

WOLVERHAMPTON CCG
Governing Body
Tuesday 8th May 2018
Agenda item 13

TITLE OF REPORT:	Executive Summary and Quality and Safety Committee report (May, 2018)
AUTHOR(s) OF REPORT:	Sally Roberts Chief Nurse & Director of Quality Sukhdip Parvez, Quality and Patient Safety Manager
MANAGEMENT LEAD:	Sally Roberts Chief Nurse & Director of Quality
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 May 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 preliminary report suggests that Vocare has been rated '<u>Requires Improvement</u>' and the final report is awaited. An initial 8 week improvement plan was been agreed between CCG and Vocare and weekly reviews have been ongoing. A further revised 8 week improvement plan is now in place and weekly monitoring continues by CCG.</p> <p>Risk Mitigation:</p> <ul style="list-style-type: none"> • 6 weekly Vocare Improvement Board meetings • Announced and unannounced visits by WCCG • No Serious incidents reported by Vocare since Oct,17 • Front door process mapping to be undertaken in May, led by CCG. • Senior oversight of improvement plan in place by Vocare, triage response rates remain an improving picture with 78.7% reported for 13-18th April. Four hour performance was reported as 98% for same April period. • Home visiting and call back performance remains challenging 	

	<ul style="list-style-type: none"> • Workforce capacity and demand review completed and shared with CCG • Appointment of senior operations manager has provided local leadership and oversight. • Clinical Rota Co-Ordinator role now appointed to local position, all local dispatchers now appointed • Two team leaders appointed, in addition to four GP roles. 	
<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 ratio is 1:30, with national rate standing at 1:28. <i>Caesarean rates:</i> Elective rate 12.2% (target is less than 12%) and Emergency rate 17.1% (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 1.3% for March, 2018, an increase of 1% since Feb, but below trust target. • Midwife sickness rate reported as 6.3% for March, 2018, a slight increase compared to 6.2% reported at 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,18 CQRM. • RWT undertaking an internal review of caesarean section performance and initial review has suggested that in 60% of cases (category 3 & 4) it was the acuity of the patients i.e. diabetes. A full report of these findings will be presented at May 18 CQRM. 	
<p>Non-Emergency patient transport service issues</p>	<p>Recent performance issues with this provider have a potential to impact on poor patient experience. The provider had previously failed to meet reporting requirements i.e. Serious incidents, KPI's, Quality reporting and current performance was not at the contract 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. • Contract now agreed to support strengthening of commissioning arrangements, to include closer reporting and monitoring of agreed KPI's 	
Mortality	<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 	

	<p>diagnoses and comorbidities on admission to hospital, thus aiding richer coding.</p> <ul style="list-style-type: none"> • 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 deaths within 30 days of hospital discharge, ensuring end of life pathways are robust. • Logged on the WCCG risk register as a high risk. 	
<p>Increased number of NEs 16/17</p>	<p>6 Never Events reported by RWT for 2017/18 year to date. The trust has further reported 2 new Never Events for year 2018/2019.</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 senior exec board has met with RWT board on 18.04.2018 to seek board assurance of actions being undertaken by the trust to prevent/mitigate reoccurrence of never events. • 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. • CCG have instigated rapid responses to recent never events, including immediate assurance call with DON and unannounced visit to theatre area involved in recent never event. 	

	<ul style="list-style-type: none"> • Agreement to seek wider learning event for Bham, Solihull and Black Country to be sought through QSG. • Failure to ensure robust 'Checking' process is identified as an emerging theme of never events 	
<p>Safety, experience and effectiveness</p>	<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. • 4 patient falls with serious harm was reported in March 2018 • 1 stage 3 pressure injury was deemed as avoidable for March,18 • WCCG attends RWT monthly Pressure Injury Steering Group. 	
<p>Improving primary care services</p>	<p>Continuous monitoring of Infection Prevention ratings, Friends and Family Test, Quality Matters, Complaints, Serious Incidents , NICE, and Workforce.</p>	
<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> <ul style="list-style-type: none"> • CCG Chief Nurse and Chief Operating Officer have met with RWHT COO and lead cancer clinician to seek further assurance with regards performance, a range of actions are underway following the meeting, these include: • Awaiting assurance documentation form the trust pertaining to harm review process undertaken by the trust • How evidence of duty of candour is supported • Attendance at weekly cancer PTL meeting for further assurance and scrutiny of 	

performance agreed with RWHT

- Speciality level performance data awaited from Trust
- Agreed focus of scrutiny with regards 104 day waits initially
- IST to undertake a review of tracker activity on behalf of the trust during May/June
- Agreement to utilise UHB tertiary referral forms agreed by the trust
- 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 currently on going
- 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, this is awaited but expected May.
- Additional capacity has been identified in radiotherapy for CT scanning although workforce may be challenging to support this.
- Remains a high risk on both RWHT and WCCG risk registers
- Cancer network and NHSE are sighted on current performance and support the ongoing work with the trust

A further was provided at the April,18 CQRM :

- Additional Saturday clinics
- Business case for additional clinical support
- Strengthening PTL meetings process
- Improving diagnostic pathways
- **Cytology Incident**

In April, 18 WCCG was made aware about a cervical screening incident at RWT. A review meeting has taken place, led by PHE to agree a range of actions; these include effective communications, to include patient & GP letters. This incident was discussed in length and it was decided this incident

	doesn't meet the criteria to be reported as a serious incident. A further update is currently awaited.	
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Please see Appendix 1 for a full copy of the Monthly Quality and Risk Report – Quality and Safety Committee 8th May 2018 (March, 18 data)