Quality & Safety Report – November 2013

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1 Walsall CCG Quality Strategy

Quality is systemic and cuts across primary and secondary care, health and social care. The role of Walsall CCG is of a commissioner, performance manager and guardian of high quality care for their local populations. Walsall CCG is committed to commissioning high quality services that both improve patient experience and quality of care as a key element to achieving their mission for:

Improving the Health and Wellbeing of the People of Walsall

2 Walsall CCG Quality Aims

Walsall CCG has a corporate objective to commission high quality healthcare.

The Walsall CCG quality strategy sets out five aims to describe our approach to commissioning high quality healthcare. These aims incorporate the learning from the Francis and Keogh reports.

<table>
<thead>
<tr>
<th>Keogh/Francis</th>
<th>Walsall CCG Quality Strategy Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience</strong></td>
<td><strong>Patient Experience</strong></td>
</tr>
<tr>
<td>Walsall CCG will promise to use patient experience intelligence to deliver its commissioning responsibilities in terms of service improvement, innovation and service redesign. This involves setting out the central role that patients and service users must play in the oversight and scrutiny, design and measurement of high quality services</td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong>&lt;br&gt;Preventing problems&lt;br&gt;Detecting Problems quickly&lt;br&gt;Taking action promptly</td>
<td><strong>Early Warning Systems</strong></td>
</tr>
<tr>
<td>To establish and maintain an early warning system that is sensitive, timely and responsive to small variances in quality of services. This includes setting out a system wide procedure to enable the CCG to respond in a rapid coordinated and collaborative manner to failings in quality whilst safeguarding patients and service users.</td>
<td></td>
</tr>
<tr>
<td><strong>Workforce</strong>&lt;br&gt;Ensuring staff are trained and motivated</td>
<td><strong>Contract management</strong></td>
</tr>
<tr>
<td>It is through the contract management that WCCG can assure themselves of the quality of care being provided</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical and operational effectiveness</strong></td>
<td><strong>Contract management</strong></td>
</tr>
<tr>
<td>The management of the national contract is key to enabling commissioners to performance manage the provider, describe the quality metrics and standards required, drive continuous quality improvements and hold the providers to account.</td>
<td></td>
</tr>
</tbody>
</table>
Leadership and governance
Ensuring robust accountability

Values
To create an environment that supports and encourages a culture where the values and behaviours enable robust systems and processes to monitor, manage performance and regulate quality of care in a transparent and open manner.

Partnership working
This brings opportunities to strengthen and create new working relationships with local partners including the public to combine resources and tackle quality issues with a holistic approach.

3 Quality Assurance Framework
## 4 Updates from previous report recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions from October 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The slight increase in pressure ulcer reports, particularly for community and request an update as to actions taken at next SQP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive assurance regarding the learning from incidents relating to absconds undertaken by DWMHT</td>
<td>Investigation outcome detailed in report. Second investigation yet to conclude</td>
<td></td>
</tr>
<tr>
<td>The audit activity across providers and receive an update at next committee meeting regarding assurance process for impact of audit activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive DWMHT annual safeguarding report at next meeting.</td>
<td>Draft report received</td>
<td></td>
</tr>
<tr>
<td>Request a schedule of surveillance activity to be undertaken by CCG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Actions from September 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive visit schedule</td>
<td></td>
<td>In development</td>
</tr>
<tr>
<td><strong>Actions from July 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seek assurance that the outstanding audits for anaesthetics are completed during July.</td>
<td>Request update at Sep CQR</td>
<td>In progress</td>
</tr>
<tr>
<td>Seek assurance of process and learning following the LD safeguarding incidents once completed.</td>
<td>Safeguarding incident in progress – conclude Sep 13</td>
<td>In progress</td>
</tr>
<tr>
<td><strong>Actions from June 2013</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request an update on receipt of CAS alerts from WHT at next SQP.</td>
<td>Information provided at June CQR was still incorrect. WHT now fully conversant with information required and this will be provided at July CQR.</td>
<td>Process for reporting is being clarified with provider and area team. Update at Sep CQR</td>
</tr>
</tbody>
</table>
5 Early Warning System/Safety

5.1 Serious Incidents – Health Economy

19 Serious incidents were reported in October which represents a decrease of 1 in comparison to September.

There has been a slight increase in reporting of category 3 pressure ulcers, these predominately relate to patients nursed in their own homes within the community, one category 4 pressure ulcer was reported during October which also relates to a patient cared for in their own home, with carer input four times per day.

