**WOLVERHAMPTON CCG**
**Governing Body**
**12th September 2017**

**Agenda Item 12**

| | |
|---|---|
| **Title of Report:** | **Executive Summary from the Quality and Safety Committee** |
| **Report of:** | Manjeet Garcha Director of Nursing and Quality |
| **Contact:** | Manjeet.garcha@nhs.net |
| **Governing Body Action Required:** | ☐ **Decision**<br>☒ **Assurance** |
| **Key Areas to note** | ➢ Update on Vocare UCC Provider<br>➢ Update on RWT Maternity Services<br>➢ Update on Probert Court (Step Down Provider)<br>➢ New Item to note: Learning Disability Mortality Reviews (LeDeR)<br>➢ Update on succession planning for the DON&Q imminent retirement<br>➢ Ongoing assurance on general patient safety and quality monitoring |
| **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:** | 1. Improving the quality and safety of the services we commission<br>2. Reducing health inequalities in Wolverhampton<br>3. System effectiveness delivered within our financial envelope |

**Key areas of concern are highlighted for the Governing Body below:**

| | |
|---|---|
| | **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 | Comments | RAG | Page in report |
|---|---|---|---|
| Mortality | Raised SHMI/HSMR. Action plan in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices strengthened.<br>Update from extraordinary MORAG meeting (August 2017)<br>• Early indication from reviews suggests coding for palliative care and people dying in hospital | | 8 |
| Urgent Care Provider | Vocare CQC Rating is INADEQUATE. NHSI Stakeholder Meeting held on 15th August 2017. Improvement Board Meeting continue 6 weekly. Actions agreed to be progressed by September 27th.<br>1. Recruitment and Retention Strategy with plan for short, medium and long term staffing rota implications<br>2. Plan for Paediatric clinician rota fills<br>3. Plans for managing and improving performance for the initial triage of walk in patients<br>4. CCG support for education and training on the identification, reporting, management and investigation of Sis<br>5. Ongoing CCG support to the newly appointed team leaders and clinical service managers. | | 11 |
| Maternity Performance Issues | No specific quality issues identified however, key performance indicators on maternity dashboard a concern which could impact on quality and safety. Escalated to NHSI, NHSE, LSE and Maternity STP. | | 9 |
| Step Down care home provider | Quality and health and safety concerns. Escalation meeting convened. Step down currently suspended HOWEVER, home is making steady progress with significant CCG support | | 11 |
| NEs | 16/17 total 5. 17/18 ytd total is 3. | | 7 |
| RWT safeguarding level 3 training | Significant improvement for compliance with level 3 training children and adults. | | 12 |
| Safety, experience and effectiveness | Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc. Improvements seen in avoidable pressure injuries, cdiff and falls. | | 3-7 |

## 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 held on the 8th August 2017 and any other issues of concern requiring reporting to the Governing Body since that time. During the summer period, in the absence of

formal Governing Body Meetings, the Governing Body were kept appraised of key quality and safety issues with updates at the Governing Body Development Sessions.

## 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.

2.3 The Governing Body is aware that the current Executive Director of Nursing and Quality is retiring in October. The Director of Nursing wishes to assure the Governing Body that a recruitment plan is in place managed by Helen Hibbs (Chief Officer) and a full handover is being planned to cover the full patient safety and quality agenda and the current portfolio.

## 3.0 CURRENT SITUATION

Weekly Exception Reports in the last 4 weeks

1) Step Down activity at a care home provider has been suspended following a poor quality visit. CQC have been notified, a full recovery improvement plan is in place, a directors meeting was convened in June and significant improvements are being made.
2) Improvement Board has been convened following poor quality and performance outcomes with urgent care provider. The March 2017 CQC inspection report is rated INADEQUATE and the organisation has been placed under Special Measures.
3) Concerns have been raised and escalated regarding the maternity dashboard. Whilst no specific quality patient safety issues have been reported, there has been an escalation discussion at NHSE QSG, NHSI meetings and the CCG and Trust have called for a system wide approach to the issue pertaining to capacity. A meeting is being planned with commissioners, providers, NHSE, NHSi, LMS and the Maternity STP to discuss wider HE capacity issues across the Birmingham and Black Country footprint.
4) Oxley Lodge Care Home has voluntarily closed in June. All residents have been placed in other settings, this has been managed by LA and CCG Quality Nurse Advisors have been engaged in the whole process. There has been some social media adverse publicity on this issue.
5) There is an increase in the number of diagnostic delays SIs reported by RWT. The Quality Team are collating all information and a formal SBAR will be shared with the Trust for further analysis.

