

**WOLVERHAMPTON CCG
WCCG GOVERNING BODY
23rd MAY 2017**

TITLE OF REPORT:	Executive Quality Report
AUTHOR(s) OF REPORT:	Steven Forsyth – Head of Quality and Risk
MANAGEMENT LEAD:	Manjeet Garcha – Executive Director of Nursing and Quality
PURPOSE OF REPORT:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • Quality Team have been selected by the Point of Care Foundation as a programme site. • Key points from Royal Wolverhampton Trust CQRM • Royal Wolverhampton Trust Never Event reported • Vocare improvement board has been held and ongoing monitoring is now planned • Infection Control enhanced GP standards were presented to the Committee
RECOMMENDATION:	This report is intended to provide the Governing Body with assurance in respect of the on-going monitoring of quality and safety with all key providers and work undertaken by the Quality Team. This assurance is obtained as a result of day to day quality and safety monitoring and regular interaction with providers.

1. CCG Good News

Following a rigorous application process, the Point of Care Foundation review panel has selected WCCG's Quality team as one of the Patient and Family Centred Care (PFCC), 'Living Well to the Very End' programme sites.

The programme is a collaborative between The Point of Care Foundation, Bee Wee, National Clinical Director for End of Life Care (NHS England) and Nigel Acheson, Regional Medical Director, NHS South and is funded by The Health Foundation.

The Foundation was particularly impressed by the team's aspirations for the project, as well as the clear commitment to improving end of life care for those cared for in residential care homes.

The programme is jointly led by clinicians and quality improvement experts from the Point of Care Foundation and NHS England. On-going coaching and mentorship will be provided. The programme will comprise of two learning events, interspersed with rapid action improvement periods, during which WCCG's team will have monthly support from a programme coach, as well as access to virtual learning from the Point of Care Foundation.

Furthermore, on Friday 12th May representatives from the CCG Quality Team were invited to London to present to a panel of national judges for their entry into the HSJ Patient Safety Awards 2017 which was shortlisted. This was a fantastic opportunity to showcase the outstanding work the Quality Team and further build on accolades already achieved. The final results will be announced on 4th July at the Patient Safety Congress

b) Quality and Safety Committee highlights

Royal Wolverhampton Hospitals attended to present GP Enhanced Standards for Primary Care, this was discussed in detail and a decision made to refer to the Primary Care Operational Management Group for further consideration.

Quarterly reports were presented from our safeguarding team, medicines optimisation and the quality assurance in care homes

The committee's risks were reviewed live in the meeting with the Quality Assurance Coordinator, this was a welcomed development that gave real time risk review, ownership and action. It was agreed that whilst this process is quite an onerous task for the risk coordinator, (to service all the committees), the benefits of reviewing a live register and agree actions and owners are key to the success of BAF and Risk Register going forward.

The Head of Quality & Risk presented three key draft documents: Plan on a page 2017/18, The Quality Strategy and the Annual Quality & Risk report Comments have been requested by agreed timelines.

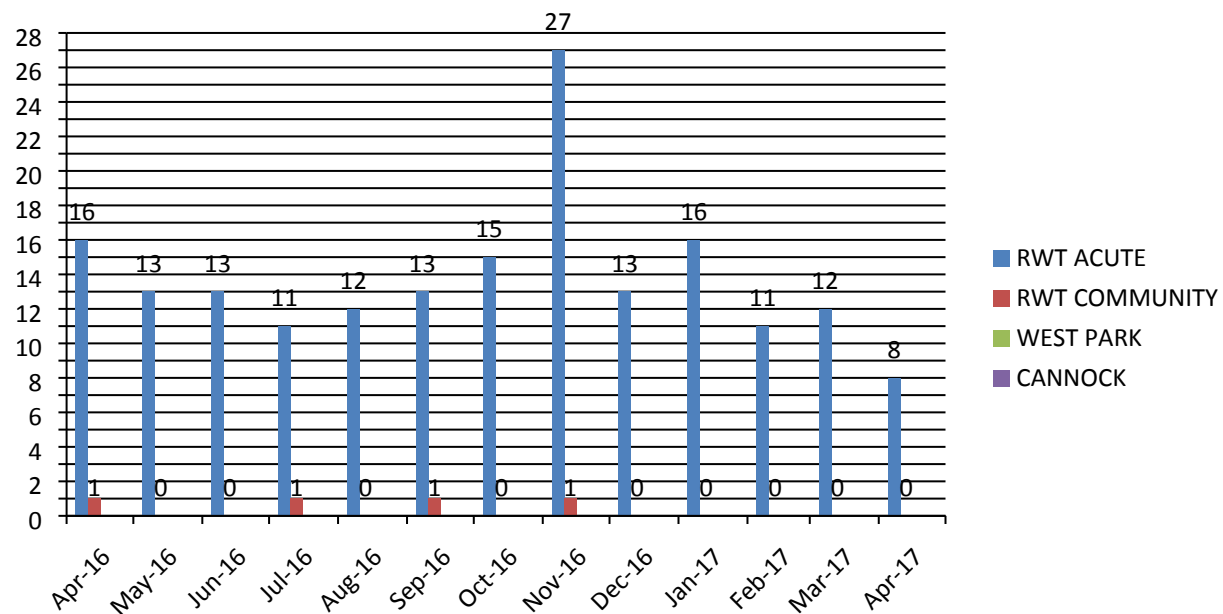
The updated Notification of Serious Incidents policy was also presented with recent changes to internal processes.