September has seen an increase slips trips and falls within the acute Trust with 4 being reported as serious incidents whereby the fall resulted in a fracture. RCA investigations are underway.

No serious incidents have been reported by Primary Care; however one untoward incident has been reported that is undergoing investigation.

No serious incidents were reported by Badger or St Giles.

The breakdown of incidents reported by type and provider can be seen below and investigations are in progress for all incidents.

There are no overdue SI’s, there are 6 SI’s with stop clocks in place, these are reviewed monthly and updated as changes occur.

<table>
<thead>
<tr>
<th>Category</th>
<th>June 13</th>
<th>July 13</th>
<th>Aug 13</th>
<th>Sept 13</th>
<th>Oct</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHNT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed Diagnosis</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Slipp/Trip/Fall</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Screening Issue</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unexpected Death</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Grade 3 Pressure Ulcer</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Grade 4 Pressure Ulcer</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Confidential Information Leak</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Maternity Services – Intra-uterine Death</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Maternity Services – Unexpected admission to NICU</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Child Death</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<td>Out-patient Appointment Delay</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>VTE</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>C.Diff &amp; HCAIs</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Suboptimal Care of Deteriorating Patient</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
### 5.2 Avoidable Serious Incidents

There are no avoidable serious incidents reported this month. No breaches were identified during October.

### 5.3 Never Events

No new never events have been reported during October.

### 5.4 Suicides

One suicide of an out-patient known to mental health services was reported during October; therefore 15 suicides of patients known to mental health services have been reported since December 2012.

One attempted suicide of an out-patient was reported during October, the patient was transferred to Queen Elizabeth Hospital for further treatment, injuries sustained are not life-threatening.
threatening and the patient is expected to be discharged in the near future to care of mental health services, an initial strategy meeting has taken place, the investigation is in progress.

The suicide analysis reported was presented at October CQR and included suicides data between April 2012 and June 2013; this scoping exercise has contributed to the commencement of the consultation process for DWMHT suicide strategy.

Analysis of the suicide/suspected suicide cases across the three financial years shows that there has been very little change in the number of cases logged and investigated – see table below.

<table>
<thead>
<tr>
<th></th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>2</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>2012/13</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>2013/14</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6*</td>
</tr>
</tbody>
</table>
5.4.1 Suicide Incident Summary
Of the 19 cases reported between April 2012 and June 2013:
• The common method of suicide is hanging, with 9 out of the 19 using this method. The second highest related to overdose and substance misuse
• All but one of these patients were White British
• All but one of these cases relate to patients seen within the community, the one inpatient was on leave at the time he committed suicide.
• Of these 19 cases there are a higher percentage of Males (15) to females
• The age ranged showed that patients in their 30’s and 50-60’s had the higher rates of Suicide
• This information was then split into service locality, which showed a higher number of younger people taking their own life in Walsall and in comparison and higher number of older people in Dudley

5.4.2 Contributory Factors and Root causes
A breakdown of the contributory factors and root causes identified through investigations of the 19 cases reported between April 2012 and June 2013 can be seen in the table below;
It is evident that deterioration in mental illness is the main factor coupled with substance misuse.

<table>
<thead>
<tr>
<th>Age</th>
<th>Method</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-29</td>
<td>Hanging</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overdose</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>Hanging</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unconfirmed</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Unconfirmed</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overdose</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>Overdose</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overdose</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-64</td>
<td>Overdose</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging (train)</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hanging</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>Cut - carotid artery</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overdose</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key to graph
1 = mental illness/deterioration
2 = physical health
3 = alcohol/substance misuse
4 = financial
5 = social
6 = relationship breakdown

5.4.3 Recommendations and Lesson Learnt
From a review of investigations of the 19 cases reported between April 2012 and June 2013 the following key areas were identified
• Following up DNA or patients with persistent non engagement
• Documentation
  ○ Availability
Item 8.1 Appendix 1

- Information across systems
- Management of Medication
  - Stockpiling
  - Review when changing
- Communication between teams
- Engagement of carers

The review of suicide data carried out by CCG Governance team identified similar key areas, however it should be noted that the date range of incidents reviewed was different. The only additional key area identified related to access to psychotherapy.