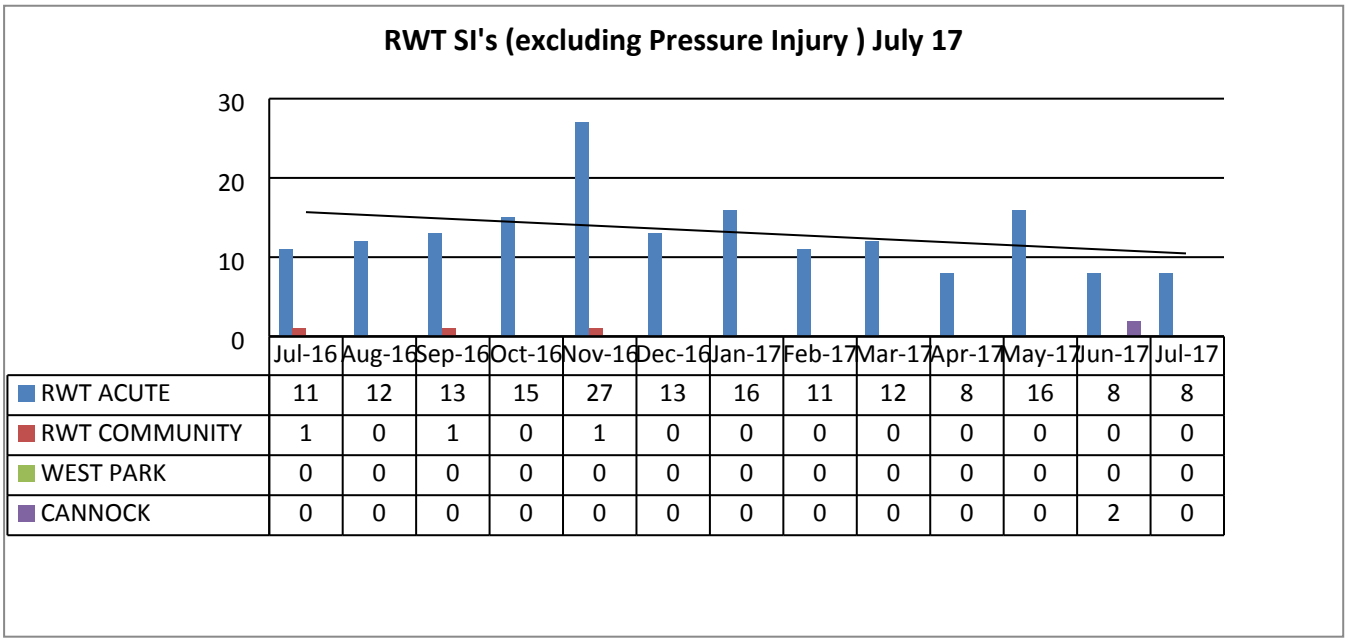
## 4.0 ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

The Governing Body is asked to note the following:

**a) Serious Incidents** (these are the number of SIs reported by RWT and do not include the PIs).

**b)** We observed a drop in reported incidents in April, June and July. Each of these months there were 8 reported incidents. As this is the annual leave season, reporting is being monitored closely. There was 1 SI reported from Cannock Hospital Site.

**Fig. 1 All SIs reported (except Pressure Injury)**




| | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RWT ACUTE | 11 | 12 | 13 | 15 | 27 | 13 | 16 | 11 | 12 | 8 | 16 | 8 | 8 |
| RWT COMMUNITY | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WEST PARK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CANNOCK | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |

**Fig. 2**

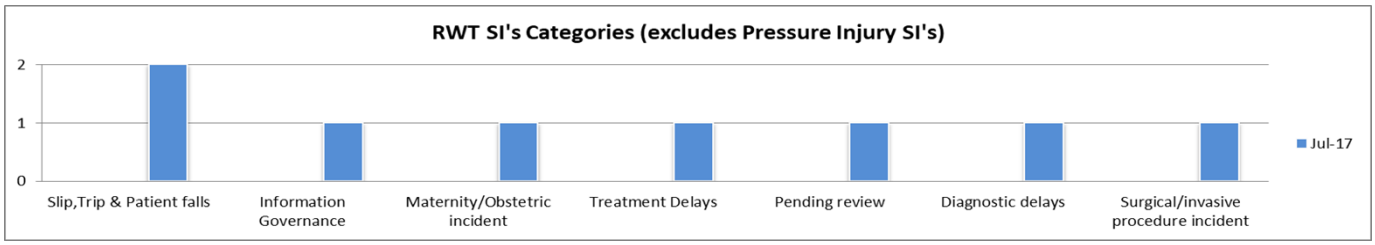



**Fig 2** above shows the most common categories reported by RWT. The most common is slips trips and falls. (Please refer to section 6.0 in the report for more detail on Falls Prevention).

