NHS
Rotherham
Clinical Commissioning Group

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

5th April 2017

investor in excellence

disability confident EMPLOYER

CONTENTS

NHS ROTHERHAM

1. HEALTHCARE ASSOCIATED INFECTION

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

Hospice: Table below shows the number of hospice in-patients with MRSA or other reportable infections.

Infection Control	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Patients admitted to IU with MRSA	1	0	0	0	0	0	0	0	1	0	1
Patients infected in IU with MRSA	0	0	0	0	0	0	0	0	0	0	0
Patients screened & Negative	18	17	16	18	23	19	18	22	18	26	22
Patients not screened due to EOLC/ early discharge	10	8	16	13	20	16	12	6	12	9	6
Patients not screened due to unknown reason	2	0	0	1	0	0	0	0	0	0	0
Patients admitted to IU with C. Difficile	0	0	0	0	0	1	0	0	0	0	0
Patients infected in IU with C. Difficile	0	0	0	0	0	0	0	0	0	0	0
Patients admitted to IU with other Reportable infection	0	0	1	0	0	0	1	0	0	0	0
Patients infected in IU with other Reportable infection	0	0	0	0	0	0	0	0	0	0	0

TRFT :

- MRSA – 1
- MSSA – 9
- E Coli – 194
- C-Difficile:

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Target = 26	Monthly Actual	0	0	2	2	1	2	1	3	1	5	1	
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0	0	2	4	5	7 (+1)	8 (+1)	11 (+1)	12 (+1)	17 (+1)	18 (+1)	
	YTD Plan	1	5	7	9	10	14	16	18	20	22	24	26

TRFT have allocated themselves a (+1), this case relates to a CCG allocated case that had been a hospital inpatient who was discharged for 2 days then readmitted with a sample 48 hrs after readmission. Although this is not reflected in the official data TRFT have accepted that they should take responsibility for the case and any learning outcomes identified.

NHSR:

- MRSA – 5 (for Rotherham residents).

  Of these:

  - 0 – Attributed to Rotherham CCG
  - 3 - Attributed to 'Third Party'
  - 1 - Attributed to Doncaster and Bassetlaw Hospitals Foundation Trust (DBHFT)
  - 1 – Attributed to The Rotherham Foundation Trust (TRFT)

  All 5 cases are confirmed as final attribution of the cases. This has been determined and documented by PHE and NHSE.
- MSSA – 56
- E Coli – 224
- C-Difficile:

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Target = 63	Monthly Actual	1	5	4	7	6	8(-1)	1	5	4	10	2	
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	1	6	10	17	23	31	32	37	41	51	53	
	YTD Plan	6	13	19	26	33	39	43	47	51	55	59	63

The (-1) relates to the case highlighted above that cannot officially be changed but does need to be acknowledged.

Signed off data up to end of February 2017

- MRSA Blood stream Infection (BSI)

  5 MRSA Blood Stream Infections overall in Rotherham residents, however no allocation to Rotherham CCG.

  3 cases previously highlighted as third party.

  1 case attributed to DBHFT with Doncaster CCG aware and involved in the learning outcomes as lead CCG.

  1 case (5th case) is relating to a patient admitted to TRFT with no history of MRSA and developed a Blood Stream Infection. This has been investigated and appears the cause is related to a peripheral line infection and all care relating to the peripheral line. There was also some learning around documentation and MRSA screening. The case has been escalated as an internal serious incident within TRFT, and subsequent actions will be taken relating to the learning outcomes.

  [The category of Third Party was introduced from April 2014 to capture instances where, after arbitration by the review panel, the MRSA case could not legitimately be assigned to either the CCG or the Trust. Therefore, for the purposes of the published data on MRSA cases, these Third party cases will not be assigned to either the Trust or the CCG.]

- E Coli

  It has been acknowledged that the E Coli bacteraemia rates are high and have nationally increased in the last 5 years. The Department of Health documented that the plans to reduce infections in the NHS has emphasis on E- Coli, with an aim of halving by 2020. At present there are no nationally set targets. Rotherham CCG and TRFT have held an initial meeting to discuss possible strategies surrounding reducing E Coli's, and further meetings are planned.

- Clostridium Difficile Infections (CDI)

  Post infection reviews are being undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process. The process will highlight any lapses in quality of care and any learning outcomes within both community and acute trusts. Any common themes will be addressed as identified.

