

**WOLVERHAMPTON CCG**  
**Governing Body**  
**Tuesday 14<sup>th</sup> November 2017**

**Agenda item 12**

<b>TITLE OF REPORT:</b>	<b>Executive Summary from the Quality and Safety Committee</b>
<b>AUTHOR(s) OF REPORT:</b>	Steve Forsyth Deputy Director of Nursing
<b>MANAGEMENT LEAD:</b>	Steve Forsyth Deputy Director of Nursing
<b>PURPOSE OF REPORT:</b>	To share with the Governing Body a reflective report regarding the undertaking of the clinical quality monitoring framework .The report includes, performance against key clinical indicators (reported by exception).
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public.
<b>RECOMMENDATION:</b>	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	Domains 1, 2, 3 and 4.

1. Key areas of concern are highlighted for the Quality & Safety Committee 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 number in report
Urgent Care Provider	<p>Vocare CQC Rating is INADEQUATE the visit took place in March 2017 and a further CQC announced visit took place on 26<sup>th</sup> October 2017. Improvement Board Meeting continues 6 weekly. Contract performance and information breach notice are in place.</p> <ol style="list-style-type: none"> <li>1. Daily risk management meetings</li> <li>2. An Escalation Process has been developed within the Clinical Safety SOP that instructs staff to divert children into the Emergency Department when Paediatric Clinicians are not available.</li> <li>3. An Escalation Process has been developed for rota gaps that cannot be resolved locally.</li> <li>4. CCG support for education and training on the identification, reporting, management and investigation of Serious Incidents Ongoing CCG support to the newly appointed team leaders and clinical service managers.</li> <li>5. Recruitment and Retention Strategy with plan for short, medium and long term staffing rota implications</li> </ol>		21

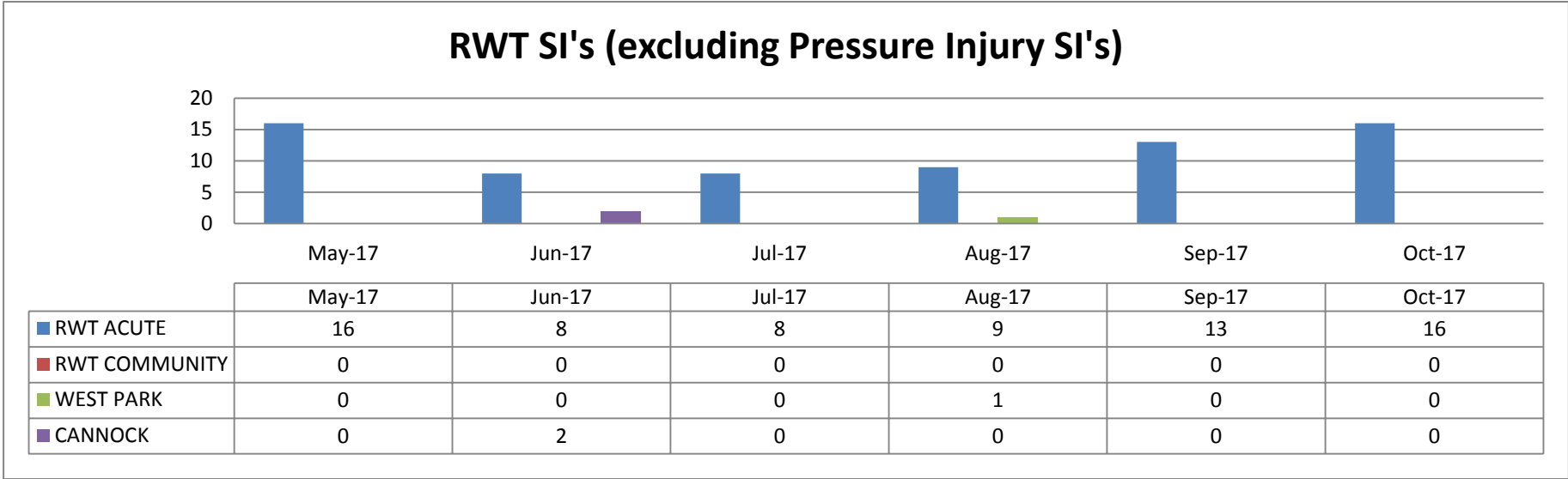
Maternity Performance Issues	There were 3 SI's reported for the maternity services for Oct 2017 and in total 6 SI's has been reported for maternity services since June 2017. The key performance indicators on maternity dashboard are a growing concern which is impacting on quality and safety. Escalated to NHSI, NHSE, LSE and Maternity STP. <b>The provider has also capped the maternity activity for the trust.</b>		15
Non-Emergency patient transport service issues	Mainly there are performance issues with this provider with a potential for its impact on quality issues. The provider has failed to meet reporting requirements i.e. Serious incidents, KPI's, Quality report etc and the current performance has not been at the levels expected and has recently impacted adversely upon the quality element of the service.		22
Mortality	Raised SHMI/HSMR. Action plan is in place, Trust has commissioned independent coding, diagnostic, palliative and case note reviews. Internal practices have been strengthened. Update from extraordinary MORAG meeting (Sep 2017).		16-17
Step Down care home provider	Quality and health and safety concerns. 6 weekly improvement board meetings are in progress. Step down suspension has been lifted and WCCG is closely monitoring and supporting the care home delivery of safe care.		23-24
Increased number of NEs 16/17	16/17 total 5. 17/18 ytd total is 4.		14-15
Safety, experience and effectiveness	Continuous scrutiny on PIs, SIs, Falls, FFTs, Surveys, NICE, IPC etc. Improvements seen in avoidable pressure injuries, CDiff and falls. There is significant rise in the number of pressure injuries and diagnostic delay incidents reported for Oct 2017.		5-13
RWT safeguarding level 3 training	Significant improvement for compliance with level 3 training children and adults but the provider has continuously failed to achieve the mandatory 95% compliance.		20
Improving primary care services	Continuous monitoring of Infection Prevention ratings, Friends and Family Test, Quality Matters, Complaints, Serious Incidents , NICE, and Workforce.		QSC Agenda Item