### 4.1 INFECTION PREVENTION

#### 4.1.1 MRSA Bacteraemia

RWT have reported zero MRSA Bacteraemia incidents in 16/17 and ytd in 17/18. This is a fantastic sustained improvement due to the forensic and tight screening regimes in place in all admissions portals at the hospital. The audits for these are monitored at the IP meetings and have continued to be at 100% in all elements of the screening protocol.

#### 4.1.2 Cdiff

The 17/18 trajectory for the RWT is nationally set at 35. The Trust has sustained improvements in Cdiff cases since December last year. Whilst the Trust breached its annual target for 16/17, improvements were seen in Q3 and Q4. Since then the monthly trajectory of 3 or less has been

achieved almost consecutively till the end of March. April 2017 saw a slight increase to 4 and in May there were 5, however this improved in June to 2 and 2 in July. August data will be verified on September 15th.

**Fig 3 below shows the annual target and monthly trajectory for CDIff positive.**

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD | TARGET | Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.00<br>4 | 3.00<br>5 | 3.00<br>2 | 3.00<br>2 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 2.00 | 13 | 35 | 1 |

As demonstrated in **Fig 3**, the Trust is in breach of its running trajectory by 1 case.

### 4.1.3 CPE

The growing incidence of CPE is one of national concern, there is some collaborative work with intra hospital transfers as this is recognised as a high risk. RWT have shared their data for CPE since 2012/13:

| Breakdown of CPE | Total |
|---|---|
| 2012/2013 | 2 |
| 2013/2014 | 8 |
| 2014/2015 | 8 |
| 2015/2016 | 12 |
| 2016/2017 | 18 |
| 2017/2018 to date May | 7 |

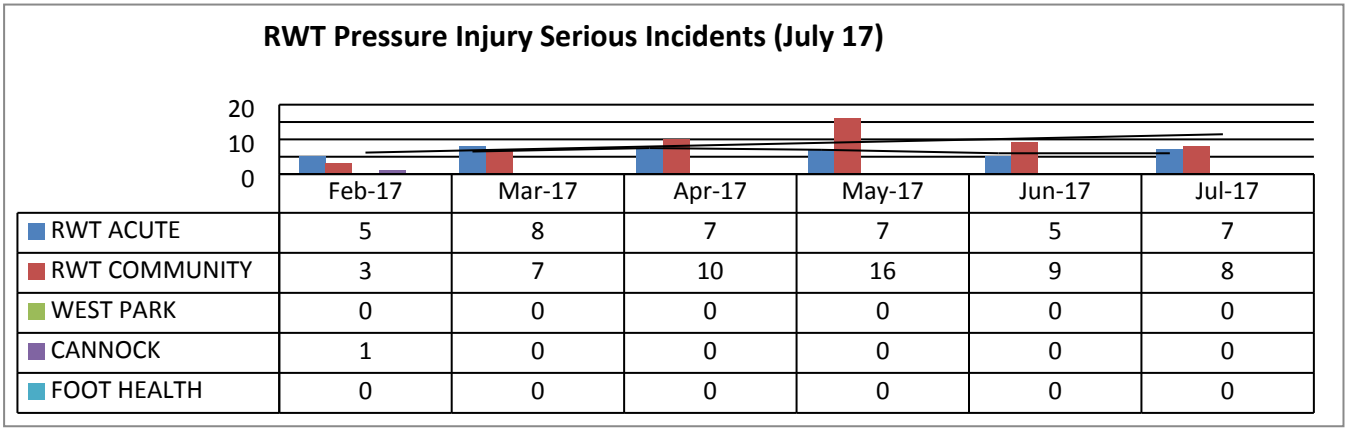
A task group has been convened and first meeting was held on 14th July 2017. Issues discussed were around

- Protecting single room for repurposing during developments
- CPE effect on breaches in ED
- Progress of Business case to implement CR testing
- Improved communications on CPE
- Process for review and communication of future policy developments

The group agreed that whilst currently CPE is not impacting on activity, there does need to be a sensible approach to the identification and isolation of high risk patients requiring a bed from the ED. There is a need for continued awareness activities and screening. It is proposed that the group meets on an ad hoc basis in response to specific changes in policy or epidemiology but remains as a consultation group on changes in education, policy or single room availability. The group will receive the dashboard information monthly. The Trust and CCG agreed to send a joint letter to Duncan Shelbie Chief Executive of Public Health England about the effectiveness of toolkit and calling for strengthening of the national reporting system and regular communication of national and international surveillance. A response has been received from Duncan Selbie informing the CCG and RWT that they are commissioning a national review of the said tool.

