WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP
Governing Body Meeting
Tuesday 11 July 2017

TITLE OF REPORT:	**Annual Quality and Risk Report (2016/17)**
AUTHOR(s) OF REPORT:	Steven Forsyth, Head of Quality and Risk
MANAGEMENT LEAD:	Steven Forsyth, Head of Quality and Risk
PURPOSE OF REPORT:	To share with the committee a reflective annual report regarding the undertaking of the clinical quality monitoring framework, also including performance against clinical indicators for the reporting period 1st April 2016 to 31st March 2017 (reported by exception). The report provides a position statement based on safety, experience and effectiveness for the period 1st April 2016 to 31st March 2017 and will enable Committee to be updated on the work that has been undertaken by the Quality and Risk team during that period.
ACTION REQUIRED:	□ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
LINK TO CCG Governing Body Strategic Objectives	1. Improving the quality and safety of the services we commission 2. Reducing Health Inequalities in Wolverhampton

CONTENTS

1. PURPOSE OF THE REPORT / INTRODUCTION

The CCG commissions many healthcare services from a range of providers, our two biggest contracts are with The Royal Wolverhampton NHS Trust (RWT) and Black Country Partnership (NHS) Foundation Trust (BCPFT). During 2016/17 there have been a variety of challenges which we have worked on from 2015/16 and seen demonstrable improvements in the reduction of pressure injuries and a reduction in serious incidents causing harm. However, further work continues in other key areas as reducing falls and information governance breaches particularly at The Royal Wolverhampton NHS Trust. Black Country Partnership Foundation Trust has seen a marginal increase in the type of serious incidents reported, we are working with this provider to see how lessons learnt can impact on incidents occurring with regular themes and/or trends.
Success this year has varied with the continued and sustained improvement in patient safety initiatives, improved patient experience, improved patient/user engagement, consultation and safeguarding measures for vulnerable adults and children in Wolverhampton.

The CCG continues to support the domains of the NHS Outcomes Framework:

- preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Whilst the CCG strives to lead by example, both main providers are signed up to advocating pledges outlined in the „Sign up to Safety" campaign, the CCG's five pledges are to:

Put Safety First – commit to reducing avoidable harm in the NHS by half, including:

- reducing harm from avoidable falls
- reducing harm from avoidable pressure injuries
- reducing harm through implementation of Sepsis 6
- preventing avoidable admissions to hospital
- management of long-term conditions in primary care and the community

Continually learn – make the organisation more resilient to risks by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.

Honesty – be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

Collaborate – take a leading role in supporting local collaborative learning, so that improvements are made across all the local services that patients use.

Support – help people to understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

The Annual Quality and Safety Report demonstrates how each area has been assured and work continues to foster care of the highest possible standard and that in the event of serious incidents there is continued organisational learning that is embedded in revised clinical practice.

I commend the report to you and once again wish to thank the Quality Team for all their continued efforts to improve quality of services for all people of Wolverhampton.

Steven Forsyth
Head of Quality and Risk

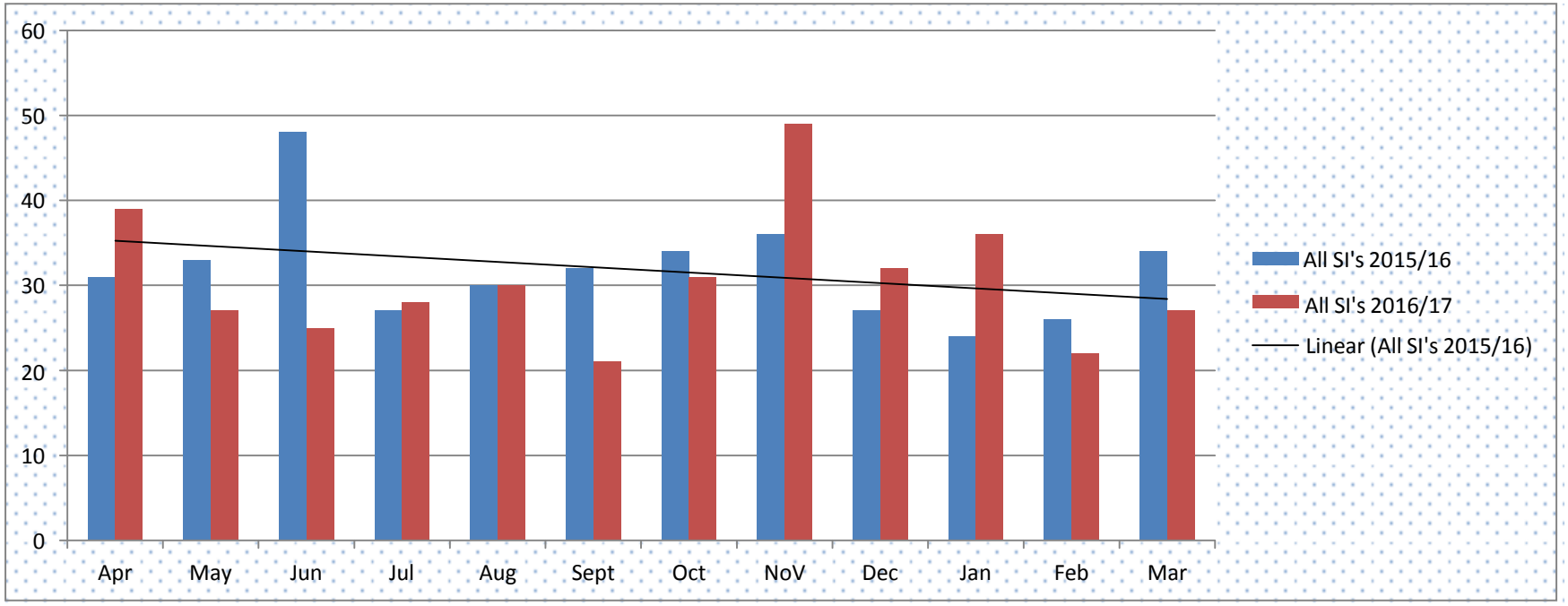
Date 3rd May 2017

2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

2.1 RWT Serious Incidents reported for 2016/2017 *(including Pressure Injuries)*

Table 1 to show RWT all SI's reported for 2015/2016 - 2016/2017

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
All SI's 2015/16	31	33	48	27	30	32	34	36	27	24	26	34	382
All SI's 2016/17	39	27	25	28	30	21	31	49	32	36	22	27	367



Number of RWT admissions for 2016/2017 = Estimated 104301 patients (March 2017 data not available but average admission per month is 8692 patients) compared to 104923 patient admissions in 2015/2016.

Number of RWT discharges for 2016/2017=Estimated 104925 patients (March 2017 data not available but average discharges per months is 8744 patients) compared to 104999 patients in 2015/2016.

In 2016/2017 a total of 367 serious incidents that met the reporting criteria were reported by RWT which is a slight reduction compared to 382 reported in 2015/2016. On average there are 30 serious incidents reported per month for 2016/2017 but there was a significant increase in serious incidents reported for the month of April (39) and November (49). This relates to increase in pressure injury and information governance serious incidents reported for these two months. A full breakdown of these serious incidents reporting profile for 2016/2017 is available in Table 2 below.