  *[**NB** A 'lapse in care' - would be indicated by evidence that policies and procedures were not followed. The lack of compliance with this or any of the elements identified in 'clostridium difficile infection objectives for NHS organisations in 2016/17 and guidance on sanction implementation' (NHS England) checklist would not indicate the infection was caused by the lapse, but that best practice was not followed. The first and foremost aim is to learn any lessons necessary to continually improve patient safety.]*

1.1 Post Infection Review (PIR) Meeting - last meeting held on Tuesday 20th December. Review meeting for deferred cases held 10th February. Next meeting planned for 17th February.

So far there have been 53 cases highlighted as NHSR Cases.

- 6 cases are from patients treated as an inpatient at Sheffield Teaching Hospitals (STH),
- 6 cases having recent inpatient care at STH but with classed as CCG cases due to time of admission/ discharge in relation to sample.

- 18 +1 cases are from patients treated as an inpatient at The Rotherham Foundation Trust (TRFT)((the +1 case relates to a patient who had been an inpatient, was discharged and readmitted within 2 days and had a positive sample on readmission – although the case is attributed to RCCG TRFT are admitting that they are responsible and have investigated the case)),
- 29-1 cases are from patients undergoing GP care at the time of samples, although there may have been recent inpatient admissions or admission at time of sampling.
- 9 GP cases have been highlighted as having 'lapse in care' with learning outcomes recorded for monitoring and improvement review purposes and GP discussion.
- 1 GP cases have been deferred to the next meeting due to the complex nature of the case and requirement for further information relating to STH admissions and care.
- 3 STH inpatient cases have been identified as having 'lapse in care' by STH themselves following their internal review. Having reviewed the RCA there is some probable environmental/ cross contamination. Learning outcomes and actions will be followed up by Sheffield CCG.
- 3 STH cases have not yet been forwarded to us following the investigations. Sheffield review cases on a quarterly basis.
- 3 TRFT cases have been identified as having a 'lapse in care' relating to a delay in sample taking and infection detection/ antibiotic prescribing.
- 4 TRFT cases have been passed to other relevant CCGS for those patients.
- 5 Care Home cases identified as lapses in care.

The remaining cases will be discussed at the next PIR meeting to determine any 'lapse' or 'no lapse' in care, with action taken as relevant and any themes recorded.

1.2 Figure comparison of CDI

53 Cases -YTD 16/17 as of the end of February in comparison to YTD 2015/16 as of the end of January there were 75 cases.

- 1 case in April 16/17 compared to 4 cases in April 15/16.
- 5 cases in May 16/17 compared to 9 cases in May 2015/16
- 4 cases in June. 16/17 compared to 9 cases in June 15/16
- 7 cases in July 16/17 compared to 12 cases in July 2015/16
- cases in August 16/17 compared to 6 cases in August 2015/16
- Cases in September 16/17 compared to 10 cases in September 2015/16
- 1 case in October 16/17 compared to 1 case in October 2015/16
- 5 cases in November 16/17 compared to 5 cases in November 15/16
- 4 cases in December 16/17 compared to 6 cases in December 15/16
- 10 cases in January 16/17 compared to 8 cases in January15/16
- 2 cases in February 16/17 compared to 5 cases in February 15/16

Analysis to date identifies a confirmed link in a care home. There are also potential links in an external acute trust that the lead CCG for that trust are aware of and are monitoring. Actions relating are being undertaken by STH as the external trust. Rotherham CCG are working with the Local Authority, PHE and TRFT care homes team to provide support and guidance and gain assurance that actions are being taken relating to the link in the care home.

There are also themes relating to antibiotic prescribing and sample obtaining. This is both primary and secondary care related and as such is being addressed with GPs and hospital staff.

A Clostridium difficile improvement/ reduction plan will be compiled following full analysis of the cases from 2016/17.

1.3 Norovirus

Norovirus, although decreased, remained circulating within Rotherham through February and continued to be managed well by TRFT relating to symptomatic admissions, and by the care homes with PHE support.

1.4 Influenza

Admissions to TRFT with respiratory illnesses has decreased within February, with a significant reduction of suspected and confirmed cases. The rate does reflect what is occurring both regionally and nationally. GP attendances are monitored and in Rotherham decreased during February.

2. MORTALITY RATES

HSMR is 106.3 which has been shown to be increasing on a monthly basis (November 2015 – October 2016) but has not reached statistical significance. This is on a background of improving percentage of uncoded deaths. The number of uncoded death episodes has consistently fallen, overall from 20% to 6% this month, and therefore the data is robust and unlikely to change.

SHMI remains at 102.82 as it has not been rebased since October 2016. This usually occurs quarterly.

