

**WOLVERHAMPTON CCG**

**Governing Body - Tuesday 9<sup>th</sup> February 2016**

**Agenda item 10**

<b>Title of Report:</b>	<b>Executive Summary from the Quality &amp; Safety Committee</b>
<b>Report of:</b>	Manjeet Garcha Director of Nursing & Quality
<b>Contact:</b>	Manjeet Garcha
<b>(add board/ committee) Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	<p>Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.</p> <p>In addition as agreed at previous Governing Body this report includes the quarterly update on the Board Assurance Framework for Q2 but an up to date position on the CCG Red Risk Register.</p>
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	CCG is committed to ensuring the highest of Quality for all services commissioned.
<b>Relevance to Board Assurance Framework (BAF):</b>	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.
<b>Domain 2b: Quality</b>	



**Key issues of concern for noting**

Key Issue	Level	Comments	Detail on page
Board Assurance Framework and Risk Register	Business as usual	No Concerns, all risks are managed as per requirement	6-7
Escalated issues	Escalated	Action: SBAR to Chief Nurse and MD in December concerning <ul style="list-style-type: none"> <li>• Delayed diagnoses</li> <li>• Delayed treatment</li> <li>• NEs</li> <li>• Sub-optimal care (transfer of patient)</li> </ul>	7
		On-going scrutiny for confidential leaks	8
		Never Event RCAs received and reviewed- downgrade to amber in February.	9
		Falls- some improvement but remain a focus- close observation	9
		Pressure Ulcers – increase in grade 3 & 4s including community- close observation	10
		Further Assurance: CQRM agenda 18 <sup>th</sup> February 2016	
Health Acquired Infections- Cdiff	Escalated	Increasing incidence of Cdiff, trust has failed its 2015/16 target- close observation	11
WMQRS Review of Community Teams	Escalated	Immediate concerns identified and addressed- action plan in place- downgrade to amber and observe	12
NICE Assurance	Escalated	Formal correspondence sent to Medical Director- actions in place via the NICE assurance group –	



		downgrade to green February.	
Quality- delay in patients starting treatment within a maximum of 18 weeks from referral (RTT)	Escalated	Meeting with RWT held and actions agreed. More detail will be covered by the Finance and Performance paper.	13
Quality-percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Escalated		
Quality of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment of cancer	Escalated		
Workforce- RWT Risk Register	Escalated	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety	17
NHS Safety Thermometer	Red/Amber	Close monitoring and correlation with wider intelligence in progress- awaiting assurance	14
BCP Provider Performance:-	Red/Amber	Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	14
Safeguarding training Early Intervention Service CPA Mandatory training	De escalated	Actions plans in place and close monitoring in place	
HONOS 7 Day Services		Achieved and closed Achieved and closed	
CQC Inspection Report	Amber	Rating 'requires improvement' for	15



		RWT and 2 primary care provider. Action Plan due to be completed March 2016	
Mortality	Green	Within expected limits, some data cleansing and audits being conducted	16



## 1. BACKGROUND AND CURRENT SITUATION

The CCG's Quality and Safety Committee meet on a monthly basis.

This report is a material summation of the Committee's meeting on 12<sup>th</sup> January 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

## 2. 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 the Clinical Quality and Patient Safety in accordance with the CCGs statutory duties.
- 2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

## 3 CURRENT SITUATION

### 3.1 Weekly Exception Reports

Weekly Exception Reports were introduced in 2014 to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last few weeks the key concerns raised were:

- RWT Final CQC Report is still awaited (is now much later than expected, CQC acknowledge that there is a delay in their process).
- Walsall Health Care NHS Trust- CQC report rated 'inadequate' media attention
- Under new reporting requirements RWT have reported a sudden infant death that occurred at home and death was confirmed at RWT. A full investigation will take place and cause of death is awaited from coroner.
- A care home NE has occurred as a result of a patient being administered methotrexate on day that drug should have been omitted. The right dose and right patient but on the wrong day. The care home is being supported to undertake a full RCA and wider learning will be shared across health economy.
- A WMAS SI has been raised for a Wolverhampton resident and a full investigation has commenced. CCG will work closely with the commissioning CCG.
- Junior doctor's strike was managed by RWT with minimum disruption to services. All cancelled surgical procedures have been taken into account.