Table 2 to show: 2016/17 RWT Serious Incident Reporting profile

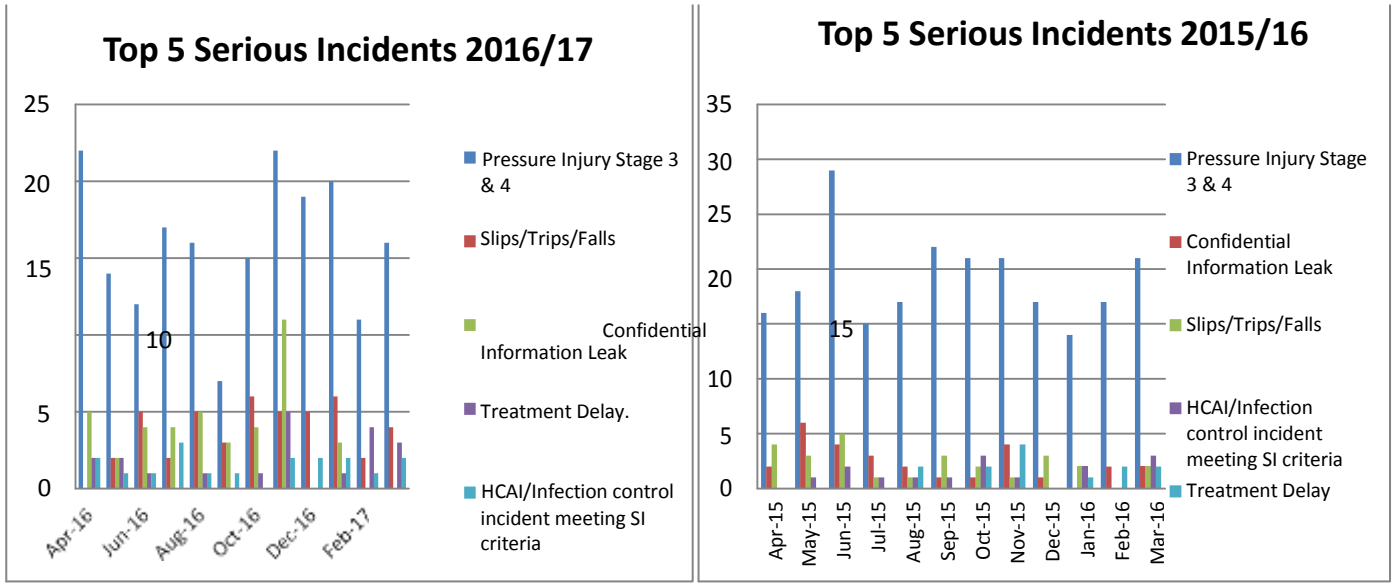
2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total	Overall %
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria						1	1						**2**	**0.54%**
Confidential Information Leak	5	2	4	4	5	3	4	11		3			**41**	**12%**
Diagnostic Incident / Delay.	1	2				2	1		2	1	2	2	**13**	**3.54%**
HCAI/Infection control incident meeting SI criteria	2	1	1	3	1	1		2	2	2	1	2	**18**	**5%**
Maternity / Obstetrics incident -SI criteria (Mother only)	1	1							1				**3**	**0.81%**
Maternity / obstetric incident -SI criteria (baby only)	2		1		1		1	1					**6**	**1.67%**
Maternity/Obstetric incident meeting SI criteria: mother and baby (this include foetus. neonate and infant)						2							**2**	**0.54%**
Maternity/Obstetric incident meeting SI criteria										1			**1**	**0.27%**
Medication Error	1								1				**2**	**0.54%**

2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total	Overall %
Operation/treatment given without valid consent		1											**1**	**0.27%**
Pending review (category selected before incident is closed)	2	1		2	1		1	3		1	2		**13**	**3.54%**
Pressure Injury Stage 3&4	22	14	12	17	16	7	15	22	19	20	11	16	**191**	**52%**
Radiation incident (including exposure when scanning) meeting SI criteria		1											**1**	**0.27%**
Slips/Trips/Falls		2	5	2	5	3	6	5	5	6	2	4	**45**	**12%**
Surgical/invasive procedure incident meeting SI criteria						1				1			**2**	**0.54%**
Surgical Error									1				**1**	**0.27%**
Treatment Delay.	2	2	1		1		1	5		1	4	3	**20**	**5%**
Unauthorised absence	1												**1**	**0.27%**
Unexpected / Potentially Avoidable death									1				**1**	**0.27%**
Venous Thromboembolism (VTE)			1			1	1						**3**	**0.81%**
Grand Total RWT	**39**	**27**	**25**	**28**	**30**	**21**	**31**	**49**	**32**	**36**	**22**	**27**	**367**	**100%**

Table 3 - Top 5 Serious Incidents reported for 2016/17

2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total	Overall %
Pressure Injury Stage 3 & 4	22	14	12	17	16	7	15	22	19	20	11	16	**191**	**60.63%**
Slips/Trips/Falls		2	5	2	5	3	6	5	5	6	2	4	**45**	**14.28%**
Confidential Information Leak	5	2	4	4	5	3	4	11		3			**41**	**13.1%**
Treatment Delay.	2	2	1		1		1	5		1	4	3	**20**	**6.34%**
HCAI/Infection control incident meeting SI criteria	2	1	1	3	1	1		2	2	2	1	2	**18**	**5.71%**
Total of All SI's 2016/17	**31**	**21**	**23**	**26**	**28**	**14**	**26**	**45**	**26**	**32**	**18**	**25**	**315**	**86%**

Table 4 – to show comparison of SI's 16/17 with 15/16



Pressure Injury (PI) serious incidents remain the highest reported category for 2016/2017 at 52% followed by slip, trip falls (12%), confidential information leak (11%), treatment delay (5%) and Infection prevention (5%) make the top 5 categories of serious incidents reported and these top five categories remains unchanged from those reported in 2015/2016 (Table 4).

The remaining serious incidents by category for 2016/2017 can be viewed in Table 2 (pages 7 and 8).

2.2 Pressure Injuries

Table 5 to show Stage 3 and Stage 4 Pressure Injury Incidents

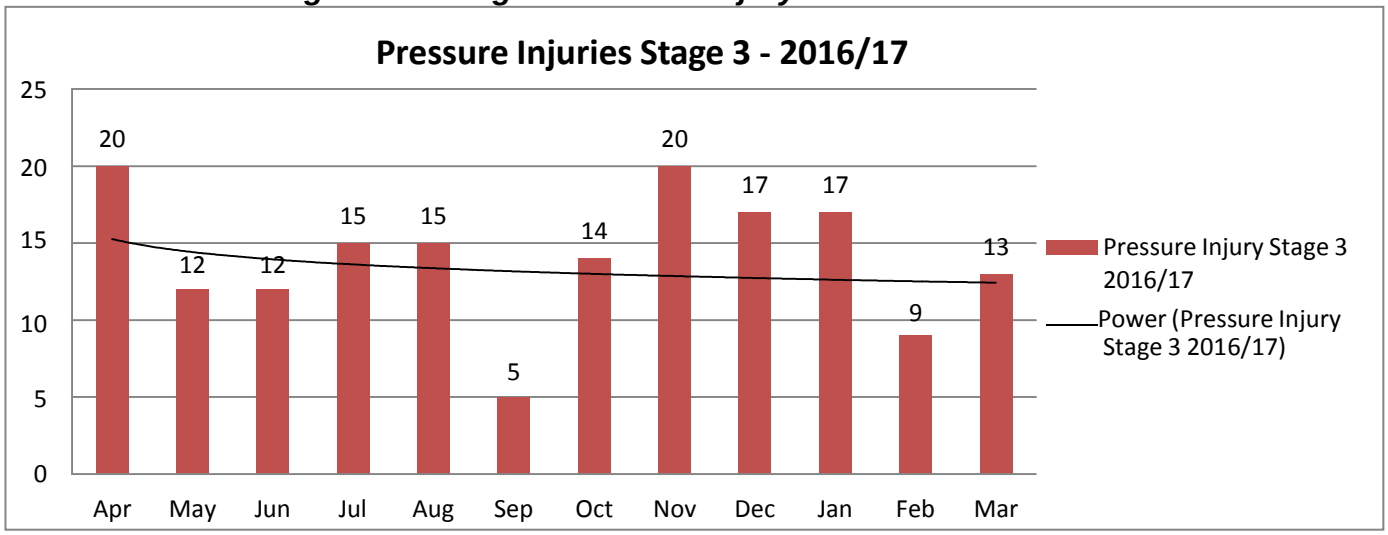


Table 6 to show Pressure Injuries Stage 4, 16/17

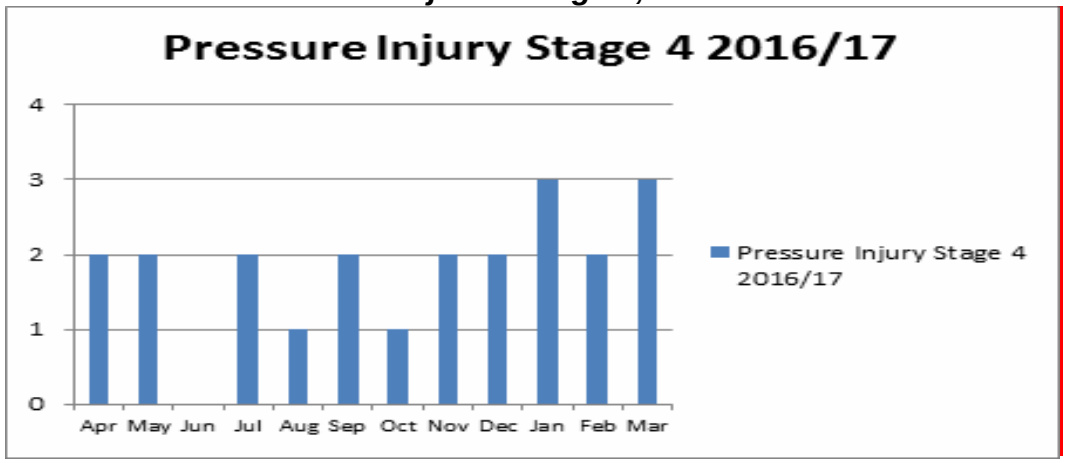


Table 6a 2016/2017 Stage 3&4 Pressure Injury Accountability outcomes are detailed below:

Unavoidable	105	54.97%
Avoidable	64	33.50%
De-escalated	5	2.61%
Deferred	1	0.52%
Awaiting Scrutiny	16	8.37%

A total of 191 PIs stage 3 & 4 were reported for 2016/2017 and a breakdown of stage 3 & stage 4 PIs is demonstrated in tables 2&3. This shows a reduction compared to 228 PIs reported in 2015/2016. Table 5 demonstrates a reduction in Stage 3 PI"s in comparison to 2015/16.