**2. ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST**

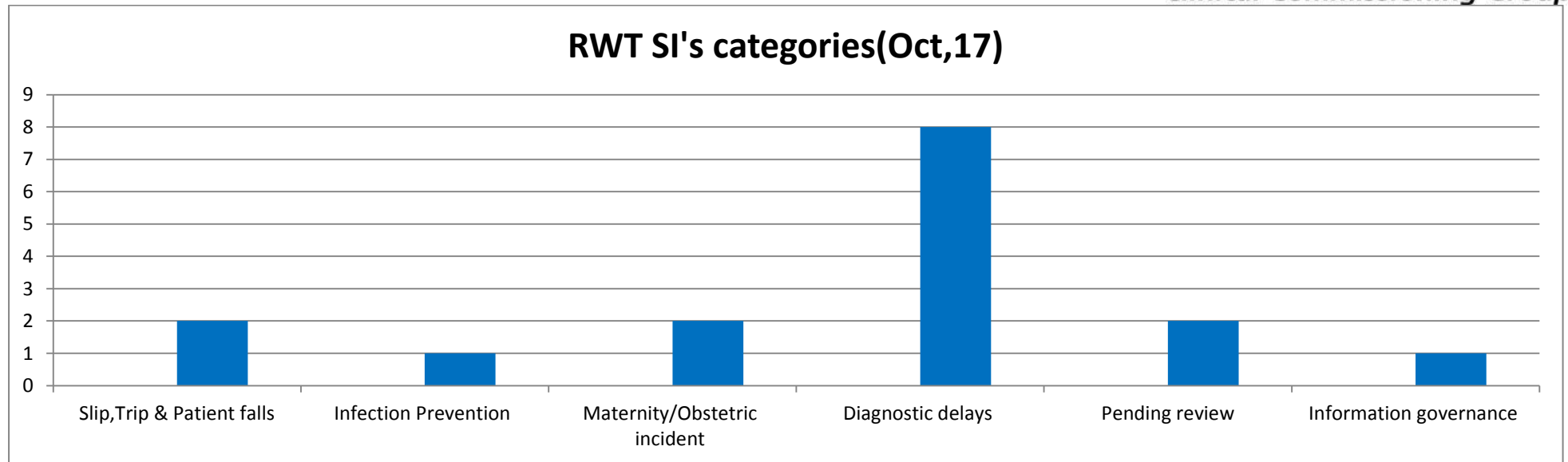
The Committee is asked to note the following:

**2a Serious Incidents (excluding pressure injury incidents)**

**Fig.1**

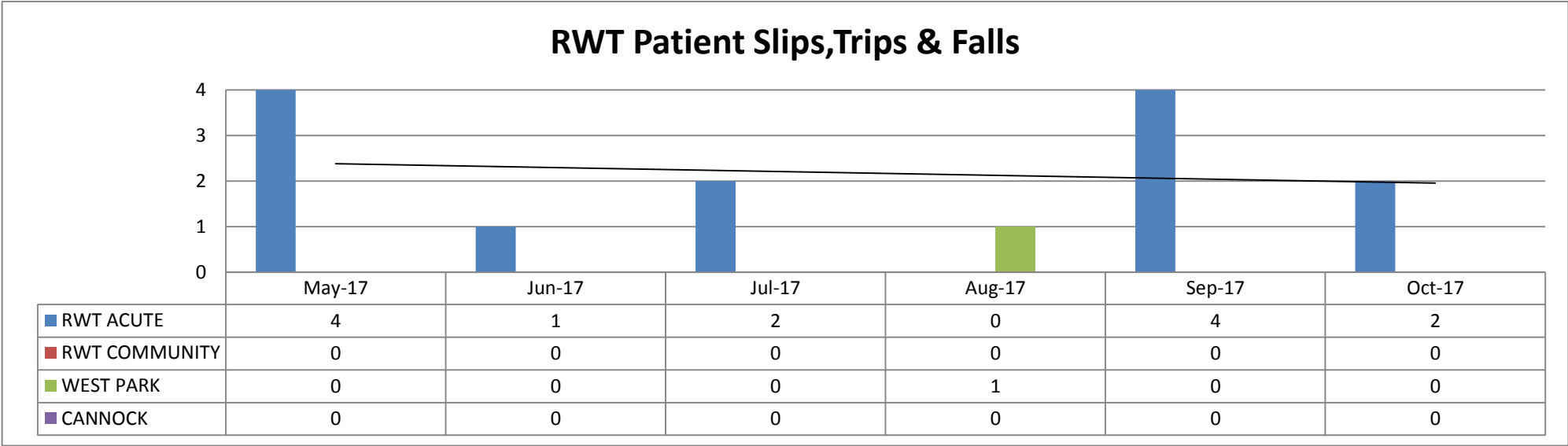


**Fig.2**



**Slip Trip and Patient Falls SI's (RWT)**

**Fig.3**



A reduction was seen in the number of patient falls in the last few months and the evidence suggests that the current policy on falls prevention is embedding. 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.4

