

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

6th APRIL 2016

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NHS ROTHERHAM

1. HEALTHCARE ASSOCIATED INFECTION

RDaSH: There have been no cases of Health Care Associated Infection so far this year.

Hospice: There have been no cases of Health Care Associated Infection so far this year.

TRFT :

- MRSA – 0
- MSSA – 43
- E Coli – 188
- C-Difficile: 17

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 26	Monthly Actual	0	4	1	4	0	4	0	1	1	2	1	
	Monthly Plan	2	2	2	2	3	2	2	2	3	2	2	2
	YTD Actual	0	4	5	9	9	13	13	14	15	17	18	
	YTD Plan	2	4	6	8	11	13	15	17	20	22	24	26

Post Infection Review Meeting - last meeting held on 24th February.

The last case (case 18) remains open as further information was required, there, therefore, is no final decision on 'lapse' or 'no lapse' as yet. 2 of the cases are not attributed to Rotherham CCG, as they are registered with out of area GP's as a consequence these are not included within NHSR figures. Despite not being included TRFT have completed Post Infection Reviews of the 2 cases. Learning outcomes and actions have been identified and completed on all cases applicably.

NHSR:

- MRSA – 1
- MSSA – 55
- E Coli – 217
- C-Difficile: 75

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 63	Monthly Actual	4	9	9	12	6	10	1	5	6	8	5	
	Monthly Plan	5	6	6	6	4	4	5	6	5	6	4	6
	YTD Actual	4	13	22	34	40	50	51	56	62	70	75	
	YTD Plan	5	11	17	23	27	31	36	42	47	53	57	63

The above tables represent the cases to date which have been signed off (14th of each Month) on the HCAI data collection system.

The increased number of Clostridium Difficile has been recognised by NHSR. A collaborative Clostridium Difficile reduction strategy is in place and NHSR continues with a Clostridium Difficile process review to determine further actions to reduce the figures.

Of the 75 cases, 12 cases are classed as repeat samples/ relapses. Collaborative work has been undertaken between NHSR and TRFT to look at ways to attempt to reduce the repeat samples/ relapses, and as a consequence a change relating to patient by TRFT follow up at 2 and 3 weeks instead of 2 and 4 weeks has taken place.

Of the 75 cases, 10 cases are from patients residing in care homes, with 2 of the care homes having 2 residents with C Diff. The remaining 6 care homes each having 1 resident each with C Diff.

The distribution in respect to GP's is fairly equal with the majority of C diff cases per 1000 people being less than 0.5. There are 2 GP surgery's with a case incidence above 0.5 per 1000, however it is less than 1 per 1000. This does not take into consideration hospital admissions, or any relapses/ reinfections, therefore questioning the reliability.

MRSA Wound Infections

Investigation of a cluster of MRSA wound only infections (9 confirmed same type within a year) within a locality of Rotherham is now concluding. No clear cause has been identified, however the agreed likely cause being cross infection from Health Care. Additional training, updates and reinforcement relating to Infection Prevention and Control precautions and practice has been undertaken. The type of MRSA has been identified as, 'not virulent or invasive', so therefore not having any recognised poor outcomes related.

There has now been no new case in almost 4 months, therefore it has been agreed to continue the enhanced monitoring, and act/ reconvene on any further increases as identified by this process.

Following PHE epidemiology involvement, there have been 3 cases identified in Doncaster and Barnsley – This information will be assessed as to whether any further action is required.

2. MORTALITY RATES

The HSMR and SHMI remain a priority area for TRFT and are monitored closely at the Mortality and Quality Alerts Group (MQAG) and through Contract Quality Meetings and Local Outcomes Framework Incentive (LOFI) submissions. HSMR reported in January was 108.08 which is an increase on previous month.

Crude mortality is 96 for January which is within expected limits but is worse than previous month.

The elevated levels will continue for some months due to the sampling time and there continues to be a problem with residual codes unclassified.

Confirmation has been received from the Trust that they will be adopting the standardised mortality reporting tool issued by NHS England.

3. SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)

SI Position 12.02.2016 – 15.03.2016	TRFT	RDASH	RCCG	Roth Residents out of area	YAS	Care UK
Open at start of period	41	5	1	1	0	1
Closed during period	0	0	0	0	0	0
De-logged during period	2	1	1	0	0	0
New during period	9	2	0	0	0	0
Open at end of period	48	6	0	1	0	1
New Never Events	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0
Final Report Status as at 15.03.2016						
Final Reports awaiting additional information	0	0	0	0	0	0
"Stop the Clock" e.g. investigations suspended awaiting police investigation	2	2	0	1	0	0
Investigation above 60 working days with CCG approved extension	29	0	0	0	0	0
Investigations above 60 working days without CCG approval	0	0	0	0	0	0
Final Reports due at next SI meeting	36	1	0	0	0	1

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
Aug 2014 Jan 2015	Child Sexual Exploitation (CSE) Report published Aug 2014.	<p>Report published August 2014, media interest immense. Negative press received for LA and Police.</p> <p>A bi-monthly 'health' focus group has been set up to co-ordinate a health economy response to national recommendations and the Alexis Jay Health recommendation. This group has completed the work and is awaiting NHS England presenting a paper to LSCB Quality Sub Group.</p> <p>Deputy Designated Nurse attending from April 2015 and works closely with the Named GP to ensure information is appropriately shared with primary care.</p> <p>RCCG has set up a data base to map information on high risk CSE children</p> <p>Named GP highlights high risk cases to individual GP Practices for them to flag concerns</p>	<p>National training on CSE commissioned for senior health professionals – September 2014.</p> <p>Front line staff undertaking 'Stop the Shift awareness raising' 62% of CCG staff responded to the follow up questionnaire.</p> <p>GP Practices utilised this training with 280 participants recorded.</p> <p>Second tier of CSE training for front line staff commissioned to consider victimology took place in February 2014 just under 800 participants attended and the CSE pocket guide was launched. Next step NHS RCCG to co-support, financially, training within all comprehensive schools as a preventative measure. Education will lead on this work which has been financed for 2/3 years. First year report published and shared with NHS RCCG.</p> <p>Third tier of CSE training for front line health staff commissioned March 2016.</p>
January 2015	Attendance by NHS RCCG at LSCB CSE sub-group (Gold) is the Chief Nurse or Chief Officer.		NHS RCCG has commissioned bespoke CSE training for March 2016 for all Independent Providers (see above) from a nationally respected speaker. This training coincides with national CSE awareness day. NHS RCCG also supported with funding full day CSE training for front line staff.

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
23 – 16 Feb 2015	TRFT had a CQC Essential Standards inspection which included Outcome 7 (safeguarding)	Written report published and action plan outlining the way that recommendations will be adhered to is being written.	NHS RCCG follow up actions in Quality and Performance meetings
14 – 18	RDaSH received a	The report was	

Date	Discussion	Outcome	Follow up
September 2015	CQC review of services including safeguarding.	published. An RDaSH Action Plan is being driven forward.	
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. Feedback –the government have appointed a number of independent commissioners to oversee improvements and a new DCS appointed.	LA has set up an improvement panel to consider implications and drive up changes. RCCG Chief Officer and Chief Nurse attending.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) Chief Nurse/Chief Officer sit on Improvement Board Deputy Designated Nurse commenced post 12 January 2015 same day as an independent manager to drive forward agency input into the Multi Agency Safeguarding Hub (MASH) and therefore support on-going improvements in safeguarding children. MASH commenced 1 April 2015
Feb 2016	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be undertaken, from Feb to August 2016 these are to include CSE and Missing from Education	Paper to NHS RCCG Operational Executive sent 15 February. <i>Plan Rotherham Health Economy to work with LSCB and Designated Nurse to prepare for joint inspections March 2016</i>
February 2016	Section 11 Children Act 2004 self-assessment and Peer Challenge by LSCB	NHS RCCG provided a self-assessment position statement to Rotherham Local Safeguarding Children Board (RLSCB). As part of the process the Chief Nurse and Designated Nurse attended a challenge meeting Feb 2016. A report on the findings will be published alongside any remedial actions required. Verbal feedback at challenge meeting very positive for CCG.	In addition to the LSCB peer challenge NHS England published a CCG self-assessment for Looked After Children – peer challenge booked for 19 February and a Safeguarding Children and Adults self-assessment based on Section 11 with a peer challenge arranged for march 2016. Paper to Operational Executive due 14 March 2016
March 2016	NHS England are seeking assurance from all CCG's on	NHS England will undertake a peer challenge on CCGs	This needs to be owned by the CCG and will incorporate evidence to demonstrate