2.2.1 Themes emerging from Pressure Injury Incidents:

- Gaps in patient repositioning and intervention charts
- Failure to accurately complete patient skin assessments and pressure injury gradings
- Failure to complete a non-concordance risk assessment
- Failure to escalate to senior staff/other members of the MDT
- Staffing and staff pressure injury training issues
- Delay in delivery of pressure relieving equipment

2.2.2 RWT Actions:

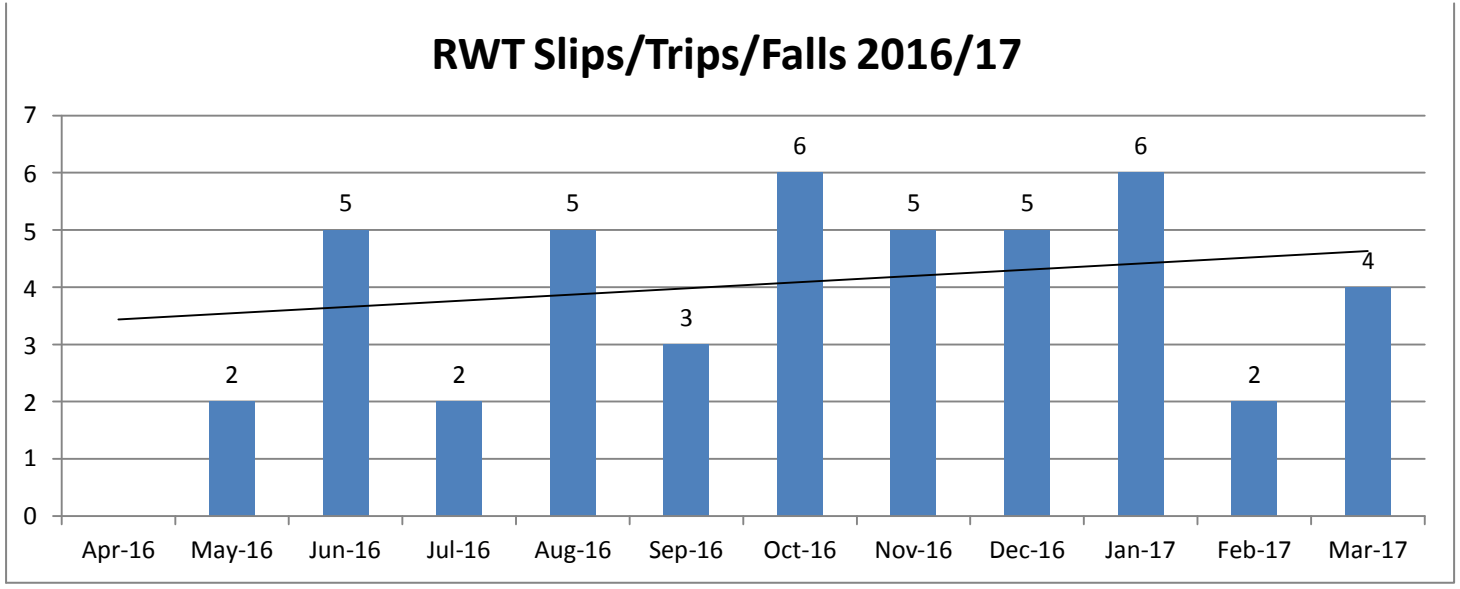
- Weekly pressure injury scrutiny meetings led by The Royal Wolverhampton NHS Trust Chief Nurse and attended by CCG Quality & Safety Manager.
- Senior Ward Managers review paperwork for all high risk patients and undertake safety briefings on all shifts.
- Improved overall compliance with training.

- 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 the Trust, General Practices and Nursing Homes.

- Tissue Viability Steering Group and CCG are working on further analysis of trends and recommended best practice..
- CCG are developing a business case to support a Wound Centre of Excellence with an aim to improve the patient referral and care pathway within a community setting.
- Table top exercises to compare heel offloading devices.
- To analyse slide sheet orders and compare incidents to agree a standard slide sheet for moving and handling to prevent sheer and friction.
- The Tissue Viability Team has completed a table top exercise to agree the skin protectant for the formulary.
- 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 2017.
- Tissue Viability Lead Nurse is involved with a task and finish group for NHS improvement for definitions and measurements of pressure injuries.

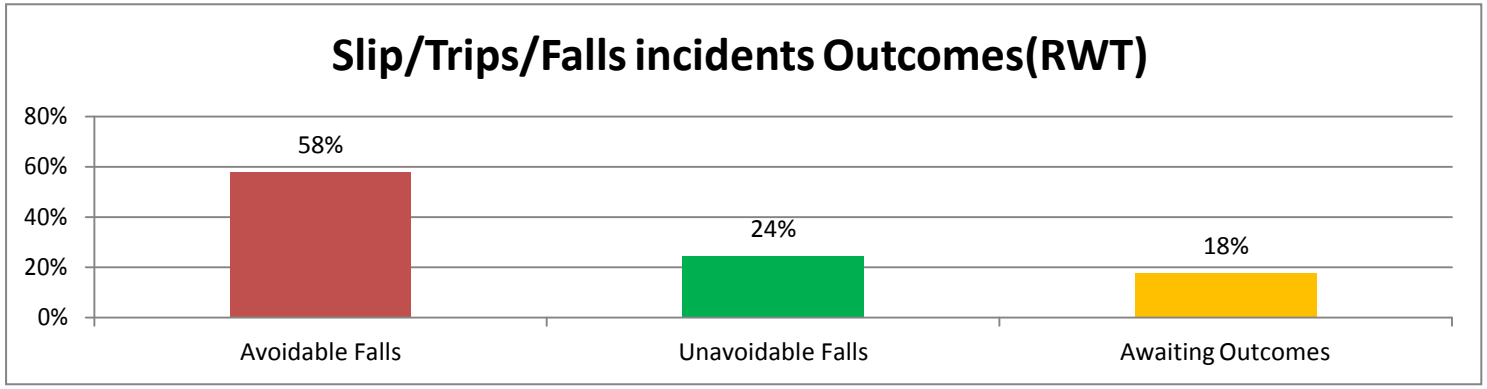
2.3 Patient Slip/Trip/Falls

Table 7 to show RWT Slips/Trips/Falls Category 16/17



The Trust reported 45 patient slip/trip/falls (meeting serious incident criteria) during 2016/2017 which is a significant increase in the number of falls reported in 2015/16 of 27 patient falls.

Table 7a to show outcomes of Slip/Trip/Falls (RWT)



2.3.1 Themes emerging post RCA

- Delay in medically fit patient discharges (a review of all patient moves has been requested)
- Inappropriate patients transfers within clinical areas
- Lack of staff training in falls management and risk assessment
- Failure to complete falls risk assessments
- Failure to follow Trust falls management and falls prevention policy

2.3.2 Trust Actions

- Internal and external patient falls audits
- Staff training and education
- Falls prevention and post falls policies have been revised and 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

2.4 Confidential Information Leak Incidents

There were 41 information governance incidents reported for 2016/2017 which is a significant increase compared to 28 IG incidents reported in 2015/2016. The Trust has developed a comprehensive action plan to mitigate risks associated with these incidents and to prevent these incidents recurring. WCCG is monitoring this closely and robust scrutiny has been applied by SISG (Serious Incidents Scrutiny Group).

2.5 Treatment Delays

There were 20 serious incidents reported for treatment delays and of these:

4 each were reported by Emergency Department & General Surgery
2 each were reported by Trauma & Orthopaedics & Urology
1 each were reported by Critical Care, Paediatrics, Cardio-Thoracic, Gynaecology, Oncology, Out-Patients, Neurology & ENT

The emerging themes were ***"failure to recognize, failure to act and failure to escalate the clinical condition of the patient"*** thus causing treatment delays. A robust root cause analysis has been undertaken by the Trust into all these serious incidents and appropriate actions have been undertaken to mitigate the risks and prevent these incidents happening again.

The Trust has engaged with an external reviewer as part of Emergency Department development plan by undertaking some work on addressing ED processes and human factors. This visit has been completed and the Trust is working on all recommended actions to improve Emergency Department Services.