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

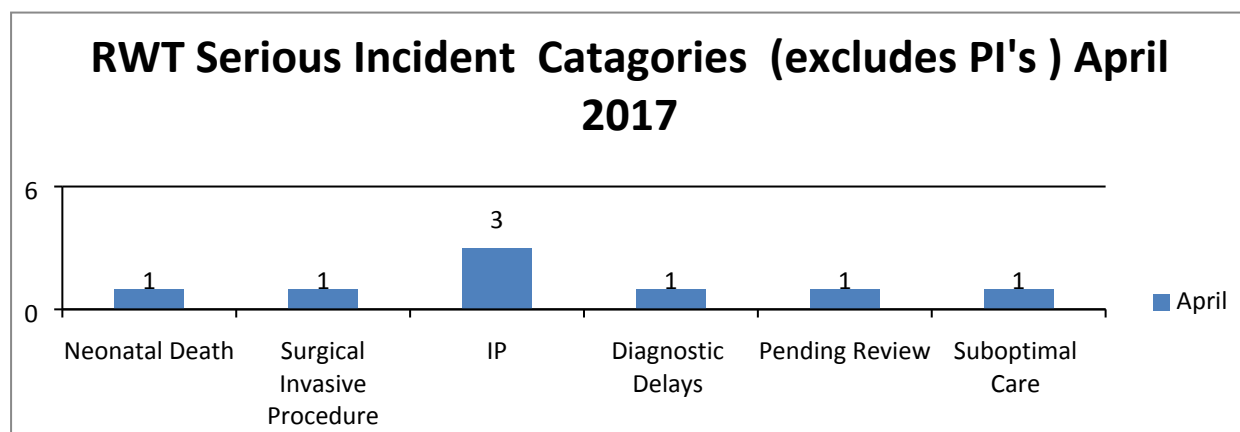
The Board is asked to note the following:

a) Serious Incidents

RWT All SI's (Excl PI's) - 2016/17



A further Breakdown of Serious Incident by reported Category is given below:

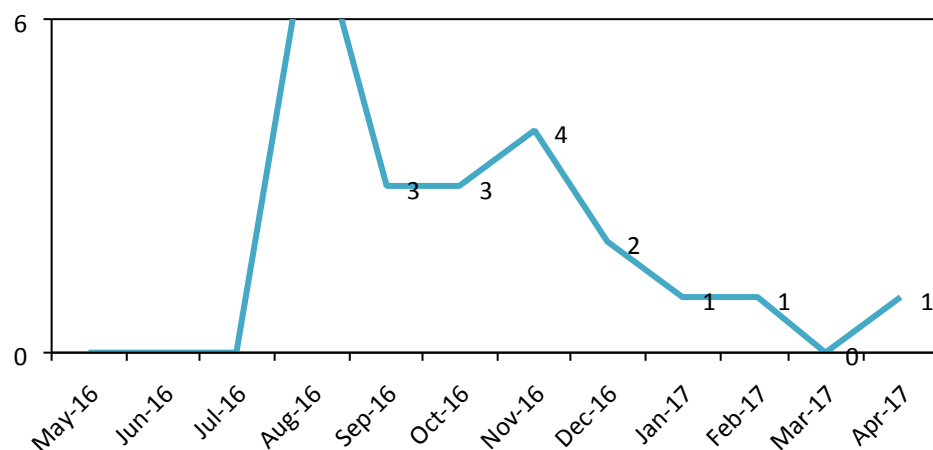


8 serious incidents were reported by RWT in this reporting period and a breakdown of these SI's has been given in the graph above.

b) Infection Prevention Update

- C.Diff Incidents

**Last 6 Months C Diff Monthly Figures
RWT**



1 C.diff outbreak incident was reported in April 2017 on Ward A6 (Trauma and Orthopaedics).
4 Cases of C.Diff. infection identified within a 28 day period on Ward A6. All patients were isolated appropriately and treatment advised by the Microbiology consultant. The final RCA is awaited and is due to be submitted to WCCG on 18th July 2017.