Date	Discussion	Outcome	Follow up
	safeguarding children and adults	following their submission of a self-assessment tool.	compliance, Designated Nurse and Adult Safeguarding Lead to attend the challenge meetings. It is anticipated that this will lead to NHS England publishing assurances around the commissioning of safeguarding children and adults nationally.
March 2016	Looked After Children Health needs are being more accurately reported on but there still remains an issue around process between LA and Health	Joint post commissioned at a senior level between LA and Health – Joint Assistant Director – Commissioning, Performance and Quality. This post holder is supporting the review of process	Designated Nurse LAC to discuss with TRFT and CCG Chief Nurse the need for a task and finish group to ensure that 'health' are part of the solution to improving the process of commissioning effective services for LAC and CL.

4.2 Learning Review

Area	Discussion	Outcome	Output
6.3.2014	19.2.2014 SCR Panel met to discuss injuries sustained by a Rotherham infant. The injuries were potentially non-accidental and whilst under investigation the infant sustained further bruising.	SCR Panel has agreed the methodology and terms of reference of the SCR. The methodology to be utilised is a Significant Incident Learning Process (SILP).	Media reporting following court case to restrict access by father – highlights child injured whilst in hospital. Publication of the report will happen after the Court Case rescheduled April 2016.
July 2015	Child E was referred to LSCB SCR Panel. It was agreed that this historic case met the threshold for a SCR – however due to the other on-going investigations by NCA it was felt that this may not be in the person's best interest.	SCR Panel have referred the case to the RLSCB Independent Chair to be considered as a SCR. The Chair and DfE lead have agreed that a SCR would not meet the local needs or those of Child E and have written to the National SCR Panel.	The National SCR Panel are to consider the case on the 21st September and will respond in writing to the LSCB Chair within one week. 16 October 2015. Considered at December national Panel – Not meeting the criteria. Therefore to be removed once Independent LSCB Chair has considered options. National Panel have decided that the threshold for SCR not met and not in public interest to pursue.

Area	Discussion	Outcome	Output
			<i>March 2016 There is a request that this case is de-logged by NHS RCCG.</i>
December 2015	RLSCB Serious Case Review Panel meeting to discuss significant injuries to a toddler resulting in admission to SCH. Both parents have been bailed pending investigations and the toddler and sibling (Infant born at time of incident) are both accommodated by the Local Authority	The Serious Case Review panel will debate with Sheffield LSCB the importance of this family being considered as the family had only just moved to Rotherham (3 weeks) and had previously been subject to CP plans in Sheffield	Multi agency decision following full consideration arranged for 10 December. Further SCR Panel held on 17 December considered the case and are recommending to the Independent Chair that a SCR should not happen. Consensus at SCR panel did not meet criteria – being discussed January 2016 by Independent LSCB Chair. <i>RLSCB Independent Chair has requested a second opinion from a Chair in an independent area.</i>

5. ADULT SAFEGUARDING

5.1 Headlines

RSAB – the next meeting is the May 2016.

RSAB sub groups – The first sub group of Training is arranged for the 21st March and continues to be work in progress. Performance & Quality and Making Safeguarding Personal are for the week commencing the 21st March 2016.

Prevent & Channel – continues to quicken pace in relation to ensuring all health staff are trained. The Safer Rotherham Partnership has organised a number of events over the past two weeks in relation to Prevent and the Channel. A multi-agency meeting was held on the 14th March that included the police, health and social care across Rotherham, Doncaster, Sheffield and Barnsley with legal requirements of how a Channel Panel should function. In Rotherham this continues to be work in progress.

DoL – Deprivation of Liberty (community setting) continues to gather pace in relation to CCG's responsibilities for health commissioned clients (CHC). Breechcroft Solicitors (RCCG solicitors) ran an open forum this week in relation to identifying, application/paperwork & care plans and the court process. Work continues to be ongoing.

NHS England North held its regional Safeguarding Conference on the 11th March "**Challenges for Modern Day Safeguarding Practice**" which covered Suicide and Self harm, Trafficking and Modern Slavery, Victim Support, Court of Protection and community deprivation of liberty for CCG's, Mental Capacity Act and Safeguarding Children, Think Family and Self neglect.

