WOLVERHAMPTON CCG
Governing Body
10th October 2017

Agenda Item 16

Title of Report:	**Executive Summary from the Quality and Safety Committee**
Report of:	Steve Forsyth Head of Quality and Patient Safety
Contact:	stevenforsyth@nhs.net
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Key Areas to note	➢ Update on Vocare UCC Provider ➢ Update on RWT Maternity Services ➢ Update on Probert Court (Step Down Provider) ➢ New Item to note: Learning Disability Mortality Reviews (LeDeR) ➢ 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 2. Reducing health inequalities in Wolverhampton 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. Update from extraordinary MORAG meeting (August 2017) • 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. 1. Recruitment and Retention Strategy with plan for short, medium and long term staffing rota implications 2. Plan for Paediatric clinician rota fills 3. Plans for managing and improving performance for the initial triage of walk in patients 4. CCG support for education and training on the identification, reporting, management and investigation of Sis 5. Ongoing CCG support to the newly appointed team leaders and clinical service managers.		11
Maternity Performance Issues	DoN has requested independent review of recent SIs reported pertaining to maternity, 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	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. Overall 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

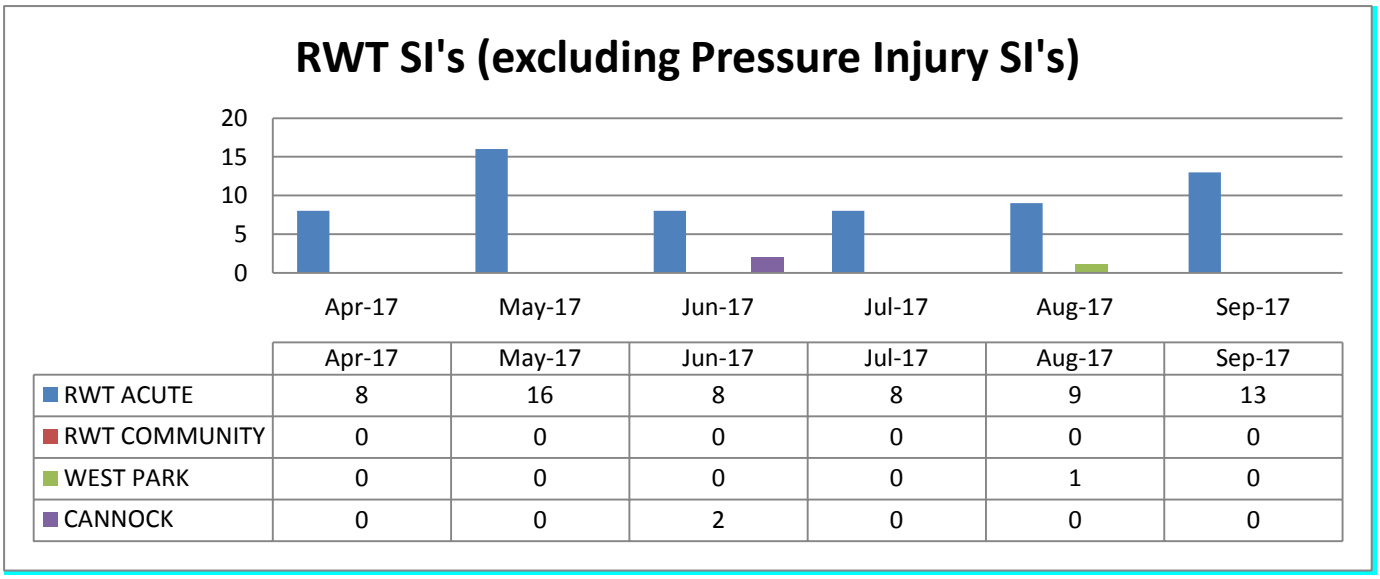
1) There remains an increase in the number of treatment delay themed SIs reported by RWT. The Quality Team are collating the information and a formal SBAR will be produced for the DoN to review.

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).

