

MEETING: Governing Body

Item Number: 7.1

DATE: 25 August 2015

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|---|--|
| REPORT TITLE: | Quality Safety and Safeguarding - Briefing Paper Report period: Quarter 1 2015/2016 (1 April 2015 to 30 June 2015) |
| CORPORATE OBJECTIVE ADDRESSED: | <ol style="list-style-type: none"> 1. Supporting our population to stay healthy and live longer in all areas of the Borough. 2. Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available. 3. Function as an effective commissioning organisation that puts patients first. 4. Function as an organisation that consistently delivers its statutory duties. |
| AUTHOR: | The Quality Team, Wigan Borough CCG |
| PRESENTED BY: | Julie Southworth Director for Quality & Safety |
| RECOMMENDATIONS/DECISION REQUIRED: | The Governing Body is required to review the Briefing Paper and provide any comments. |
| EXECUTIVE SUMMARY The purpose of the Briefing Paper is to provide Wigan Borough CCG Governing Body and Clinical Governance Committee with an overview on the Quality, Safety and Safeguarding activities in the Quarter 1 2015/2016 reporting period. The report is structured to highlight any areas of concern relating to our Providers and seeks to evidence the actions that are being taken to drive the required improvements in quality and safety. | |
| FURTHER ACTION REQUIRED: | None to note |
| EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010. | |

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QUALITY SAFETY & SAFEGUARDING BRIEFING PAPER

Report Period: Quarter 1: 2015 / 2016

1 April 2015 - 30 June 2015

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1 Introduction

- 1.1 The Quality Safety and Safeguarding briefing paper is intended to inform and provide assurance to the Wigan Borough Clinical Commissioning Group (WBCCG) Governing Body and Clinical Governance Committee regarding the quality of its commissioned services.

2 Quality Information Sources

- 2.1 The briefing paper is derived from information received from varied sources; for example; Commissioner and Provider quality assurance reports from the Quality, Safety and Safeguarding Groups; Medicines Management Group; Quality Indicators identified by Contract Monitoring and Performance Groups; NHS England Greater Manchester and Lancashire Team Quality Collaborative and Quality Surveillance Groups; the Care Quality Commission (CQC), Monitor and also via incident reporting mechanisms such as the Serious Incidents and Never Events reported via STEIS.

3 Quality Monitoring

- 3.1 Under the NHS Contract each Provider is required to attend a Commissioner led quality review group. In WBCCG the Quality Safety and Safeguarding Groups (QSSGs) are responsible for receiving quality assurance data and information from each of the local NHS Foundation Trusts identified below for scrutiny and challenge.

- 5 Boroughs Partnership NHS Foundation Trust (5BPFT)
- Bridgewater Community Health Services NHS Foundation Trust (BCFT)
- Wroughtington Wigan and Leigh NHS Foundation Trust (WWLFT)

- 3.2 This data is triangulated with information available to WBCCG and also with soft intelligence from the Service User Experiences of Care data. External scrutiny is provided through the Care Quality Commission (CQC) inspections and in the case of Foundation Trusts through Monitor.

- 3.3 The QSSG meetings evidence assurances on the quality and safety of commissioned services in line with the provider quality assurance schedules. They also allow for discussion on quality and safety issues that may be affecting the Trusts. The QSSG Chairperson reports directly to the WBCCG Clinical Governance Committee.

- 3.4 The information within the following sections of this report outline the key issues raised and discussed at the QSSGs which took place during the Quarter 1 reporting period (1 April 2015 - 30 June 2015). Additional information in respect of other provided services i.e. Intermediate Care (IC) has also been included.

4 NHS Foundation Trusts

Acute NHS Foundation Trust (WWLFT) – QSSG

- 4.1 The WBCCG Quality Team have held two QSSG meetings with the Provider during this report period (14 April and 2 June 2015). The key discussions from the meetings have been detailed below:

- Safer Staffing - Board Report: On review there were a high number of NICE red flag escalations 'a shortfall of more than 8 hours or 25% of Registered Nurse time available compared with the actual requirement for the shift'. The WBCCG Quality Team has queried why this had occurred and what actions were being taken by the Trust to address the issues.
- National Peer Review Visit Trauma Unit: WBCCG confirmed receipt of the communication from the Trust to the National Peer Review Programme Team, in response to notification of immediate risks and serious concerns, following the recent review visit. The Quality Team agreed to review The Trusts response and asked the Trust to share the National Peer Review Team feedback when it is received.
- Mortality - SHMI Improvement Plan: An improvement plan had been developed by the Trust. Discussion took place regarding timescales and whether they were achievable. Timescales were noted as May 2015. It was noted that an update on progress would be required for the August 2015 QSSG meeting.
- Safeguarding Children Lead - Interim Gap: The Quality Team referred to progress made to date with regard to taking the safeguarding agenda forward. However, there was a concern regarding potential gaps in the interim period between the Trust Named Nurse for Child Protection leaving the organisation and her replacement commencing in post. The Trust provided an update on the measures that will be in place during the interim period.
- CQUIN - Hospital Information System (HIS): The Quality Team had become aware that the Trust was considering requesting that 95% of local CQUIN monies are attached to HIS. The Quality Team have advised the Trust that it would be disappointing if they did not adopt the local schemes that had been agreed between clinicians from both organisations as it was felt these schemes this would impact positively on quality and safety.