## 3.2 Board Assurance Framework (BAF) and Red Risk Register Update

It was agreed at a previous Governing Body meeting that quarterly updates on the BAF and Red Risk Register will be incorporated into the Quality and Safety Executive Summary.

### 3.2.1 BAF October- December 2015 (Q3)

Assurance Framework – discussed in detail at the Q&SC on January 12<sup>th</sup> demonstrating the scores assigned to each domain by responsible directors for Quarter 3. Mitigating controls within each Domain, and associated red risks, performance reds, are reviewed by respective directors on a regular basis.

- Risk Register –provides an update on risk entries and movement within the amber/red region of the risk register.
  - There were 7 red risks live on the risk register at the end of Quarter 3.
  - Seven red risks remain live on the risk register as of 6<sup>th</sup> January 2016.
  - One new RED risk has been added since Quarter 2, 2015/16 which was increased from amber - risk no 386, 62 Day cancer waits from an NHS screening service to first definitive treatment.
- The following risks have been downgraded to amber since the previous quarter
  - 380 – Eversleigh Care Centre
  - 371 – Financial position 15/16
  - 310 – Better Care Fund, provider commissioner separation
  - 292 – Better Care Fund, principle risk entry
- The following risk has been closed –
  - 382 – Potential impact on hospital discharges due to number of homes with quality concerns.

Six RED risks remain on the risk register from Quarter 2.



**3.2.2 Red Risk Register (current position as of 01/02/2016)**

<b>Risk Register Entries – As of 1<sup>st</sup> February 2016</b>	
Number of Open Risks	110
Number of Reds	10
Number of Ambers	60
Number of Green Risks	40
Number of Risks where an update is due within the next 4 weeks	43
Risks past review date	6

The following Amber risks were increased to Red during January 2016:

- 386 – 62 Day Cancer Waits from an NHS screening service to first definite treatment
- 258 – Percentage of patients waiting no more than two months (62 days) from urgent referral to first treatment for cancer
- 385 – A&E 4 Hour Wait
- 376 – QIPP Additional Unallocated FRP46

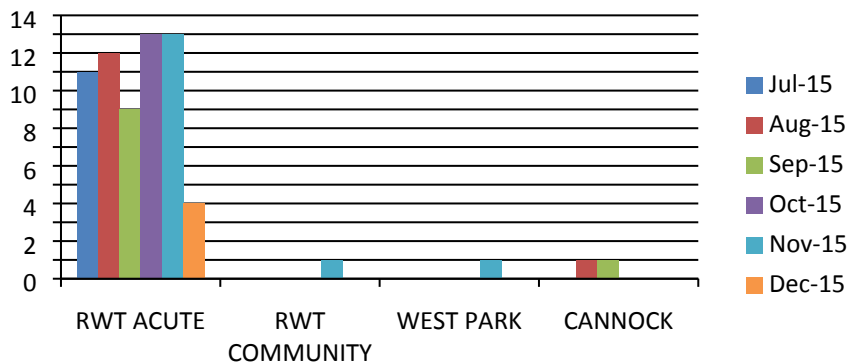
Six Red Risks remain on the risk register from Quarter 2.

**4. THE ROYAL WOLVERHAMPTON NHS TRUST**

**4.1 Serious Incidents (SIs)**

4 new SI's were reported by RWT in December 2015.

**RWT All SI's (Excl PU's)**



Key trends seen over a six month period which were escalated to the trust in December 2015:

- Sub optimal care of patient transferred to another hospital
- Delay in diagnosis/delay in commencing treatment
- Patient identifiable data loss

Assurance sought – These items were discussed in detail at the January CQRM, the Trust have undertaken a review and found the following:

- Most incidents occur in A&E/radiology.
- Human factors are an issue in these departments.
- No one member/team/professional group are causing this effect.
- Excess use of locum staff in A&E is compounding on the issue.

Actions agreed:

- Focussed work on human factors with an external provider.
- Concerted effort to recruit to the consultant vacancies, the Trust has already contacted a 'head hunter' company.
- Nurse recruitment/retention/attrition and sickness, full report was requested for the next CQRM. This is covered in more detail
- in the workforce section of this section 4.13.
- Further assurance on the impact of the previous initiatives i.e. Assurance is also required about how arrangements for shared learning have been implemented from the: Radiology Discrepancy Meetings, General Surgery Governance Meetings, Grand Rounds and Sharing synopsis of RCA's with all clinical directorates.