Fig. 1 All SIs reported (except Pressure Injury)



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RWT ACUTE	8	16	8	8	9	13
RWT COMMUNITY	0	0	0	0	0	0
WEST PARK	0	0	0	0	1	0
CANNOCK	0	0	2	0	0	0

13 Serious Incidents (SI'S) were reported by RWT in this reporting period which is an increase from the number of incidents reported for August 2017. A further breakdown of these SI's has been given in the graph overleaf.

Fig. 2

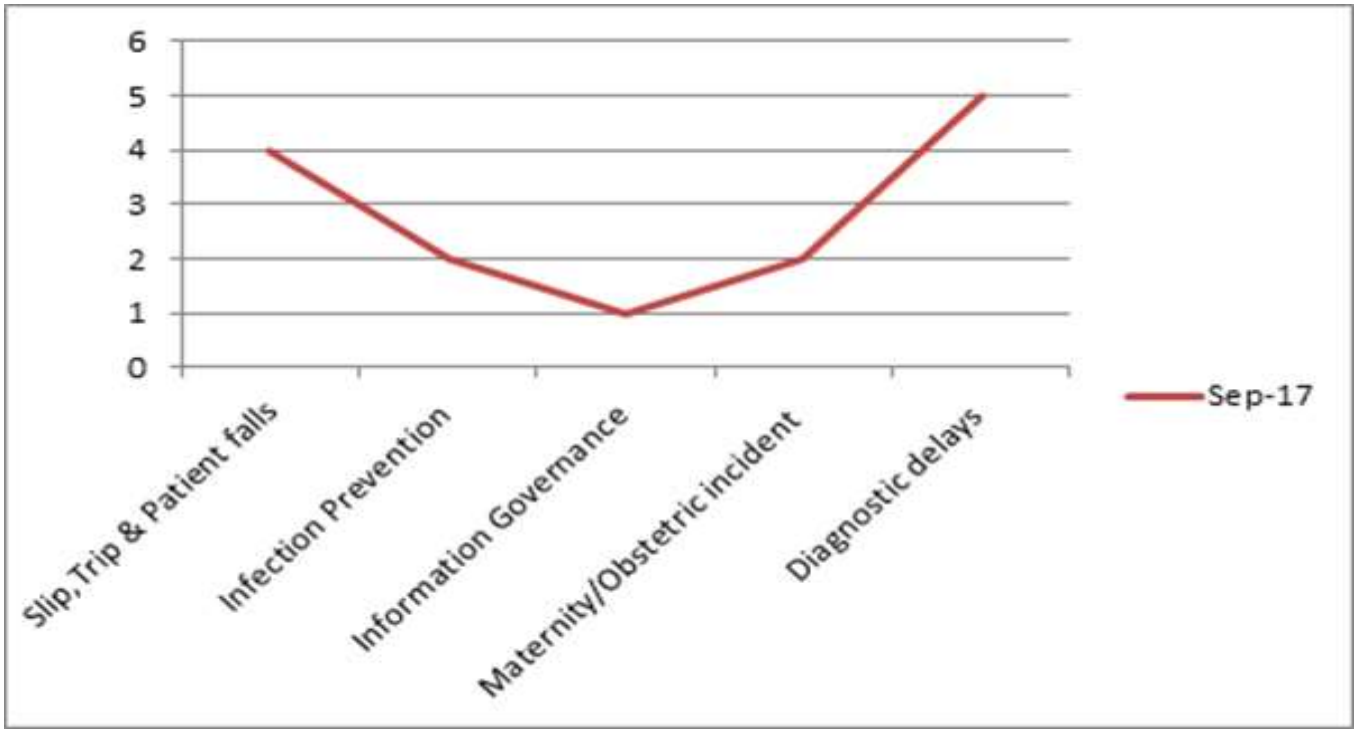


Fig.2 above shows 13 SI's reported in 5 categories (excludes pressure injury SI category) by RWT. There is a noted increase in the number of diagnostic delays, patient falls and maternity incidents reported for this reporting period.