4.2 A full account of the QSSG meetings is captured within the minutes of the meetings and the Chairpersons reports have been received by the WBCCG Clinical Governance Committee.

Bridgewater Community NHS Foundation Trust (BCFT)

4.3 The Quality Team have held one QSSG meeting with the Provider during this period (21 May 2015). The key discussions on areas where improvement was required were as follows:

- Safeguarding Training Position: Assurances had been given at Quarter 3 that training figures would improve by Quarter 4 (2014 - 2015). However; this improvement had not been seen. The Trust advised that figures are measured on a rolling basis and it was difficult to separate the Wigan Borough specific figures from the BCFT wide data. The Trust has made system changes to enable more accurate figures to be accessible for reporting purposes.
- District Nurse Staffing - Wigan Borough: Recruitment issues were discussed at the QSSG the position at that point of reporting has been captured in the tables below. The DN Staffing position has also been highlighted and discussed at Clinical Governance Committee on 30 June 2015. The Trust anticipates that an improved position will be achieved by the next QSSG on 16 July 2015.

| RECRUITMENT and RETENTION | |
|---------------------------|--|
| Staffing = WTE | Position |
| 9.70 | Commenced in post during April/May 2015 |
| 6.50 | Recruited and had start dates in June 2015 |
| Total 16.20 | |

| VACANCY and ABSENCE | |
|---------------------|--|
| Staffing = WTE | Position |
| 5.80 | Vacancies currently being processed through recruitment. |
| 14.98 | Long Term Sick Leave |
| 4.13 | Maternity leave |
| Total 24.91 | This equates to 13.91% of the Wigan DN workforce |

- Medicines Management: WBCCG Medicines Management Team had met with the Trust to discuss their Medicines Management structure and related staff vacancies. It was agreed that the Medicines Management Report would be provided at QSSG at July 2015 and annually thereafter. The Trust also agreed that the Medical Director and Senior Clinical Pharmacist would attend future QSSG meetings.

4.4 The Trust's response to the above issues is being monitored through the QSSG and the Clinical Governance Committee.

4.5 A full account of all the QSSG meetings is captured within the minutes of the meetings and the Chairpersons reports have been received by the WBCCG Clinical Governance Committee.

Mental Health NHS Foundation Trust (5BPFT)

4.6 The Quality Team have held one QSSG meeting with the Provider during this period (14 May 2015). The key discussions from the meeting were:

- Serious Incident (SI) Management: The WBCCG Quality Team advised that they would be meeting with NHS Knowsley CCG (2 June 2015) to discuss the SI management process and how to improve the system to reduce report delays. The Trust reported that a cohort of staff (approximately 50) have received/are to receive RCA training. The RCAs will be reviewed by Matrons/Quality Leads. The Head of integrated Governance and the Medical Director will undertake quality checks. The Trust felt that these actions will assist to reduce the backlog.
- Triangulation of Data: The WBCCG Quality Team noted that staff sickness cover arrangements, clinical supervision and CPA compliance were recurrent themes across the Trust as discussed at QSSG.

4.7 The Trust's response to the above issues is being monitored through the QSSG and the Clinical Governance Committee. The issue of staff sickness and cover arrangements is to be raised by the WBCCG Director of Quality and Safety at Executive to Executive.

4.8 The Chairperson of the relevant QSSG reports directly to the WBCCG Clinical Governance Committee. The minutes of the Committee and the Chairpersons report are also received by the Governing Body.