## 5.0 Pressure Injury (stage 3)

**Fig 4 Pressure Injury (stage 3)** Pressure Injuries - RWT Last 6 Months




| | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|
| RWT ACUTE | 5 | 8 | 7 | 7 | 5 | 7 |
| RWT COMMUNITY | 3 | 7 | 10 | 16 | 9 | 8 |
| WEST PARK | 0 | 0 | 0 | 0 | 0 | 0 |
| CANNOCK | 1 | 0 | 0 | 0 | 0 | 0 |
| FOOT HEALTH | 0 | 0 | 0 | 0 | 0 | 0 |

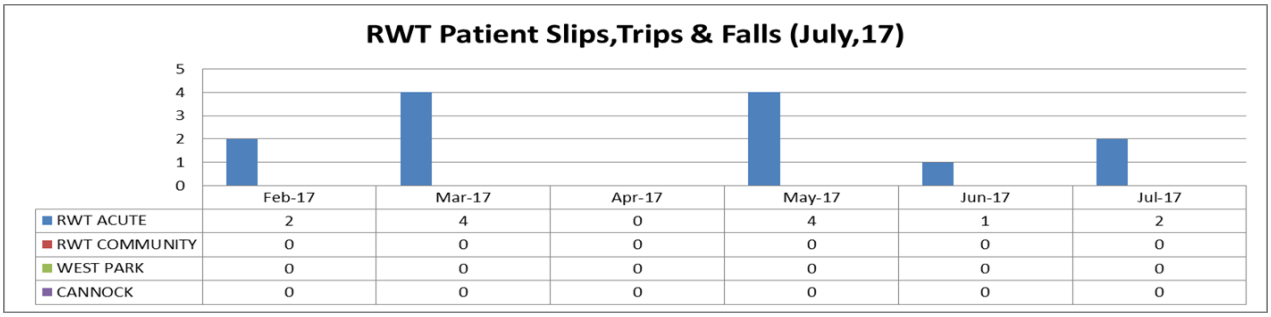
15 pressure injury incidents were reported for this reporting period which is a slight increase compared to 14 PI incidents reported for June, 17.
13 of these pressure injuries have been reported as stage 3 and 2 pressure injury has been reported as stage 4.

Fig.4 clearly shows that majority of these incidents are reported by the community and the numbers are on the rise and this may be due to increase in the number of end of life patients nursed in the community.

One key area of improvement seen is that the number of 'avoidable' pressure injuries have improved from being 9 in April to 5 in May, 4 in June and 2 in July.

## 6.0 Patient Slip/Trip/Falls RWT Feb 17 to July 17

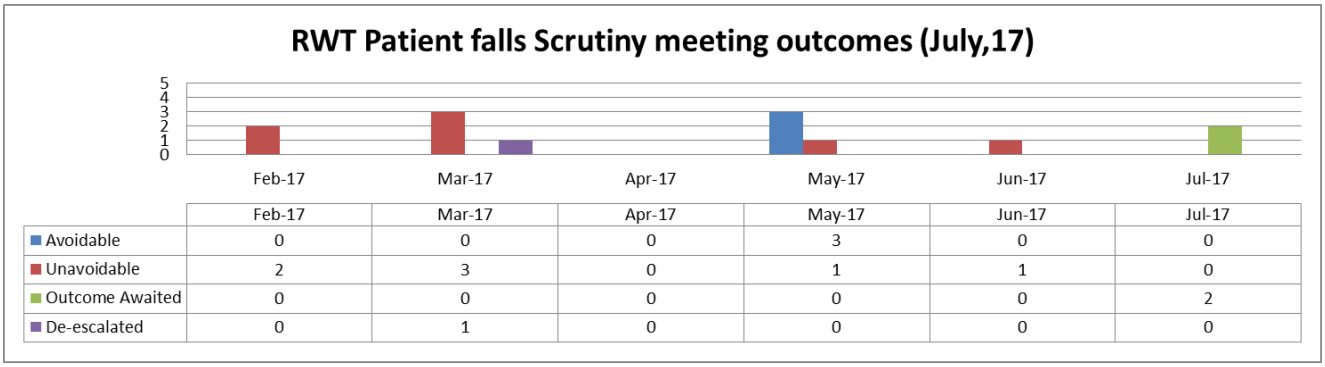
**Fig 5**




| | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|
| RWT ACUTE | 2 | 4 | 0 | 4 | 1 | 2 |
| RWT COMMUNITY | 0 | 0 | 0 | 0 | 0 | 0 |
| WEST PARK | 0 | 0 | 0 | 0 | 0 | 0 |
| CANNOCK | 0 | 0 | 0 | 0 | 0 | 0 |

Generally falls are reducing, there is additional scrutiny by the NHSI led Falls Collaborative which has led to revised policy, management of 'enhanced care' patients and staff training and education. There is also a piece of work undertaken by the Trust which the CCG requested to review the number of patient moves during the night. Whilst there is no data to support this yet, it is believed that this may have an impact.