WCCG is closely monitoring these incidents and robust scrutiny has been applied by Serious Incident Scrutiny Group for all these incidents.

2.6 Infection Prevention (IP)

2.6.1 HCAI/Infection control incident meeting SI criteria

There were 18 infection prevention incidents reported by the Trust for 2016/2017 which is a slight increase from 15 incidents reported in 2015/2016. 9 of these incidents relate to CDiff only and MRSA, Norovirus and Carbapenemase Producing Enterobacteriaciae **(**CPE) account for 2 incidents each and the other 3 incidents relate to failure to follow IP policy. The main identified themes for these IP incidents are failure to follow antimicrobial policy, environmental factors and failure to decontaminate the equipment appropriately. However, the Trust has undertaken comprehensive Root Cause Analysis into all these incidents and has developed comprehensive action plans to mitigate the risks associated with these incidents.

2.6.2 Actions taken by Trust:

- Surveillance has been extended to identify any areas of crossover of types of Clostridium Difficile Infection in any time frame.
- Time to isolation has continued to improve, almost to the peak seen in 2014.
- RWT is now within control limits for the funnel plot for April 2016-present. Cases have returned to anticipated numbers in line with the monthly trajectory.
- Deep cleaning programme has been implemented.
- Technical cleaning update for very high and high risk areas.
- Disposable bed curtains and cleaning mops have been implemented.
- CPE strategy is in development to include a business case for molecular testing in the laboratory, full implementation of a risk assessment and screening process, and executive level awareness raising sessions are being rolled out.

2.6.3 Infection Prevention Statistics

- **Clostridium Difficile**

The Trust was 9 cases over target at the end of February 2017 and has exceeded their external target of 35 cases for the year.

- **Carbapenemase Producing Enterobacteriaciae (CPE)**

  The Trust has reported 17 new CPE positive patients during 2016/2017.

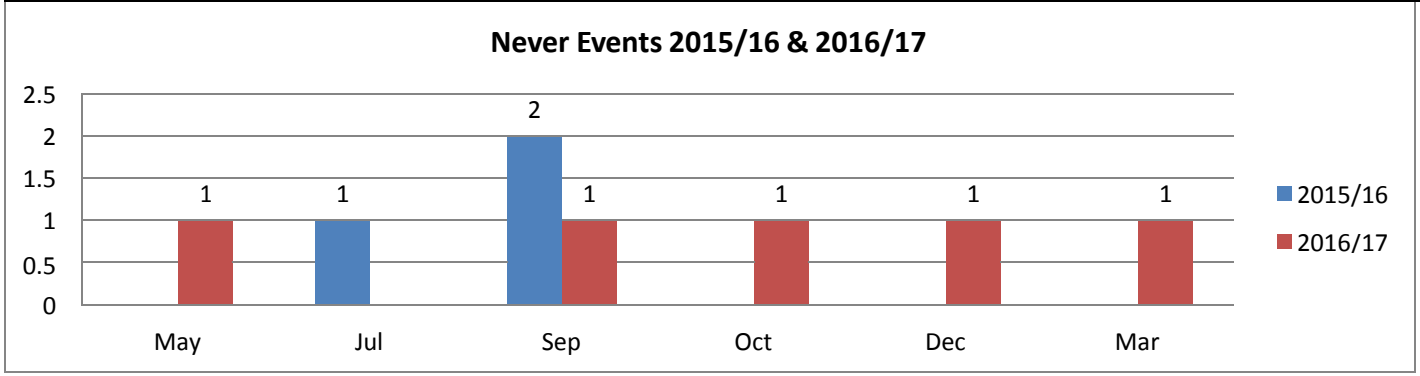
- **MRSA Bacteraemia**

  At the time of writing this report RWT's target for the year is zero avoidable cases and they remain on target.

  The remaining 14% of serious incidents reported for 2016/2017 relates mainly to pending review, diagnostic delays and maternity incidents and other 9 categories (Table 2) of serious incidents. The Trust has undertaken full RCAs into all these serious incidents to identify root causes and to identify learning actions to mitigate any risks associated with these incidents. All serious incidents are monitored and scrutinised by the WCCG Quality and Risk team.

2.7 Never Events Summary 2015/16 & 2016/17

Never Events reported	May	Jul	Sep	Oct	Dec	Mar	Total
2015/16		1	2				3
2016/17	1		1	1	1	1	5
Total	1	1	3	1	1	1	8



There were 5 Never Events reported by RWT for the 2016/2017 which is a slight increase from 3 Never Events reported in 2015/2016. These reported incidents relate to the following never event categories:

- Wrong implant/prosthesis (1)
- Retained foreign object post procedure(2)
- Wrong site surgery (2)

2.7.1 Themes emerging from Never Events:

- Human errors
- Failure to accurately complete the WHO surgical checklist
- Poor team communication
- Failure to follow the patient consent policy
- Poor record keeping (during surgery)

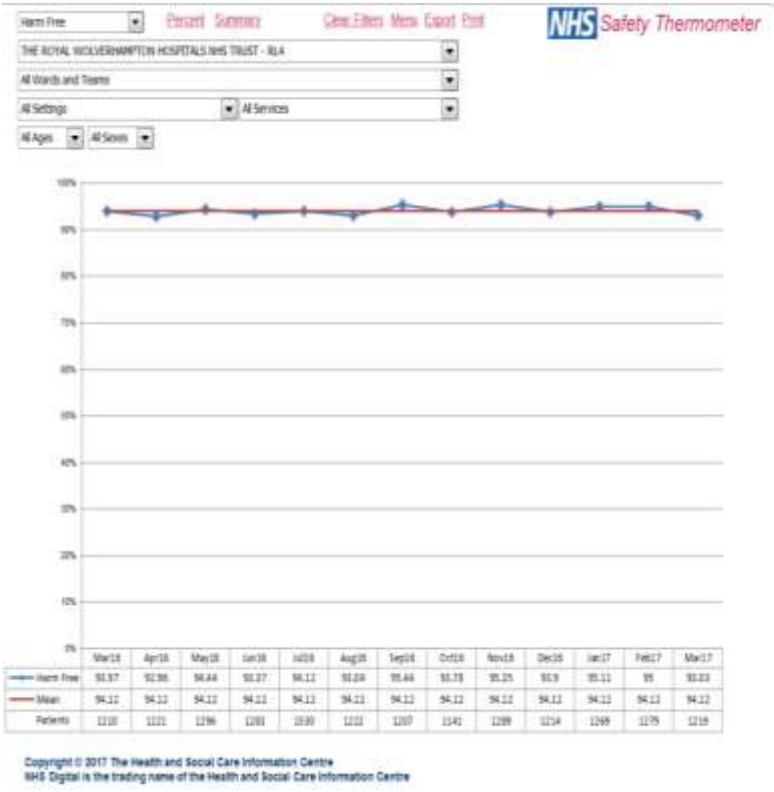
2.7.2 Actions taken

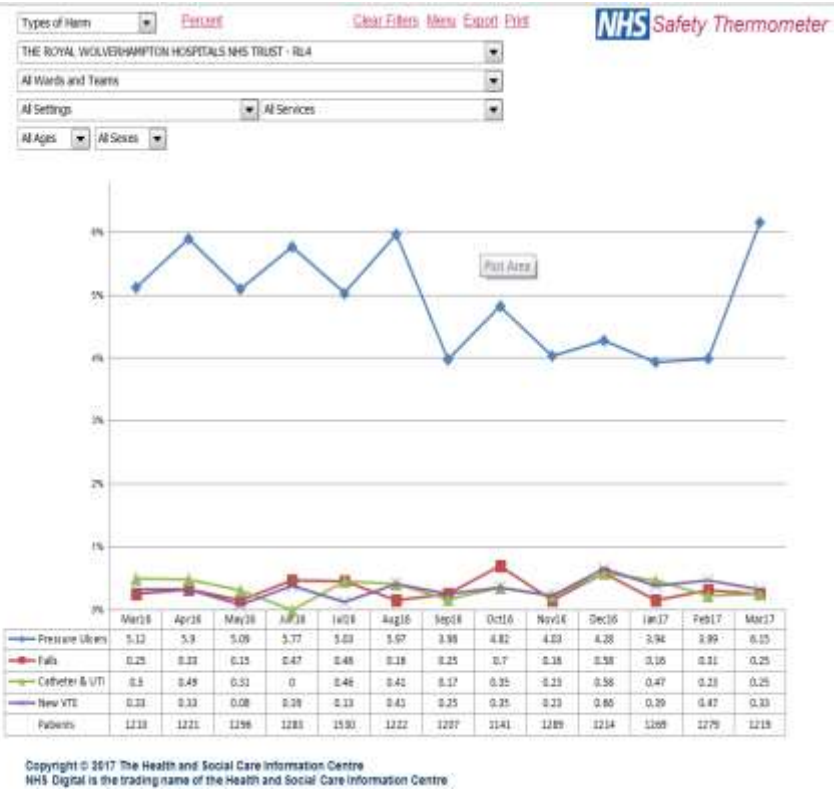
- Shared wider learning throughout the Trust
- Staff training, assessment and improving awareness
- Regular audits
- Improve safety checks and record keeping during procedures

Two quality visits (1 x announced, 1 x unannounced) have been undertaken by the Quality Team to ensure effectiveness of actions and a full report has been shared with the provider with recommendations. A further never event associated Table Top Review Meeting has also been undertaken to review how practice has changed in the following areas: Maternity, Cardiothoracic Theatre, Eye Infirmary, Dental and Gynaecology.