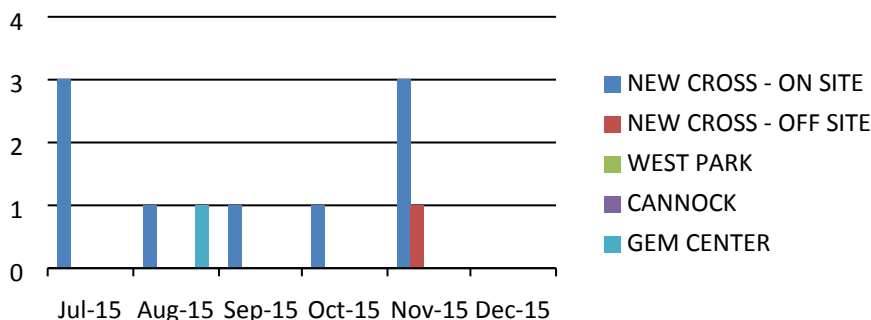
#### 4.2.1 Confidential Breaches

Following a disappointing November, there were zero incidents reported in December. The Trust has held an IG week in January for all new and existing staff, including specific groups as junior doctors, overseas nurses and staff from other sites.





### Confidential Breaches - RWT Last 6 Months



### 4.3 Never Events

Zero Never Events were reported by RWT October 2015 to January 2016. Full investigations have been completed and RCAs scrutinised for previous NEs reported in September. Correspondence was sent to DON/MD in December as per the CCG Trigger and Escalation Model and a full discussion was held at CQRM on 21<sup>st</sup> January 2016.

#### Key learning:

The staff in the eye department had not embedded the changes that were recommended as a result of the previous NEs concerning Lucentis injection.

#### Assurance

The Trust has now mandated that the changes are made and have provided assurance by weekly audits being undertaken by the matrons in that area. This action is now closed. On-going assurance will be sought as part of the wider World Health Organisation Safer Surgery Checklist audits.

### 4.4 Slips Trips and Falls

The Trusts Fall's Group was re-launched in October. Full reports are received at the monthly Patient Safety Improvement Group and there is a reinvigorated effort with the Trust to drive an increased falls awareness which is supported by the Chief Nurse. Falls is also a priority for the Trust in the Sign Up to Safety Campaign.

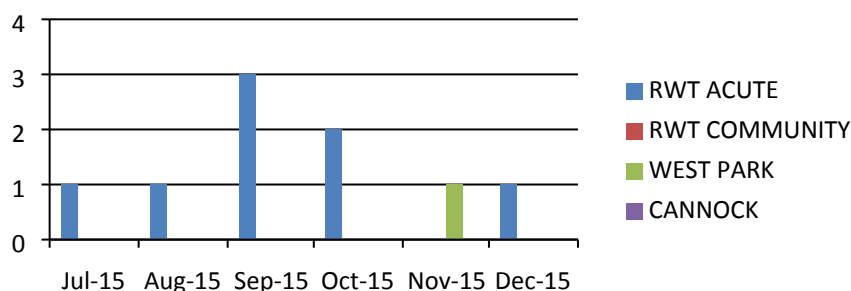
Assurance – the Deputy Chief Nurse advised CQRM in January that the Falls Prevention Group are reviewing Safer Staffing on wards Vs. patient 1:1 observations. There has been a reduction of falls month on month and the Trust is reporting below



the National average. There are also local workshops and national events taking place in which Trust champions will be attending and reporting back.

1 slip/trip/fall incident meeting the SI criteria was reported by RWT in December 2015. This is a sustained improvement over the last couple of months and is being monitored closely.