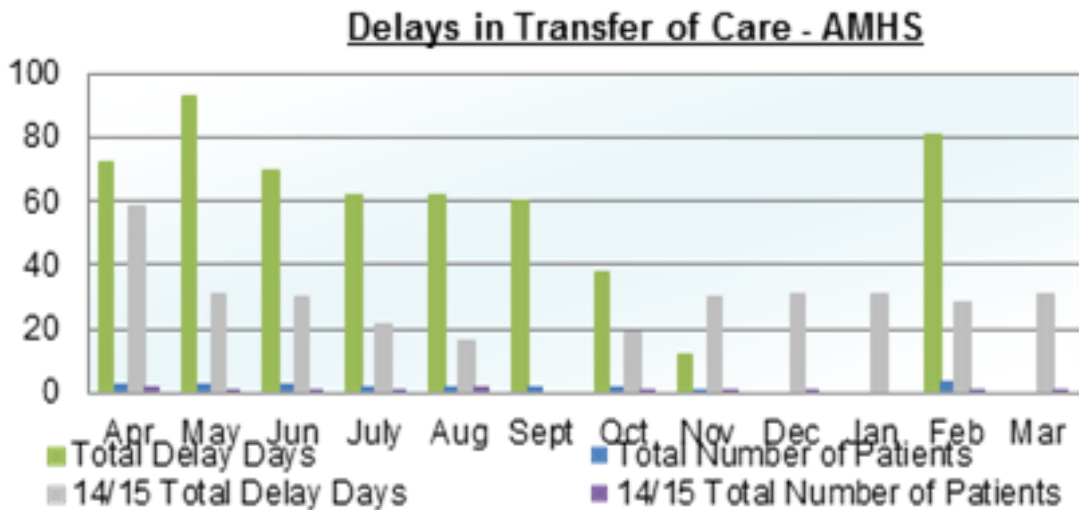
5.2 Care Home update

A voluntary suspension remains in place due to a default notice. A further meeting has been arranged for the 17th March to discuss progress.

5.3 Adult mental Health Services

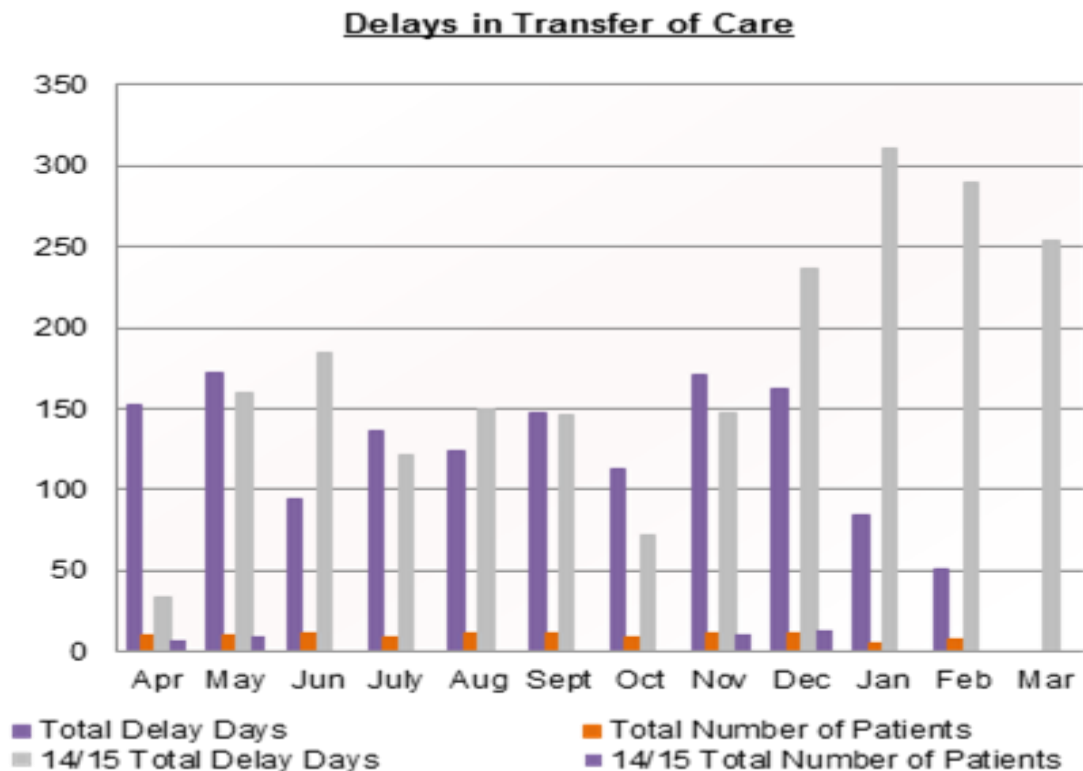
The situation regarding the 'Who Pays?' guidance has now been clarified and the CCG is working with partners across South Yorkshire to understand how this will work on a case by case basis.