Crude mortality data provided from Meditech has shown a deterioration this month as would be expected with the time of the year and is 1.56% although the 3 month total of 1.35% crude rate has shown improvement overall.

The weekend crude mortality rate has increased from 3.63% to 3.83% this month on a Saturday and 3.45% on Sunday. There is a significant amount of work to be done to pick out the themes and trends to understand this data more to ensure that the Trust can improve on these figures.

The early warning indicators of Pneumonia and Urinary tract infections have shown an increasing trend. UTI has reached significance this month. These specific areas are under review.

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

SI Position 15.02.2017 – 22.03.2017	TRFT	RDASH		RCCG	**Out of Area	YAS	Care UK GP
		CCG	*PH				
Open at start of period	52	14	3	0	3	0	2
Closed during period	8	4	0	0	2	0	1
De-logged during period	2	0	1	0	1	0	0
New during period	7	2	0	0	3	0	0
New Never Events during period	1	0	0	0	0	0	0
Total Open at end of period	50	12	2	0	3	0	1
Final Report Status							
Final Reports awaiting additional information	3	2	N/A	0	0	0	0
Investigations on “Hold”	1	2	N/A	0	1	0	0
CCG approved Investigations above 60 days	33	0	N/A	0	0	0	1
Investigations above 60 days without approval	0	0	N/A	0	0	0	0
Final Reports due at next SI Meeting	40	6	N/A	0	2	0	1

** Public Health Commissioned Service SIs – Performance Managed by Public Health*

*** Out of Area SI – Performance Managed by Relevant CCG*

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up/Next Steps
Nov 2016 Update	Serious Case Reviews Overview	3 SCR involving Rotherham agencies to greater/lesser extent	
			3/4 children discussed at SCR January 2017 regarding their links to a DHR. Discussion with LSCB chair as to the potential need for further information from RMBC is being sought.
	NHS E called a complex case review following an incident in Dinnington. All agencies involved.	NHS E requesting further work to be undertaken around the victim and await LSCB decision as to whether there will be a SCR. It was agreed that the police investigation takes precedence over any other reviews. Consideration to be given to a joint SCR and a Mental Health Homicide Review.	I child death (15 yr old - Dinnington case) is to be discussed at the SCR on 28 February. This decision will be fed back to NHS England as they are considering a serious complex case review Further NHS E meeting to be held 15 February. SCR Panel to meet 28 February. CCG fully sighted on concerns and challenges. Next meeting arranged for 28 March 2017 NHSE chairing.
20.10.16	SCR Panel Discussions	Child Attendance at ED by parents and small infant. Fracture to elbow noted – full skeletal CP Medical undertaken. Infant, toddler and older sibling removed from parental care. Child was referred to the SCR Panel in October. The LSCB Chair has agreed with the SCR Panel recommendation that this does not meet the criteria for a SCR and that a Lessons Learned Review should be undertaken.	Designated Nurse attending as significant issues noted in Health visiting record. TRFT and GP records. The 2 organisations involved are TRFT and a GP Practice who are both accountable under Children Act Section 13 as partners. In reality there is only one Health Visitor and one GP involved. The SCR Panel has agreed a phased approach in relation to a learning event. The first one in February (22.2.17) was a reflective event chaired by an independent reviewer, namely the Designated Nurse Bassetlaw CCG. Both practitioners present and in addition the Named GP and Named Nurse and Named Midwife TRFT to support the process. The second phase, 15 March, a wider lessons learnt approach and particular focus on transferring the learning out into primary care.

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
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. NHS RCCG Chief Officer and Chief Nurse attending. Head of LAC in LA has left the post – interim in place.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) August 2016 commissioners are starting to withdraw from Rotherham as an area requiring significant improvement. Ofsted continue to visit regularly to monitor progress. Ofsted due to review MASH 9 and 10 Feb 2017. *Outcome published generally positive on improvements.* Joint LA and CCG Children Commissioner post is taking forward a number of initiatives – joint post holder is moving areas. This will potentially leave a gap. CQC visiting TRFT in September and RDaSH in October for follow up inspections. RDaSH feedback good for safeguarding.
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 January 2017 to consider the category of abuse - Neglect	*No joint meetings arranged by LA but TRFT are undertaking work to ensure that safeguarding are continually improving*
May 2016	Paper presented to Local Safeguarding Children Board Performance and Quality Sub Group. This was an audit of LA Looked After Children (LAC) records and the timeliness of LAC Initial Health Assessments. Data presented from the LA system states that only 10.2 % of Initial Health Assessments are held within the 20 working	Data from both systems to be synchronised as a matter of urgency and a full review of the current system needs to happen. Both LA, CCG and TRFT need to actively seek to clarify the position and ensure that Initial Health assessments are being held in a timely fashion. Raising Aspirations Health and Wellbeing work stream to	A short term task and finish group has been set up to consider the data presented by the LA regarding LAC Initial Health Assessments. Nurse Consultant RDaSH to co-chair with a young person from the LAC Council. Report due to LSCB and Corporate Parenting end September 2016. Progress continues to be challenging and extremely poor. NHSR CCG has raised these issues as significant challenges to TRFT via Quality and Performance group. TRFT