**Fig 6**

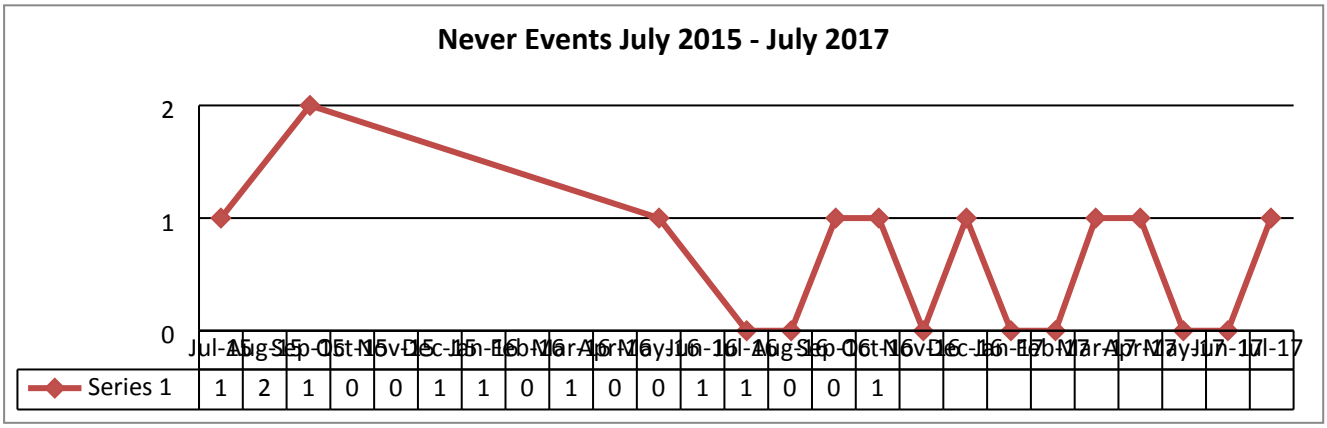



| | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 |
|---|---|---|---|---|---|---|
| Avoidable | 0 | 0 | 0 | 3 | 0 | 0 |
| Unavoidable | 2 | 3 | 0 | 1 | 1 | 0 |
| Outcome Awaited | 0 | 0 | 0 | 0 | 0 | 2 |
| De-escalated | 0 | 1 | 0 | 0 | 0 | 0 |

Zero falls reported in April, followed by 4 in May, 1 in June and 2 in July; all at RWT. No falls have been reported at WPH, Community or Cannock Hospital in the last 6 months. Scrutiny group have concluded that there have been no avoidable falls since May.

## 7.0 Never Events

**Fig 7**




| Date | No | NPSA NE Category |
|---|---|---|
| July 15 | 1 | Retained foreign object post-procedure |
| Sep15 | 2 | Wrong site surgery x 2 |
| May16 | 1 | Retained foreign object post-procedure |
| Sep 16 | 1 | Wrong site surgery |
| Oct16 | 1 | Wrong site surgery |
| Dec 16 | 1 | Retained foreign object post-procedure |
| Mar 17 | 1 | Wrong implant/prosthesis |
| Apr 17 | 1 | Retained foreign object post-procedure |
| July 17 | 1 | Wrong site surgery (wrong side block) |
| Aug 17 | 1 | Wrong site surgery (removal of organ which was not consented) |

In 16/17 the Trust reported 5 NEs (as shaded above) and there has been 3 NE reported ytd in 17/18. Full RCAs have been undertaken and the learning has been shared. There is continued monitoring of how learning is embedded into the different areas at RWT and Cannock Hospitals. A more detailed review is planned in the near future to ensure that the actions taken from the table top review exercise held in January are being implemented and sustained. There is national scrutiny that the national NE List needs

to be reviewed, this work is underway. Wolverhampton CCG is part of the national review group. More information will be shared as it becomes available.