- **MRSA outbreaks**

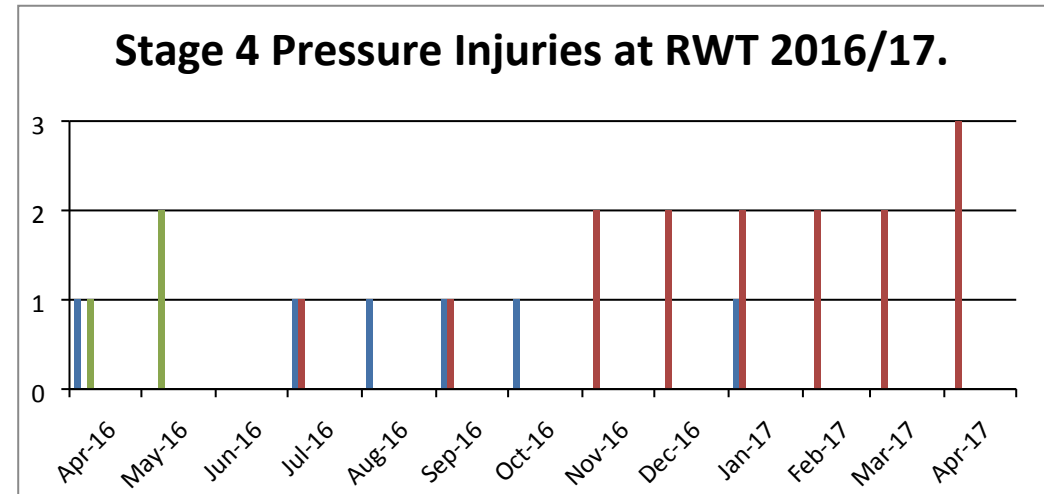
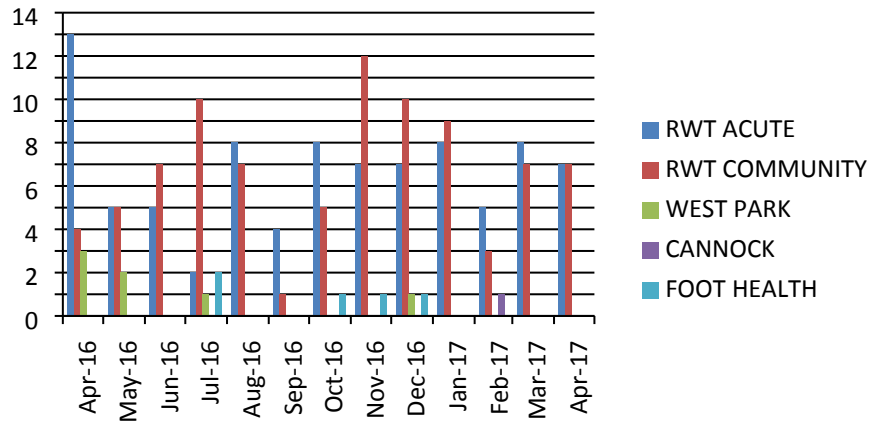
There were 2 MRSA (colonisation, not bacteraemia) outbreaks reported in April 2017 – one on Ward B12 (acute stroke) and one on Ward 1, West Park Hospital. Assurance has been sought from the Infection Prevention Team regarding a possible link between the two incidents.

Final RCA's are expected at the end of July 2017, however the WCCG Quality Team have requested to be informed if the situation changes. All outbreaks are managed as per the agreed protocol.

c) Pressure Injuries

Stage 3 & Stage 4 Pressure Injuries April 2017 data:

Stage 3 Pressure Injuries - 2016/17



A total of 17 pressure injury incidents were reported for April 2017.