### Slip/Trip/Falls - RWT - Last 6 Months



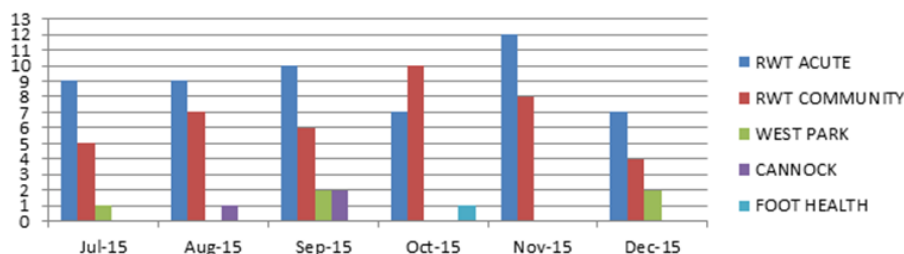
#### 4.5 Pressure Ulcers Grade 3

As discussed and agreed with NHS England Area Team, a new approach is needed. A new local health economy wide project is being launched, TOR has been agreed and first meeting is on 25<sup>th</sup> February 2016, chaired by Dr Dan De Rosa. Led by the CCG this will include and require all key health and social care stakeholders to make sustainable improvements. CCG Q&SC will receive regular updates and Governing Body will be appraised of any exceptions.

13 Grade 3 pressure ulcers were reported by RWT in December 2015.

6 were reported by the Community and 7 were reported by the Acute Trust.

### G3 Pressure Ulcers - RWT Last 6 Months



2 grade 4 pressure ulcers were reported for the same time period. These were both community acquired and there is additional training, education and resource being invested in these localities.

#### 4.6 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

The Trust has breached the number of CDiff cases for 14/15 and on-going assurances have been sought.

Key themes - January CQRM includes:

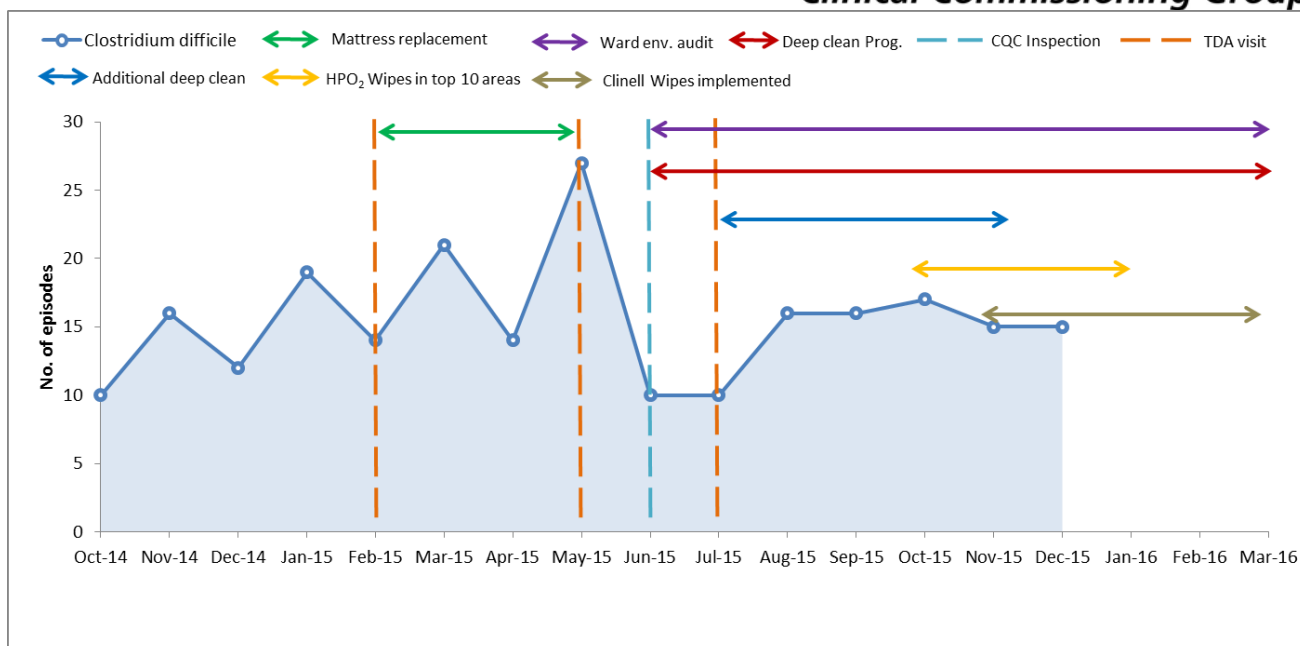
- There have been no MRSA Bacteraemia cases reported within the quarter.
- C Difficile objectives are challenging for Wolverhampton and at the end of December 2015 RWT there were 36 cases above trajectory, WCCG are 4 cases over trajectory.
- Fidaxomicin is now in use for first recurrences and Human Probiotic Infusion (Faecal Transplant) is also available. Three cases successfully undertaken since pilot in 2014.
- 19 cases have been deemed **avoidable** up until the end of November 2015.
- There have been no outbreaks of norovirus since the last quarterly report.
- It was been reported that influenza 'flu' has started to circulate in Wolverhampton and there is a programme of see and treat with isolation, Tamiflu injection and monitor.
- The Trust wide HCAI action plan was shared, a review of antimicrobial prescribing guidelines will be undertaken by Dr David Jenkins, Consultant Medical Microbiologist at Leicester Royal Infirmary.