5.5 Absconds

1 abscond was reported during October this related to a patient that did not return to the ward following section 17 leave, the investigation is in progress.

One investigation has concluded regarding the absconding’s reported in September – this cited that the patient’s withdrawal from illicit drugs and alcohol was a root cause and the design of the windows allowing for forcible opening.

A review of the environmental risk assessment has been requested.
5.6 Falls
There has been 4 falls reported by WHT during October which is an increase of 3 since September and the highest falls serious incidents reported since April. Lead nurse continues to attend falls steering group and providing challenge across the following areas:

1. Staffing: Additional 40 new apprentice workers, trained in falls prevention have commenced during September, across all wards, one of the key roles of these staff is to provide support and prevention activities for those patients at high risk of falls.

2. Environment: There appears to be some regular themes in respect of environmental issues, often falls occur when patients are going to the toilet, which is usually some distance from their own bed space. WHT are now mapping exact places falls occurred on ward areas, to build up an environmental view and have put aides on ward areas to assist patients with mobility to toilet, in the main these are additional fixed tables in the middle of open spaces for patients to grip onto.

3. Clinical Engagement: Medical staff are being identified as falls champions to ensure wider clinical ownership across the organisation re: falls.

4. Themes: There does not appear to be any common theme to the recent falls, although the trust are investigating what measures are in place for patients who have experienced a period of enforced bed rest and are then asked to mobilize and this results in a fall as it appears to be both patient and staff expectations are unclear.

DWMHT did not report any falls during October that resulted in serious injury.
5.7 Mortality

WHT's latest available Standardised Hospital Mortality Index (SHMI) January 2011 to December 2012 is 1.07. This is marked as “band 2” which is defined “as expected” this value represents a continued improvement on the reported value for the fourth consecutive period of publication. A phase 2 mortality reduction plan is in operation which includes surveillance, early warning in respect to mortality and overall quality alongside a programme of further improvement.

5.8 Rule 43 Reports

There were no rule 43 reports declared during October. WHT is completing a piece of work to provide assurance of the process which follows on from coroners rule 43 letters where recommendations have been made by the coroner. This report is expected January 2014.

5.9 Infection Control

There has been 1 infection control related incident reported during October which relates to ward closure due to diarrhoea and vomiting with noro-virus suspected. Immediate action taken included no admission, discharges or transfers; however microbiology investigation suggested other cause for symptoms and the incident was declared not to be a noro-virus outbreak. An investigation is underway.

5.9.1 MRSA Bacteraemia

There were no new MRSA bacteraemia reported during October.

5.9.2 Clostridium Difficile

5 cases of C Diff have been reported consecutively over previous two months; however no trends have been identified in the high number of cases. WHT action plan following the peer review regarding C. Diff remains on target, there is one red action which relates to HPV cleaning of rooms which could not be completed due to capacity issues, this remains under review. As per recommendation from last SQP a formal correspondence has been sent to the medical director from the chair of SQP requesting assurance and updates with regards to the following issues:

- Organisational learning,
- Antimicrobial stewardship
- Environmental cleanliness
- Decontamination of equipment
- Ownership of infection prevention issues at all levels of the organisation
- Root cause analysis

A response has been requested for next CQR in November and this will be reported to next SQP.

5.9.3 Puerperal Sepsis

WHT has submitted a report to CQC which has been accepted. An audit has also concluded and identified the following areas for improvement:

- Documentation deficiencies noted in relation to poor inpatient on-going VIP scoring was seen.
- Approved postnatal review stickers were not used for all postnatal follow up reviews.
Electronic discharge summaries were not completed in all cases of readmissions following Caesarean Birth related wound problems.

All women did not have a swab of the wound prior to the prescription of antibiotic therapy.

The audit team concluded a review of current practices against best practice in relation to skin preparation, shaving requirements pre operatively, skin closure techniques, antibiotic prescribing and wound management is required. An action plan has been developed to address the areas for improvement.

5.10 Pressure Ulcer Management

An increase of pressure ulcers has been noted in the community. Remedial work is being undertaken and DN capacity is being evaluated. To date 3 pressure ulcers were deemed avoidable of those reported during quarter 2, however all investigations have not yet concluded.