Date	Discussion	Outcome	Follow up
	days timeframe. This is totally unacceptable and requires urgent attention.	continue to scrutinise processes and will work alongside the short term Task and Finish group set up by LSCB. 17 children refusing health assessments – all reviewed by TRFT Team and a proposal for a change in the system being highlighted within TRFT and LA. Report due at Corporate Parenting setting out proposed changes.	are reviewing the whole system, a watching brief is in place. Paper on 'refuses' presented and well received at Corporate parenting 27 September with changes to process outlined. Designated Nurse LAC met with Head of LAC to discuss a systematic way of identifying and tracking children in care requiring an initial health assessment. Weekly reporting continues BUT improvements are very limited. 14.10.16 high level Summit meeting arranged to discuss lack of progress and source solutions. RMBC to arrange a further meeting to check progress. *March 2017: Significant and enduring concerns around IHAs. Robust TRFT and RMBC management oversight continues. CCG remain involved and driving forward improvements. Liquid Logic remains an additional challenge. NHSR CCG has asked for peer support from Sheffield CCG Designated Dr.*

4.2 Learning Review

Area	Discussion	Outcome	Output
January 2017	The theme of Domestic Abuse is to be utilised for this year's GP Self-Assessment tool	Safeguarding Team met with the Domestic and Sexual Abuse Co-ordinator RMBC new into post 11.1.17. The D&S A Coordinator has offered bespoke GP training within GP Practices	By April 2018 NHSR CCG will have assurance regarding GP Practices in Rotherham's competency in DA.

4.3 Safeguarding Challenges

Date	Challenge	Next Steps
2 March 2017	The Rotherham NHS Foundation Trust CQC report from February 2015 visit - Requires Improvement.	The CQC carried out a focussed follow up visit in September 2016 and detailed areas of improvement since previous visit Designated Nurse safeguarding and LAC meeting with Assistant Chief Nurse Safeguarding Lead on Monday 6 March 2017 to discuss next steps.

5. ADULT SAFEGUARDING

5.1 Headlines

RSAB – The Chair informed the group that RMBC have a funding contingency within their budget which should fill the shortfall left by the police. Further discussions are taking place re the budget between RMBC and RCCG with regard to the CCG increasing their allocation. It was fed back to the board by the Chief Nurse that these discussions had concluded with a commitment from the CCG to maintain current funding and would consider any exceptional circumstances as they arise.

The NCA presented the CSE Multi Agency Plan which is be jointly owned by the LSCB and RSAB as a benchmarking and assurance tool. A piece of work is to be undertaken by all agencies to update where work has been done against the recommendations. A short task and finish group will be required to pull this together across all agencies. This will then provide a position statement, a gap analysis and actions.

Sub groups – All sub groups meet bi –monthly and work towards the board action plan.

- Performance and Quality continue to improve their Quality Dashboard and have completed all agency challenge meetings following the Safeguarding Adult Self assessments.
- Training and Development – The Training Strategy is to be shared with board members for agreement. The RSAB multi agency Training Plan will be presented to the May board for sign off.
- MCA/DoLS – First meeting for a number of months. Concerns raised about membership in relation to Children's Services. A piece of work was presented to board in terms of applications, backlog and assessments undertaken. Recommendations from the Law Commission are to be published and suggest a number of changes will be made to the process of Deprivation of Liberty Safeguards.
- Making Safeguarding Personal (MSP) – have considered the remit of the Policy and Procedure group and how this fits with MSP. Temperature checks to be sent out to organisations for them to undertake self-assessment.
- Safeguarding Adult Review (SAR) – updated on current cases. The final report is being challenged by a relative of the individual involved, despite a change being made in response to their feedback. This will be published with a statement from the relative. The relative also wants to attend the RSAB meeting at which the SAR will be signed off, Board asked that legal advice be sought and if this is in favour the meeting to held on 24th April.