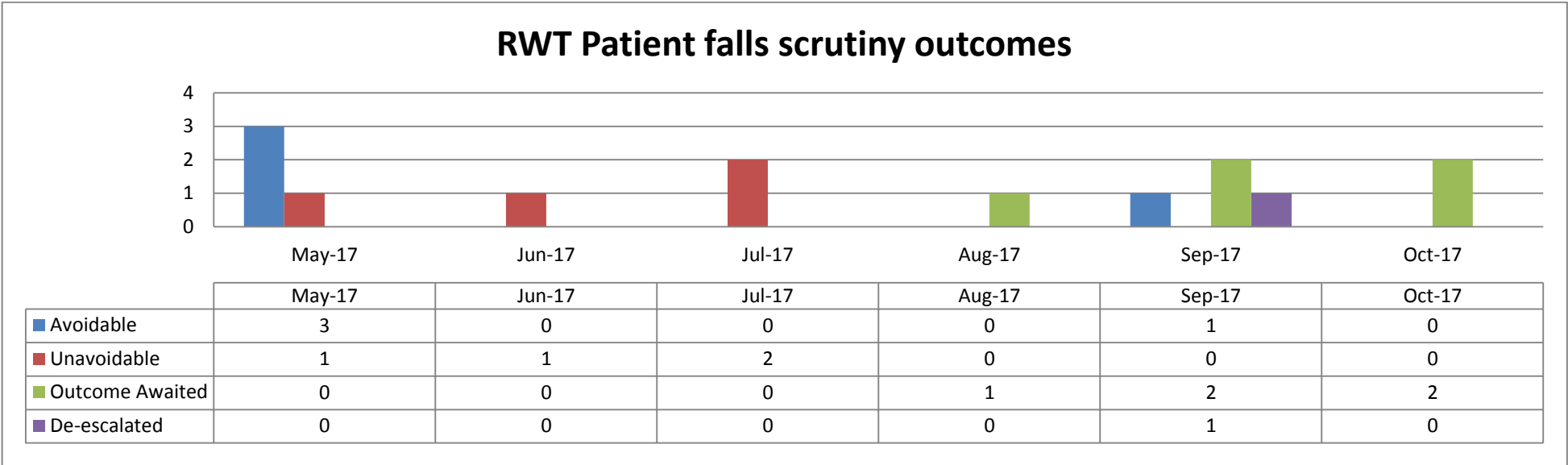
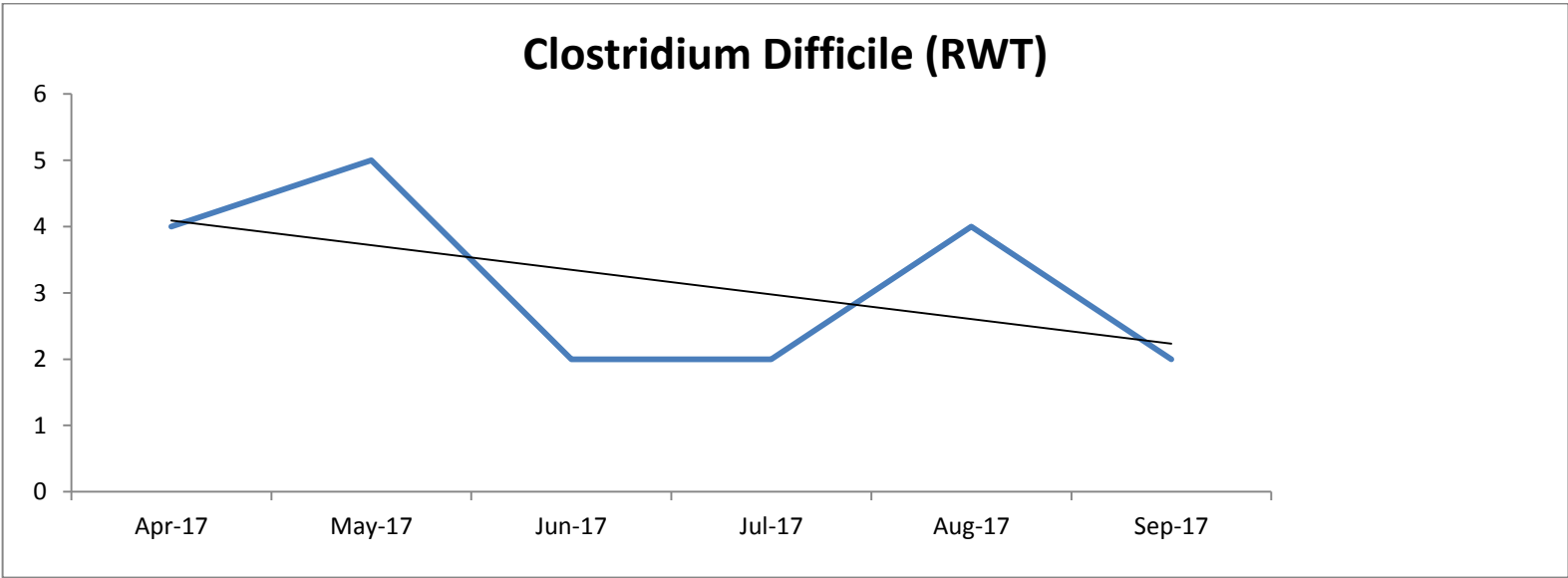


Fig.4 shows that there is significant reduction in the number of avoidable patient falls for Q1, Q2 avoidability is awaited.

**Infection Prevention**

**Clostridium difficile**  
**Fig.5**



There were 2 C-Diff cases reported for September 2017 which is slight reduction compared to 4 CDiff cases reported in August 2017. RWT is currently one case above their external target at the end of month 6.



**CPE (Carbapenemase Producing Enterobacteriaceae)**

**Fig.6**

<b>Breakdown of CPE</b>	<b>Total</b>
2012/2013	2
2013/2014	8
2014/2015	8
2015/2016	12
2016/2017	18
2017/2018 to date August	21

There were 5 new cases confirmed during September 2017.