See below the graph of DTOC for Adult services.



5.4 Older Peoples Mental Health Services

See below the graph of DTOC for Older Peoples services



6. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

6.1 Deprivation of Liberty Applications

(Not Granted also includes those applications where circumstances have changed before the assessment has been completed i.e. person discharged/moved to another location/deceased etc)

Hospitals (Acute):	Rotherham Foundation Trust (9), (6) Not Granted, (3) Assessment not yet completed Mount Vernon (1), Assessment not yet completed Oakwood Community Unit (5), (1) Not Granted, (4) Assessment not yet completed Royal Hallamshire Hospital (2), Not Granted
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Hospitals (Psych)	The Woodlands, Glade Ward (2), Not Granted
Care Homes	<p>Aden House, Huddersfield (1), Assessment not yet completed</p> <p>Alexandra Nursing Home, Rotherham (1), Not Granted</p> <p>Athorpe Lodge, Rotherham (4), (1) Authorised, (3) Assessment not yet completed</p> <p>Broom Lane, Rotherham (4), (1) Authorised, (3) Assessment not yet completed</p> <p>Byron Lodge, Rotherham (4), (3) Awaiting reports, (1) Not Granted</p> <p>Cambron House, Rotherham (2), Assessment not yet completed</p> <p>Cherry Trees, Rotherham (1), Assessment not yet completed</p> <p>Clifton Meadows, Rotherham (3), Assessment not yet completed</p> <p>David Lewis Care Centre, Alderley Edge (1), Authorised</p> <p>Davies Court, Rotherham (1), Not Granted</p> <p>Dearne Hall Care Home, Rotherham (1), Assessment not yet completed</p> <p>Dene Brook, Rotherham (1), Authorised</p> <p>Eastwood House, Rotherham (1), Assessment not yet completed</p> <p>Edgecumbe House, Rotherham (2), Assessment not yet completed</p> <p>Fairwinds Nursing Home, Rotherham (1), Assessment not yet completed</p> <p>Layden Court, Rotherham (1), Awaiting reports</p> <p>Lord Hardy Court, Rotherham (5), (1) Authorised, (2) Awaiting reports, (2) Assessment not yet completed</p> <p>Moorgate Hollow, Rotherham (1), Assessment not yet completed</p> <p>Mulberry Manor, Rotherham (3), (1) Awaiting reports, (1) Not Granted, (1) Assessment not yet completed</p> <p>Parklands Care Home, Barnsley (1), Assessment not yet completed</p> <p>Pennine Camphill Community, Wakefield (2), Assessment not yet completed</p> <p>Rivelin House, Rotherham (1), Awaiting reports</p> <p>Silverwood Care Home, Rotherham (1), Assessment not yet completed</p> <p>Sunnyfields Lodge, Rotherham (2), (1) Authorised, (1) Awaiting reports</p> <p>The Abbeys Care Home, Rotherham (1), Awaiting reports</p> <p>Waterside Grange, Dinnington (4), (1) Not Granted, (1) Awaiting reports, (2) Assessment not yet completed</p> <p>Westfield Park, Goole (1), Assessment not yet completed</p> <p>Whiston Hall Care Home, Rotherham (1), Not Granted</p> <p>Woodlands Care Home, Rotherham (3), (1) Authorised, (2) Assessment not yet completed</p>