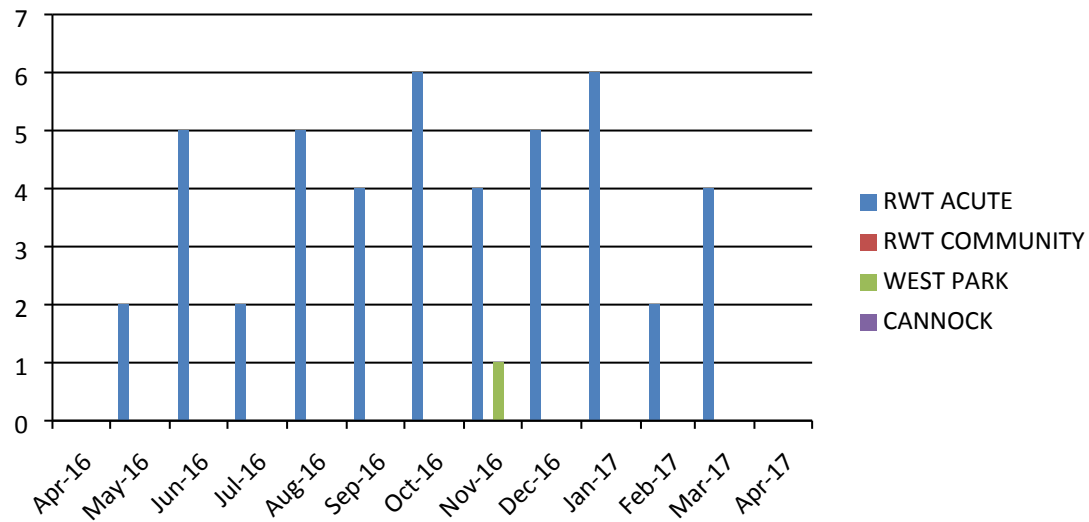
This is the same as the number reported in March 2017.

Stage 3 Pressure Injuries: 7 Acute and 7 Community.

Stage 4 Pressure Injuries: 0 Acute and 3 Community.

d) Patient Slip/Trip/Falls – Serious Incidents

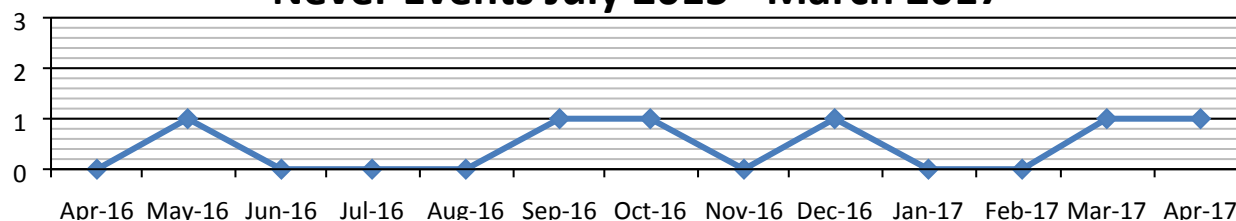
Slip/Trip/Falls - RWT - 2016/17



There were zero Slip/Trip Falls reported by RWT in April 2017.

e) **RWT Never Events**

Never Events July 2015 - March 2017



1 Never Event was reported in April 2017. A full RCA is in progress and is due to be submitted to WCCG on 10th July 2017.

Surgical/Invasive Procedure:

Identified issues: Failure to remove guide wire at time of insertion of chest drain. Failure to review repeat chest x-ray and identify wire.
Contributory Factors: Locum doctor undertaking the procedure, immediate actions taken to review communication with all staff including Locum doctors. Assurance has been sought on the trust policies for locum doctor induction and availability of senior staff supervision on this occasion.

f) Items to Note from CQR Meeting – April 2017

Discussions centred on particular areas for the Board to note:

- X-ray and MRI/CT scan delays. The Trust have reported delays in reporting and have an action plan in place to complete by July 2017.
- 104 day cancer breaches, harm reviews are undertaken as part of the monthly multi-disciplinary team reviews, however, further assurance has been sought on communication shared with GPs
- Reported unsafe discharges, this is work in progress and the Trust shared their plan
- Mortality, reviews of case notes, coding and deep dives into diagnostics will commence imminently
- Cancelled operations – theme appearing relating to Cannock Chase Hospital, for further review
- Maternity – birth ratio and staff sickness/vacancies. CCG Maternity commissioner has met with midwifery managers and a plan for recruitment of new midwives has been shared.