##### Assurance

- Time to isolate has improved
- Treatment delay had decreased.
- HPV use 100% on discharge
- Time between cases improving
- Areas of most concern are currently being targeted
- The CDI rate remains high and exceeds control limit on SPCC funnel plot against region.

Action progress plan against positive cases can be seen below with plan to keep actions live post March 2016.





CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact, in addition all quality visits have a specific section on HCAI to ensure that ward audits, hand hygiene, patient comments are taken into account.

#### 4.7 West Midlands Quality Review Service Review of the critically ill child

There were 3 areas of immediate concern which were immediately addressed by the Trust and WMQRS accepted the actions and closed the concern. The CCG however did seek additional assurance that as the new A&E department would open the transition period would be safe for all children and improvements made would be sustained. At the November CQRM this was discussed and at the time of writing this report the new department has been open 3 months and the Trust is working through a new medical model. The performance of the new model is being monitored at SRG which CCG AO chairs and the departmental staffing levels etc. are monitored via the safer staffing work streams. The CCG will continue to monitor this action plan to ensure that children’s services in A&E and across the Trust remain safe.

Assurance – on January 20<sup>th</sup> 2016, CCG Executives and GP member of Governing Body undertook a walk around the new A&E to review the new pathways. Whilst this was not a specific paediatric review, the team was satisfied with the children’s pathway, the new children’s area, waiting rooms, staffing, treatment rooms, ambulance entry and early assessment areas. The staffing was also discussed and whilst some vacancies do still exist the Trust has met and sustained the requirements for a Registered Sick Children’s Nurse to cover as per agreement with WMQRS post visit.



The new Urgent Care Center is due to open in April 2016 and the pathway for children will be monitored as a priority to ensure safety and safeguarding.

## 4.8 Quality - Performance Indicators

### Referral to Treatment

RTT (admitted headline) has failed to achieve for the 3<sup>rd</sup> consecutive month against a 90% target. A fuller report will be given in the Finance and Performance Report to the Governing Body. This item is discussed and escalated at CQRM and Contract Review Meetings.

### A&E

The past few months have proved to be exceptionally challenging for RWT and monthly 95% targets have been affected. In January the Trust reported A&E performance as 85.53%. The department has seen an additional 760 patients in January with exceptionally high numbers of ambulance and attendances compared to 2 years ago; an increase of 16%.

The CCG has enacted a Contract Performance Notice for A&E 4 hour waits in light of the recent decline in performance and met with the Trust to agree follow on actions on the 11<sup>th</sup> November 2015. However, actions to support recovery and maintenance are in place and monitored through Contract Performance Meetings with whole system scrutiny taking place at Systems Resilience Group. There were no 12 hour trolley breaches in December; however the Trust has breached the annual target of one following an incident in June 2015. A further 'near miss' 12 hour breach occurred in January 2016, this patient discharged himself from the hospital whilst a specialist mental health bed was being sought, he was found to be well and therefore an SI was not raised. A full internal investigation and RCA will be undertaken for learning as this case was complex and compounded by the effects of medication the patient had consumed.

### Cancer- 62 day waits

Performance of this indicator remains a challenge for the Trust specifically in urology. The Trust recognises this is due to resource capacity to meet the demand and have approached the National Intensive Support Team for support. Shortage of urologists is recognised as a national issue. The CCG met with the Trust on 11<sup>th</sup> November and agreed for a Remedial Action Plan to be put in place with appropriate actions, timescales for recovery and sanctions to be imposed for failures to meet targets.

Assurance – the Trust reported at January CQRM that the Cancer 62 day standard has been achieved for the month, largely due to patients choosing not to have their procedures until January so the numbers are low; however this will impact on January's numbers and will be monitored for effect.