6.2 Ongoing Deprivation of Liberty Applications

Hospitals (Acute)	St James Hospital, Leeds (1), Rotherham Hospital, Rotherham (1)
Hospitals (Psych)	The Ferns Ward, Rotherham (1)
Care Homes	<p>23 Cecil Road, North Notts (1), Athorpe Lodge, Rotherham (8), Broom Lane, Rotherham (1), Byron Lodge, Rotherham (6), Cambron House, Rotherham (2), Canterbury Close, Rotherham (2), Cherry Trees, Rotherham (2), Clifton Meadows, Rotherham (2), Cranworth Care Home, Rotherham (3), David Lewis Centre, Alderley Edge (1), Davies Court, Dinnington (2), Dearnevale, Barnsley (1), Dene Brook, Rotherham (3), Eastwood House, Rotherham (3), Emyvale House, Rotherham (1), Fairwinds, Rotherham (1), Fenney Lodge, Rotherham (1), Field House, Derbyshire (1), Flower Park, Denaby Main (1), Forest Hill, Worksop (2), Greasborough Residential, Rotherham (2), Greenside Court, Rotherham (1), Hall Farm, Doncaster (1), Highfield Farm, Barnsley (2), Highgrove Manor, Mexborough (1), Holly Nook Care Home, Rotherham (1), Kirkside House, Leeds (1), Ladyfield House, Rotherham (2), Laureate Court,</p>

	Rotherham (4), Layden Court, Rotherham (3), Levitt Mill, Rotherham (1), Longley Park View, Sheffield (3), Lonnen Grove, Rotherham (2), Lord Hardy Court, Rotherham (3), Low Laithes Village, Rotherham (1), Loxley Court, Sheffield (2), Meadow View, Rotherham (1), Moorgate Hollow, Rotherham (3), Nethermoor Care Home, Sheffield (1), Nightingale, Sheffield (3), Queens Care Home, Rotherham (2), Rivelin House, Sheffield (3), Silverwood, Rotherham (2), St James Court Care Home, Sheffield (1), Station House, Rotherham (4), Steps Ltd, Rotherham (1), Sunny Banks, Eastleigh (1), Sunnyfields Lodge, Rotherham (9), Swinton Grange, Rotherham (5), The Abbeys, Rotherham (1), The Beeches, Rotherham (1), The Glades, Dinnington (4), The Hesley Group, Doncaster (1), The Huntercombe Centre, Lincolnshire (1), The Lodge, Sheffield (4), The Star Foundation, Rotherham (1), Thorne House, Doncaster (1), Victoria Care Home, Worksop (1), Waterside Grange, Dinnington (2), Whiston Hall, Rotherham (2), Willowbeck, Sheffield (1), Woodlands Care Home, N Anston (2)
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7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

Cleansing of CHC review data has been completed, future reports will detail outstanding 12month reviews, and initial reporting is identifying a reduction of total outstanding reviews to below 40%.

To ensure the quality and consistency of appropriate referrals the CHC service has developed a training programme referrers this will commence shortly for The Rotherham NHS Foundation Trust. May's Governing Body report will include the number of referrals received each month and sources of the referrals to identify training and support resource.

Audit of another five Continuing Healthcare assessments have been completed by the Head of Clinical Quality, results of the audit will be presented to the Operational lead for Continuing Healthcare for action.

7.2 Reports

W/C	07/12/15	11/01/16	08/02/16	14/03/16
Total Number Eligible Patients	619	623	598	590
Total % Outstanding Reviews	54.28	54.25	52.2	55.08
Total Number of Outstanding Reviews	336	338	330	325
Number of LD Team patients Eligible	123	124	124	126
% of LD Team reviews outstanding	54.47	59.20	55.65	53.97
Number of outstanding LD Team reviews	67	69	63	68

The table identifies the total number of patients eligible for funding from NHS Rotherham Continuing Health Care service, including outstanding reviews and the number of referrals received .

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Headlines:

The Children's and Young people's Continuing Care Framework 2016, revised Decision Support Tool, and new national checklist have been circulated to leads in all organisations.

The newly recruited senior children's nurse commenced her role early February and continues in her induction to the service.

Audit of one Children's and Young People's Continuing Care assessments have been completed, results of the audit will be presented to the Operational lead for Continuing Healthcare for action.