4.1 INFECTION PREVENTION

4.1.1 MRSA Bacteraemia

No cases during the month. RWT's target for the year is zero avoidable cases, therefore they remain on target.

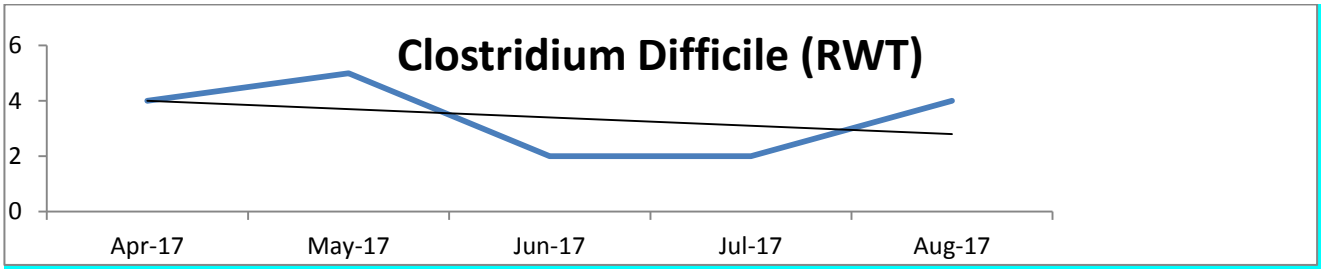
4.1.2 Cdiff

There were 4 CDiff cases reported for August, 17 which is an increase compared to 2 CDiff cases reported for July, 17. RWT is currently two cases above their external target at the end of month 5 as there is an increase in the number of CDiff cases reported for August, 17.

Key actions impacting on performance

- Sustained control of the environment (deep clean and assurance)
- Improvements to cleaning processes (wipes system and disposable mops)
- Antibiotic reviews

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



4.1.3 CPE

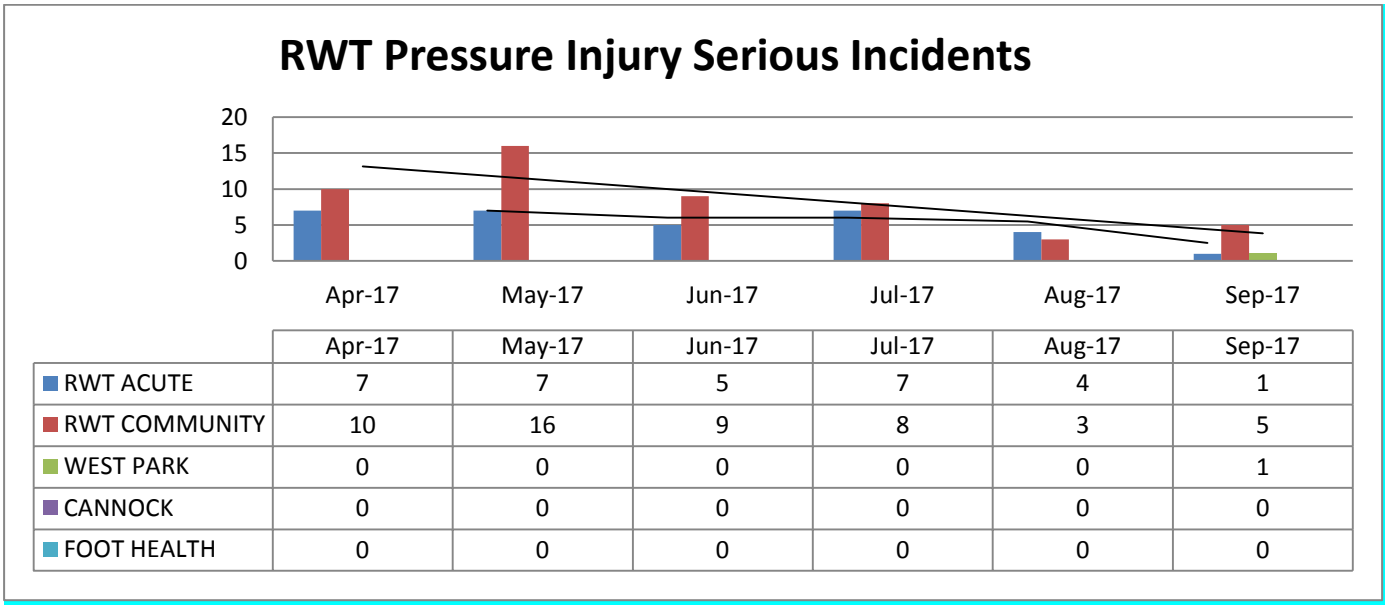
Breakdown of CPE	Total
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to date August	16