  Second case – all agencies have met with the independent chair that is in the process of pulling the first draft report together. This will then be shared for comment and amendment. The final report is expected to go to the May board.
- Domestic Homicide Review (DHR) – The first meeting was cancelled due to a number of reports not been submitted on time. Second meeting held as planned however due to the chair not receiving reports or these been circulated to the group the meeting was cut short. All reports have now been circulated and the next meeting is to take place on the 3rd April.

- Learning Disability Mortality Review Programme (LeDeR) – A number of staff from the CCG have been identified by the Chief Nurse for taking forward the responsibility of the local delivery of the LeDeR programme from NHS England North. Staff are to meet with NHS England on the 21st March for discussion. CHC, TRFT and RDaSH have nominated a number staff to undertake the reviewer training which will take place in April. RMBC have identified Deputy Director of Adult and Housing Services to be a contact for the CCG. In terms of RMBC reviewers this will be discussed at the next SAR group.

6. DELAYS IN TRANSFERS OF CARE (DTOC)

The DToC pathways which were developed in 2015 have been reviewed within the period to reflect the changes within mental health services as transformation of those services happens. They have been further strengthened by the formal introduction of RMBC housing services.

6.1 Adult mental Health Services

The number of delays remain minimal (one individual), however it is lengthy. This delay has been attributed to a housing issue and is being addresses by joint-working with RMBC housing. See above.

6.2 Older People's Mental Health Services

Numerically, the number of delays remains small. Bed availability has improved, supporting discharge for two individuals who had previously experienced longer delayed discharge.

7. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

7.1 Deprivation of Liberty Applications (Data as of 14.03.2017)

Provider	Applications	Figures
Hospitals (Acute):	Requests received in 16/17	232
	Number Received This Reporting Month	26
	Granted in This Reporting Month	0
	Not Granted/Withdrawn in This Reporting Month	8
Hospitals (Psych)	Requests received in 16/17	16
	Number Received This Reporting Month	1
	Granted in This Reporting Month	1
	Not Granted/Withdrawn in This Reporting Month	0
Care Homes (New Requests)	Requests Received in 16/17	685
	Number Received This Reporting Month	65
	Granted in This Reporting Month	43
	Not Granted/Withdrawn in This Reporting Month	5

Backlog	Care Homes:	Hospital:
Total Number in the Backlog	605	79
16/17	242	61
15/16	291	13
14/15	72	5
Total Not Granted/Withdrawn in 16/17	115	192

8. ADULT CONTINUING HEALTHCARE (CHC)

8.1 Headlines

The National quarter 3 2016/17 CHC data has identified Rotherham ranked at 114 for CHC activity and 153 for CHC costs, based on a total number of 209 CCG's, this is a favourable position which indicates that Rotherham are maintaining the national benchmark.

8.2 Reports

Table 1 - The table identifies the total number of patients eligible for funding from NHS Rotherham Continuing Health Care service, including outstanding annual reviews

W/C	05/12/16	03/01/17	13/02/17	13/03/17
Total Number Eligible Patients	577	581	557	562
Total % Outstanding 12mth Reviews	29.81%	29.78%	29.98%	30.89%
Total Number of 12mth Outstanding Reviews	172	173	167	173
Number of LD Team patients Eligible	124	124	126	123
Total % of LD Team outstanding 12mth reviews	37.90%	37.90%	38.10%	37.53%
Total Number of 12mth outstanding LD Team reviews	47	47	48	46

Table 2 - The table identifies the total number of referrals received into NHS Rotherham Continuing Health Care service, including the number requiring a full DST.

Month		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Total number of referrals received	**Acute**	54	51	52	43	42
	D2A	7	4	5	1	0
	Community	67	65	63	37	94
Total number of referrals screened in to complete a full DST	**Acute**	8	7	9	14	20
	D2A	1	0	3	0	0
	Community	22	22	20	12	23
Total number of referrals screened out	**Acute**	14	12	12	13	7
	D2A	4	3	1	0	0
	Community	6	6	5	7	32
Total number of referrals returned for further information	**Acute**	32	32	31	16	15
	D2A	2	1	1	1	0
	Community	41	37	38	18	39

9. CHILDREN'S CONTINUING HEALTHCARE

9.1 Reports

Children's Continuing Healthcare	Months					
	Aug	Sept	Oct	Nov	Dec	Feb
Total number of Eligible patients	45	44	46	45	42	38
Total outstanding Reviews	0	0	0	0	0	2

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

Date	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Feb 2016
Number RCCG CHC patients eligible for a PHB	578	575	573	568	572
Number of RCCG CHC patients in receipt of a PHB	95	96	91	91	90

11. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

PUPoC is now completed and closed. Please note that a new period should be opened soon and this section will be reinstated again once announced.

