

WOLVERHAMPTON CCG
Governing Body
Tuesday 10th April 2018

Agenda item 8

TITLE OF REPORT:	Executive Summary and Quality and Safety Committee report (April 2018)
AUTHOR(S) OF REPORT:	Annette Lawrence, Designated Adult Safeguarding Lead on behalf of Sukhdip Parvez, Quality and Patient Safety Manager Sally Roberts Chief Nurse
MANAGEMENT LEAD:	Sally Roberts Chief Nurse
PURPOSE OF REPORT:	To provide the Governing Body detailed information collected via the clinical quality monitoring framework pertaining to provider services. Including performance against key clinical indicators (reported by exception). A summary is provided and the April Quality and Safety Committee report is included in Appendix 1
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This report is confidential due to the sensitivity of data and level of detail.
RECOMMENDATION:	Provides assurance on quality and safety of care, and inform the Governing Body as to actions being taken to address areas of concern
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	<ol style="list-style-type: none"> 1. Improving the quality and safety of the services we commission 2. Reducing Health Inequalities in Wolverhampton

	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
Urgent Care Provider	<p>Vocare has been rated inadequate for the March 2017 CQC visit. A further announced focused inspection was carried out by CQC on 26 October 2017 in relation to the warning notices issued in July 2017. An unannounced visit by WCCG in January 2018 highlighted further concerns, pertaining to triage, performance and paediatric triage arrangements.</p> <p>The CQC re-visited Vocare in February 2018 and whilst full report is awaited some improvements were noted. An 8 week improvement plan has been agreed between CCG and Vocare and weekly reviews have been ongoing.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly CQRM/CRM meetings • Vocare Improvement Board meetings • Announced and unannounced visits by WCCG • Continuous monitoring for Serious Incidents, Complaints or any other emerging quality issues, with no emerging themes or trends. • Positive meeting with RWHT and Vocare with regards a process mapping review of streaming and triage arrangements, to be undertaken by CCG. • Senior oversight of improvement plan in place by Vocare, with improvements noted in performance targets for triage response. 	

	<ul style="list-style-type: none"> • Workforce review undertaken by Vocare and active recruitment now underway. • Move to local arrangements for some infrastructure arrangements, will ensure more timely and responsive arrangements for staffing and dispatch activities. • Appointment of senior operations manager has provided local leadership and oversight. 	
<p>Maternity Performance Issues</p>	<p>The Provider has currently capped the maternity activity for the Trust (capping where the Trust takes referrals from), this does not apply to Wolverhampton women. The current Midwife to birth ration is 1:31, with national rate standing at 1:28. <i>Caesarean rates:</i> Elective rate 12.6% (target is less than 12%) and Emergency rate 20.6% (target is less than 14%)</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly CQRM/CRM meetings • Continuous monitoring for SI's, complaints or any other emerging quality issues pertaining to maternity, no emerging themes or trends have been identified. • Maternity activity capped by provider • Midwifery vacancy rate reported as 0.3% for Feb 2018. • Awaiting outcome of review by National Team (Birth Rate Plus) – the Trust is expected to receive this at the end of March/beginning of April 2018, formal feedback will be provided at May CQRM. • RWT undertaking an internal review of caesarean section performance, findings will be presented at a future CQRM. 	
<p>Non-Emergency patient transport service issues</p>	<p>There are performance issues with this provider with a potential for its impact on quality. The provider has failed to meet reporting requirements i.e. Serious incidents, KPI's, Quality reporting and current performance is not at the level expected.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly CQRM/CRM meetings • Continuous monitoring for Serious Incidents, complaints or any other emerging quality issues with consideration to any themes or trends that may arise, no emerging themes at present. • Strengthening of commissioning arrangements underway, with KPI's being reviewed by WCCG/DCCG based on a proposal by WMAS 	