There were 4 new cases confirmed during August 2017.

Recent CPE audit provides positive assurance of compliance with risk assessment and screening. CPE steering group has now been formed.

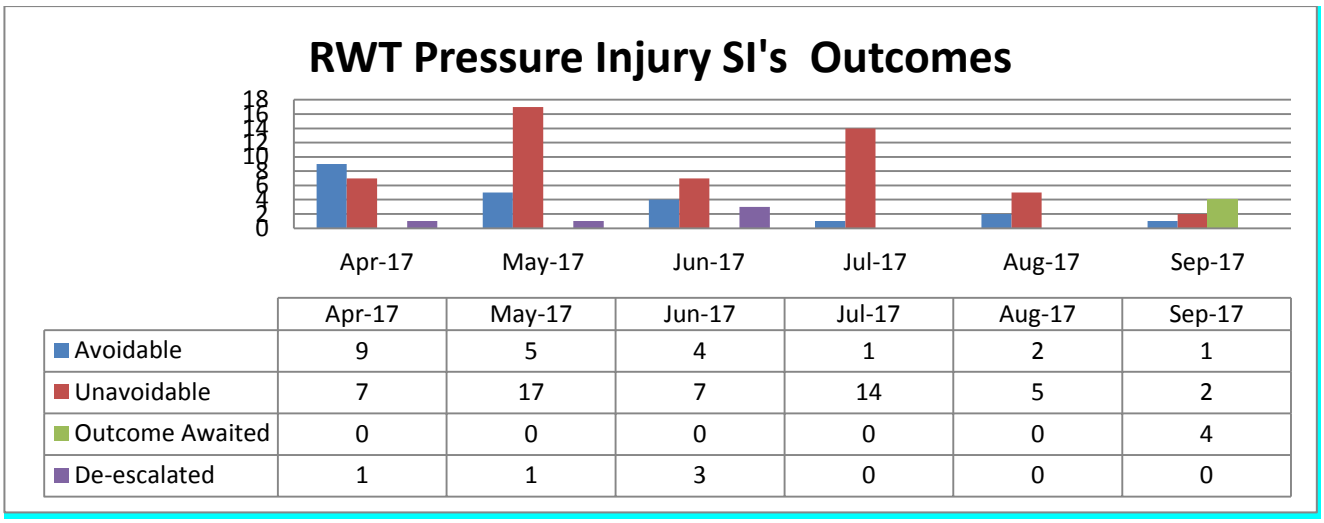
5.0 Pressure Injury – SI reportable

Fig 4 Pressure Injuries - RWT Last 6 Months



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RWT ACUTE	7	7	5	7	4	1
RWT COMMUNITY	10	16	9	8	3	5
WEST PARK	0	0	0	0	0	1
CANNOCK	0	0	0	0	0	0
FOOT HEALTH	0	0	0	0	0	0

7 pressure injury incidents were reported for this reporting period which is a similar number of PI incidents that were reported in August 2017. However there is a significant reduction in the number of pressure injuries incidents reported for acute and community services. All pressure injury SI's are discussed at the provider weekly scrutiny meeting chaired by the chief nurse and is attended by WCCG quality and safety manager.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Avoidable	9	5	4	1	2	1
Unavoidable	7	17	7	14	5	2
Outcome Awaited	0	0	0	0	0	4
De-escalated	1	1	3	0	0	0