	Target	Q3 2016/17			Q4 2016/17				Q4 2016/17
		Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Mar-17	
2 Week Wait Cancer	93%	93.02%	93.42%	94.56%	95.51%	93.32%	95.83%	Excluding Tertiary Referrals	94.94%
2WW Breast Symptomatic	93%	94.02%	95.89%	99.46%	99.44%	93.20%	95.35%		95.83%
31 Day to First Treatment	96%	96.55%	94.55%	98.48%	97.49%	96.91%	96.02%		96.80%
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	98.53%	100.00%	100.00%	100.00%	98.11%		99.44%
31 Day Sub Treatment - Surgery	94%	93.62%	82.00%	78.38%	71.43%	78.79%	82.50%		77.78%
31 Day Sub Treatment - Radiotherapy	94%	94.66%	100.00%	100.00%	97.52%	97.76%	94.29%		96.67%
62 Day Wait for First Treatment	85%	70.66%	69.02%	80.00%	73.08%	79.43%	81.18%		83.72%
62 Day Wait - Screening	90%	80.00%	95.83%	90.48%	88.89%	68.18%	90.00%	90.00%	81.67%
62 Day Wait - Consultant Upgrade (local target)	88%	90.78%	90.00%	90.51%	92.54%	95.12%	88.97%	88.89%	92.11%

Site	Total Patients	Breaches	%
Brain	0	0	
Breast	20	0	100.00%
Colorectal	8	3	62.50%
Gynaecology	5.5	1.5	72.73%
Haematology	6.5	3	53.85%
Head & Neck	7	2.5	64.29%
Lung	7	0	100.00%
Sarcoma	0	0	
Skin	11.5	0	100.00%
Upper GI	7	2.5	64.29%
Urology	20.5	5	75.61%
Total	93	17.5	81.18%

31 Day Sub Surgery - 7 patient breaches during the month, all of which RWT were unable to schedule within standard (2 of these were patients for complex multidisciplinary surgery).

62 Day Traditional - 21 patient breaches in month - 7 x Tertiary referrals received between days 42 and 113 of the patients pathway (operating guidelines state referrals should be made within 42 days), 6 x Capacity Issues, 3 x Patient Initiated and 5 x Complex Pathways. Of the tertiary referrals received in month, all (100%) were received on or after day 42 of the pathway, and 2 (28.6%) were received after day 62 of the patient pathway.

3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

The Committee is asked to note the following:

a) **Serious Incidents**

There were no serious incidents reported for April 2017 for BCPFT.

b) Items to note from CQRM held on 4th April 2017 (Learning Disabilities):

- The LD division has noted an increase in incident reporting within the division, due to the presence of a number of high acuity patients which account for a large number of Violence and Aggression (patient to staff) incidents which have occurred. This category of incident has also been noted as a trend.
- Staff sickness has risen, primarily pertaining to short term sickness and mostly comprising of colds/flu like symptoms, in line with the Winter months. Long Term sickness has fallen, with the majority of cases pertaining to stress/anxiety conditions.
- Staff appraisal figures are currently low, but this is due to the fact that this measure is recorded from April to April, with figures expected to rise throughout the year as the Trust appraisal period is from February to end of May. Mandatory training is within KPI targets except for Safeguarding Children Level 2.
- An issue was raised with LD team regarding some patients not receiving care under the CPA framework. The Trust gave assurance that all patients eligible for CPA would receive it, but agreed to aid the CCG in providing further assurance that this is the case. It was agreed that this could be accomplished by undertaking a Quality Assurance Visit and this will be added to the visit schedule for 17/18. The Trust will provide an update on how many patients are on a CPA at the next meeting in May.

- The Trust drew attention to work that is currently being carried out in relation to the CPA risk to establish a regional data comparison with other CCGs. A deep dive is also being carried out in relation to “Absconsions”, the results of which will be known in May. Any significant learning will be taken to a future CQRM.
- A recent peer review of BCP PREVENT training had taken place, which was led by Wolves CCG Safeguarding Team and supported by the Regional PREVENT co-ordinator. The visit was positive overall. Several recommendations were made, which will be considered by the Trust. This will include the recommendation to train PREVENT as a separate course, rather than amalgamate it into the wider Safeguarding Training package for staff, following the discovery that the distinction between PREVENT and Safeguarding appeared unclear to some staff and that staff providing the training may benefit from further ‘train the trainer’ tuition.