WCCG is closely monitoring all incidents and robust scrutiny has been applied for each Never Event reported by the provider.

2.8 NHS Safety Thermometer





Pressure injuries continue to be the main harm recorded for RWT. RWT"s Tissue Viability Steering Group and WCCG"s Pressure Ulcer Steering Group are working on further analysis of trends and recommended best practice.

3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

There were 27 incidents reported for 2016/2017 which is a slight increase compared to 25 incidents reported in 2015/2016. However, the reported serious incidents numbers have remained relatively similar for the last three years.

3.1 BCPFT Serious Incidents reported for last three year period:

2014/2015: 24
2015/2016: 25
2016/2017: 27

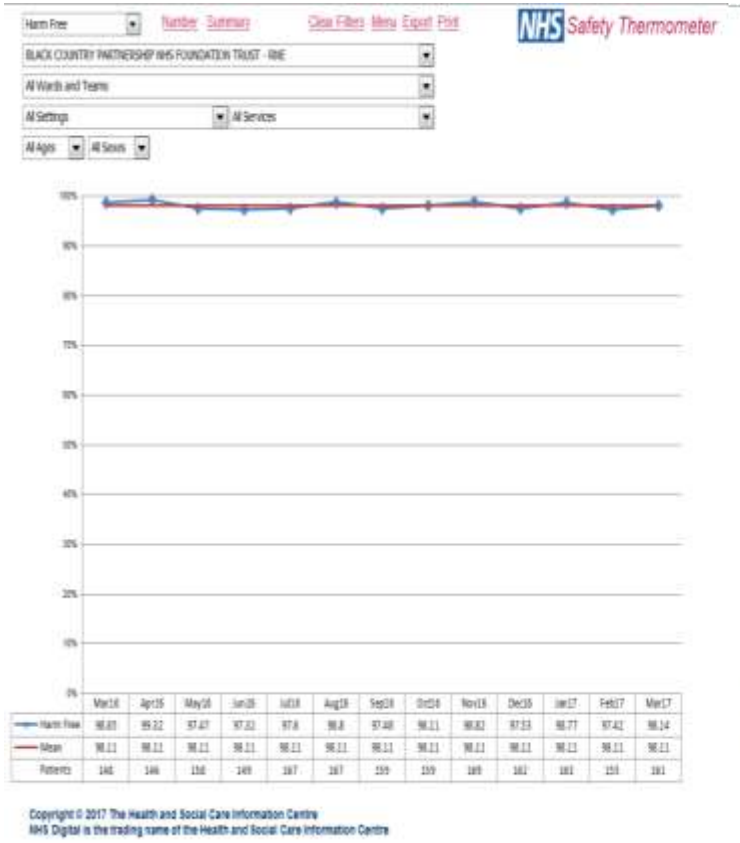
- The top three categories of reporting in 2016/2017 were: Pending review (13), Apparent/actual self-inflicted harm (5) and slip/trip/falls (4). The other serious incidents categories relates to pressure injury(1), Apparent/actual/suspected homicide meeting SI criteria(1), Sub-optimal care of the deteriorating patient meeting SI criteria(1), treatment delay(1) and confidential information breach (1).
- The Trust has undertaken comprehensive RCAs into all these serious incidents to identify root causes and to identify learning actions to mitigate the risks associated with all these serious incidents. WCCG Quality Team is closely monitoring these incidents and robust scrutiny has been applied prior to close these incidents.

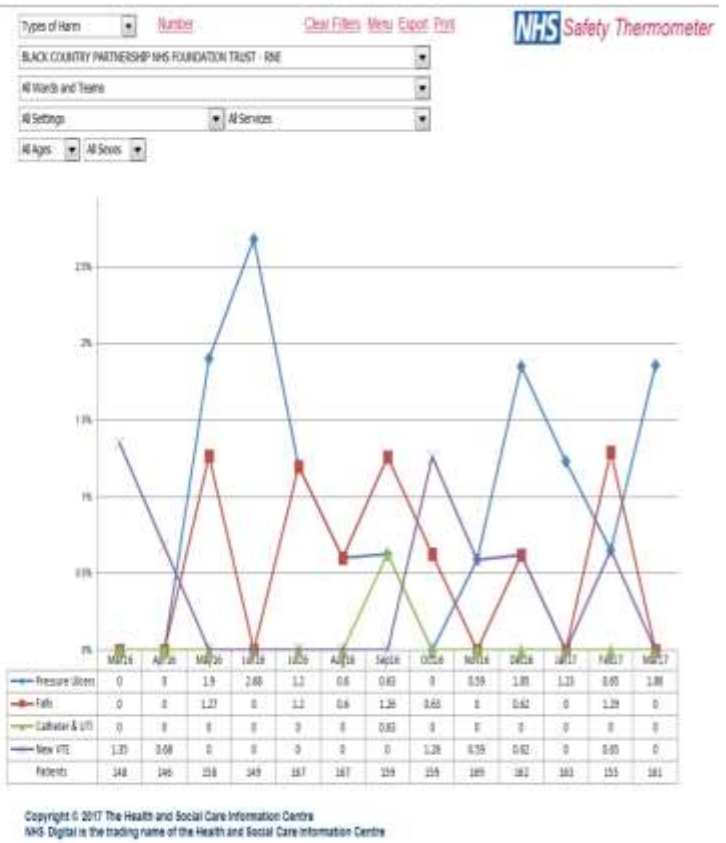
3.2 Learning actions

- The importance of aggregating key information through the care pathway.
- The need for timely and effective communication between services.
- Record keeping adherence to NMC record keeping standards and in accordance with Trust Clinical Record Keeping Standards Policy, including Electronic Health Records.
- Regular physical health monitoring requirements for patients had not been undertaken in accordance with recommendations from Royal College of Psychiatrists and NICE guidelines.
- The care clustering reviews had not been consistent and undertaken on at review opportunities.
- All clinic appointment cancellations/rescheduling or DNA"s should be recorded in the notes to produce a chronological record of contacts.
- Review of the referral process methodology.

- Improving staff education and training into physical assessment and escalation process.

3.3 NHS Safety Thermometer





BCPFT‟s harm free care rate has remained high throughout 2016/17.

4. PRIVATE SECTOR – Serious Incidents

4.1 Vocare (Urgent Care Centre)

There were 9 serious incidents reported by Vocare for 2016/2017 with 8 out of these 9 incidents relating to treatment delay category and 1 incident relates to diagnostic delays category. Vocare has undertaken full RCAs into all these serious incidents to identify root causes and learning actions from these investigations to mitigate the risks associated with these serious incidents.

The themes emerging from these serious incidents are delays in providing care and treatment, failure to recognise patient clinical condition deterioration and staff mandatory training non-compliance. WCCG has also undertaken an announced clinical data quality visit to the Urgent Care Department and the initial report and actions required by Vocare has been shared with the provider.

WCCG Quality Team is closely monitoring all these serious incidents and applying robust scrutiny through SISG and monthly combined Contract and Quality Review Meetings. An announced comprehensive inspection visit to Vocare was carried out by CQC in March 2017. CQC and WCCG are working collaboratively and have formed an Improvement Board to resolve the key issues identified.

4.2 Compton Hospice

There were 6 incidents reported for 2016/2017. These relate to Pressure Injury (4), Patient fall (1) and suboptimal care (1) categories. The themes emerging from these incidents relate to failure to complete skin assessments, omissions in care documentation and staff mandatory training issues. Compton has undertaken full RCAs into all these incidents to identify root causes and learning actions to mitigate the risks associated with these incidents. WCCG has undertaken an announced quality visit to review the patient falls and pressure injuries incidents management at Compton Hospice from a quality and safety perspective.

The actions identified from this visit were shared with the provider and they have developed a comprehensive action plan to resolve the issues identified. Compton Hospice is fully supported by WCCG Quality Nurse Advisors through regular visits and advice. WCCG Quality Team is closely monitoring all these serious incidents and applying robust scrutiny through SISG and through combined Contract and Quality Review Meetings.