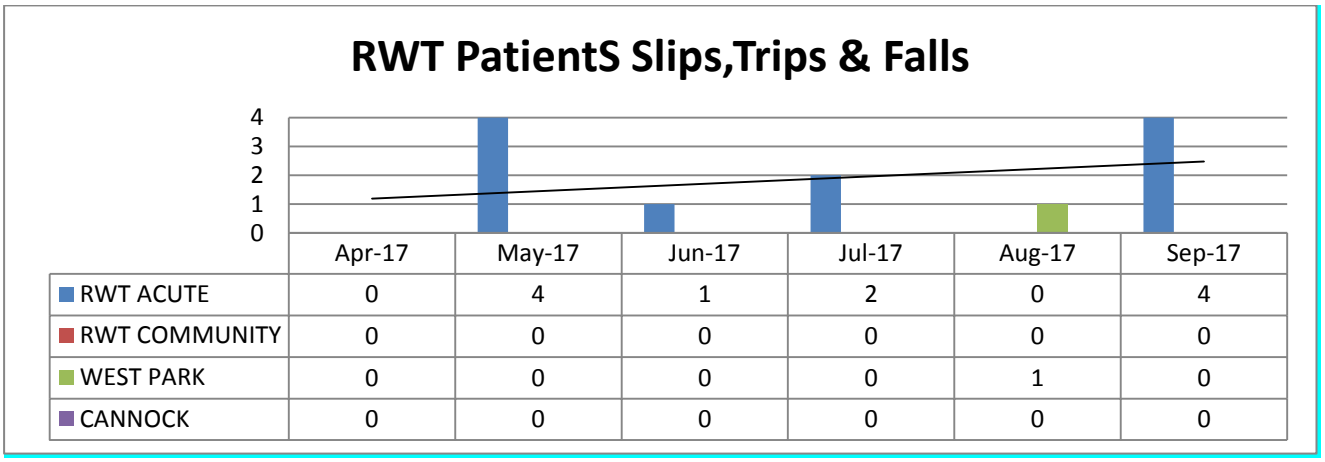
There is a reduction seen in the number of avoidable pressure injuries in the last 4 months.

RWT Pressure Injury Actions:

- RWT is awaiting NHS England's decision if they can be included in the pressure ulcer collaborative.
- Additional formulary pathways will be devised and launched, including skin care, non-healing wound, progressing/systemic wound infection, abscess and pilonidal sinus.
- Tissue Viability Strategy now in year 2, RWT are continuing to review a pathway at a time for the wound formulary. Pathways are launched within the Trust, General Practice and Nursing Homes.
- An evaluation of riser recliner cushions and wedges (offloads heels without causing damage to calf areas) is to be conducted.
- Wound assessment CQUIN - An initial audit report has been completed.
- The 'moving and handling' lead nurse will analyse slide sheet orders and compare incidents to agree a standard slide sheet for moving and handling to prevent sheer and friction for the Trust.
- WCCG Quality Manager attends weekly PI scrutiny meeting.