5 Intermediate Care Providers

Alexandra Court Intermediate Care (ACIC)

- 5.1 The WBCCG Quality and Commissioned Services leads have undertaken a desk top service review to identify the current situation pertaining to; Social Services support; Acute NHS Trust patient transfers, reduction of therapy services and the provider nursing/care staffing ratios. The following actions have been agreed post review.
- Commissioned Services Team to source funding to re-instate the Therapy Services to seven days a week as soon as practicable.
 - A Case note review is to be undertaken to identify potential problematic areas
 - *Discharges from the Acute NHS Trust*
 - *Social Services support*
 - *Therapy Services input*
 - *Medic - GP input*
- 5.2 The Quality team also attended the Contract Monitoring Group on 29 June 2015. The agenda included:
- The provider action plan to address the recommendations from the Commissioner Visit at March 2015.
 - The provider response to the complainant (Partner EH) addressed directly to ACIC and copied to Wigan Council and shared with WBCCG.
 - The provider response to concerns raised by the WWLFT Patient Representatives.
- 5.3 The Quality Team had also further engaged with the Manager at ACIC (Site Visit undertaken on 22 May 2015) to monitor the development and subsequent progress of the action plan following the Quality Visit on 13 March 2015.

Richmond House Intermediate Care (RHIC)

- 5.4 The RHIC Manager has responded to the recommendations captured within the report following the Commissioner Visit at 31 March 2015. The response will be reviewed at the next Performance/Contract Group meeting.

6 Primary Care - General Practice

Care Quality Commission (CQC) Reports

- 6.1 There have been no **(0)** CQC inspection reports published in this report period for the WBCCG Member Practices.

GP PIT Programme

- 6.2 The programme continues with a small group of Practice Nurses and Practice Managers, to support compliance with Outcome 8 of the CQC Regulation/ Health and Social Care Act 2008: Infection Control. It is proposed to commence a further group as requests have been made to continue the Programme.

Primary Care - Education Group

- 6.3 The Primary Care Education Group has been established and aims to bring together representatives from both Primary Care and WBCCG to assist with ensuring the development of the Primary Care General Practice Workforce across the Wigan Borough.
- 6.4 Progress on development of the primary care workforce strategy will be reported with the Quarter 2 (2015 - 2016) update.

Practice Nurse Champion (PNC) Group

- 6.5 The Locality Practice Nurse Champions are continuing to support the education and development of the Primary Care workforce across the Wigan Borough.
- 6.6 The Practice Nurse forums that have been held in this report period have been highlighted for reference below.

| | | |
|------------|--|--|
| 15/04/2015 | Revalidation & Accountability | Royal College of Nursing (RCN) |
| 20/05/2015 | Diabetes Update | Dr O'Connell, Consultant |
| 17/06/2015 | Primary Care Psychology Service (IAPT) | Dr Omar Kowlessar, Senior Clinical Psychologist Lead Long-term Conditions |

- 6.7 The Practice Nurse annual report on activity was positively received by the WBCCG Clinical Governance Committee on 30 June 2015.
- 6.8 The group will continue to report on a six monthly basis.

7 Nursing Homes and Domiciliary Care

Continuing Healthcare

- 7.1 WBCCG Continuing Healthcare (CHC) and Quality Teams continue to work collaboratively with Wigan Council's Provider Management Team regarding the local Care Homes and Domiciliary Care providers.
- 7.2 The CHC Team attend and contribute to the Quality of Care meetings with individual providers should any cause for concern be raised.
- 7.3 The CHC Team also attends Wigan Council Safeguarding Strategy meetings and case conferences when safeguarding concerns have been raised regarding patients eligible for NHS Continuing Healthcare.

Care Quality Commission (CQC) Reports

- 7.4 Periodically WBCCG receives a list of the reports the CQC have published in the North West. The reports are initially reviewed to identify relevant Wigan Borough Services.
- 7.5 Following initial review the Wigan specific reports are listed and shared with the WBCCG Quality Team who then reviews each report and shares the

information with the WBCCG Continuing Healthcare Team and Wigan Council's Provider Management Team in compliance with the jointly approved WBCCG and Wigan Council 'Pathway for Receipt and Circulation of CQC Inspection Reports'.

WBCCG Care Homes Quality Assurance (CHQA) Lead:

- 7.6 The CHQA lead has commenced in post at 22 June 2015. It is relatively early days for this work however visits have taken place with Quality Performance Officers, (Market Oversight and Development Team, Wigan Council) to gain an insight into the work of this team. The CHQA lead has provided support and offered advice on clinical aspects of care during the visits.
- 7.7 Wigan Council is also planning a revision of their existing quality assurance process to align with the CQC model. The CHQA lead will actively seek to engage with this work given that the clinical needs are an essential component.
- 7.8 The CHQA lead will be able to provide a further update on activities and developments within the quarter 2 (2015 - 2016) report.