12. FRACTURED NECK OF FEMUR INDICATOR

The year to date (December) position shows that the Trust are facing challenges achieving the target with actual numbers seen at 214 and subsequently a predicted outturn of 285 against an annual target of 280.

13. STROKE

January - all stroke indicators achieved with the exception of the following:

- Proportion of patients admitted directly onto an acute stroke unit within 4h = 39% against a target of 90%; and
- Percentage of patients who receive thrombolysis following an acute stroke = 5% against a target of >=11%.

The Stroke Team has improved its SSNAP quality grading to a B - the highest ever for the Trust. This grading means that patients can be confident of good stroke care.

14. CQUIN UPDATE

14.1 RDaSH

No update this month.

14.2 Hospice

No update this month.

14.3 TRFT

The Q3 CQUIN submission has been reviewed and demonstrates achievement of 85%. Areas of non-achievement were Sepsis (National) and Safer Care Bundle (Local).

15. COMPLAINTS

15.1 TRFT

The Trust received 87 concerns and 25 formal complaints within the month of January. Both figures were an increase on the previous month, which may be a reflection of the busy post-Christmas period.

Complaints responded to within the agreed timescale of 30 working days increased significantly from 21% to 46%.

Three red complaints remained opened of which one has the involvement of the CQC.

Currently there are ten cases under investigation with the Parliamentary and Health Service Ombudsman.

15.2 Via RCCG

- Challenge to the closure of a CHC claim; investigation ongoing;
- Complaint regarding the decision of non-eligibility of a request for CHC funding; investigation ongoing;
- Complaint regarding the decision not to consider a case for further assessment; investigation on going;
- A Decision Support Tool (DST) was completed and presented to panel 9 days prior to a deadline being set for the patient's representative to comment on the document; investigation ongoing.

16. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – There were no MSA Breaches for February 2017

TRFT - RCCG were notified by the Trust of an EMSA breach on 2 January 2017.This was due to an inability to step down a female HDU patient from HDU due to the severe bed pressures. There were 3 patients affected – the female patient and two male patients in the bay. RCCG are awaiting the outcome of the Root Cause Analysis.

The CQC report published on 2 March 2017 has shown that this area had improved from 'inadequate' to 'good'.

17. CQC INSPECTIONS

17.1 TRFT

The CQC carried out a focused follow-up inspection between 27th - 30th September 2016, to confirm whether The Rotherham NHS Foundation Trust had made improvements to its services since the last comprehensive inspection in February 2015 and an unannounced inspection on 12 October 2016. Areas of improvement since the 2015 visit were identified.

Rating Comparison between inspections

Outcome	2015	2017
Outstanding	**0**	**1**
Good	**26**	**43**
Requires Improvement	**33**	**20**
Inadequate	**5**	**0**

18. ASSURANCE REPORTS

18.1 TRFT Update

A&E

The current position as at 15th March 2017 is as follows: March – 90.28%, Q4 – 84.13% and Year to Date – 88.28%. This performance data includes Walk in Centre performance. Despite poor performance throughout January and February, this has now started to improve with a number of days during March being over 90%.

The main challenges highlighted by the Trust continue to be related to patient flow i.e. increased numbers of medically fit for discharge patients and medical staffing rota gaps in the ED department. It is clear the admitted performance has been poor, which has been a direct result of the bed pressures experienced (which have been extremely challenging at times). However, the primary performance difference compared to previous periods is the number of non-admitted breaches.

TRFT have developed an immediate 12 point ED Recovery Action Plan which has been agreed by the Trust Chief Executive, who is meeting with the executive team each week to ensure oversight, in addition to visible leadership within the Trust, particularly within the ED department and key clinical areas, to provide support and emphasis of the priorities. The visible leadership and presence by the executive team is also structured to provide support across 7 days.

RCCG continues to offer support to the Trust from CCG GPs for both A&E and the AMU.

Cancer Standards

For both December and Q3 all of the seven cancer standards met the national targets. In December 6 of the 9 cancer standards achieved best quartile performance.

18 Weeks RTT and 52 Week Waits

Current performance at Trust level as at January showed an achievement of 93.9% against the 92% target. This is predominantly due to a planned reduction of inpatient elective activity and additional cancellations due to bed pressures. However, the performance in Orthopaedics and Gynaecology is lower than forecast due to increased cancellations following bed pressures.