4.3 Probert Court Care Home

There were no serious incidents reported by this provider for 2016/2017. However, there were some medicine safety issues identified by the Quality Team through the combined Contract and Quality Review Meetings. Therefore, an unannounced quality visit was carried out by the Quality Team to review the medicine management safety at the Probert Court Care Home. There were potential medicine safety concerns identified by this visit and these concerns were shared with Probert Court Care Home.

Probert Court has developed a comprehensive action plan, supported by Quality Nurse Advisors and the Medicine Management team at WCCG. WCCG Quality team is closely monitoring the medicine management safety action plan through combined Contract and Quality Review Meetings and regular planned and unplanned visits by the Quality Nurse Advisors.

5. QUALITY VISITS

- **Royal Wolverhampton Hospitals NHS Trust**

Table to show quality visits undertaken during 2016/17

Clinical Quality Visiting Schedule (Commissioners including West Midlands Quality Review Service) - Acute 2016/17			
QUALITY VISIT PROGRAMME 2016/17- RWHT Acute & Community Contract			
Quarter	**Type of Visit**	**Date & Time**	**Location/Review Type**
Quarter 2	Announced	15th Sept 2pm to 5pm	Oncology Service
	Announced	26th September at 9.00 am	Urgent Care Centre/ED, follow up visit
Quarter 3	Announced	31st Oct at 9.00 am to 1.00 pm	Maternity Review (joint visit with Walsall CCG, South Staffs/Seisdon CCG)
	Announced	14th November at 9.00 am to 1.00 pm	Never Event Assurance - Ophthalmology (Eye Infirmary)
	Unannounced	Sat 10th December at 9.30 am	Re-visit to Ophthalmology (Eye Infirmary) to review service and pathway for Lucentis treatment
	Announced	19th December at 9.30 am to 1.30 pm	Cannock Chase Hospital, follow up visit
Quarter 4	Unannounced	9th January 2017 at 1.00 pm	Discharge Lounge (CT2), New Cross Hospital
	Announced	20th January 2017, 9.00 am to 1.00 pm	Cardiothoracic/Obstetrics/Gynae/Dental - Never Event Assurance lessons learned and review of action plans
Quarter 1 2017/18	Announced**	Postponed from 16/17	Safeguarding Assurance (Children's and Adults)

Verbal feedback is shared with the provider immediately following each visit with draft written feedback shared within agreed timescales. Once agreed, final reports and action plans are discussed as part of the agenda at monthly Clinical Quality Review Meetings.

- **Black Country Partnership Foundation Trust**

The visiting schedule is spread across the Black Country Commissioners and Sandwell and West Birmingham lead on the planning of quality visits. We have successfully completed visits to: The Groves, Penn Hospital, Blakenhall Day Centre and undertaken a robust safeguarding assurance visit which included visiting GEM Centre, Meadow Ward, Pond Lane, Early Intervention and Adult Crisis.

- **Private Sector**

Quality visits were undertaken during 2016/17 to the following providers; Vocare, Compton Hospice, Probert Court and Concordia. In line with the quality visit process, verbal feedback was shared at the time of the visit with formal feedback shared and discussed at CQRM.

6. CQUINs 2016/17

- **Royal Wolverhampton Hospitals NHS Trust**

	RWHT Value of CQUINs 2016/17	£7,134,305	* awaiting data			

Indicator Number	Indicator Name	Expected Financial Value	Indicator Weightling	Q1	Q2	Q3	Q4 to be finalised
1a	Introduction of staff health & wellbeing initiatives (Option B)	£713,431	10.00%	G			TBC
1b	Healthy food for NHS staff, visitors and patients	£713,431	10.00%				TBC
1c	Improving the uptake of flu vaccinations for frontline clinical staff	£713,431	10.00%				A
2a	Timely identification and treatment for sepsis in emergency department	£356,715	5.00%	G	G	A	TBC*
2b	Timely identification and treatment for sepsis in inpatient settings	£356,715	5.00%	G	G	A	TBC*
4a	Reduction in antibiotic consumption per 1,000 admissions	£570,744	8.00%				TBC*
4b	Empiric review of antibiotic prescriptions	£142,686	2.00%	G	G	G	TBC*
5a	Embedding of Treatment Summary Record into pathway for cancer patients	£499,401	7.00%	G	G	G	G
5b	Embedding of Health and Wellbeing event/sessions into cancer pathway for cancer patients	£499,401	7.00%	G	G	G	G
6a	Friends and Family Test	£356,715	5.00%	G	G	G	TBC
6b	Making the FFT Inclusive	£356,715	5.00%	G	G	G	TBC
7	Frail Older People v0.9	£570,744	8.00%	G	A	G	A
8	Paediatric Asthma	£913,191	12.80%	G	G	G	G
9	Year 2 - Blueteq Prior Approval Process	£370,984	5.20%	G	G	G	G
	Total	**£7,134,305**	**100.00%**				

- **Black Country Partnership Foundation Trust**

Goal Name	Description	Weighting	Expected Financial Value	Quarter 1	Quarter2	Quarter 3	Quarter 4
National 1a	Staff Health and Wellbeing – Introduction of Health and Wellbeing Initiatives	10%	£71,028		N/A	N/A	TBC
National 1b	Staff Health and Wellbeing – Healthy food for NHS Staff, visitors and patients	10%	£71,028		N/A	N/A	TBC
National 1c	Staff Health Wellbeing – Improving the uptake of flu vaccines for front line staff within providers	10%	£71,028	N/A	N/A	Milestone for full payment 75% uptake, 65% for half payment. Trust achieved 60.4%, therefore milestone not achieved.	N/A
National 3a	Improving Physical Healthcare – Cardio-metabolic assessment and treatment for patients with psychoses	8%	£56,822				TBC
National 3b	Improving Physical Healthcare – Communications with GPs	2%	£14,206	N/A		N/A	N/A
Local 1 - MH	HONOS – Improvement of Outcome Scores	20%	£142,056				TBC
Local 2 – Learning Disability	Positive Behavioural Support	20%	£142,056				TBC
Local 3 – CAMHs	HONOS CA	20%	£142,056				TBC
		100%	£710,278				

NB: Joint CQUIN schedule with SWB CCG. Where table states N/A = no milestone for quarter. Quarter 4 data due to be shared by provider end of April 2017.

7. CHILDREN'S SAFEGUARDING ANNUAL REPORT

This report was presented on Tuesday 13th June to The Quality and Safety Committee and will be submitted to Governing Body on Tuesday 11th July 2017.

8. ADULT SAFEGUARDING ANNUAL REPORT

This report was presented on Tuesday 13th June to The Quality and Safety Committee and will be submitted to Governing Body on Tuesday 11th July 2017.

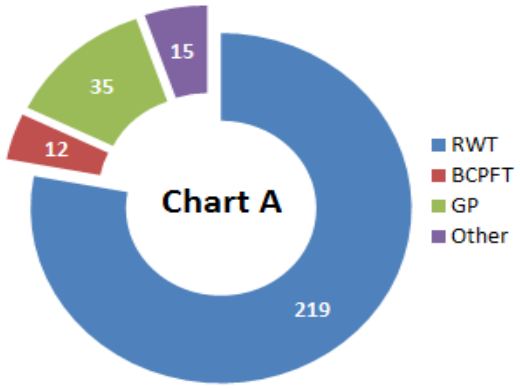
9. CARE HOMES QUARTERLY REPORT

This report was presented on Tuesday 9th May to The Quality and Safety Committee and will be submitted to Governing Body on Tuesday 11th July 2017.

10. PATIENT EXPERIENCE

10.1 Quality Matters

Quality Matters has once again been well used in 2016/17 with 281 new concerns being closed in the financial year. The number excludes matters that remain open at the time of writing this report which is an additional figure of 40 (321 total). This figure is an increase when compared to previous years; 255 in 2016/16, 220 in 2014/15, 148 in 2013/14 and 100 in 2012-13. ***Chart A*** displays the overall volume by Provider for 2015-16 *based on closed QIL's at time of reporting.*



The main theme in 2015/16 has been compliance which overall for all providers has slightly risen from 95 to 96 when compared year on year.

As the CCGs main acute provider, The Royal Wolverhampton Trust has received the highest proportion of Quality Matters that have been raised in 2016/17, mainly from GP colleagues (219).
From the 219 closed matters raised in 2016-17, 80 were discharge related making this category the highest from all available for the third year running, with the main highlighted concerns continuing to be either poor quality discharge information, for a period of time draft discharge documentation and poor care / experience in the way in which patients have been discharged from the hospital.

BCPFT has seen an overall decrease in reporting (12) when compared to 2015/16 (15). The concerns that have been raised differ across service specialities and are not specific to one division. Similar to the other main commissioned provider RWT compliance is the leading category for BCPFT.