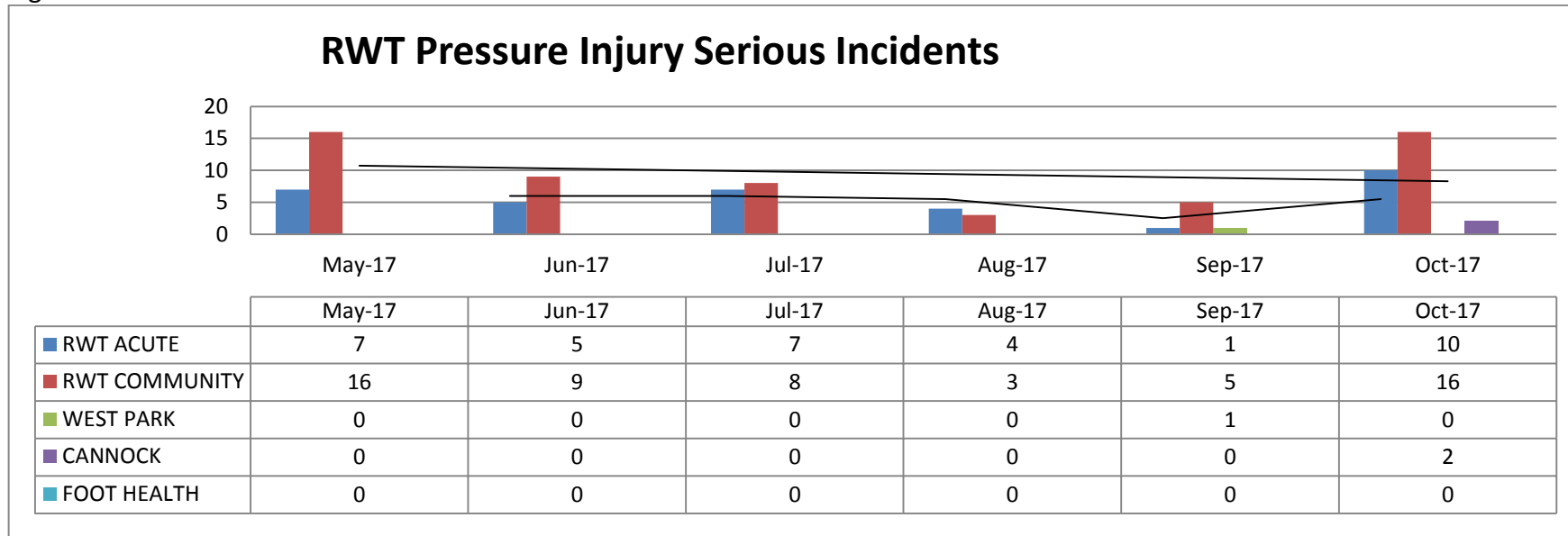
**Trust CPE plan:**

Admission screening processes continue to plan. The business case for the laboratory to cope with demand for sampling is in development. Focus on regional intra-hospital transfers as highest risk. CPE Virtual Strategy Group will re-convene following a recent incident to re-evaluate the screening process and high risk patients.

**MRSA bacteraemia**

There has been one case of MRSA Bacteraemia in October 2017 the first since February 2015.

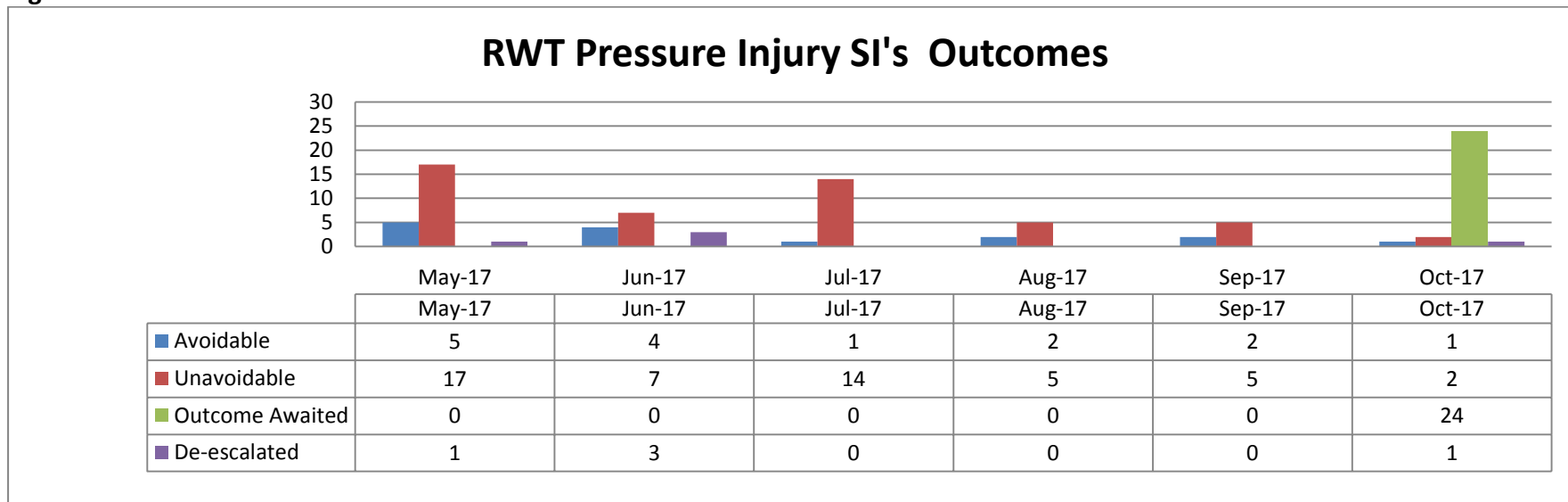
Fig.7



28 pressure injury incidents were reported for this reporting period which is a high number of PI incidents reported for this financial year for both acute and community services. 5 of these pressure incidents have been reported at stage 4 PI's and 23 SI's has been reported for stage 3 PI's. The WCCG quality and safety manager has contacted the lead tissue viability nurse for RWT to understand the increase in reporting and seek immediate assurances.