Gynaecology did not meet the 92% target during January. An additional 12 theatre lists were due to take place throughout March. An evaluation will then be undertaken to determine the timeframe to be back on target. There are no reported issues with demand and capacity within the service.

Trauma & Orthopaedics did not meet the 92% during January. Regarding T&O, activity had been affected by the Kepple Ward being used for winter pressures. TRFT have reported that performance was back on target for February.

Previous concerns regarding capacity in urology (staff vacancies) and cardiology (staff illness) have been mitigated.

Current performance as at December 52ww was 0. The Year –to-date position is 3 (2 of 8 breaches identified at the end of 2015/16 and 1 x 52 week wait confirmed for June)

6ww Diagnostics

Current performance as at January was 5.5% against a <1% target. Respiratory physiology - sleep studies, Flexi Sigmoidoscopy, Colonoscopy, Cystoscopy and Gastroscopy are not achieving the 1% target.

RCCG has been receiving weekly performance trajectories from TRFT to demonstrate recovery of the 6ww diagnostics standard and have reported that the latest data (pre validation) showed performance at below 1% for February 2017. This had been achieved through the provision of additional sessions both internally and externally. Sessions at the external provider had been agreed until the end of March and negotiations are taking place to extend further.

A business case had been put forward within the Trust for the recruitment of additional substantive endoscopy nurses from May. Agreement had been made to extend use of the mobile MRI scanner to ensure waits were on target.

Other significant TRFT concerns

Gastroenterology Service

Issues in relation to the sustainability of the service in terms of medical staffing arrangements have been raised through Contract Quality Meeting since July following a CCG Clinically Led Visit. The latest Trust response was received on 1st March 2017 which was discussed on that day at the Contract Quality Meeting. The main headlines are as follows:

The current staffing stands at:

- Consultant – 1 x NHS Locum, 2 x agency locums, 1 x wte from DRI.
- Higher Level Trainee – 2 x vacant posts covered by agency locums.
- CMT – 1 x Trainee.
- F1 – 2 x Trainees.

The Trust are confident that they will appoint to a substantive Consultant post shortly, however a definitive timeframe has not been set. The Trust are committed to continue to provide the service in-house while still recognising the challenges.

Assurance was given that leadership was being provided by both Clinical Directors for Medical and Surgical and through the DRI Consultants. The Divisional Leads for Surgery and Medicine are working on the reconfiguration of the Gastroenterology service and an update will be provided at the next Contract Quality Meeting on the 29 March 2017 meeting.

Neuro Rehabilitation Service

Issues raised in relation to the sustainability of the service in terms of medical staffing arrangements have been raised through both the Contract Quality Meeting and Contract Performance Meeting in November due to consistent lack of Consultant cover and informal notification that both the Associate Specialist and Lead Nurse would be leaving the Trust in December. The latest Trust response was received on 1st March 2017 which was discussed on that day at the Contract Quality Meeting.

The main headlines are as follows:

- Continue to have consultant on increased sessions and recruitment is in progress for a full-time Consultant post across Neuro-Rehabilitation and Stroke Services.
- The level of service being provided does not meet the level of service currently being commissioned and the Trust acknowledged RCCG concerns regarding this. The service commissioned was in line with ROC Level 2 standards and continues to face challenges. To provide assurance on the level of service being delivered, it was agreed that the Trust would review neuro rehabilitation services against action plans from previous clinical visits/reviews of the service and send an update to RCCG.
- Options need to be considered by TRFT in the first instance then in conjunction with RCCG following the outcome of the consultation on Hyper Acute Stroke Services, however the Trust remain committed at present to continue to provide a local service for Rotherham patients.
- Plans are in place to recruit a lead nurse or therapist for the service, this is currently being undertaken by a Community Matron.

Outpatient Did Not Attend Rates (DNA)

Overall the DNA rates for the past 12 months are one percentage point better than the previous year. DNA rates in January decreased to 8% (from 9.3% in December) the Trust have advised that this is a key focus for the Outpatient Improvement Board. The Trust discovered that the text reminder service to patients had stopped working and this had now been resolved. An enhanced text reminder service was also to start soon.

NHS Safety Thermometer

January - 94% against a 96% target

The overall harm free care score for the Trust for January was 93.22% (Acute 97.01% and Community 90.78%). The score is slightly improved from last month with an improvement in the Acute score from 93.49% (December). A reduced improvement in the Community score has been reviewed by the Head of Nursing for Community Services and the Patient Safety Team and they have identified that the areas reporting the most harm for January are not areas that have been previously identified to be of concern. Further work is to be undertaken to review referral into the teams and the complexity of patient caseloads.