6.0 Patient Slip/Trip/Falls RWT Last 6 Months

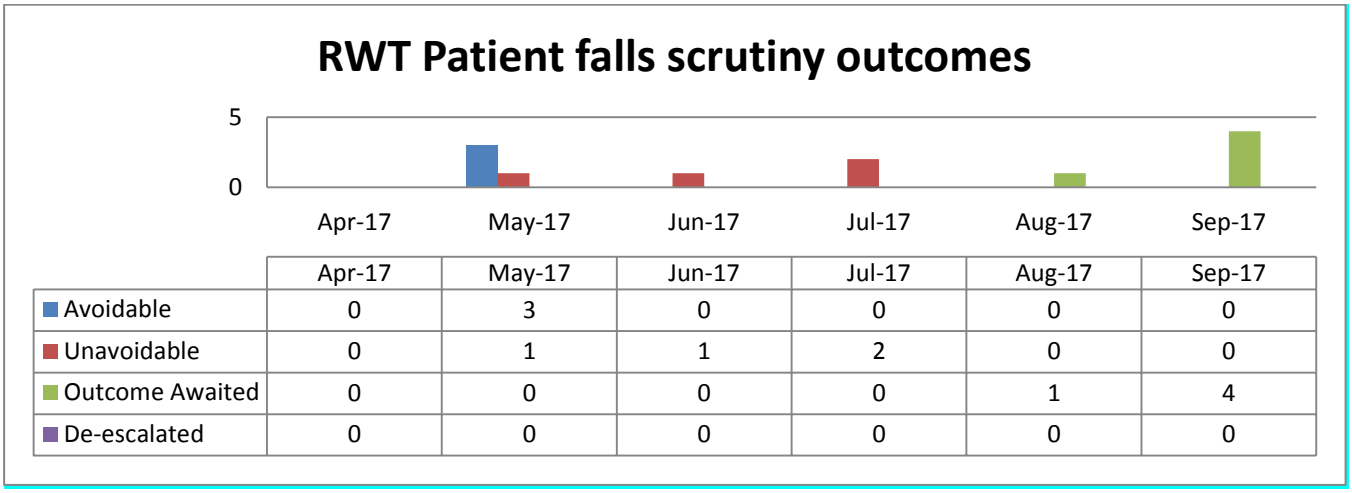
Fig 5



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
RWT ACUTE	0	4	1	2	0	4
RWT COMMUNITY	0	0	0	0	0	0
WEST PARK	0	0	0	0	1	0
CANNOCK	0	0	0	0	0	0

There has been significant reduction seen in the number of patient falls incidents reported for the last three months. However, September, 17 has seen an increase in the number of patient falls incidents reported. The Trust has been part of the National Falls Collaborative and has implemented a revised falls policy to prevent and manage patient falls incidents. All patient falls SI's are discussed at the provider weekly scrutiny meeting chaired by the chief nurse and is attended by WCCG quality and safety manager.

Fig 6



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Avoidable	0	3	0	0	0	0
Unavoidable	0	1	1	2	0	0
Outcome Awaited	0	0	0	0	1	4
De-escalated	0	0	0	0	0	0

Fig.4 shows that there is significant reduction in the number of avoidable patient falls for Q1 and we are still waiting for the patient falls SI's avoidability for Q2.

7.0 Never Events

Fig 7

Date	No
July 15	1
Sep15	2
May16	1
Sep 16	1
Oct16	1
Dec 16	1
Mar 17	1
Apr 17	1
July 17	1
Aug 17	1

There was no never event reported for this reporting period.

8.0 Mortality

The SHMI published for April 2016 - March 2017 is classed as an outlier at 115. The main diagnosis groups contributing to the increase are pneumonia, acute bronchitis, fluid and electrolyte disorders. There are a number of other diagnoses where a small number of deaths were observed that are under various stages of investigation.

The Trust have been proactively investigating the outlier status and several reviews are now coming to a conclusion. A full report has been requested from the Trust when all the reports have been collated and the key issues identified. Early findings of the different reviews do not indicate poor care or avoidable death but work does need to be undertaken to review the pathways for end of life patients.

9.0 Health and Safety

Health and Safety discussions have taken place at the most recent JNCC as to which committee Health and Safety should sit within. STK Fire and Risk Management Ltd was in attendance to provide options regarding the development or integration of a Health and Safety Committee. Discussions continue regarding the best forum for Health and Safety
STK Fire and Risk Management Ltd on the 14th September 2017 held a drop in session for staff members to assist them in completing a DSE assessment for home working. Completed assessments have been discussed with line managers and placed on staff personal files.
STK will be assisting the CCG with the review of the Health and Safety Policy in line with Health and Safety action plan through Quarter 2.