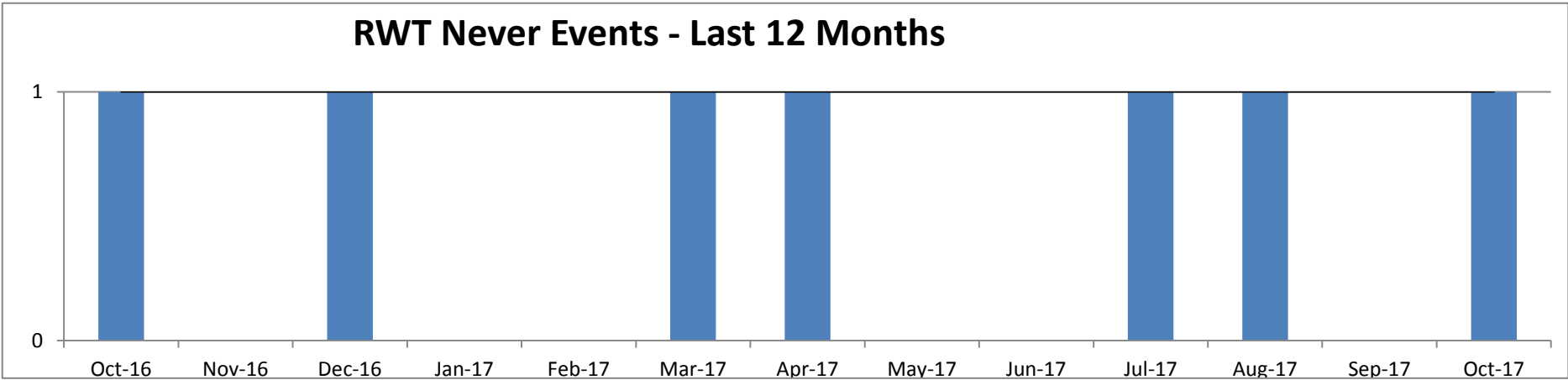
WCCG will seek further assurance from the provider to ensure that the mitigation plan is in place to ensure that all pressure injury SI's are investigated appropriately and the learning from SI's is shared within the wider team.

**Fig.8**



There has been a reduction seen in the number of avoidable pressure injury SI's but unavoidable numbers have since increased. There will be a new focus on scrutinising grade 2 pressure injuries; with the intention of preventing those developing into grade 3 injuries. Also, the Tissue Viability Strategy, will be reviewed. Reduction of point prevalence data for Division 2 and reduction of new pressure injuries for Division 1 can be noted. The Trust has been selected to be involved in the National pressure injury collaboration, led by NHS Improvement. The improvement programme will begin with Trauma & Orthopaedics. The Trust has commenced a new accountability process, including stage 2 incident reporting from October 2017 for a 3 month trial. The escalation process is to the Chief Nurse, for services that have 2 or more avoidable incidents within a 3 month period or if there is a cause for concern.

**RWT Never Events**  
**Fig.9**



**Maternity**

- 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 September 2017
- c) Midwifery sickness rate was 5.3% in April 2016, peaked to a high of 7.3% in March 2017 and is currently 5.1% for August,17
- 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.

**Actions taken by CCG:**

- Monthly discussion at CQRMs for assurance on actions i.e. recruitment plans, HR activity to address sickness, supervision and support for new staff.
- Current escalated Maternity commissioner meetings with RWT.
- Escalation to NHSE and NHSi (awaiting meeting).
- 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.
- RWT and CCG entry on risk register.

A letter has been sent by the RWT Chief Executive informing CEOs and ACOs of maternity restrictions on booking from 13<sup>th</sup> November 2017.

**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 C-diff 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.

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.

**Items to Note from CQR Meeting – September 2017**

Cancer Waiting Times/Cancer Target Compliance

	Target	Q1 2017/18			Q2 2017/18				Q2 2017/18	
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Sep-17		
2 Week Wait Cancer	93%	90.97%	93.58%	94.19%	93.18%	93.71%	93.44%	Excluding Tertiary Referrals	93.45%	
2WW Breast Symptomatic	93%	94.48%	96.88%	95.02%	97.52%	94.21%	95.10%		95.76%	
31 Day to First Treatment	96%	96.43%	96.24%	97.29%	98.19%	98.64%	97.16%		98.01%	
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	
31 Day Sub Treatment - Surgery	94%	73.08%	95.00%	94.74%	95.00%	94.87%	84.85%		91.96%	
31 Day Sub Treatment - Radiotherapy	94%	98.70%	100.00%	98.02%	99.09%	97.06%	98.72%		98.28%	
62 Day Wait for First Treatment	85%	79.38%	77.96%	73.48%	77.71%	78.03%	72.96%		75.00%	76.33%
62 Day Wait - Screening	90%	94.74%	87.50%	78.57%	87.50%	86.49%	83.78%		83.33%	85.96%
62 Day Wait - Consultant Upgrade (local target)	88%	91.61%	92.47%	87.72%	91.57%	88.69%	90.45%		92.86%	90.27%

Site	Total Patients	Breaches	%
Breast	14	2	85.71%
Colorectal	5.5	3.5	36.36%
Gynaecology	5	2.5	50.00%
Haematology	6	0.5	91.67%
Head & Neck	2.5	0.5	80.00%
Lung	4.5	1	77.78%
Sarcoma	0	0	
Skin	16.5	2	87.88%
Upper GI	4	1	75.00%
Urology	21.5	8.5	60.47%
<b>Total</b>	<b>79.5</b>	<b>21.5</b>	<b>72.96%</b>

**Comments:**

**31 Day Sub Surgery** - 5 patient breaches in month - all capacity issues.

**62 Day Traditional** - 26 patient breaches in month - 9 x Tertiary referrals received between days 32 and 85 of the patients pathway (operating guidelines state referrals should be made within 42 days), 10 x Capacity Issues, 2 x Patient Initiated and 5 x Complex Pathways.