8 Continuing Healthcare; Learning Disabilities and Mental Health Contract and Performance Group

- 8.1 This group is managed by the CCG Commissioned Services Team and focuses on the smaller contracts with independent sector providers. The Head of Primary Care Quality and the Manager for Continuing Healthcare both attend the meeting which is held on a quarterly basis.
- 8.2 A performance and quality dashboard has been developed by the group and has been included in all contracts; however there are some challenges around the submissions of the assurance data; this is being managed by the Commissioned Services Team with support from the group.

9 CQUIN SCHEMES

Acute NHS Foundation Trust (WWLFT):

- 9.1 An overview of both the National and Local schemes has been captured below.
- 9.2 An update on the National CQUIN schemes for Quarter 1 2015 - 2016 is due on 31 July 2015.
- 9.3 Local CQUINs have been developed in conjunction with Clinicians from both the CCG and WWLFT. However the local CQUINs are part of the contract negotiation process and as the contract for 2015 - 2016 has not been agreed the Trust has not formally commenced work on these schemes.

| SCHEMES 2015 - 2016 | Q1 (RAG) | Q2 (RAG) | Q3 (RAG) | Q4 (RAG) |
|---|-----------------|-----------------|-----------------|-----------------|
| National | | | | |
| Acute Kidney Injury | TBC | | | |
| Sepsis | TBC | | | |
| Dementia | TBC | | | |
| Urgent and Emergency Care - Reducing the Proportion of Avoidable Emergency Admissions to Hospital | TBC | | | |

| | | | | |
|---|-----|--|--|--|
| Urgent and Emergency Care - Improving Recording of Diagnosis in A&E | TBC | | | |
| Local | | | | |
| Sepsis Awareness and Management in Primary Care | TBC | | | |
| Maternity Safety Thermometer Improvements | TBC | | | |
| Discharge Summary Improvements | TBC | | | |
| Mortality | TBC | | | |
| Integrated Digital Care Records | TBC | | | |

Bridgewater Community NHS Foundation Trust (BCFT)

- 9.4 An overview of the National and Local schemes has been captured within the following table.
- 9.5 An update on the schemes for Quarter 1 2015 – 2016 is due on 31 July 2015.

| BCFT - SCHEMES 2015 - 2016 | Q1 (RAG) | Q2 (RAG) | Q3 (RAG) | Q4 (RAG) |
|--|----------|----------|----------|----------|
| National | | | | |
| Integrated Care Digital Record | TBC | | | |
| Electronic Document Transfer | TBC | | | |
| Local | | | | |
| OOH Antibiotic Stewardship | TBC | | | |
| Frail Elderly | TBC | | | |
| Family/Child reported outcomes | TBC | | | |
| Creative Support Planning and Enhanced Data Set | TBC | | | |
| Podiatry Off-loading in Plantar Foot Ulcerations | TBC | | | |
| Podiatry OOH Diabetic Foot Screening | TBC | | | |
| Patient Safety Incidents | TBC | | | |

Mental Health Services NHS Foundation Trust (5BPFT)

- 9.6 An overview of the National and Local schemes has been captured below.
- 9.7 The Quarter 1 CQUIN report is due on 31 July 2015. Data will be reviewed by the Commissioners from Wigan, Knowsley, Halton and St Helen's CCGs on 11 August 2015.

| 5BPFT - SCHEMES 2015 - 2016 | Q1 (RAG) | Q2 (RAG) | Q3 (RAG) | Q4 (RAG) |
|---|----------|----------|----------|----------|
| National | | | | |
| Physical Health of Mental Health Patients | TBC | | | |
| Urgent Emergency Care - Reduction in A&E MH Re - Ad | TBC | | | |
| Local | | | | |
| Employment and Mental Health | TBC | | | |
| Mental Health First Aid | TBC | | | |
| Smoking Cessation | TBC | | | |
| CAMHS - Eating Disorders Children and Young People | TBC | | | |

10 SERIOUS INCIDENTS AND NEVER EVENTS (SINE)

- 10.1 WBCCG holds the responsibility for the performance management of Serious Incidents (SIs) and Never Events (NEs) reported by the local Acute and Community NHS Providers. A total of 16 reports have been reported on StEIS in this reporting period.
- 10.2 The Quality Team liaises with the Lead Commissioner for Mental Health (NHS Knowsley CCG) in respect of 5BPFT SIs involving Wigan Patients.