#### **4.9 NHS Safety Thermometer**

Harm free care for November was 94.32%. It is important to consider this in conjunction with other data which may also be of concern i.e. increase in pressure ulcers, increase in HCAs and other alerts which could be of significance.

Action: The CCG Quality and Safety Team undertake a robust triangulation of all the data and intelligence from the wider system to then make a decision as to the level scrutiny which needs to be given. Currently, the scrutiny is high due to the number of escalations to level 2.

Assurance: data from several sources were triangulated and action taken to escalate these concerns to level 2. All issues were discussed at CQRM and further reports are expected at February CQRM for improvements to be demonstrated. All actions are reported back to Q&SC and Governing Body will be kept apprised of the exceptions.

#### **4.10 Birmingham and Black Country Provider on going and escalated issues**

**a) Safeguarding Training**

Safeguarding remedial action plan numbers approved and CVO due to be issued. Performance was improving and will continue to be monitored

**b) HONOS**

All actions achieved, Remedial Action Plan closed

**c) Early Intervention Service**

The Trust has confirmed that there were five referrals into the service in November, and an average of three referrals per month. In November and December 100% of all patients received appointments within 5 working days, an additional psychologist has been recruited. This is being monitored at monthly CQRM and Contract Meetings.

**d) CPA**

There is a rate of 93.9% compliance and continual improvement. The dashboard shows as green, but there is a target of 95% on the trajectory. To be reviewed in January with a view to close but the RAP was not received in time. Difficulties in maintaining contact with some patients i.e. homeless. This was discussed and further narrative to be provided. To be reviewed February CQRM.



**e) Seven Day Services**

All outstanding actions complete and good progress is being made with on-going work. This RAP has been closed.

**f) Mandatory Training Compliance**

Additional IPC training is in place which will get the Trust to 95% compliance. CCG met with the Trust in December, an update was provided and on-going discussions in place with the contract team with reference to safe-guarding training. There have been some personnel changes at the Trust and the CCG Chief Nurse has written to Sheila Lloyd (BCP Chief Nurse) for assurance on contingencies in place for the wider safeguarding agenda including training. BCP is confident that the requirement will be met. This is currently being monitored and will be closed once full assurance has been demonstrated.

**4.11 Regulator concerns**

The Governing Body has previously been appraised about the CQC inspection at RWT. The Trust has appealed its position of 'requires improvement' and a response from CQC is anticipated early in the New Year. In the meantime, a full and very comprehensive action plan is in place, has been discussed at CQRM and has been shared with the group. Good progress has been made and all actions are due to be completed by March 2016.

BCPFT CQC report is currently awaited.

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group and will continue to monitor CQC concerns in Primary Care. The one surgery which was rated as 'inadequate' has made significant progress and improvements were noted by the very recent CQC visit. Two other surgeries rated as 'require improvement' are currently working to their action plans. As part of the improving quality in primary care initiatives, the CCG will be considering what other support we can give and how this will be delivered and monitored.

Assurance – it has been agreed that there will be a monthly report from the PCOMG to the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern.





## 4.12 Mortality

The Trust and CCG Mortality Review Groups met in October 2015 and January 2016. There is on-going work with audits and further discussions are planned for next meeting in New Year to agree a way forward to capture and analyse avoidable primary care deaths. The first of these meetings chaired by NHSE is on 2<sup>nd</sup> February 2016. Further updates will be provided when this work is underway.

There is currently one Dr Foster Mortality Outlier Alert; Chronic Kidney Disease (CKD) open and the Trust have submitted their data for review and have had a response that whilst the data is valid there will be a period of observation. The CCG will be kept apprised of progress and outcome and will take appropriate action.

There is no new data to be shared, the latest HSCIC report is expected imminently and more detail will be shared in February 2016.

The Mortality Review Assurance Group was held on 27<sup>th</sup> January and key areas discussed included

- HSCIC data processing issues- delayed response from HSCIC
- Senility Audit feedback of the 31 cases reviewed using the NCEPOD grading tool; 26 were graded as good practice, 2 as room for improvement, 1 as less than satisfactory but deemed that death was not preventable and 2 not enough information. An action plan has been agreed by the Trust Mortality Review Group which is presented to the assurance group which is also attended by CCG and Public Health.
- MBRRRACE- UK Report (Jan- Dec 2013) published December 2015. A first National (UK) Report into perinatal deaths for 7 years. It provides valuable comparative data which has been lacking. It also makes adjustments to mother's age, socio economic deprivation based on mother's residence and ethnicity. It also adjusts for multiple pregnancy and gestation. A very detailed presentation was presented by RWT obstetricians and action plans currently being worked to by the risk management midwives.