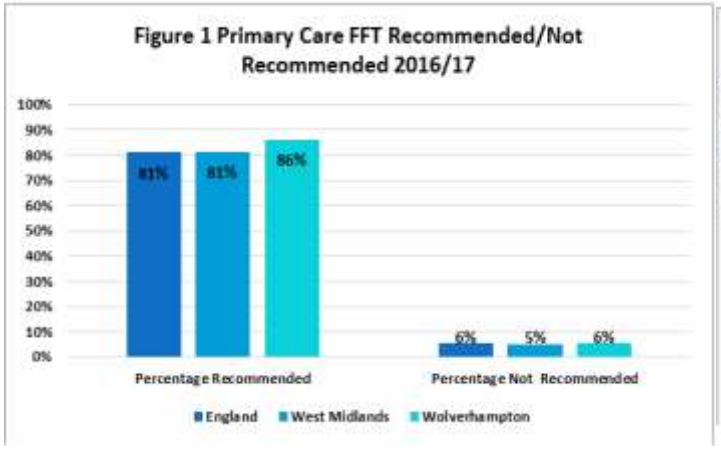
There have been a large amount of individual and collective lessons learned during 2016-17 the most apparent has been larger pieces of service redesign work identified as a result of a large volume of similar Quality Matters, for example „draft discharge" summaries that were being sent to GP"s by The Royal Wolverhampton NHS Trust. The CCG noticed an increase of „draft discharges" whereby a document was sent to GP"s in preparation for discharge however, if the patient then needed to remain an

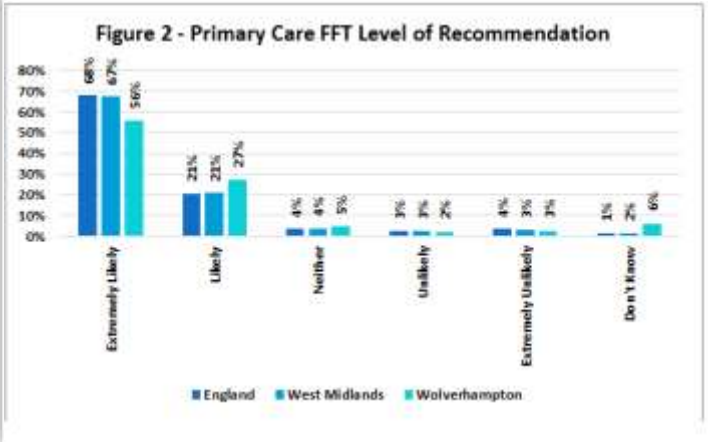
inpatient the document was still sent with some GPs becoming frustrated they were acting on a request that did not need to happen. After building a strong file of the examples and discussing at CQR, the Trust agreed from 1st November 2016 to stop sending the draft discharge documentation. Since this change was made the numbers have significantly reduced with only 1 further example in 2017.

10.2 Friends and Family Test

Data is submitted to FFT two months in arrears e.g. in April data for February will be submitted therefore, this includes data submitted between April 2016 (February 2016 figures) and March 2017 (January 2017 figures). Primary care FFT submission has been variable throughout the year. Out of 46 GP practices in the borough on average 7 practices failed to submit any data on a monthly basis (range of 2 to 14 practices). When submissions are lower than 5 this data is suppressed in the NHS England report the average practices with suppressed data was 10 (range of 5 to 18). Submissions are made by a member of GP practice staff via the CQRS tool and results published on the NHS England website where they are accessible to the general public.

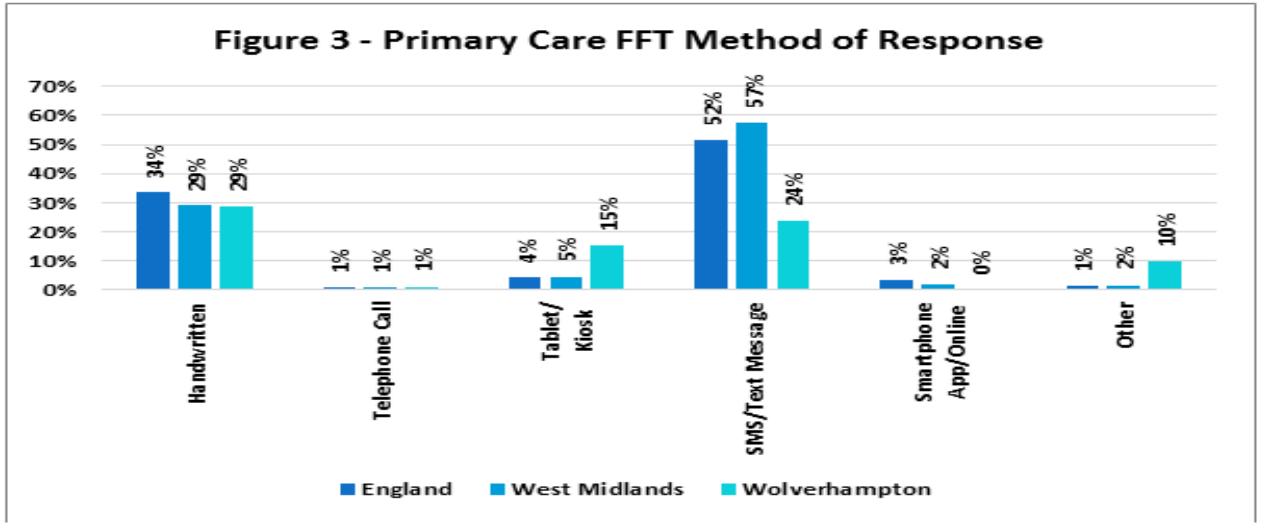
The majority of respondents would recommend their GP practice (86%) and this was higher than both the national and regional average. Those who would not recommend was the same as the national and regional average indicating that 8% of respondents did not answer this question. This is shown below in ***Figure 1***.





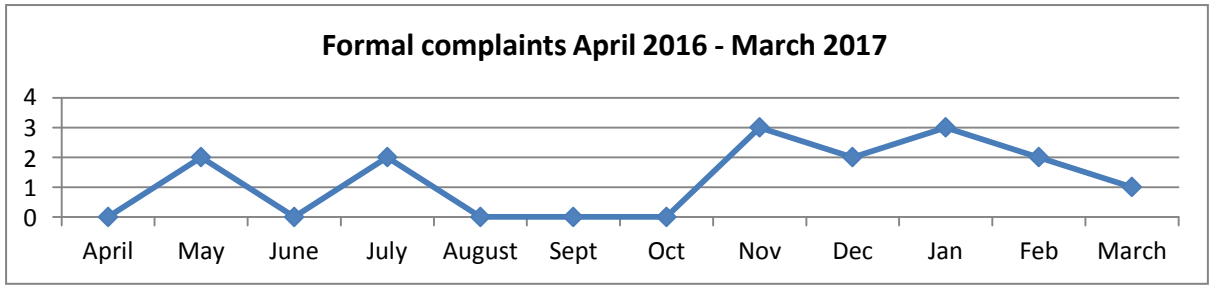
FFT utilises a basic Likert scale to measure recommendation and this is shown in ***Figure 2*** above. More than half of respondents indicated that they were extremely likely to recommend their GP (57%) and 27% that they were likely. In combination this was 83% which is lower than the national and regional combined average of 89% and 88%. Those that were unlikely or very unlikely to recommend were on a par with national and regional figures however, respondents were more likely to state "neither" or "don"t know". No qualitative responses are available to offer analysis of themes emerging and this is something that will be addressed in 2017/18 following full delegation. The Primary Care Team is working with the Quality Team to engage with Practices and PPGs to facilitate this.

Methods of response are also measured, nationally and locally the majority of responses are handwritten or via text/SMS (see ***Figure 3*** below). In Wolverhampton there is a more even balance between written responses (29%), text (24%) and the check-in kiosk (15%). Much of this is down to work undertaken to promote on-line and electronic services in GP practices throughout the city. This is ongoing and the pattern of responses will be monitored over the next year. Other (10%) may relate to verbal responses; however, this is not clear from the NHSE data. There is a cost implication for some methods of collecting FFT data (on-line and text) and this may account for the lower numbers.