Those classified as avoidable have related to community patients and are classified unavoidable because:

- Lack of communication between services
- Lack of escalation of deterioration in tissue damage
- Lack of compliance with education and advice

Of all pressure ulcers reported including category 1 and 2 the highest number of pressure ulcers are attributed to wards 3, 4, 12 and 15. There have been no reported category 4 pressure ulcers in the acute trust since June 2013.
5.11 Central Alerting System (CAS) Alerts
9 Safety alerts were released during September 2013.

5.11.1 Walsall Healthcare NHS Trust CAS alerts
WHT did not report compliance against alerts. WHT have 3 alerts that are outstanding prior to 2013/14 an update on the status of these alerts has been requested, it is also noted that since July 2013 WHT has not met the response deadline for 22 alerts issued. WHT is currently reviewing the assurance process for response to, and implementation of alerts across the organisation.

5.11.2 Dudley & Walsall MH Partnership Trust CAS alerts
DWMHT have assessed all alerts, 4 required no action, 4 are being assessed for relevance, and 1 was circulated for information.

5.12 Early Warning System Recommendations – The Committee is asked to note:
- Note increase in category 3 pressure ulcers in community and request an update of actions taken at Dec SQP
- Note that no category 4 pressure ulcers have been reported within the in-patient areas since June 2013
- Note the increase in falls resulting in significant harm and request an update on interventions taken by WHT at Dec SQP
- Note outcome of DWMHT suicide analysis and receive an update on the suicide prevention strategy at Jan SQP
- Note number of C Diff cases reported and receive assurance of actions taken by WHT from Nov CQR
• Note outstanding CAS alerts for WHT and consider revised process proposed by WHT in Dec

6 Patient Experience

6.1 Friends and Family test
The Friends and Family Test aims to provide a simple, headline metric which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality.

Net Promoter continues as a CQUIN scheme in 2013/14. The questionnaire has changed from a score of 1-10, to words from ‘Extremely likely’ through to ‘Extremely unlikely’. This reduces the options of scores available to patients from 10 down to 6. The key question asks ‘How likely are you to recommend this service to friends and family if they needed similar care or treatment?’

The scores for A&E and In-patient can be found below:

<table>
<thead>
<tr>
<th></th>
<th>Year Standard</th>
<th>Monthly Trajectory</th>
<th>Sep 13</th>
<th>YTD</th>
<th>Change on last month</th>
<th>forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>76</td>
<td>70</td>
<td>65</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient</td>
<td>76</td>
<td>73</td>
<td>70</td>
<td>70</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

6.2 Patient Experience Recommendations – The committee is asked to note:
• Note the results for the friends and family test and reduction in A&E results

7 Contract Management/Effectiveness

7.1 WHO checklist
WHT reported 100% compliance against the WHO checklist in the theatre environment; further stress testing will be completed in this area. Checklists are available in wards areas and these are to be included in the procedure pack. Radiology was again not compliant, an action plan has been developed to ensure 100% compliance and a re-audit of radiology has been scheduled.

AFPP (Association for Perioperative Practitioners) have been approached to support a peer review of both theatre and non-theatre environment to assess the level of compliance with WHO checklist and provide professional advice and guidance regarding best practice.

7.2 National Institute for Health & Care Excellence (NIHCE) Compliance
11 pieces of guidance were issued by NIHCE during September 13.

7.2.1 Walsall Healthcare NHS Trust NIHCE
WHT have confirmed that all guidance issued during September has been assigned a lead and are undergoing baseline assessments.
Of the 19 technological appraisals issued since April 2013 4 are outstanding, these have been escalated to quality board and appropriate action has been taken.
7.2.2 Dudley & Walsall Mental Health Partnership Trust NIHCE
DWMHT assessed the guidance issued and identified that 1 quality standard that is relevant to mental health as a service provider and relates to QS48 Depression in children and young people.

7.3 Audit
7.3.1 Walsall Healthcare NHS Trust Audit
Clinical audit outcome data from September has been received, a total of 6 audits were completed during September.

7.4 Contract Management Recommendations – The Committee is asked to:
- Note compliance with WHO checklist in theatre environment
- Note non-compliance in with WHO checklist in radiology and seek assurance of radiology compliance
- Note outstanding technological appraisals at WHT and request update at Dec SQP

8 Provider Updates
8.1 Walsall Healthcare NHS Trust (WHT)

8.1.1 Falls
WHT reported 44 falls in total during September 2013 which represents a reduction of 1 compared to August. The overall picture in relation to all falls continues to see a reduction. However the increase in falls SI’s is noted.

