

Public Session

Patient Safety/Quality

Assurance report

NHS Rotherham

7 August 2013

NHS ROTHERHAM

PATIENT SAFETY

HEALTHCARE ASSOCIATED INFECTION

Resurrection of the Infection Prevention and Control Committee (IPaCC) and provider assurance reports:

Following discussions at Health Protection Committee it was agreed that the District Infection Prevention and Control Committee should be resurrected. The purpose of the committee is assurance as opposed to performance, although provider position against objectives will form part of this assurance process. The committee will report to the Health Protection Committee, with minutes circulated as previously to the CCG Risk, Quality and Governance Operational Group. New terms of reference (enclosed) have been developed taking account of the comments made previously by Internal Audit. The first meeting is scheduled for/took place on 22nd July. A revised assurance reporting template has been produced

C-Difficile Commissioner Target:

The commissioner monthly actual is 1 against a plan of 5, giving an annual actual of 12 against a plan of 15, meaning that the CCG are within both the monthly and year to date objectives. No out of area of isolates have been reported to date, however sign off of the MESS data is not due until 15th July.

Monthly objectives/plans for The RFT have been agreed locally by The RFT Board, to take account of the seasonal variation that might be expected with C.diff isolates. However as these were not communicated to the Commissioning Support Unit, Customer Intelligence Team, they may differ slightly to those used by the CSU, as these are based on the annual objective, divided by 12. The RFT monthly actual is zero against a plan of 2, giving an annual actual of 4 against a plan of 5.

Case 1

The sample was taken on the day of admission to the TRFT, having a 16 day history of diarrhoea. There had been no previous in-patient episodes recorded but there had been several consultations with the GP. Loose stools were documented shortly after commencing antibiotics prescribed by GP which were agreed as appropriate to condition. A stool specimen was requested by the GP but was never submitted by the patient. Outcome of the RCA was Community Acquired, unavoidable.

MRSA

No cases of MRSA bacteraemia were reported for the reportable period, giving a year to date actual of 1 against a plan of zero for both the Commissioner and The RFT.

MORTALITY RATES

Latest SHMI figures published for TRFT show it being "as expected" for the period October 2011-September 2012, with values of 0.88 and 1.08.

Serious Incidents (SIs) And Never Events (NEs)

Position (22nd June – 22nd July)	TRFT	RDASH	NHSR/ CCG	Independent contractors	Roth residents out of area
SIs open at beginning of period	5	21	3	3	1
Closed during period	1	3	0	1	1
New during period	3	0	0	0	0
Open at end of period	7	18	3	2	0
Never Events	0	0	0	0	0
New Trends and themes	0	0	0	0	0

CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
May 2012	SCR Child S SCR un-redacted version to central government. May 2013, no change to status. RLSCB Independent Chair has written a letter to DFE Director of Safeguarding regarding the concern over delay in publication.	RLSCB Independent Chair resigns his post end of June – the report will have been with DFE for over 1 year. RLSCB are stating that the SCR Child S to be published as on-going delays is unacceptable to the family.	RLSCB meeting 14 June – no response yet from central government. SCR Overview finally published 17 July 2013
April 2013	Following two suicides (Nov 2012, Feb 2013) children and young people at a local school also had to contend with the tragic expected death of a young person (April 2013). Agencies in Rotherham are meeting to develop a concerted approach to supporting children affected by such devastating events and attempting to contain the impact upon young people and the school.	Agencies are working together to support, front line staff, young people and their families through this difficult and somewhat unprecedented time of tragedy. 3 groups have been set up to consider the management of individual cases, the joint investigation and any on-going police investigation and the strategic overview of how agencies need to manage the current situation and the potential media interest.	Letter sent to all parents in Rotherham regarding the increase in stress levels for young people around, support contacts supplied. A number of meetings have been scheduled and include the CCG, GP Practices, RDaSH, TRFT and NHS England Area Team. GPs are aware of concerns around bereavement issues. A concluding meeting to be held 25 July 2013 after which further work will be required.

Learning Review			
Date	Discussion	Outcome	Follow up
Jan 2013	DRAFT PBR document highlights non-mandatory tariff for out of area placements for Looked After Children (LAC)	Looked After Children health assessments are standardised and quality assured using a checklist. Increase in LAC Health Assessments being reported by TRFT.	Looked After Children health assessments to be discussed at Local Area Team Safeguarding Meeting chaired by M. Kitching meeting of South Yorkshire and Bassetlaw NHS England Safeguarding Forum 21 June 2013, sub regional work to be discussed 23 August 2013
May 2013	3 letters have been received from central government regarding Jimmy Savile the Next Steps . A paper and action plan has been presented to OE.	The Action Plan is to be followed up at Operational Risk Governance and Quality Management Group to ensure compliance is monitored and reported upon.	Action Plan on-going to be monitored by Operational Risk, Governance and Quality Management Group, 22 August.
May 2013	TRFT and RDaSH have completed an Individual Managing Report (IMR) for an external LSCB	The methodology to be used is Significant Incident Learning Process (SILP)	Rotherham LSCB is following up any recommendations.

ADULT SAFEGUARDING 18TH JUNE 2013 – 29TH JULY 2013

There are currently 10 ongoing concerns, with NHSR CCG involvement, with no change to the status of 8. 1 Safeguarding Adult Serious Case Review remains open due to ongoing discussions regarding publication. The investigation, overview report and actions are completed.