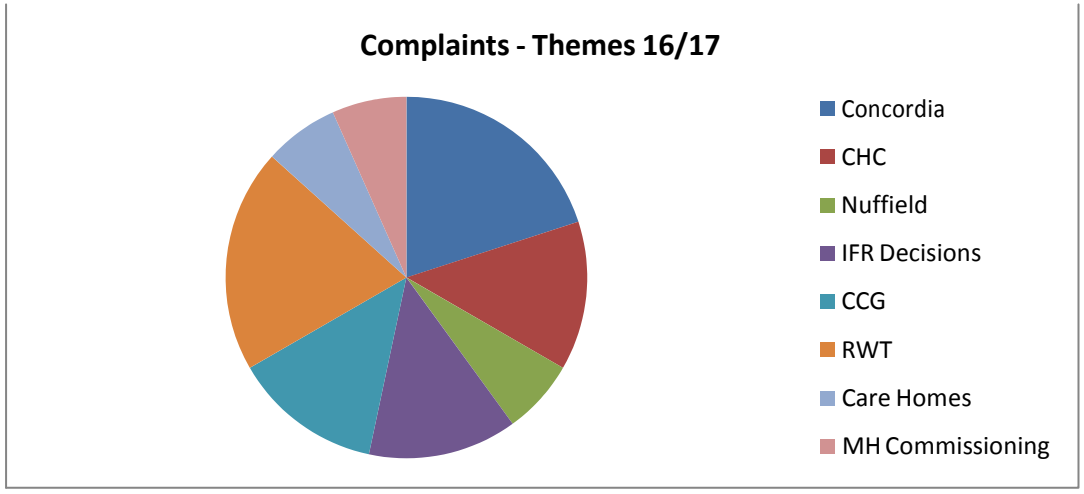


10.3 Complaints

There were 15 formal complaints recorded on the CCG register during 2016/17.



These can be broken down as follows:



There are occasional queries raised with the CCG regarding how to make complaints about providers. This information is routinely shared and complainants are supported in making their complaint if they wish.

10.4 NICE Assurance

Table A - Audit Presentations based on NICE Guidance				
Audit	**Status**	**NICE Guideline**	**Priority Area**	**Presentation at NICE Group.**
RWT	Q1	NG19	Diabetic foot problems: prevention and management	May 2016
BCPFT	Q1	TAG77	Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia	May 2016
RWT	Q2	CG60	Otitis media with effusion in under 12s: surgery	Nov 2016
BCPFT	Q2		Not Presented / Escalated	**Deferred**
RWT	Q3	CG109	Transient loss of consciousness ('blackouts') in over 16s	Nov 2016
BCPFT	Q3	NG46	Controlled drugs: safe use and management	Nov 2016
RWT	Q4	TA238	Tocllizumab	Feb 2017
BCPFT	Q4		Not Presented / Escalated	**Deferred**

WCCG has a responsibility for commissioning and delivering services that are compliant with NICE guidance and NICE Quality Standards in order to:

- ensure patients and service users receive the best and most appropriate treatment
- ensure the NHS resources are used to provide the most clinically and cost effective treatment
- ensure equity through consistent application of NICE guidance

WCCG has an obligation to demonstrate that NICE guidance is being implemented in the organisations for which it is commissioner. The CCG‟s NICE Assurance Group focuses on high quality patient care and ensures that all NICE guidance where applicable is embedded in the services it commissions throughout Wolverhampton. The group has specific processes that have been developed to ensure that Providers abide to all National Guidance within timeframe which assures that the best safe effective evidence based care is available.

During 2016/17 the group has changed to meetings on a quarterly basis with themed meetings continuing from 15/16. Audits presented from both the Royal Wolverhampton Hospital Trust and Black Country Partnership NHSFT are shown in ***Table A*** above.

Within 2016/17 the NICE Assurance group has grown to include other commissioned providers and assurance reports are now sent to the CCG from the following:

Nuffield Healthcare, Heantun (Accord from 1st April 2017), Concordia, Vocare and Compton Hospice.

The group will continue to meet on a quarterly basis throughout 2017/18 and the CCG anticipate including further commissioned providers by late 2017/18.

11. PRIMARY CARE

11.1 GP Practice Visits

From November 2016 to March 2017 Wolverhampton CCG undertook a series of 6 collaborative contracting visits as part of a pilot with NHS England and Wolverhampton City Council Office of Public Health. This programme was designed to furnish the Primary Care Team with the experience needed to undertake contracting visits independently from 1st April 2017 in line with full delegation. The following 6 practices received a visit:

Date	Practice
October 2016	Penn Manor Surgery
November 2016	Whitmore Reans Health Centre
December 2016	All Saints and Rosevillas Medical Practice
January 2017	Fordhouses Medical Centre
February 2017	Drs Bilas and Thomas
March 2017	Dr Fowler Practice

Each practice visited was sent a comprehensive template to complete before the visit which included information on the GMS/PMS contract, enhanced services and public health services. Representatives from Primary Care Team, Quality Team, NHS England and Public Health attended each visit and addressed a pre-agreed area of the template. Following each visit an action plan was

agreed where elements of the template could not be completed on the day. Response to the action plans has been variable with some sites responding more quickly than others and there are still some elements that are outstanding.

Visits were generally well received by the practices however, all sites did comment that the number of people attending was intimidating. This issue will be addressed as from April NHS England will no longer be attending and the number of CCG representatives will not be as high now that the process is clearer.

11.2 CQC Inspections to GP Practices 2016/17

Site	Report Date	Rating
Parkfields Medical Centre	16/8/16	Good
Prestbury Medical Practice	30/8/16	Good
Warstones Health Centre	30/8/06	Good
Drs Bilas and Thomas	23/9/16	Good
Hill Street Surgery	20/9/16	Good
Bilston Urban Village	19/10/16	Good
Fordhouses Medical Practice	31/10/17	Requires Improvement
Grove Medical Centre	14/11/17	Good
Tudor Medical Centre	14/11/16	Good
Keats Grove Medical Practice	28/12/16	Good
Woden Road Medical Practice	13/1/17	Good
Dr Whitehouse Practice	25/1/17	Good
Duncan Street Primary Care Centre	10/2/17	Good
Penn Manor Surgery	16/2/17	Good
Whitmore Reans Health Centre	17/3/17	Requires Improvement
Thornley Street Surgery	17/3/17	Good
Dr Mittal Practice	25/3/17	Good

Overall ratings were good (88.2%), however there were a number of sites that had requires improvement notices for one or more of the 5 domains measured:

Safe	41.2% (7/17)
Effective	0%
Caring	0%
Responsive	0%
Well-led	23.5% (4/17)

CQC have reported that the majority of practices will be followed up by a desktop exercise as the evidence required is paper-based e.g. certificates or policies. However there are a follow up visits planned where more information is needed, or further concerns were raised. The two practices rated Requires Improvement are being supported by the CCG and NHSE.

This information is discussed at the Primary Care Operational Management Group and is escalated as required. CQC will continue to attend this group following full delegation in April 2017.

12. CCG Risk Register

The Board Assurance Framework and Risk Register have undergone a refresh during 2016/17 following an audit by Price Waterhouse Cooper.

Previously the CCG"s BAF was aligned to the four domains set out by NHSE in April 2016 as part of their Improvement and Assessment Framework for CCGs. This proved difficult to manage, as the risks could not be easily aligned, meaning the BAF could not be used effectively by the Governing Body to focus on the CCG"s objectives.

Following three Governing Body development sessions held in September, November and March, the CCG"s Strategic Aims and Objectives have been refreshed. These have been added to the Datix System and were live as of 1st April 2017. The Risk Register has also been refreshed by individual executives. The Risk Register remains a „live" system and continues to be monitored and managed by executives and risk owners in line with the Risk Management Strategy.

The structures of the risk management reports have been changed to include a summary dashboard. A summary dashboard will be prepared monthly for each Sub-Committee and will become a standing item on Committee agendas.

The Committees that will operationally review the risks are:

a) Quality and Safety Committee
b) Finance and Performance Committee
c) Primary Care Joint Commissioning Committee
d) Commissioning Committee
e) Executives (Corporate)

These committees will review their red risks at each meeting, whether new to the register or because the score has increased and review all overdue risks to satisfy itself that the risks are being managed appropriately and in a timely manner. In addition, risks will continue to be reviewed at individual delivery boards.

A staff briefing took place to explain the changes at the Staff Meeting on February. Refresher training was undertaken for all risk handlers during March.

The cleansing of the risk register has reduced the total number of risks due to review of duplicate and outdated risks.

13. EQUALITY AND DIVERSITY

This work is being undertaken and published as part of the CCG‟s organisational Annual Report.

14. RECOMMENDATIONS

The Quality and Safety Committee is requested to:

14.1 NOTE the contents of this report

14.2 DISCUSS any aspects of concern and AGREE on actions to be taken

14.3 AGREE issues to be escalated to Governing Body

Steven Forsyth
Head of Quality and Risk
30th April 2017

REPORT SIGN-OFF CHECKLIST

	Details/ Name	**Date**
Clinical View	**S Forsyth**	**30/04/17**
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	**S Forsyth**	**30/04/17**
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)	**S Forsyth**	**30/04/17**