The highest number of falls reported during September was from Ward 12 and Swift Discharge Suite (SDS).

WHT Actions
A number of new actions have been identified by WHT which are being implemented alongside the on-going actions and include:
- Review of the ‘How to’ guide for Reducing Harm from Falls from the Patient Safety First Campaign.
- Mapping of the ‘How to’ guide against current actions. Establish new objectives and incorporate these within an action plan to ensure delivery.
- Falls on Ward 12 and SDS during September were broadly related to compliance. To map where patients fall on the wards going forward to identify hot spots and trends on ward areas.
- A refreshed and more robust training programme has been developed and agreed for falls including specific deadlines for which staff groups must complete the training and the frequency.
- Following the review of documentation, modified MORSE, bed rail and falls care plans are in use from September 16th.
- Falls Dashboard has been revised to include additional measures to reflect performance in Community Services. This will be presented to the Falls Steering Group in October and once approved, will be submitted to Walsall CCG.

Continuing Actions:
- Extensive weekly audits continue to be conducted on Thursdays, co-ordinated by the Heads of Nursing and
conducted by all ward sisters with results discussed with the Chief Executive.

- Heads of Nursing continue to review every reported fall in the Trust including conversation with the patient to assure that Trust policy has been followed fully. Patient Safety Project Manager continues to liaise with staff throughout the Trust regarding falls.

Since April 2013 there have been 20 cases of CDiff against a trajectory of 12 for the time period (28 for the financial year). Of the 5 hospital cases reported in September, the trust have identified that 4 were largely unavoidable due to very poorly patients with multiple comorbidities who required justified multiple antibiotic therapy. However, antibiotic therapy was the key risk factor in all of the 5 cases, including one case attributed to antibiotics prescribed in primary care.

**New Actions Taken**

**New Actions by WHT include:**

- A new C.difficile action plan has been developed to be received at Infection Control Committee on 14th October.
- A short life working group is being established for C.difficile to review the 10 cases experienced during August and September and any further actions that could be taken in addition to actions outlined in the C.difficile action plan.
- A revised Bristol Stool Chart is due for dissemination to ward areas during October.
- A Consultant Microbiologist is due to meet with the Head of Medicines Management at the Care Commissioning Group to ascertain any required actions relating to antimicrobial prescribing in primary care.
- A Consultant Microbiologist is also continuing the plan to introduce urine antigen testing in A&E and AMU.
- A revised Antimicrobial prescribing policy is awaiting ratification.
- The presence of the Infection Control Team in ward areas has been increased and walkabout visits with Heads of Nursing are planned.
- Actions relating to C.difficile are discussed at the monthly Infection Control Committee which is chaired by the Chief Executive.

**8.2 Dudley & Walsall Mental Health Partnership (DWMHPT)**

**8.2.1 Summary of Incidents**

Acute Services incidents have shown a 19.8% decrease since August 2013, and the figure has remained above the 12 monthly average. Disruptive / Aggressive Behaviour continues to be the most reported category and the number of incidents has decreased on the previous month. There has been a decrease in the number of Self Harming related incidents. There was a decrease in the number of Patient Accidents.

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Number of Incidents reported September 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>133</td>
</tr>
<tr>
<td>Older</td>
<td>85</td>
</tr>
<tr>
<td>Recovery</td>
<td>15</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>11</td>
</tr>
</tbody>
</table>
8.3 Provider Update Recommendations

The Committee is asked to:

- Note reduction in falls overall, however increase in falls resulting in serious injury and receive update on actions at Dec SQP
- Note increase in C Diff rates at WHT and receive update on actions at Dec SQP

9 Primary Care

9.1 Badger – Out of Hours

9.1.1 Incidents

There were 3 incidents reported during September of which 1 was in respect of operational issues, the remaining 2 relate to clinical management, investigations are in progress. Badger identified and reported 3 incidents apertaining to other parties i.e. incident not attributable to Badger, these relate to A&E, Patient/Parent and Ambuline.

9.1.2 Complaints

Badger have received 1 complaint during September which relates to clinical management this has been investigated and the outcome was that the clinical care was appropriate, the case was not upheld.

There was 1 complaint during October which relates to staff manner and management, this is under investigation.