| Acute Healthcare NHS Provider (WWLFT) | | |
|---------------------------------------|--|----------|
| Period | Category | No |
| 1 April 30 June 2015 | Unexpected / potentially avoidable death | 1 |
| | Diagnostic incident including delay meeting SI criteria (including failure to act on test results) | 1 |
| | Abuse/alleged abuse of child patient by third party | 1 |
| | Fall causing a fractured neck of femur | 1 |
| | Grade 3 Hospital Acquired Pressure Ulcer | 1 |
| Total Reports | | 5 |

| Community Healthcare Provider (BCFT) | | |
|--------------------------------------|------------------------|----------|
| Period | Category | No |
| 1 April 30 June 2015 | Grade 3 Pressure Ulcer | 1 |
| | Grade 3 Pressure Ulcer | 1 |
| | Grade 3 Pressure Ulcer | 1 |
| Total Reported | | 3 |

| Mental Health Services NHS Provider (5BPFT) | | |
|---|--|----------|
| Month | Category | No |
| 1 April 30 June 2015 | Unexpected Death of Community Patient (in receipt) | 2 |
| | Suspected suicide | 2 |
| | Unexpected / potentially avoidable death | 4 |
| Total Reported | | 8 |

- 10.3 Root Cause Analysis (RCA) investigations are undertaken by the Trusts. The subsequent investigation reports and related action plans are reviewed at the CCG SINE Panel meetings held on a monthly basis.
- 10.4 StEIS Closures: Following WBCCG SINE Panel review 17 reports have been closed on StEIS in line with the NHS England Serious Incident Framework (March 2015)

| StEIS Closures – All Providers | | |
|--------------------------------|---|-----------|
| Period | Organisation | No |
| 1 April 30 June 2015 | Acute Healthcare NHS Provider (WWLFT) | 10 |
| | Community Healthcare Provider (BCFT) | 3 |
| | Mental Health Services NHS Provider (5BPFT) | 4 |
| Total Closed | | 17 |

- 10.5 Shared Learning: The WWLFT Corporate Trust-wide Action Plan for Pressure Ulcer Prevention and Management was presented at the Trust's SIRI Panel in May 2015 and the QSSG in June 2015.

- 10.6 Every Ward Manager attended the SIRI Panel meeting and reported on the work their wards had undertaken regarding pressure ulcer management. This was a positive piece of work, resulting in staff learning and staff taking a greater ownership of pressure ulcer management on their wards.
- 10.7 During 2014 - 2015 there was a 10% reduction in hospital acquired grade 3 and grade 4 pressure ulcers.
- 10.8 The WBCCG Quality Team will continue to monitor progress through the QSSG meetings and will report directly to the Clinical Governance Committee.

11 HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

- 11.1 Effective communication and working relationships continue to be embedded within the organisation and across all Providers.
- 11.2 Root Cause Analysis (RCA) and Post Infection Review (PIR) Investigation and Review processes are established and continue to work effectively.
- 11.3 A total health and social care approach is applied to the RCA and PIR process within the Borough. All identified learning is shared and cascaded across all care providers.
- 11.4 It is important to note any additional / other cases in relation to Wigan residents identified by Out of Borough providers. These additional cases will be reflected in the Regional and National HCAI data sets.
- 11.5 Shared learning; key points identified during the individual case reviews are shared with Practices across the Borough.
- 11.6 Clostridium *difficile* Infection objectives for NHS Organisations 2015 - 2016 were published in March 2015. The cases per organisation have been highlighted in the table below.

| ORGANISATION | CDI CASE OBJECTIVE 2015/ 2016 |
|--|-------------------------------|
| Acute Trust Provider - Wrightington, Wigan and Leigh | 19 |
| Non-Acute Provider - NHS Wigan Borough CCG | 81 |
| Total = | 100 |

- 11.7 The overall reduction from the previous year's objectives (2014 – 2015) is approximately 28.1% which presents a significant challenge. The full guidance can be accessed via the following link.
<http://www.england.nhs.uk/ourwork/patientsafety/associatedinfections/clostridium-difficile/>
- 11.8 A Clostridium *difficile* Infection Objectives briefing paper was included on the Clinical Governance Committee agenda on 6 May 2015.
- 11.9 The paper outlined the highlights from the Clostridium *difficile* infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation; as published by NHS England at March 2015.
- 11.10 The paper also summarised the following key messages; the Objectives and Sanction Regime; Assessing Lapses in Care and the application to Providers.

11.11 The CCG Quality Team has noted the 2015/2016 CDI Objective and intends to focus its plans on a new initiative 'Challenge 100'. The intention is to drive the continued improvement in reducing *Clostridium difficile* infections.