## 8.0 Mortality

RWTs most recent HSMR and SHMI data is indicating deterioration in their position. There has not been a concern regarding quality of care i.e. increase in SIs or unexpected deaths, no outbreaks of Cdiff or other infections which had not been managed according to protocol and the MORAG have been assured on the outcomes of the case note reviews. However, some significant targeted work is being carried in collaboration with the RWT, CCG, NHSi and the CSU. The Trust has commenced the following actions;

- 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.
- 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.
- 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).
- 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.
- 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. An external company has been commissioned.
- The Trust has commissioned CHKS to undertake a coding review.
- A more comprehensive report has been collated by CSU. The findings have been shared with RWT.

  Update from RWT at the August CQRM; all external and internal reviews are in progress and once analysis is available this will be shared at the mortality review groups. This item remains on the CQRM agenda as a standing item and the Trust have been requested to present mortality information on the monthly Integrated Performance & Quality Report.

  The Trust has held an extraordinary MORAG meeting in August and early indication of the reviews in hand is that coding for palliative care and palliative patients dying in hospital is an issue. This is being discussed further at the October MORAG.

In addition it has been agreed with RWT MORAG to consider a primary care GP to be member of the review group to undertake case note reviews for patients that die in hospital within the first 24 hours of admission. This is to understand the care that the patient received in the community prior to admission and their demise. A role description for a Clinical Advisor is being compiled with the aid of RWT and NHSE. This will go to advert once agreed with Clinical Reference Team, LMC etc.

8.1 Learning Disability Mortality Reviews (LeDeR)

The LeDeR Programme has been established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of some people with learning disabilities (CIPOLD 2013 Bristol University). CIPOLD reported that for every one person in the general population who does from a cause of death amendable to good quality of care, three people with learning disabilities are likely to. Whilst the majority of the illnesses that led to the deaths of people with LD were promptly recognised and reported to health professions, for more than a quarter there was significant difficulty or delay in diagnoses, further investigations or specialist referral and for a further quarter there were problems with their treatment.

As a result of the above, local areas are required to review all deaths people with learning disabilities from ages 4 and above. The below 4 years will be covered by the current CDOP processes. The guidance put this responsibility on the CCG to coordinate the reviews with a team on reviewers from the health and social care community. Early meetings have been held and reviewer training workshops are scheduled for CCG, provider and social care staff. A more detailed paper is being written with the full impact and the likely impact on resource for the October QSC. The LeDeR programme will become effective between October and December 2017.

**9.0 Health and Safety**

Q1 Health and Safety Report was presented to SMT and QSC in July. As reported previously the actions identified by the Fire Inspection have now been completed and all documentation has been received by the CCG. The CCG is compliant for Fire Safety and an emergency PEEP (Personal evacuation escape plan) is in place for appropriate staff. As required, Health and Safety Administrator training has been completed by Quality Assurance Officer and the NEBOSH training completed by the Head of Quality and Risk.

Key developments in this quarter have been the assessment of the CCGs position in line with the home working requirements. It has been agreed at SMT that **all** employees who may work from home from time to time (as agreed with line manager) need to undertake a home self-assessment (DSE). If in the rare occurrence that a worker opts to work from home because they physically cannot get to work (i.e. long term illness, broken limbs etc.) then a home assessment will be carried out by the Health and Safety Administrator. The JNCC meeting was cancelled in July and August therefore the proposals have not been discussed and signed off; however, an urgent extraordinary meeting is being planned so that the H&S items can be discussed, agreed and disseminated to all staff as agreed in the H&S Plan in April 2017.

**10.0 Maternity**

Since Walsall Hospitals NHS Trust were rated as 'inadequate' by the CQC, there has been an agreement in place that Royal Wolverhampton Hospitals NHS Trust (RWT) will take 500 deliveries from Walsall to ease the pressure and provide a safe service for mums and babies.

Over the last year, this has been monitored closely and some key issues have emerged over a period of time. A brief summary of the key KPIs is demonstrated below:

a) The number of women booking to give birth at RWT has increased significantly month by month in the last 12 months. The forecast for 17/18 is 5300 births in total at RWT
b) The midwife to birth ratio has deteriorated from 1:29.8 in April 2016 to 1:32 in August 2017
c) Midwifery sickness rate was 5.3% in April 2016, peaked to a high of 7.3% in March 2017 and is currently 5.8%
d) Midwifery vacancy rate is 4.5% which has deteriorated from 2.2% in April 2016. Following an overseas recruitment campaign there were zero vacancies in June and July, however, the overseas midwives have not remained within the Trust and the vacancy rate has continued to decline. Eight midwives have been recruited in August and will be in post by October.
e) Bookings have increased from surrounding areas as Burton, Dudley, Shropshire including Telford, Walsall (which falls outside of the capped arrangements).
f) NHSE Quality Surveillance Group requested a more detailed report in July, at this time a CAP was not supported due to the pressures across the wider health system.
g) At the August CQRM RWT announced that they wished to CAP the activity at 5000. RWT have escalated this to NHSi and the CCG has fully aware and engaged in the process for a wider health economy meeting to take place to discuss and reach an amicable solution to maintain safety of mums and babies in Wolverhampton and choosing to deliver at RWT from surrounding areas.