Of the tertiary referrals received 3 (33%) were received before day 42 of the pathway, and 1 (11%) was received after day 62 of the patient pathway.

**62 Day Screening** - 3 patient breaches in month - 1 x capacity issue, 1 x patient unwell and 1 x complex pathway.

**Patients over 104 days** - There are currently 13 patients at 104+ days on the cancer waiting list (compared with 8 reported in August), all of these patients have had a harm review and no harm has been identified.

**Total Time Spent in Emergency Department (4 hours)**

	Target	Q1 2017/18			Q2 2017/18			Q2 2017/18
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	
New Cross	95%	87.36%	90.32%	89.49%	90.57%	88.18%	86.44%	88.45%
Walk in Centre		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cannock MIU		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Vocare		97.45%	98.03%	97.48%	95.94%	95.02%	96.22%	95.74%
Combined		92.52%	94.12%	93.44%	93.76%	92.09%	91.42%	92.46%



**Ambulance Handover**

The fine for Ambulances during September was £16,000,00. This is based on 70 patients between 30-60 minutes @ £200 per patient and 2 patients >60 minutes @ £1,000 per patient. There were no patients who breached the 12 hour target during September 2017.

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Number between 30-60 mins	0	33	69	54	27	48	70	
Number over 60 minutes	0	1	2	5	0	5	2	

**Safeguarding Adult & Children Mandatory Training Compliance**

Safeguarding Adult Mandatory Training Compliance									
April 17	May 17	June 17	July 17	August,17	Sep,17	Oct,17	Nov,17	Dec,17	Jan,18
80%	80%	80%	93.3%	93.3%	93.3%				
Safeguarding Children Mandatory Training Compliance									
April 17	May 17	June 17	July 17	August,17	Sep,17	Oct,17	Nov,17	Dec,17	Jan,18
84.3%	87.3%	85.3%	87.7%	86.4%	83.9%				

The provider has achieved significant improvements for their adult and children safeguarding training compliance and continuously working towards achieving the mandatory safeguarding training compliance (95%) for both elements of the safeguarding training. The provider has continuously failed to meet the targets, despite all the efforts of staff involved. One reason being explored is whether all junior doctors who have moved on have been removed from the list of staff due for retraining. Close monitored at the monthly CQRM's in place.

### **3. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST**

The Committee is asked to note the following:

#### **a) Serious Incidents**

There was one serious incident reported by Black Country Partnership Foundation Trust for October 2017 and this incident was 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 January, 2017. There are number of serious incidents remains open for BCPFT because they have failed to provide the requested response to the WCCG quality team. An extra ordinary SISG meeting was arranged where the provider was invited to attend this meeting to discuss all the open SI's but later it was cancelled because the provider was unable to send any SI responses to WCCG prior to the meeting. WCCG quality team is liaising with BCPFT to rearrange this meeting.

#### **b) Items to note from CQRM held in October 2017 (theme: LD)**

- The Divisional Report highlighted that there had been an increase in incident reporting, with a trend of Violence and Aggression against staff – notably for Incidents of biting, for provisions have been made to supply staff with PPE equipment via the 'See, Think, Act' programme.
- The Trust were challenged on the Mandatory and Specialist Training rates, with questions asked as to why the rates are below target. The Trust suggested that there may be a data validation issue due to previous ICT issues, resulting in training statuses not being counted for some staff. In order to close the gap in assurance, commissioners asked for a breakdown of training areas, particularly in relation to Conflict Resolution and Infection Control (two areas that may have impacted upon Violence and Aggression incidents and the Hand Hygiene failed audit at The Pines). Trust

offered to submit numerator/denominator values in regards to the data to provide additional context. Trust offered assurance that the issue is being addressed by the Rapid Improvement

- The Trust has been requested to provide a reason for the recent increase in staff turnover levels. The Trust suggested that these figure could be explained in reference to the fact that recruitment to posts had been put on hold, due to the immediate onset of the Transforming Care Together programme. The Trust had recently undertaken a review of exit interviews. There had been no specific issues raised as part of the review.
- It had been noted that there had been an increase in medication errors categorised as being ‘administration’ and it was felt that clarity was needed in terms of what type of incidents these should be recorded. The Trust had agreed to provide a breakdown of incident category definitions pertaining to medication incidents at next CQRM.

#### **4. PRIVATE SECTOR PROVIDERS**

##### **Vocare**

Vocare has reported one information governance serious incident for this reporting period and they are currently undertaking a full RCA into this SI and the final report will be submitted to WCCG for closure in December 2017.

Vocare has worked closely with Wolverhampton’s Quality and Safety Team and a serious incident workshop has recently been run by the team at Vocare’s request. This was attended by governance staff (governance assistants, clinical support managers, clinical governance leads) from across the country as well as the Vocare’s Organisational Medical Director, Director of Quality and Nursing and most of Vocare’s Department of Quality, Compliance and Assurance. The workshop was well received and has resulted in actions which will now form part of a national work plan to build continuous improvement in the identification and management of serious incidents. One of the actions will be for a local workshop to be held to fully establish the new quality and governance management structure with a second workshop held with local governance staff and operational managers and staff to explore and identify improvements in the management of quality and safety.