8.2 Reports

Children's Continuing Care					
Months	Oct	Nov	Dec	Jan	Feb
Total number of Eligible patients	47	49	51	49	49
Total outstanding Reviews	0	0	0	0	2

9. PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE

Date	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Number RCGG CHC patients eligible for a PHB	628	630	619	623	623	598
Number of RCGG CHC patients in receipt of a PHB	91	101	100	98	98	88

10. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

10.1 Headlines

A review of all cases has been post guidance issued by NHS England, in line with requested reporting a new trajectory has been set, this report has been reset against the cleansed data from Feb 16 with expected outcomes.

The aim of NHS England is for CCGs to complete the current outstanding cases by September 2016, with a buffer final date for March 2017. The CCG is on track to complete by March 17 however is below the target of Sept 16.

Number of requests received	Feb 2016	Mar	April	May	Jun	Jul	Aug	Sep
Current number outstanding cases	131	120						
Submitted NHSE agreed trajectory	16	16	16	16	16	17	17	17
Expected outstanding reviews against trajectory.	115	99	83	67	51	36	20	0
Trajectory outcome	-6	-12						

11. FRACTURED NECK OF FEMUR INDICATOR

This indicator remains on the Community Transformation performance framework and will be monitored closely throughout the year. The Trust is slightly above target with actual numbers seen of 214 against year-to-date target of 210 as at end of December.

12. STROKE

2 out of 10 of the indicators were not achieved as at end of January, one of these being the thrombolysis target which is unachievable against national target due to small numbers in the service.

Whilst the metric in relation to the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival is one of the indicators not achieved, this has significantly improved in-year and increased in January to 64%.

The metric in relation to scan within 1 hour of hospital arrival achieved 63% in January against a target of 50% but just under year-to-date at 44.9%.

A review of the Stroke Peer Review held in February 2015 is to be undertaken in April to provide assurance that all actions have been completed and all areas are still on track.

13. CQUIN UPDATE

13.1 RDaSH

Discussions are continuing around CQUINs for 2016/17. The broad areas have been agreed and will cover; Safeguarding, Transition and Outcomes. The National CQUINs have now been published and for RDaSH will cover 'Improving the physical health for patients with severe mental illness (PSMI) and 'NHS Staff Health & Wellbeing'.

13.2 Hospice

The existing CQUINs will continue for 2016/17. The National CQUINs that apply will be 'Improving the physical health for patients with severe mental illness (PSMI) and 'NHS Staff Health & Wellbeing'.

13.3 TRFT

The Trust achieved 73% of CQUIN following the Quarter 3 submissions. The main areas of failure being the clinical communications indicator, although improvement has been seen in-year, the AKI indicator and safer care bundle indicator.

14. COMPLAINTS

14.1 TRFT

The number of complaints reported during January was 33, compared with 25 the previous month. The Trust remains below trajectory at 289 year-to-date against 450 target with a full year target of 600 (50 per month).

Overall the number of complaints has decreased compared to previous year.

The CCG have received assurances that a thematic analysis has taken place to review trends and themes. An action plan has been put in place to address the key themes identified.

14.2 Via RCCG

- Complaint made regarding the use of a DST undertaken 12 months ago to make a current CHC Decision which resulted a change in funding. Under investigation
- Complaint made regarding the care and treatment of a patient and action taken by RCCG.
- Two complaints have been raised regarding the closure of the phlebotomy service at the Rotherham Community Health Centre.
- PUPoC Closedown letters continue to be received by the CCG. The letters are requests for further information such as copies of DSTs and decision letters. Although the letters are not formal complaints, the closedown letters claimants receive invite them to contact RCCG with any concerns. Deputy Chief Nurse is looking into this matter.

MP Contacts

- A concern was raised regarding a CHC claim which has been declined. CCG staff met with the constituents before they contacted their MP and explained why their claim was declined. This has been further explained via the MP.
- Concern raised that the Rotherham CCG does not commission RDaSH via the CAHMS team to diagnose Pathological Demand Avoidance (PDA) and Tourette's syndrome. Therefore, the patient is left without a diagnosis, treatment or support. Investigation ongoing

15. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – No mixed sex accommodation breaches have been reported for either RDaSH or The Hospice YTD.

TRFT - Eliminating Mixed Sex Accommodation continues to be monitored through Contract Quality Meetings. There were 0 breaches reported in January and the year-to-date figure remains at 8 overall against a target of zero.