Actions taken by CCG:

a) Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
b) Current escalated Maternity commissioner meetings with RWT.
c) Escalation to NHSE and NHSI (awaiting meeting)
d) Escalation meetings with RWT to discuss options and plans on maintaining safety. The Trust is providing assurance via adverse incident reviews, sickness, and recruitment activity.
e) RWT and CCG entry on risk register

## 11.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

### 11.1 Serious Incidents

There was 2 SIs reported by BCPFT for July 2017. These are currently being investigated by the Trust.

On-going **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 reviewed the RCAs (several iterations) and in the absence of demonstrable evidence that the Trust used all their available resource and policy to prevent this incident from happening again, the SI was allocated to the Trust as 'avoidable'. Furthermore, added scrutiny of the case was provided by NHSE who also reviewed all documentation and deemed as 'avoidable'.

**11.2 CQRM theme Learning Disabilities (July 2017)**

- The Divisional Report highlighted a 27% decrease in incident reporting across the LD Division with no STEIS or Never Events reported during May 2017.
- The use of bank and agency staff has been reduced. An establishment review will be taken to the Trust's Governance meeting in July.
- A review of sickness levels and how these are being managed is taking place, along with retraining of managers on sickness strategy. A correlation between assaults and sickness has been highlighted, which is being managed with support staff and debriefs.
- To ensure robust assessments of patients prior to admission, multiple assessments have been implemented and new admissions are placed on increased observations until a full assessment is made.
- Safeguarding Children's and Adults – compliance was down in Quarter 3, however there are plans in place to improve this.
- Mortality Review – a detailed review of Learning Disabilities mortalities is expected shortly, with all providers and CCGs coming together for discussions to eradicate inequalities and prevent deaths. An MDT is to be formed by October 2017 to complete this review.

**12.0 OTHER PROVIDERS**

**12.1 Out of Hours/Urgent Care**

The CQC Inspection Report for Vocare has been rated as INADEQUATE overall. The domains are rated as inadequate for safe and well led; requires improvement for effective and responsive and good for caring. A joint press statement was released last week with RWT and CCG; there was some media coverage in the local paper.

As per previous reports to Governing Body and Governing Body Development Session updates, Vocare has increasingly been a concern for the CCG.
Actions to date include:

- Director to director meetings in July/March and May 2017
- Escalation to CQC which resulted in CQC inspection in March 2017
- Implementation of Improvement Board chaired by the CCG Quality Lead in April 2017
- Escalation to NHSE in July 2017
- NHSE Stakeholder meeting in August 2017
- High level action plan in place (to evidence demonstrable improvements by 5th October and November)
- CCG risk assessment and Governing Body discussion 12th September.
- Continued support for Vocare operational and strategic staff i.e. SI management and investigation training to be provided by Quality Team in September.

- Announced and unannounced visits to observe adherence to processes and systems which assure patient safety at all times.
- Daily staffing rota fills and gaps for paediatric cover and general GP/Nurses are shared with the CCG

**12.2 Step Down provider care home**

The CCG currently has a block contract with provider to provide step up and step down beds. Following an early morning quality visit to provider, several concerns were raised re quality of care and health and safety arrangements to safeguard residents at the home. An improvement board was convened with senior CCG membership, provider and CQC to address and manage the improvements required. The service remains suspended however, has improved incrementally to allow 3-4 four patient transfers per week. Continued support from CCG staff is in place and weekly review of suspension status. Currently there is a good level of bed availability in Wolverhampton so this is not having an impact; however, the CCG is keen that this is resolved before the winter pressures. Contracts Team are working with the provider to measure financial implications and resolution.

**13.0 Children and Adult Safeguarding**

The Annual Reports for Safeguarding adults and children were presented to and discussed by the QSC in June. Both reports were accepted and both leads congratulated for their continued efforts to ensure that a) the CCG remains competent in its statutory obligations and b) the vulnerable persons of Wolverhampton are safeguarded.