11.12 MRSA: 3 PIR investigations have been undertaken. The agreed outcomes and assignment for each case has been highlighted below:

| | |
|---------------|---|
| Case 1 | Case investigated and forwarded for arbitration by NHS England. Final assignment: Royal Liverpool and Broadgreen Hospital. |
| Case 2 | Blood culture contaminant. Final assignment The Walton Centre, Liverpool. |
| Case 3 | Case investigated and forwarded for Arbitration to NHS England for consideration for assignment to Third Party. (* Third Party = deemed to be outside of the control of the NHS) Final assignment: *Third Party. |

11.13 The WBCCG position following the PIR and arbitration process is zero (0) cases.

11.14 The HCAI Dashboard has been included at appendix one for reference.

12 SERVICE USER EXPERIENCE OF CARE

12.1 A total of **669** reports have been submitted onto Safeguard Ulysses by WBCCG Member Practices in this reporting period, against the overall objective set at **638**.

12.2. On analysis of the reports **44** were Neutral, **159** were Positive and **466** were Negative. It is anticipated given that the NHS deals with over one million patients every 36 hours (Data Source: NHS Choices) that the majority of reports will tend to capture negative experiences.

12.3 On analysis the data the emergent top three themes were:

1. Appointments/Referrals
2. Communication
3. Discharge Procedure/Letter and Care Received

12.4 Following a review of the data provided the Quality Team have addressed the following issues with our local NHS Providers.

- 5 Borough's Partnership NHS Foundation Trust (5BPFT): Due to the small number of reports submitted that related to 5BPFT it has not been possible to identify any themes and trends. All reports that relate to 5BPFT have been shared with the Trust at the QSSG meetings so that they can be shared with the relevant Trust Team for review and to identify any possible learning.
- Bridgewater Community Healthcare NHS Trust (BCHFT): the following areas have been raised with the Trust:
 1. Concerns relating to Choose and Book - appointments.
 2. Podiatry communications to the Practices.
 3. Compliments received around positive experiences of care
- Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT): the following areas have been raised with the Trust:
 1. Discharge communication / discharge processes.
 2. Information Governance issues.
 3. Incomplete uDNAR Form and Statements of Intent.

- 12.5 A feedback report is drafted and circulated to all Practices and is also included within the WBCCG Practice Newsletter.

13 COMMISSIONER QUALITY VISITS

5 Boroughs Partnership NHS Foundation Trust - Cavendish Unit

- 13.1 The WBCCG Quality Team undertook an unannounced Commissioner Quality Visit to the Cavendish Unit at Leigh infirmary on 1 June 2015. The visit was prompted by; the suspension of four members of staff (following an alleged safeguarding incident); a service user abscond incident that had been reported by the Trust via the Strategic Executive Information System (StEIS) and a negative report placed on the 'Patient Opinion' website.
- 13.2 The visit identified a high use of agency staff and this was a significant concern to the Visiting Team as it appeared to be having a negative impact on quality and safety. The Visit Report made a series of recommendations and the Trust has been asked to develop an improvement plan following the visit. This will be reviewed by the QSSG in July 2015.

Acute NHS Provider (WWLFT) Internal Quality Review

- 13.3 The WBCCG Quality Team participated in the WWLFT internal inspection on 19 and 20 June 2015. The inspection identified 10 things to celebrate and 10 things to improve.

The top ten things to celebrate were:

- Consent
- Working examples of the Communications Cells (*person to person information*)
- Happy Staff
- Happy Patients
- Staff feel well supported
- Staff report good relationship with seniors
- DNACPRs appropriate
- Nurses ability to cope even with difficult doctors
- Band 2 / FY1 understanding of DOLS
-

The top ten things to improve were:

- Managing DOLS
- Surgical outliers and flow
- Surgeons responsiveness
- Slow discharge at weekend
- Trust communication systems for staff (5 point plan)
- Communication between theatres and wards
- Patient information (out of date and poorly provided)
- DNACPR documentation
- Legibility of writing

- 13.4 The Trust will now develop an improvement plan following the inspection that will be reviewed at the QSSG.

14 EXTERNAL REVIEWS

- 14.1 The information included within the following table details the external reports that have been received, and are being monitored via the QSSG assurance process.

| External Report | Provider | Notification Letter to QSSG | Action Plan QSSG Submission Date | Action Plan QSSG Review Date/s |
|--|----------|-----------------------------|----------------------------------|--|
| Trauma Unit Peer Review | WWLFT | 26 March 2015 | 14 April 2015 | - |
| North West Sector Lung Multi-Disciplinary Team Peer Review | WWLFT | 25 September 2014 | 2 December 2014 | 3 February 2015 14 April 2015 |
| Paediatric Diabetes Service Peer Review | WWLFT | 3 June 2014 | 5 August 2014 | 7 October 2014 3 February 2015 14 April 2015 |

- 14.2 The findings of the reviews and the actions being taken have been discussed fully with the Provider.
- 14.3 Further information relating to Provider action plans is detailed within the QSSG agendas and minutes of the meetings. The QSSG Chairperson also provides a briefing directly to the WBCCG Clinical Governance Committee.