Although the Acute score shows some improvement, the Trust's pressure ulcer reporting system has noted an increase in patients admitted with existing pressure ulcers, and an increase in the number of Trust attributed pressure ulcers. Further analysis, investigation and support for the identified clinical areas has been initiated.

Clinical Communications

RCCG met with TRFT on 31st January to discuss a number of key themes that had been raised as concerns by Primary Care colleagues in relation to clinical communications. This included the following:

- Delayed letters and duplicate letters (both hard copy and electronic) across a number of specialities
- Transfer of workload from secondary to primary care
- Content and quality of letters

A series of actions have been agreed with the Trust. The RCCG Chair has agreed to work with the Trust to look at ways to improve the quality of clinical letters from the Trust. A further meeting is scheduled for 24th March.

Associate Contracts

18.2 Sheffield Teaching Hospitals NHS Foundation Trust
(January data was not available at the time of writing this report)

- **RTT 18ww Incomplete Pathways** – December – 93.6% against a 92% target. Gastroenterology, General Medicine, Upper GI Surgery, Vascular Surgery and Orthopaedics did not achieve target. A Remedial Action Plan for Gastroenterology has been developed and shared with associates. This is being monitored and managed by Sheffield CCG as the lead commissioner for this contract.
- **A&E** – Four Hour Access Standard – December – 80.50% against a 95% target. Sheffield Walk in Centre figures are included in this percentage.
    - The department saw a significant increase in patients remaining in A&E waiting for a bed on the ward as a result of pressure across the system. This was also demonstrated by a number of breaches being recorded at the Walk in Centre.
    - A recovery action plan has been agreed between STH and SCCG on the internal actions required to improve ED flow. As a result, a revised quarter 4 trajectory, with an agreed delivery and assurance programme has been shared with SCCG as follows: January 94.1%, February 93.4%, March 95.5%.
- **Cancer 62 day waits from urgent GP referral to first definitive** treatment – Q3 – 79.1% against an 85% target. A Performance Notice has been issued by Sheffield CCG and the Remedial Action Plan will be monitored and managed by Sheffield CCG as the lead commissioner for this contract.
- **6 Week Diagnostics** – December 99.82% against a 99% target.

18.3 Doncaster and Bassetlaw Hospitals NHS Foundation Trust
(January data was not available at the time of writing this report)

- **A&E** – Four Hour Access Standard – December – 86.6% against a 95% target.
- **RTT 18ww Incomplete Pathways** – December – 90.1% against a 92% target.
- **Cancer 62 day waits from urgent GP referral to first definitive treatment** – November – 85.8% against an 85% target.

18.4 Barnsley Hospitals NHS Foundation Trust

- **A&E** – Four Hour Access Standard – January 87.1% against a 95% target.
- **RTT 18ww Incomplete Pathways** – January - 92.7% and all specialties with the exception of Urology, General Surgery and Other achieved the 92% target.
- **Cancer 62 day waits from urgent GP referral to first definitive treatment** – January – 91.6% against an 85% target.

18.5 Sheffield Children's Hospitals NHS Foundation Trust

- **RTT 18ww Incomplete Pathways** – January - 94% a number of specialties did not achieve the 92% target however these are small volume services due to the nature of provision at this hospital.
- **A&E** – Four Hour Access Standard – January - 98.3% against a 95% target.
- **6 Week Diagnostics** – January - 99.3% against a 99% target.

19. CARE AND TREATMENT REVIEWS

One "blue-light" care and treatment review has been completed in the period which has supported a review of the community care package, thus avoiding hospital admission.

One full, formal, care and treatment review has been completed in the period for an individual placed in Rotherham from another locality. This has resulted in a comprehensive multi-agency plan thus avoiding hospital admission.

20. AT RISK OF ADMISSION REGISTERS

Rotherham CCG, RMBC and RDaSH have developed "at risk of admission" registers for those with a learning disability and/or autism, supporting alternatives to hospital admission. This involves monthly review of patients at high-risk of hospital admission. In the period, there are six people on the register who have action plans to minimise the risk of admission. This includes those identified in the care and treatment review section above.

21. 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
13th February	0	1	0	3
20th February	0	0	0	3
27th February	0	0	0	3
3rd March	0	0	0	3

The one discharge indicated above followed a short-term admission which is now being supported by an enhanced community package agreed by Rotherham CCG and colleagues in the Local Authority.

We anticipate a period of transition for one additional patient, with an expectation of hospital discharge by the end of March.

Sue Cassin – Chief Nurse
April 2017