The CQC Inspection Report for Vocare Visit in March 2017 has been rated as INADEQUATE overall and a further visit by CQC took place on 26<sup>th</sup> October 2017. The latest CQC visit has acknowledged overall progress made in a number of areas and this has been evidenced, however concern was raised around waiting times for children, especially those that are booked via NHS111 as they may have had their assessment some time before. To mitigate this concern Vocare will be implementing the additional safety netting for all NHS111 booked appointment with under 1 years old receiving a triage on

arrival as is they had self-presented and children over the age of 1 having a triage if the wait time is above 2 hours. This will provide a safety net for children presenting at the UCC. Vocare have a formal SOP in place with RWT for occasions that skill mix causes issues with infants ensuring a safe and efficient hand off.

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 March, May and July 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 5<sup>th</sup> October and November)
- CCG risk assessment and Governing Body discussion 12<sup>th</sup> 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.

The Board of Totally PLC the provider of a range of out-of-hospital services to the UK healthcare sector has announced acquisition of Vocare Limited on the 24<sup>th</sup> October 2017 however for Vocare it is business as usual.

### **NEPTS (Non-emergency Patient Transport Services)**

Currently there is a discussion regarding a potential serious incident that has been identified by the CCG which is being contested by the NEPTS service. The CCG are in dialogue with NHSE and NEPTS are taking a paper to their executive board 13.11.17

### **Probert Court**

The Probert court suspension has been lifted now with the caveat that Accord need to manage admissions based on risk stratification: staffing and patient complexity. WCCG will be closely monitoring the provider progress with improving the quality of care through quality visits, CQRM'S and improvement board. The provider will also be supported by the quality nurse advisors. The next Probert Court Improvement Board is to be held in November 2017.

## **5. CHILDREN'S SAFEGUARDING**

### **CP-IS (Child Protection- Information Sharing)**

The CP-IS project is helping health and social care staff to share information securely to better protect society's most vulnerable children. When a child is known to social services and is a Looked after Child or on a Child Protection Plan, basic information about that plan is shared securely with the NHS. If that child attends an NHS unscheduled care setting, such as an emergency department or a minor injury unit:

- The health team is alerted that they are on a plan and has access to the contact details for the social care team
- The social care team is automatically notified that the child has attended, and
- Both parties can see details of the child's previous 25 visits to unscheduled care settings in England

This means that health and social care staff have a more complete picture of a child's interactions with health and social care services. This enables them to provide better care and earlier interventions for children who are considered vulnerable and at risk.

The CP-IS project is linking the IT systems used across health and social care and helping organisations to change business processes so this basic information can be shared securely between them. No personal or sensitive data is shared and the information can only be accessed securely by trained professionals involved in a child's care.

It is endorsed by the Care Quality Commission (CQC) and is included in the key lines of enquiry during CQC inspections. It is also included in the standard contract for providers of NHS unscheduled care.

Wolverhampton Local Authority has now signed off on CP-IS and are planning to integrate CP-IS into their new system which needs to go live on 31.3.18. Since becoming aware of the LA plans the WCCG Designated Nurse has met with the regional CP-IS leads for NHS digital and has arranged for an initial meeting to take place with WCCG and the RWT Safeguarding, IT and IG leads. It has been requested that RWT invite the appropriate personnel from Cannock as they are responsible for some services that will require links to CP-IS.

The safeguarding lead from Vocare has also been invited to ensure there is an understanding of the Wolverhampton position – although links will need to be made nationally as Vocare are managing this nationally.

### **LAC Update**

RWT recruited a Paediatric Community Consultant who commenced in post on 30<sup>th</sup> October and will take on the Named Doctor for LAC role.

The RWT implementation plan around new commissioning for our LAC was due to commence in September with the advertisement of additional nursing and administration posts. With a slight delay, the Band 7 Named Nurse LAC went out to advert on the 31/10/17.

The Designated and Named Nurse delivered a training session to social work managers at Goodyear's Pavilion in Oct around statutory health assessments and the joint challenges faced in meeting timescales, particularly for those children placed out of area. It is hoped that these sessions will continue on a 6 monthly basis to ensure robust partnership working and sound understanding of responsibilities between health and the local authority.

## 6. ADULT SAFEGUARDING

### 6.1 Care Homes

Pressure injury incidence is an ever improving picture with only 1 avoidable pressure injury during Q2 with improvements attributed to the implementation of intensive improvement initiatives facilitated by the QNAT. There were 9 serious incidents and 11 safeguarding concerns investigated and care homes are working towards completion of improvement action plans.

The process for requesting health involvement has been revised in line with the CCG revised Serious Incident Policy (SI) and quality concerns that do not meet the SI framework will no longer be reported on STEIS and will not be investigated by the QNAT.

The SPACE programme continues to deliver quality improvement training, promoting falls training and the implementation of safety crosses and PDSA cycles with 18 homes continuing to be fully engaged.

### 6.2 Adult Safeguarding

- The Named GP for Safeguarding Adults post was advertised but no there were no suitable applicants. Further discussions are taking place to establish further options regarding this post
  - Safeguarding week took place from the 2<sup>nd</sup> – 9<sup>th</sup> October. WCCG Safeguarding Team supported this, and set up a stand in the reception of the Science Park with resources, contact details and information.