The compliance for mandatory children's safeguarding level 3 and 4 has improved at RWT and BCPFT; there is close monitoring at CQRM and CRM meetings.

The independent Chair for both the children's and adults safeguarding board has now completed his tenure. The new independent chair has been announced as Linda Sanders who will take up role from September 12th.

The CCG is engaged in a national CSE review. This is at the information gathering stage and we will meet the deadline to submit all information as requested by 25th September 2017.

There is currently no Serious Case Reviews (SCR) due to be published; however, there is one case where a recommendation has been made to the SCR Panel to formally approve an SCR. The panel will be assured that there is learning to be had from pursuing this as an SCR. The case has received media attention recently

**14.0 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 was 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.

**15.0 CQC (Safeguarding)**

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, I am pleased to inform the Governing Body that the final meeting of the Strategic Group will be held in September. All actions have now been completed and the sustained learning and embedding will be monitored by individual organisational safeguarding teams and the Local Children Safeguarding Board.

**16.0 PREVENT**

NHSEs current assessment of Wolverhampton is 'not a priority' therefore providers are not required to report to NHSE. However, PREVENT is now in contract for 17/18 contracts and currently are required to report for contractual and performance monitoring. The current RAG rated concerns are VOCARE (this is part of their improvement plan and significant improvements have been made as Vocare have been able to access RWTs training schedules).

**17.0 Looked After Children**

The Annual Looked after Children Report was presented to the QSC in June. The Committee noted work activity, statutory obligations and time scales, key challenges and future work plan. The City wide initiative to reduce the number of LAC has been successful but slow. Currently there are 629 (August 2017) children placed in LAC compared to 804 in November 2015. The City wide work continues to attempt to reduce these numbers further. The CCG has robust processes in place to assure the Governing Body that initial and review health assessments are timely, of a good quality and commissioned appropriately.

The issue with RWT LAC health assessments has now been resolved. The Trust is recruiting to the vacant post but in the interim this work is being undertaken by a named school nurse.

**18.0 Individual Funding Requests**

The annual report for IFR 16/17 was presented to QSC in June. During this time period, a total of 177 applications were received and all are processed as per IFR Policy. No formal appeals were received for WCCG, however, challenges and complaints were received which were handled in line with the commissioning policy and or the CCGs complaints policy. The CSU handled 6 FOI requests pertaining to IFRs during the said reporting period. The report was noted for its assurance and transparency. To date there are currently no delays in the handling or resolution times for IFR.

**19.0. Improving Quality in Primary Care**

As of 1st April 2017, the CCG has been fully delegated for Primary Care Commissioning. The primary care dashboard is under development and the Improvement Coordinator is managing the transition with particular focus on:

Infection prevention audits: reports have been shared since May. The latest intelligence which was shared

with PCCC on 5th September highlights:

- Medicines Alerts: health care professionals will be informed about the alerts via the monthly newsletter, in addition by Script Switch messages.
- Friends and Family Tests: more detailed reports are shared at PCCC; however, concerns remain re the 5 practices that continue to not submit. This is being addressed by the new primary care contracts lead. July data shows an improvement that the response rates. This data is being correlated with the staff surveys and NHS Choices.
- Quality Matters: nine new reports in June/July, however, there are 5 that remain open from March and April, these remain under investigation. The new reports appear to have an IG theme from one surgery which is being addressed by the Improvement Nurse.
- Formal complaints: zero for the CCG. 10 for NHSE of which the highest number (6) related to clinical treatment.
- CQC new ratings: Tettenhall Wood Road and Whitmore Reans have been rated as requires improvement by CQC and Fordhouses is rate as good.
- A comprehensive analysis of primary care workforce has been undertaken, the current PC Strategy and Implementation Plan is being reviewed in light of the TOR being reviewed. This is monitored via the PC Strategy Group.

Name: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 1st September 2017

**REPORT SIGN-OFF CHECKLIST**

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

| | Details/ Name | Date |
|---|---|---|
| Clinical View | M Garcha | 1st Sept 2017 |
| Public/ Patient View | Commissioning leads | On going |
| Finance Implications discussed with Finance Team | | |
| Quality Implications discussed with Quality and Risk Team | M Garcha | On going |
| Medicines Management Implications discussed with Medicines Management team | D Birch | |
| Equality Implications discussed with CSU Equality and Inclusion Service | J Herbert | July 2017 |
| Information Governance implications discussed with IG Support Officer | Consideration Applied | On going |
| Legal/ Policy implications discussed with Corporate Operations Manager | Consideration Applied | On going |
| Signed off by Report Owner (Must be completed) | M Garcha | 1st Sept 2017 |