15 SAFEGUARDING

WBCCG Safeguarding Team

- 15.1 The WBCCG Safeguarding Team ensures that WBCCG meets its statutory safeguarding responsibilities. The Team works in partnership with key stakeholders to monitor the safeguarding arrangements of commissioned health services; to respond to adults and children who are at risk or harm or who have been harmed, with the intention of delivering improved outcomes for the most vulnerable.
- 15.2 The WBCCG governance arrangements in relation to safeguarding were recently reviewed following the significant management and team structure changes in early 2015.
- 15.3 The Chief Officer remains the Governing Body Executive lead for safeguarding adults and children. The Safeguarding Team is now part of the WBCCG Quality and Safety Directorate and reports directly to the Associate Director of Quality, Safety and Safeguarding. The Safeguarding Team have direct access to the Chief Officer as required.
- 15.4 Key representatives of WBCCG are statutory members of Wigan Safeguarding Children Board (WSCB), Wigan Safeguarding Adult Board (WSAB) and the Health and Wellbeing Board.
- 15.5 The Safeguarding Team form part of the Quality and Safety Directorate which facilitates the commissioning of a safe environment with the requisite checks and balances to ensure that local healthcare provider services meet their responsibilities. Formal monitoring is undertaken through the Quality, Safety and Safeguarding Group (QSSG) meetings.

Safeguarding Training – NHS Provider Trusts

- 15.6 Training compliance continues to be monitored on a bi - monthly basis via the QSSG meetings with each of the providers.

| PROVIDER | BCFT | | | 5BPFT | | | WWLFT | | |
|---|-------|-------|------|-------|-----|-------|-------|-------|------|
| 2015-2016 | April | May | June | April | May | June | April | May | June |
| Safeguarding Children - Compliance at Level 1 (%): | | 88.3 | | 95.04 | | 94.91 | | | |
| Safeguarding Children - Compliance at Level 2 (%): | | 94.8 | | 86.28 | | 86.39 | | 88.0 | |
| Safeguarding Children - Compliance at Level 3 (%): | | 91.98 | | 94.81 | | 94.81 | | 86.36 | |
| Safeguarding Adults Training (%): | | 88.3 | | 94.71 | | 93.87 | | 96.6 | |
| Mental Capacity Act Training (%): | | 95.6 | | 79.57 | | 79.48 | | 14.39 | |
| Prevent Health Wrap Training: <i>Working towards 85% compliance by end 2015/16</i> | | 18.09 | | 46.15 | | 51.21 | | 65.0 | |

Safeguarding Children - Serious Case Reviews (SCRs)

- 15.7 The current local position in relation to Serious Case Reviews is outlined in the following table.

| ID | INCIDENT DATE | ORGANISATION | STATUS | StEIS Reference |
|---------|---------------|----------------|---|--------------------------|
| CHILD C | 21/02/2013 | Health Economy | Q1 Update: The WSCB published Child C SCR report on 4 th June 2015. The health element of these action plans is monitored via the WBCCG QSSG meetings. | 2012/26899 |
| CHILD D | 26/02/2013 | Health Economy | Q1 Update: A meeting was held by WBCCG with WWLFT (22.05.15) to discuss the concerns raised. Progress is being closely monitored via WBCCG QSSG. Evidence presented by WBCCG Safeguarding Team to WSCB Scrutiny Panel on 23.06.15 included: <ul style="list-style-type: none"> - WBCCG GP Action Plan, all actions validated as 'GREEN'. - WBCCG Action Plan, 5 of 6 actions validated as 'GREEN'. WSCB plan to publish Child D SCR report in August 2015. | 2015/22132 |
| CHILD E | 23/10/2013 | Health Economy | Q1 Update: A multi-agency meeting to be held by WSCB on 28 th July 2015. Action plans will be devised to implement recommendations. | 2013/37007 2014/18544 |

Safeguarding Adult Reviews

- 15.8 The current local position in relation to Safeguarding Adult Reviews and Local Case Reviews is outlined below.

| ID | INCIDENT DATE | ORGANISATION | STATUS | StEIS Reference |
|---------|---------------|----------------|--|-----------------|
| WSAB/MR | March 2014 | Health Economy | Q1 Update: A Local Case Review Action Planning meeting is to be held on 14.07.15 to agree the final action plan and accompanying timescales. | 2014/8210 |
| WSAB/AG | July 2014 | WWLFT | Q1 Update: The Final Audit Report remains outstanding. | 2014/23316 |

Domestic Homicide Reviews (DHRs)