10.0 Maternity

Previous update to the Governing Body indicated that RWT Chief Executive has escalated their concerns to NHSE and NHSI. A meeting was held on Wednesday 26th September with commissioners from across the Birmingham and Black Country. Whilst no solution was agreed it was heavily advised that the wider issue should be addressed via the maternity STP.

11.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

11.1 Serious Incidents

There were two serious incident reported by Black Country Partnership Foundation Trust for September, Both these incidents were reported under the suspected self-harm SI category. The Trust is undertaking full RCA into these incidents and the final RCA will be submitted to the WCCG in December, 2017.

11.2 CQRM theme Learning Disabilities (September 2017)

Items to note from CQRM held in July 2017 (theme: CAMHS)

- An update on Transforming Care Together was provided.
- Annual Infection Prevention and Control report was received positively by CQRM as was also the medicines optimisation report.
- There had been a focus as to why 4% of patients would not recommend CAMHS services with further updates to follow.
- The CAHMS framework is to be presented at the NHS England ‘always event’ in November 2017.
- 3 CQUINs have been allocated in the division and discussions surrounding these are ongoing.
- It was confirmed that 4 complaints had been closed for the reporting period due to a new faster process of closing them off early

- The audit plan for services has been rolled out successfully and teams have helped identify what is most appropriate for their services.

12.0 OTHER PROVIDERS

12.1 Out of Hours/Urgent Care

Improvement Board Meeting was held on 26th September and Vocare demonstrated some improvements in:

- Staffing rotas, 8 new GPs and nurses have been recruited. The on boarding process is currently underway and inductions and start dates are planned

- Triage within 15 minutes of arrival is being addressed via a rota review so that staff are aligned at the busiest times. The new rota is now in place, weekly monitoring of data continues to monitor effect. Furthermore, all breaches are reviewed on a daily basis to glean any learning from the event

- Paediatric cover has been addressed, all current clinician skills have been reviewed and 4 additional members of staff are completing their skills updates in October, in the meantime to maintain patient safety, Vocare have worked with RWT and a an agreement has been made that in the situation that a child is sent down to be seen by RWT because the VOCARE clinician is on a home visit, a tariff agreement has been agreed. Vocare hope that once the additional nurses have complete the training the need for this will reduce significantly

- A total number of 32 national Vocare staff (including senior executive team) attended SI reporting, management and RCA scrutiny on Sept 21st. This was provided by the CCG Quality Team and very well evaluated. Vocare Governance Team have taken several actions to improve on their current processes. This will be monitored by the Quality Team on an ongoing basis

12.2 Step Down provider care home

The home is still under partial suspension and weekly quality visits have been undertaken by WCCG quality team, to ensure the safe delivery of care to the step up and step down residents. WCCG is continuously monitoring the care home improvements through monthly CQRM's and improvement board meetings.

The QNAT reports the following improvements:-

- High satisfaction of care delivery by resident's family

- Standard of initial assessment, risk assessments and care plans

- Evidence of responsible person sign off on intervention chart

- Nurse recruitment is progressing well

- The new 11-7pm shift to provide additional nurse cover during the busy period had commenced

- The majority of environmental H&S issues had been addressed with the exception of the securing of trailing cables which the manager was addressing imminently

Although, it is pleasing to see evidence of ongoing improvements in the care home this is not consistently being applied or considered sustained improvement.

- Risk assessments and care plans are not always been written within agreed time scales, not individualised and not containing sufficient detail to inform care delivery

- Nurses are not consistently taking responsibility for clinical decision making based on nursing assessment and professional judgement in the absence of the clinical lead

- Handover and audit of documentation not robust to ensure timely escalation and facilitate good communication

Due to the evidence of improvement, Wolverhampton CCG has agreed to increase admissions to seven per week, for the period 28th August 2017 to 17th September 2017. Step-down admissions for this period are restricted to one per day. This is not a formal lift of suspension. The QNAT will continue to review new admissions during that period and the outcome of which will be fed into our internal planned suspension review meetings.