16. CQC INSPECTIONS

16.1 TRFT

TRFT has generated action plans for the two CQC inspections and these are monitored through Contract Quality Meetings as a regular monthly agenda item.

The CQC CLAS action plan remains on track.

The CCG have received assurance that the timescales for delivery set by the CQC are on track for delivery or have recovery plans in place.

Recognition has been received and acknowledgement shared in regards to the dip-sampling work undertaken by the Trust to test understanding and ensure actions undertaken are embedded. This is now being shared with other Trusts.

16.2 RDaSH

No further update.

16.3 Hospice

No further update.

16.4 GP Practices

No Further update.

16.5 Care Homes

The CQC inspections cover five main areas: Safe, Effective, Caring, Responsive and Well-led.

Care Home: Age Uk Rotherham , Run by Age Concern Rotherham Limited Homecare services for Dementia, Personal care, caring for adults under 65 years, Caring for adults over 65 years, CQC Inspection published 10 th March 2016		
Overall Outcome	Good	
Safe	Good	CQC found that staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the agency's procedures in place to safeguard adults from abuse. Individual risks had been assessed and identified as part of the support and care planning process.
Effective	Good	All members of staff had a programme of training and were trained to care and support individuals who used the service safely and to a good standard. CQC found that staff had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.
Caring	Good	CQC observed that individuals were treated with kindness, dignity and respect. Individuals were involved with care planning. Individuals were encouraged to maintain their independence.
Responsive	Good	CQC observed that care plans reflected each individuals need and preferences, choices and decisions. A complaints system is in place. Individuals were confident to raise concerns and felt they were listened to. Complaints were thoroughly investigated by the provider.
Well-led	Good	The provider had systems in place for monitoring the quality of the service provided that were effective. Staff meetings were held regularly with staffing informing CQC that communication and sharing of information was good.

17. ASSURANCE REPORTS

17.1 TRFT Update

A&E

Current position week ending 13 March 2016 was at 75.49% and YTD was 91.25% against 95% target.

Work against the recovery plan continues and monthly meetings are being held in line with the Contract Performance Notice issued in November. This is also reported through SRG to ensure the whole health economy is involved.

Confirmation is awaited from the Trust in regards to local process of notifying the CCG when a patient reaches an 8 hour wait and if they believe the patient may breach 12 hours as per new guidance issued.

C-Difficile

At the end of January there had been 2 incidences of C-difficile reported with the total year-to-date increasing to 19 (as at 15 March) against annual target of 24. TRFT have confirmed that 7 are attributable to lapse of care and there are still 2 being investigated.

Cancer Standards

All cancer standards are now back on track and have achieved against target in January and also against year-to-date trajectories. It remains a high priority for the Trust to maintain this position.

18 Weeks RTT

The 18 week referral to treatment position is confirmed as all three standards achieved as at end of January.

6 Week Diagnostic Waits

The Trust failed the 6 week diagnostic wait trajectory in January achieving 1.69% against target of <1%. RCCG has received assurance that this was a blip due to staffing pressures in Gastroenterology and Urology and that the trajectory should achieve again from February onwards. This is being monitored closely by both parties.

17.2 2016/17 Contract

Negotiations are on-going with TRFT on the contract for 2016/17. NHS England has still to issue the formal contract documentation but the CCG is working through assumptions with the Trust in preparation for finalising once documentation is issued. It is hoped that we will be in a position to sign by 31st March.

17.3 Associate Contracts

Negotiations are ongoing with providers where RCCG is an associate to the lead commissioner. Stances have been returned against all contracts for activity and finance and we are awaiting confirmation of acceptance. Again this is dependent on contract documentation being issued by NHS England in a timely manner to enable signature by 31st March.

18. CARE AND TREATMENT REVIEWS

There have been one pre-admission Care and Treatment Reviews in the month (see below)

19. WINTERBOURNE SUBMISSION

The CCG is now required to provide a weekly update on admission or discharge of Rotherham patients into an Assessment and Treatment Unit.

Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
1 st February	0	0	0	4
8 th February	0	0	0	4
15 th February	1	0	0	5
22 nd February	0	0	0	5

In the month there has been one urgent admission to our local mental health ward. This is expected to be a short-term admission.

Sue Cassin – Chief Nurse
April 2016