<p>Mortality</p>	<p>The estimated SHMI for November 2016 to October 2017 was 117.4 and banded higher than expected. At the next NHS Digital publication, the SHMI for RWT for the period October 2016 to September 2017 is estimated to be 1.18 and again banded higher than expected. RWT is a national outlier for this performance. The crude mortality trends have not seen any significant changes, the expected mortality rate for RWT continues to be lower than England's. The actual crude mortality for in-hospital deaths is lower in 2018 compared with the previous three years at the trust.</p> <p>For the period April 2017 – January 2018 there were 1651 adult inpatient deaths at the Trust. Of these 67.4% had an initial mortality review by the end of January and 46.7% had a review using the SJR methodology, which was introduced in August 2017.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Clinicians have been trained to undertake Stage 2 reviews and a working group has been set up to set out a method for allocating cases for stage 2 reviews in accordance with the established policy. • Work is in progress to implement the changes in the creation of finished consultant episodes on admission to AMU. • Changes have been made to clerking documentation to improve the clarity of primary diagnoses and comorbidities on admission to hospital, thus aiding richer coding. • The Head of Coding and Data quality has drafted a plan to address education and collaborative working between coders and clinicians with the aim to improve documentation accuracy. • Further understanding and more detailed work is required to identify concrete measures for monitoring progress and improvements. • To further explore a local system approach to mortality, with specific reference to patient 	
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	deaths within 30 days of hospital discharge, ensuring end of life pathways are robust.	
Increased number of NEs 16/17	<p>6 Never Events reported by RWT for 2017/18 year to date. There have been no never events reported in the last reporting period since previous Governing Body.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Monthly CQRM/CRM meetings • Continuous monitoring for SI's, complaints or any other emerging quality issues • Scrutiny and challenge via bi-monthly SISG (Serious Incident Scrutiny Group) meetings with provider present • Robust scrutiny of all Never Events before closure on STEIS (Strategic Executive Information System) • WCCG have requested a RWT/CCG Clinical Board to Board meeting to be held in April 2018 – Never Events will be discussed as the key agenda item. • RWHT have requested further support from AFPP to review culture and practice within clinical theatre environment, including application of WHO checklist, to be reported back to CCG once review completed. 	
Safety, experience and effectiveness	<p>Continuous scrutiny of Pressure Injuries, Serious Incidents, Falls, FFTs, Surveys, NICE and IPC.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • Bi-monthly SISG (Serious Incident Scrutiny Group) meetings with provider present. • WCCG attends weekly PILLA (Pressure Injury Lesson Learned Accountability) meetings. • Continued improvements seen in avoidable pressure injuries, CDiff and falls. • No patient falls causing Serious Harm in February 2018 • Significant reduction in the number of avoidable pressure injuries • Significant reduction in the prevalence of Stage 3 and 4 pressure injuries • WCCG attends RWT monthly Pressure Injury Steering Group. 	
Improving primary care services	Continuous monitoring of Infection Prevention ratings, Friends and Family Test, Quality Matters, Complaints, Serious Incidents , NICE, and Workforce.	

<p>Cancer Performance</p>	<p>Cancer performance for the trust remains an area requiring further assurance. In particular 62 and 104 day cancer performance requires further assurance to ensure any potential or actual impact of harm for patients is understood and mitigated.</p> <p>Risk Mitigation:</p> <p>Chief Nurse has written to Chief Operating Officer and Medical Director at the trust and requested a meeting to clarify:</p> <ul style="list-style-type: none"> • Individual patient by patient harm review, including independent review and consideration being made for actual/potential harm as well as consideration of psychological impact of harm. • Is duty of candour considered and enacted as a result of harm review? • Some of the reasons pertaining to 104 waits have been identified as pertaining to patient choice, is this informed choice by patients and are they fully aware of the consequences of decision. • Access to diagnostics appears to be one of the reasons stated; further clarity is required, specifically where this may relate to commissioning. • Late tertiary referrals being cited WCCG are keen to work with RWHT to raise the issue across the system on the basis of poor quality of care provision. • One case required anaesthetic review prior to surgery, it would be helpful to understand why this meant 104 day breach • The revised RAP has been rejected by the CCG with regards the trajectory set by the trust and a discussion with regards revised trajectory is now required. • Current meetings taking place at RWT include the weekly PTL meeting where all patients 	