The next Probert Court Improvement Board is to be held on the 5th October 2017.

13.0 SAFEGUARDING Children and Adults

IICSA (Independent Inquiry into Child Sexual Abuse)

On Thursday 12 March 2015 the Home Secretary established the Independent Inquiry into Child Sexual Abuse to consider whether public bodies and non-state institutions have taken seriously their duty of care to protect children from sexual abuse. The inquiry has the breadth, powers and resources to look at the whole picture, to learn the lessons of the past, to take stock of child protection procedures that are currently in operation, and to set a new and safer course for the future.

On 11th August 2017 the WCCG Chief Officer received a letter from the investigation Lawyer written on behalf of the Chair of the Inquiry, Professor Alexis Jay OBE, informing the CCG that a number of Local Authorities had been selected as case studies – one being Wolverhampton. As the CCG covering the local area, the letter set out details of the Inquiry's request of WCCG. It was stressed that Wolverhampton had not been selected at this stage because the Inquiry had formed any view as to how the CCG or others in the area had addressed or responded to CSE.

The Inquiry had also sought information from a number of other organisations across Wolverhampton. However the Inquiry is keen to ensure it receives information that is within the CCGs corporate Knowledge.

Answers to a specific set of questions and number of document were collated from a number of key individuals and teams across the CCG and submitted within set timescales on Monday 25th September 2017.

CQC

Following the publication in February 2017 of the CQC report of its review of health services relating to safeguarding children and services for looked after children of in Wolverhampton that took place in July 2016, an action plan was developed by WCCG to address the recommendations made.

This has continued to be monitored by the Strategic Group – chaired by the WCCG Director for Nursing and Quality. The final meeting of this group was held on 28th September with the majority of the actions having been achieved. Arrangements are in place to monitor the outstanding actions and in the longer term to monitor and ensure the embedding of improved practice.

WCCG are required to provide WSCB with an assurance report in December 2017 with evidence to demonstrate how improved practice will improve outcomes for children and young people. This report will be included in a future safeguarding quarterly report to the Quality and Safeguarding Committee.

LAC Update

- Interviews took place 27/9/2017 for a CAMHS Clinical Specialist to work with our looked after children funded through External Placement Panel (EPP). This will ensure that our children have comprehensive mental health assessments and evaluations on a regular basis and that the interventions they receive are tailored to individual needs and are value for money.
- The WCCG safeguarding team have developed a programme of Level 3 adult and children training from September 2017 to July 2018. Target groups include all Wolverhampton health services, and will be extended out to other services including police and social care if capacity allows.
- The DNLAC and head of contracts WCCG met with RWT contract and operational leads for LAC to discuss adding KPI targets to the existing information requirements. The outcome was a positive one with an agreement reached, with KPI's to be added in Q4.

Safeguarding Adults

- The training consultancy 'AFTA Thought' were commissioned by WCCG Safeguarding Team to provide Safeguarding Training (Adults, Children and LAC), using NHSE Safeguarding projects money from 2016/17 on 20th September 2017. It was very well attended (130 +) by health and other multi-agency colleagues and evaluated extremely well
- NHSE Safeguarding project funding bid for 2017/18 has been accepted – Empowerment of hard to reach communities – new arrivals – this is a joint project with Refugee and Migrant Centre and the Domestic Violence Forum
- The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:
    - ✓ Identify common themes and learning points and

- ✓ Provide support to local areas in their development of action plans to take forward the lessons learned

LeDeR is being led by Dudley CCG for the Black Country. To date 2 Steering Group meetings have taken place, chaired by the Local Area Contact. 4 WCCG staff members have completed LeDeR Reviewer training and more staff are booked onto the training in November/December 2017. The 'go live' date for reporting deaths is 1st October 2017

14.0 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 rated 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: Steve Forsyth
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Date: 2nd October 2017