4. PRIVATE SECTOR PROVIDERS

- **Vocare**

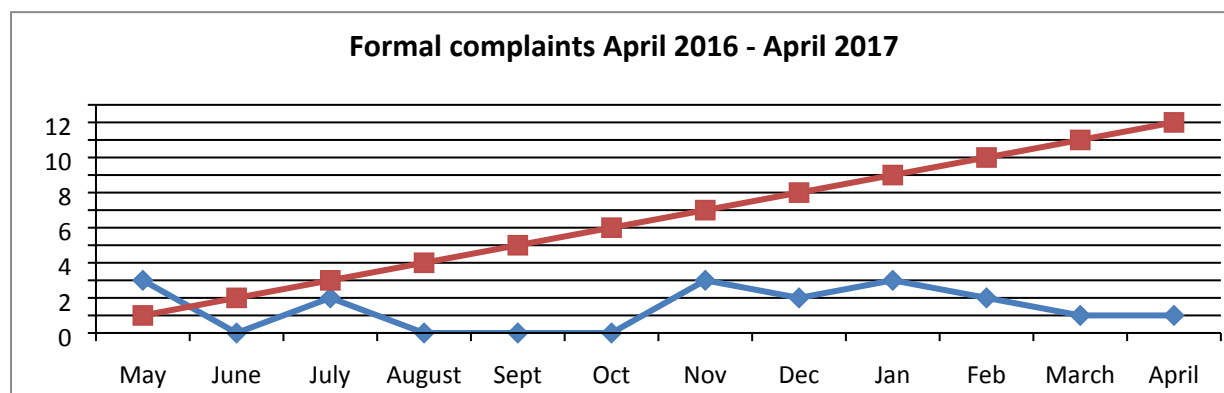
A Vocare Improvement Board meeting was held on 19th April 2017, chaired by WCCG’s Head of Quality & Risk, to provide an update on improvement and discussion of action plans regarding issues previously raised regarding the UCC service. There are currently 41 actions contained within the action plans, with significant progress having been made against a number of them. All actions are to be combined into one single action plan and will be overseen by Vocare’s Step-In Team, who will provide support to the local team. Vocare were open about the current issues within the service and gave assurance these issues would be dealt with quickly and efficiently.

Vocare’s Head of Nursing talked through her report highlighting the areas of particular concern and a set of minutes from the meeting is available should further detail be required.

The next Improvement Board meeting will be held on 31st May 2017.

5. USER AND CARER EXPERIENCE

a) New formal complaints



- One new complaint was received during April 2017 from a patient's Uplift Project Co-ordinator. This related to the attitude of the CHC nurse towards the patient in their home. The complaint was investigated and concluded as not upheld.
- Complaint FC064 originally dated January 2017 was reopened during April and is now being investigated by the Ombudsman. The complaint relates to funding for a CHC patient. The CCG followed all processes, no lessons learned. However the complainant was unhappy with the outcome and was advised to contact HSO if required. A further update is awaited.

b) Quality Matters Monthly Summary

Staff changes within the CCG's Quality & Risk Team have led to a backlog of unanswered Quality Matters. The Acute Trust and local GPs are aware of the delay in responding to new issues. It is hoped that the backlog can be cleared by the end of May, once the Quality Team is back up to full strength. A full Quality Matters summary will be provided at the next meeting.

6. HEALTH AND SAFETY

From May 2017, Health and Safety will become a standing item on the JNCC agenda and will be split into the following sub-items: a) accident statistics, b) national issues c) risk assessments and d) fire risk assessment remedial action plan.

Steve Menzler from STK Fire and Risk Management Ltd will be in attendance at the meeting on 30th May and will be giving a presentation on the CCG's Health and Safety requirements going forward.

CCG Quality Team nominated leads are completing the appropriate training during May and July 2017.

7. BOARD ASSURANCE FRAMEWORK/RISK REGISTER

a) Number/Breakdown of Risks on Datix:

4 th May 2017	TOTAL
Open Risks	79
Extreme	5
High	41
Moderate	32
Low	1

Work is being undertaken to provide 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. However, due to capacity issues within the Quality and Safety Team, this work has been delayed.

This piece of work will resume once the Quality team is back to full capacity and it is hoped to be able to share revised templates in June 2017.

8. RECOMMENDATIONS

The Board is requested to:

- **Receive** and **note** the information provided in this report.

Name: Manjeet Garcha
Job Title: Executive Director of Nursing and Quality
Date: 10th May 2017