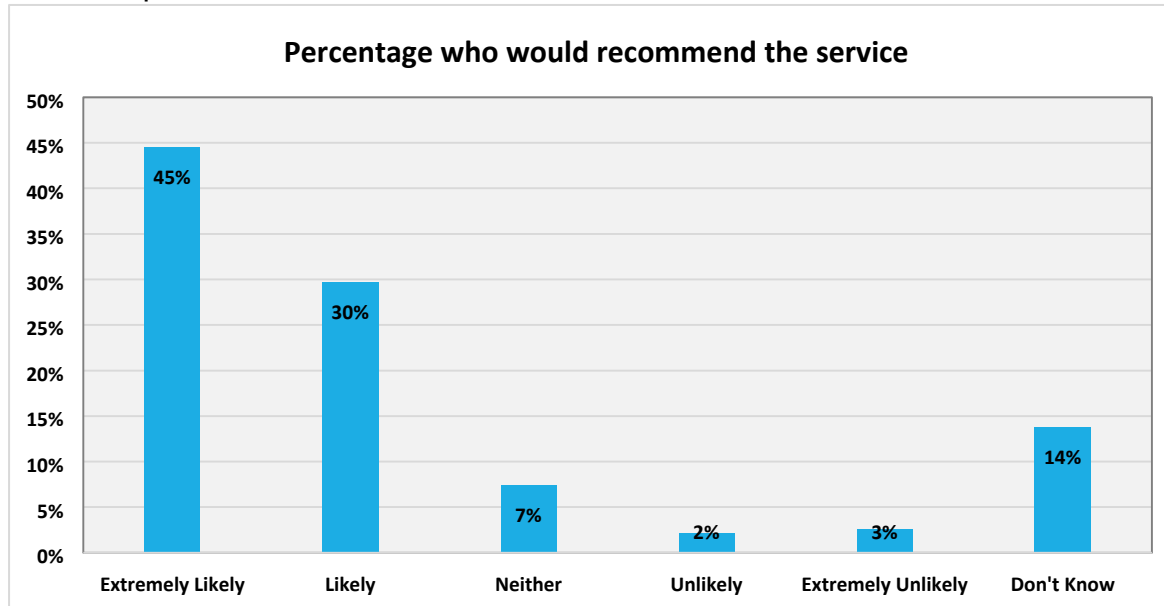
0 MRSA bacteraemia attributed to WCCG in year to date.

13.3 Friends & Family Test

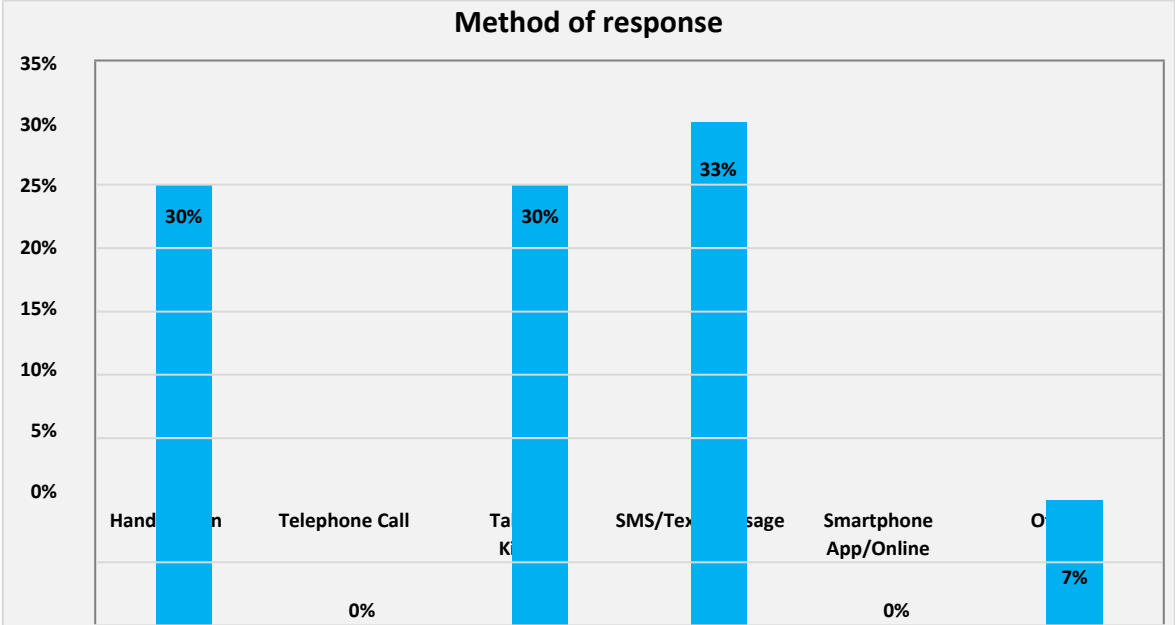
Data:

GP FFT	Submission for - March 2016 (January Data)		
	WCCG	West Mids	England
Percentage Recommended	74% ↓	87% ↓	89% ↔
Percentage Not recommended	5% ↑	6% ↔	6% ↔
No of Practices "no data"	11		
No of Practices had data suppressed (<i>returns with less than 5 responses are not included in the final analysis by NHSE</i>)	7		
No of practices with 0 responses	4		

The recommended rate from previous months has gone down to 74% from 84% and the percentage not recommended has gone up to 5% from 4% from the previous month.

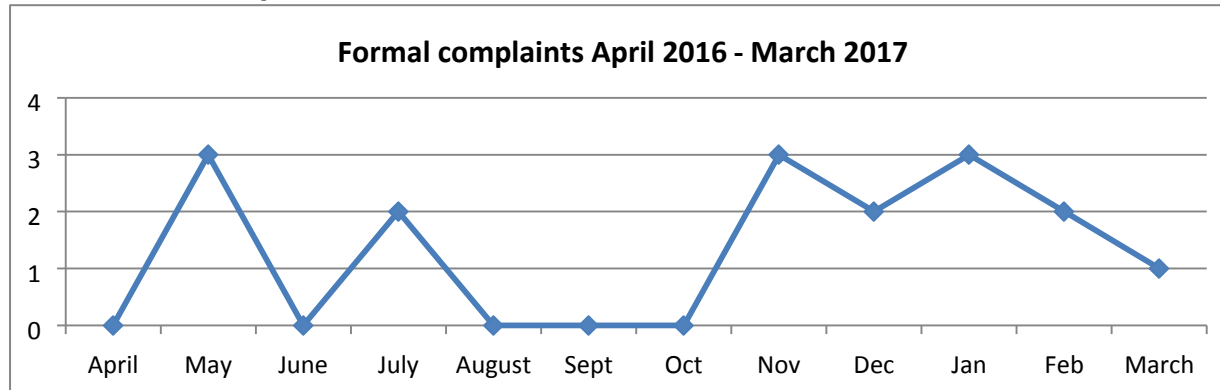


The 75% of responses were positive (extremely likely or likely), 10 practices had responses that included unlikely or extremely unlikely to recommend which is down on 18 last month. Of these practices this ranged from 2% – 16% of their overall responses, however response numbers were low again for some sites and this has skewed the figures. Overall 21% of respondents also gave a neither or don't know answer to this question which is an increase from 12% last month, again figures are low and it is difficult to draw conclusions.



Responses are again, fairly equally attributed to handwritten, check in screens and SMS indicating that the use of technology does help to improve uptake, but “traditional” methods are also key. Work continues with Sheila Gregory and a social media campaign to increase activity e.g. via check in screens, web sites, text etc., methods to increase FFT submission via the PPG were discussed by Sarah Southall and Liz Corrigan at the PPG Chairs meeting on 21st March.

14.0 Formal complaints



A complaint received by WCCG which had been closed is now being investigated by the Parliamentary and Health Service Ombudsman. The outcome of which will be reported accordingly.

15. BOARD ASSURANCE FRAMEWORK/RISK REGISTER

4 th April 2017	TOTAL
Open Risks	79
Extreme	6
High	41
Moderate	30
Low	2

The Quality Assurance Co-ordinator is currently working on a draft template that will be presented to the Governing Body and individual Committees for assurance, regarding the management of risks in each Committee portfolio.

The QAC is pursuing webinar opportunities with Datix to ascertain if adding their Dashboard module to the CCG’s existing Datix system would give the trend line that is required. Should this be possible,

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there would be a cost implication. The alternative is for the CCG’s Business Information Team to look at ways of improving current Committee reports to include a trend line, which is currently a manual task and would prove to be very time consuming.

It is planned to share an update in May.

16.0 RECOMMENDATIONS For Assurance

- **Note** the actions being taken.
- **Note** the actions taken to address RWT Mortality Alert
Note OFSTED good Inspection.
- **Note** the contractual action taken with Vocare
- **Note** The Never Event at RWT
- **Continue** to receive monthly assurance reports

Name: Steve Forsyth **Job Title:** Head of Quality &
Risk Date: 4th April 2017