Assurance – whilst assurance was given re the system and processes in place and the sign off by other regulators i.e. CQC, the Regional Network. The discussions concluded that assurance should be sought from an 'expert' for objectivity. This will be actioned immediately.

- Report of Neonatal Mortality Data was presented by a neonatologist. This includes all babies born at The Royal Wolverhampton NHS Trust





BUT died anywhere in England in their early (0-7 days) or late (8-28 days) of life. Results of a clinical case review of 21 cases from 2013 were shared along with 9 cases from 2014. There is a marked reduction in the 2013 to 2014 figures.

Assurance - In 2013 an Infant Mortality Scrutiny Panel Review was setup in Wolverhampton with membership from the local health economy; this was presented to WCC Cabinet in July 2015 and favourably received by Councillor Darke. WCCG profiles for 2015 are now available and a further piece of work is planned. In the meantime to strengthen the work already undertaken at RWT, an external audit was supported to be undertaken.

#### 4.13

#### Workforce

Following recent concerns regarding failing safer staffing numbers for various wards at RWT, an extra ordinary meeting was held on 28<sup>th</sup> January 2016 chaired by the TDA. The CCG Chief Nurse attended. The Trust gave an outline of current developments and challenges for recruitment including:

- Retention
- Impact on quality on areas of low fill rates and how this is managed
- Early capture of new graduate
- Local recruitment timelines
- Overseas recruitment timelines
- Workforce strategy direction
- Risks and mitigations
- Impact on recruitment following acquisitions of new site
- Planning assumptions reflection and going forward to next planning round.

Assurance- the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This assurance will be sought at the next CQRM and the TDA will follow up at the March QSG meeting.



**5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

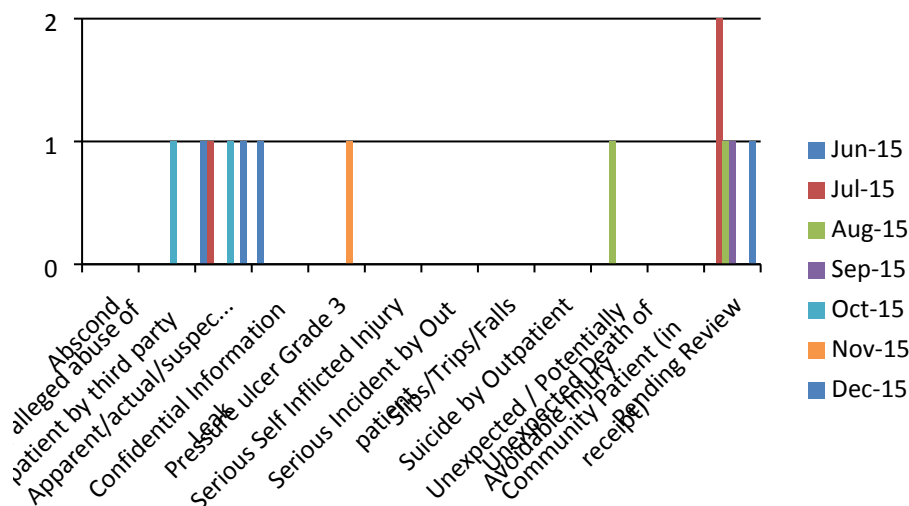
**5.1 Serious Incidents**

- Level of Concern as of 1<sup>st</sup> January 2016

Black Country Partnership	
Month	Concern Level and Actions
December 2015	Level 1 – Business as Usual

Two new SI's were reported by BCPFT in December 2015:

**BCPFT All SI's - Last 6 Months**



**5.1.2 Never Events** – zero reported

**5.1.3 Falls** – zero reported

**5.1.4 Numbers of Overdue SI's** – zero

**5.1.5 Overdue National Patient Safety Alerts (NPSA)** – nil that we are aware of.

**5.2 NHS Safety Thermometer**

BCPFT's harm free care rate for November 2015 was 98.75%

**5.3 Items to Note from Clinical Quality Review Meeting**

Governing Body/  
Quality & Safety Committee Exec Summary MG/09Feb2016



The theme of the quality review meeting which took place in December was Learning Disabilities. The agenda covered:

- Serious incidents – all are scrutinised individually
- Medication incidents have increased; include prescribing errors identified by Modern Matron spot checks, immediate actions taken and action plan implemented.
- Long-term sickness is an issue and the Trust are reviewing policies and staff surveys
- The results of the staff survey have been cascaded to Corporate Executive and Senior Managers and being managed through the organisational development plan and strategy (see above)
- Friends and Family Test (Staff) will take place during quarter 3.
- Bank costs were significantly higher during the summer months and remain under scrutiny for the current winter months.

It was agreed that the following items were to be escalated to the Contracts meetings or be monitored at CQRM:

- I. Early Intervention Service
- II. CPA
- III. Mandatory Training Compliance
- IV. Safe-guarding Training Compliance
- V. DTOCs; internal processes being reviewed as well as escalation to QSG (TDA,CQC, MONITOR and NHSE)
- VI. CQC visit in November 2015, initial reports suggest that there were no serious safety concerns, minor issues were addressed immediately the full report will be available late January/early February.

#### **5.4 Safeguarding - Children**

The Wolverhampton City Multi Agency Safeguarding Hub (MASH) had a 'soft' opening on Tuesday 5<sup>th</sup> January 2016. The CCG and other health stakeholders as RWT, BCP and Public Health met to agree the representation from health into this very important development. WCCG are funding 2 band 7 nurses who will be employed by RWT and BCP to be members of the core team at the MASH. In addition the CCG are recruiting 2 band 3 administrators to support the work of the health professionals. The CCG remains committed to this important development and are key members of the strategic and operational groups. The Governance arrangements for the MASH Service Level Agreements have been covered in the Chief Operating Officers Report.



## 5.5 Safeguarding - Adults

The usual work for safeguarding adults continues and is monitored at Q&SC monthly. One key area of concern which has been escalated with the Local Authority Safeguarding Team is the delay in getting MCA/DoLs (Mental capacity and deprivation of Liberty Assessments) undertaken in a timely manner. The CCG has asked for a remedial action plan to identify trajectory of when the delayed assessments will be completed and on-going plan for more referrals received.

The Quality Nurse Advisors Roles have now been made substantive; this affords more security to the roles and enables a robust plan for improving quality of care in care homes across Wolverhampton.

Assurance- Following staff changes in the safeguarding teams at RWT and BCPFT recently, the interim Safeguarding Lead at RWT has made some changes to strengthen processes. He is reviewing the capacity and capability of the team and administrators that support the work, undertaking an activity analysis and wider review is planned for June. This will be undertaken by the CCG and the services of an external independent reviewer will be considered to offer the review some independent objectivity. Chief Nurses at both Trusts are engaged with the CCG Chief Nurse to ensure that quality standards for all safeguarding are being met appropriately.

## 6.0 Clinical View

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

## 7.0 Quality and Safety Committee

At the Quality & Safety Committee Meeting held in December, information from Quality Review Meetings held during the month of October and November were considered. Minutes of this meeting are available for information on the agenda.

Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.

Items for escalation have been reported at the front of this report.



## 8.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

## 9.0 Risks and Implications

### 9.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk

## 10.0 Quality and Safety Implications

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.

## 11.0 Equality Implications

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

## 12.0 Medicines Optimisation Implications

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

## 13.0 Legal and Policy Implications

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

## 14.0 Recommendations

### For Assurance

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

**Name:** Manjeet Garcha  
**Job Title:** Director of Nursing & Quality  
**Date:** 28<sup>th</sup> January 2016



**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>M Garcha Dr Rajcholan</b>	<b>12/01/16</b>
Public/ Patient View	<b>Pat Roberts</b>	<b>12/01/16</b>
Finance Implications discussed with Finance Team	<b>NA</b>	
Quality Implications discussed with Quality and Risk Team	<b>Report of Q&amp;RT</b>	<b>01/02/16</b>
Medicines Management Implications discussed with Medicines Management team	<b>David Birch</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>Juliet Herbert</b>	
Information Governance implications discussed with IG Support Officer	<b>Michelle Wiles</b>	
Legal/Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Manjeet Garcha</b>	<b>01/02/16</b>