15.9 A DHR means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect.

15.10 The current local position in relation to the DHRs is outlined below.

| ID | INCIDENT DATE | STATUS | StEIS Reference |
|-------|---------------|---|-----------------|
| DHR 2 | 25/07/2014 | Q1 Update: Final panel meeting was held on 27/04/2015. A draft version of the overview report was agreed by panel members. No further panel meetings are planned and the Independent Chair will now finalise the report. | 2015/14834 |
| DHR 3 | 13/11/2014 | Q1 Update: The 4th DHR panel meeting was held on 23/06/2015, and content of agency IMRs was discussed. A 5th DHR Panel meeting is planned for July 2015. The WBCCG Safeguarding Team is a member of the DHR Panel and will continue to attend all meetings. | 2015/20709 |
| DHR 4 | 01/02/2015 | Q1 Update: The 2nd DHR panel meeting was held on 23/06/2015, content of agency IMRs was discussed. A 3 rd DHR Panel meeting is planned for July 2015. The WBCCG Safeguarding Team is a member of the DHR Panel and will continue to attend all meetings. | 2015/20763 |

15.11 MIAA Action Plan: The WBCCG Safeguarding Team continues to monitor and implement the MIAA audit action plan. Within the audit, four potential risks were identified with appropriate actions to be implemented to mitigate the potential risk; the current status is captured within the table below.

| POTENTIAL RISK | RECOMMENDATION | PROGRESS |
|---|---|---|
| 1. The CCG's local arrangements for safeguarding are not documented centrally. | The policy should be approved by the Clinical Governance Committee and published on the CCG website. | Recommendation met Completed |
| 2. Any errors or omissions to the NHS provider self-assessments may go unnoticed. | A process should be implemented whereby sufficient validation is undertaken on the standards contained within the audit monitoring tool to provide sufficient assurance that self-assessments have been scored correctly. | Recommendation met Completed |
| 3. Identified areas of risk are not being escalated through the formal risk management process. | The escalation process highlighted in the audit tool and the 2014/15 Safeguarding policy should be implemented. | Recommendation met Completed |
| 4. Any errors or omissions to Non-NHS provider's self-assessment may go unnoticed. | The CCG in partnership with the LA should consider the feasibility of developing an integrated approach to undertaking independent validation of the self-assessment submission for nursing home providers in order to provider assurance to the safeguarding Boards. | Action taken forward via the CCG CHC/LD/MH Contract Monitoring Group. The audit tool was disseminated with the 'long stop' contract. Non-NHS providers are required to submit the self-assessment annually. |

16 CONCLUSION AND RECOMMENDATIONS

- 16.1 This briefing paper provides a summary update on the actions that have been undertaken in this reporting period by the WBCCG Quality Team to ensure in so far as is reasonably practicable the effective monitoring of provider quality standards.
- 16.2 The established quality monitoring systems and processes enable WBCCG to strive for continuous improvement across its commissioned services. This is an evolving process and will continue to be shaped and developed.
- 16.3 The WBCCG Governing Body and Clinical Governance Committee are requested to review the content of the briefing paper and assurance that mechanisms are in place which monitor the quality, safety and effectiveness of commissioned services

DRAFT

Report Prepared by

The Quality Team - Wigan Borough CCG

Date

14 July 2015

HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DASHBOARD Q1 POSITION (1 April 2015 – 30 June 2015)

| HCAI DASHBOARD 1 April 2015 - 31 March 2016 | | | | | | | | |
|---|----------|-----------|---------------|-----------|---------------------|----------|-------------------------------------|------------|
| MONTH | CCG | | ACUTE (WWLFT) | | OTHER ORGANISATIONS | | SUMMARY POSITION AGAINST OBJECTIVES | |
| | MRSA | C.diff | MRSA | C.diff | MRSA | C.diff | MRSA | C.diff |
| April 2015 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| May 2015 | 0 | 7 | 0 | 2 | 0 | 4 | 0 | 13 |
| June 2015 | 0 | 7* | 0 | 0 | 0 | 1* | 0 | 8* |
| July 2015 | | | | | | | | |
| August 2015 | | | | | | | | |
| September 2015 | | | | | | | | |
| October 2015 | | | | | | | | |
| November 2015 | | | | | | | | |
| December 2015 | | | | | | | | |
| January 2016 | | | | | | | | |
| February 2016 | | | | | | | | |
| March 2016 | | | | | | | | |
| Ongoing Total | 0 | 16 | 0 | 2 | 0 | 5 | 0 | 23 |
| End of year objective: | 0 | 81 | 0 | 19 | - | - | 0 | 100 |

*The June 2015 data may be subject to change following a review of the (MESS) data published on 20 July 2015.