9.1.3 Patient experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>54%</td>
</tr>
<tr>
<td>Good</td>
<td>26%</td>
</tr>
<tr>
<td>Fair</td>
<td>6%</td>
</tr>
<tr>
<td>Poor</td>
<td>20%</td>
</tr>
</tbody>
</table>

Patient experience data from quarter 1 for overall experience is detailed below form 111 feedback cards received.

9.2 Primary care Recommendations

The Committee is asked to

- Note incidents reported by Badger and request outcome of investigation at Dec SQP.

10 Quality Concerns Summary

WCCG implemented the “Quality Concerns” process to capture and consider concerns regarding quality of healthcare. A summary of concerns reported during October can be seen in the table below:
10.1.1 Quality Concerns by Type (April to October 2013)

The most common reported concerns relate to access to services which specifically concern referrals and appointments and workforce incidents.

10.1.2 Lessons Learned from Closed Quality Concerns

**QC-030 – Work Force Issues**
Concern raised by a Walsall GP commenting on increasing trend from the WHT requesting GP’s to follow up on investigations arranged by WHT after the patient had been discharged. This was followed up by Commissioning Manager...
for planned care and will be incorporated into the MSKFBH StaR group.

**QC-023 – Discharge from Service**
Concern raised by WHT regarding a failed discharge to a Nursing Home, this was investigated as a complaint, however further investigation identified that WHT discharged the patient after 7.30pm and were therefore operating outside of process. There were no lessons identified for the nursing home.

**QC-041 – Professional Issues**
Concern raised by a Walsall Practice Manager (QC have received a number of complaints from several practices regarding the same issue) whereby practices received mail from the Manor addressed to other practices. Following further investigation WHT advised that previously a trial process had been completed to identify more effective ways of managing mail however the trial proved ineffective and highlighted potential governance issues. A new process was implemented at the beginning of Oct 13 whereby individual GP’s have their own envelope only containing correspondence relevant to them.

**10.2 Quality Concerns Recommendations – The Committee is asked to:**
- Note the trends in categories reported through quality concerns
- Note the outcome of closed quality concerns.

**11 Safeguarding**

**11.1 Safeguarding Adults**
Safeguarding awareness training was provided to GPs and Practice Nurses during October 2013.

A number of practices attended the training session. Over all 47 people attended. Initial evaluation was positive from attendees at the session.

There are two Domestic Homicide Reviews (DHRs) nearing completion in Walsall (due Dec 2013) with a third to be commenced shortly, once report is received from Home Office these reports will be in the public domain.

The quality improvement lead continues to support provider organisation leads with revised processes for adult safeguarding practice, a full update regarding this work will be provided to committee in December.

There are currently two large scale safeguarding investigations, in two of our care homes.

**11.2 Safeguarding Children**
There has been one extra ordinary safeguarding board meeting to review and agree priorities for the board going forward and discuss board activities and achievements to date. The improvement board continues to meet six weekly with regular reviews undertaken by DFE and recommendations to the minister. The Local Safeguarding Children Board (LSCB) is working hard to undertake the work
of the improvement board and provide assurance it is fit for purpose.
Committee will be aware of the on-going review, challenge
and scrutiny regarding WHT training compliance figures for
levels 1-3 children’s safeguarding compliance. A revised
action plan and trajectory has been put in place by WHT
which we have continued to monitor.
There is one serious case review underway.
The safeguarding leads for CCG have met and agreed to
develop a safeguarding assurance strategy; this will be
available in draft for December meeting and will include a
performance framework for providers re: safeguarding activity,
Prevent assurance and reference to domestic violence
assurance across health.

11.3 Safeguarding Recommendations – The Committee is asked to:

- Note the adult safeguarding awareness training
  provided to Primary Care
- Note the child serious case review, DHRs and adult
  SCR.
- Note the possible adult safeguarding serious case
  review pending decision of independent chair of
  vulnerable adult’s board.
- Request a draft version of the safeguarding assurance
  strategy in December.
- Request the response to and from WHT e: exception
  notice for training compliance.

12 Regulatory Activity / Reviews

12.1 Care Quality Commission

No CQC reviews across providers during the month of
October 13.

12.2 Other Reviews

No other reviews have taken place during October 2013.
The draft quality review process has been drafted; the
majority of visits for the remainder of 2013/14 will be
unannounced and will be determined based upon quality and
safety information and intelligence. Announced visits to
theatres are being planned.

12.3 Recommendations – The Committee is asked to:

- Request the CCG quality review process once
  available