	<p>are reviewed, a weekly performance meeting although this is not specific to cancer performance and a monthly cancer improvement meeting. The priority and purpose of the proposed meetings is to see recovery by May 2018 (agreed on 16/3/18).</p> <ul style="list-style-type: none"> • WCCG have requested to see a report on the work that has been done by Millar Bowness for head and neck pathways and to ascertain if some of the improvements would be transferrable to other cancer sites. • Analysis work being undertaken by the trust in diagnostics to review capacity and demand with the aim to identify bottlenecks. • Additional capacity has been identified in radiotherapy for CT scanning although workforce may be challenging to support this. 	
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Cancer Waiting Times

Cancer Target Compliance

	Target	Q3 2017/18			Q4 2017/18			
		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Jan-18
2 Week Wait Cancer	93%	94.85%	93.54%	88.57%	90.79%			Excluding Tertiary Referrals
2WW Breast Symptomatic	93%	97.45%	93.39%	53.00%	93.33%			
31 Day to First Treatment	96%	97.51%	97.82%	97.35%	96.27%			
31 Day Sub Treatment - Anti Cancer Drug	98%	100.00%	100.00%	100.00%	98.39%			
31 Day Sub Treatment - Surgery	94%	94.59%	94.55%	85.71%	71.15%			
31 Day Sub Treatment - Radiotherapy	94%	97.58%	98.04%	96.05%	96.81%			
62 Day Wait for First Treatment	85%	76.99%	76.34%	73.94%	70.12%		73.08%	
62 Day Wait - Screening	90%	100.00%	82.46%	74.19%	63.04%		63.64%	
62 Day Wait - Consultant Upgrade (local target)	88%	93.20%	93.53%	89.47%	88.44%		91.40%	

62 Day Target by Cancer Site

Site	Total Patients	Breaches	%
Breast	10	1	90.00%
Colorectal	9.5	4.5	52.63%
Gynaecology	6	1.5	75.00%
Haematology	3	1	66.67%
Head & Neck	7	5	28.57%
Lung	2	0	100.00%
Other	2	0	100.00%
Sarcoma	1	0	100.00%
Skin	12	0	100.00%
Upper GI	3.5	1.5	57.14%
Urology	26	10	61.54%
Total	82	24.5	70.12%

2 Week Wait - There are 124 patient breaches in month, these are largely down to patient choice (knock on effect from Christmas and New Year), however, this also includes capacity issues in Breast & Gastro due to significant rise in referrals numbers. This rise is being investigated by the commissioners.

31 Day Sub Surgery - 7 patient breaches in month - all capacity issues.

62 Day Traditional - 28 patient breaches in month - 7 x Tertiary referrals received between days 46 and 109 of the patients pathway (operating guidelines state referrals should be made within 42 days), 6 x Capacity Issues, 10 x Patient Initiated, 1 x Patient unfit for surgery and 4 x Complex Pathways. Of the tertiary referrals received 0 (0%) were received before day 42 of the pathway, and 3 (43%) were received after day 62 of the patient pathway.

62 Day Screening - 10 patient breaches in month - 7 x capacity issues and 3 x complex pathways.

Patients over 104 days - There are currently 23 patients at 104+ days on the cancer waiting list (compared with 15 reported in December), all of these patients have had a harm review and no harm has been identified.

Please see Appendix 1 for a full copy of the Monthly Quality and Risk Report – Quality and Safety Committee 10th April 2018 (February data)



**Wolverhampton
Clinical Commissioning Group**