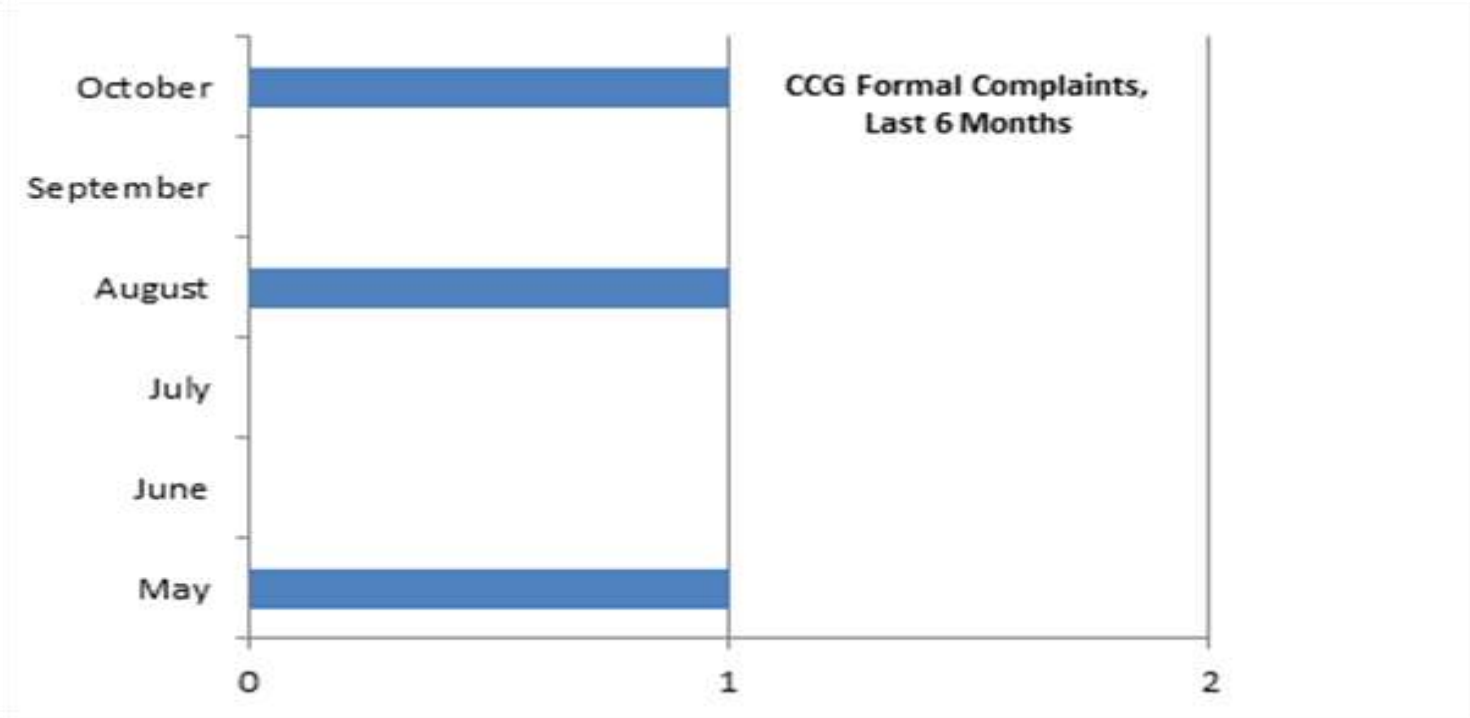


- WCCG Safeguarding Children, Young People and Adults with Care and Support Needs from Harm and Abuse Commissioning Policy will be submitted to the Committee today for ratification
- Domestic Homicide Reviews (DHR) – DHR 07 is still in progress. The final report is due to be published before the end of 2017; however lessons learned regarding controlling and coercive behaviour have already been embedded in training for 2017/18.
- Safeguarding Adult Reviews (SAR) – Currently there are 2 SAR's, 1 Case Discussion and 1 Learning review in progress.
- **NHSE Funded Safeguarding Project:** WCCG have been successful in a bid to NHSE for money (£15,000) to fund a project working in collaboration with the Refugee and Migrant Centre and the Wolverhampton Domestic Violence Forum, **Empowerment of hard to reach communities (new arrivals – Black, Asian and Minority Ethnic Communities) in the prevention of violence against women and girls.** It responds to: recommendations identified in Wolverhampton **Domestic Homicide Reviews** 2 and 3 in relation to the need to raise awareness of domestic abuse, related cultural issues and safety planning within our communities and learning from regional **Serious Case Reviews** by adopting a 'think family' approach



**7. USER AND CARER EXPERIENCE**

**7.1 New formal complaints**



There has been 1 new complaint registered by the CCG in October 2017, this is the only complaint that is currently ongoing and it is anticipated that the complaint will be fully resolved in November 2017.

The CCG has also registered 4 concerns or complaints for other commissioned providers where the complainant has contacted the CCG in the first

instance, in all 4 concerns or complaints, the complainant has been given the appropriate details of the provider for the provider to investigate in the first instance, or where consent was supplied, the CCG have forwarded the complaint / concern onto the provider responsible.

## 8. HEALTH AND SAFETY

Health and Safety discussions have taken place at the most recent JNCC which will become a standing item on the JNCC agenda from August 2017 or as part of an individual Health and Safety Committee. Martin Rowlands from 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.

Quarter 2 Health and Safety Audit had been conducted and the Quarter 2 report was reported at the October Quality & Safety Committee.

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. STK will be sharing their comments from the policy review on the 1<sup>st</sup> November 2017.

The Committee is requested to:

- **Receive** and **note** the information provided in this report.
- **Discuss** any aspects of concern and **agree** on action to be taken.

**Name:** Steven Forsyth

**Job Title:** Deputy Director of Nursing

**Date:** 1<sup>st</sup> November 2017