Legal advice has been sought in relation to a client in receipt of CHC regarding challenging behaviour from the clients family directed at the care provider staff. No change to date.

CHC to meet with provider – 17 June 2013 - to discuss recent issues and care package.

CHC Team – raised Contracting Concerns with Local Authority (LA) re care home – the concerns did not reach the safeguarding threshold and we await a response for the LA Contracting Team at the next scheduled meeting - 31st July 2013

ID No:	Details
21/12/2012	Quality and safety issues within a care home.. CQC – April 2013 - issued Warning Notice with full suspension of placements and to undertake an unannounced visit. Local Authority (29 May 2013) - continues with suspension of placements & default notice. Safeguarding investigation has concluded and 6 individual cases and 1 overall institutional abuse, case conference held 24/25 June 2013. Continuing Health Care (CHC) have recently reviewed all patients with a full Decision Support Tool (DST) that are CHC / Funded Nursing Care (FNC) funded – CHC awaiting to meet with Social Services to discuss outcome and way forward.
28/03/2013	Safeguarding concerns raised by whistle blower re staffing issues & poor practice at local care home 3 CHC residents in residence and CHC have carried out reviews on all placements and outcome was no further action required. No change
31/04/2013	Dr R Brynes prepare a Form 4C, Case Conference, Multi-Agency Report, for Joanne Lucas at Local Authority. No update to date
32/06/2013	2 Rotherham Residents & 9 from other LA's placed in care home - Serious concerns - no assurance from provider that they have taken on seriousness of issue and concerns raised. Action Plan in place but still require more support and advice. 8 staff suspended. LA has continued presence in home. Police investigation re treatment of residents is ongoing. LA comms to do statement to all once future decided.
33/06/2013	LA served Default 28/6/2013. Owner was invited to attend a meeting with LA and did not attend. LA have significant contracting issues e.g. registered with CQC as a Nursing Home but the home is not set-up, ready and have no Nursing staff employed to Nurse residents. LA contract still is as Residential Home and investigating. CQC to take action on information shared at meeting and visit home in near future and liaise with LA.

ID No:	Details
34/07/2013	<p>Lord Hardy Court – This concerns a lady – “coma death” - due to current media interest the Local Authority have released the following response:</p> <p><i>“Dear All, You may be aware that a safeguarding case in Rotherham has been released in the media today. This is in respect of a resident at Lord Hardy Court Local Authority residential care home. This case involves a lady who following a fall was admitted to hospital and subsequently died. This has followed usual safeguarding procedures and was referred to the coroner. There is currently an active safeguarding investigation. I am alerting you as you may be approached by press or representatives within your agencies seeking information. Please see below the press release from RMBC. A spokesperson for Rotherham Borough Council confirmed that five members of staff at Lord Hardy Court Residential Home have been suspended, as a neutral act, in relation to a safeguarding issue while investigations are completed. Should you require any other information or you have any queries in respect of this issue then please do not hesitate to contact me. Regards , Sam Newton, Service Manager, Safeguarding Adults, Neighbourhoods and Adult Services, Riverside House”</i></p>

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

RDaSH

Number of patients detained under the Mental Health Act as of Quarter 4 2012/13 = **114**

No DoLS applications have been received from hospitals since the last patient safety report was submitted.

Note of concern: Admissions to an RDaSH Older People’s Psychiatric Unit

A person can be admitted to a psychiatric ward as an informal patient, even if they lack the mental capacity to consent to the admission as long as the Mental Capacity Assessment (MCA) and Best Interest Decision (BID) process is followed **and** the person is compliant with all aspects of their care and treatment.

It has come to the attention of the DoLS lead that there are patients (who would lack capacity to consent) on this ward where there is no evidence of the MCA process being followed.

This has resulted in a safeguarding alert being raised, RCCG Head of Contracts (Mental Health), Matron at the unit and RDaSH have been informed.

CONTINUING HEALTHCARE (CHC)

One case currently going through Court of Protection procedures with a court date for September 2013. RCCG Head of Contracts (Acute and Community) and CHC clinical lead for West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSY&B CSU) are both involved with this case.

CHC representative now attends joint health/Local Authority/CQC meetings.

There is now an End of Life Care team based at the hub in Doncaster who provide a service to patients in Rotherham, Doncaster and Barnsley in regards to fast tracking of cases. There will be an official launch of this during August 2013.

STROKE

In May the stroke metric for 90% of time spent on a stroke ward met the target of 80%, achieving 85.71% (30/35). This brings the YTD position to 86.15% (56/65%).

CQUIN UPDATE

Awaiting Q1 information

PATIENT AND PUBLIC EXPERIENCE

URGENT CARE CONSULTATION

The consultation remained open until the 26th July. No further comments have been received via email, though some have come in via post. Focus has been on ensuring that some of the potentially overlooked communities have received information on the consultation and been given the opportunity to feed into it; therefore attendance at meetings covering the following:

- Learning disabilities
- Mental health/ carers
- Carers (general)
- Parents, and parents of children with disabilities/health problems

Generally, people support the proposals, with the rider that a solution for car parking is found as part of the development. A number of useful suggestions have also been raised, such as the need to address the drop off situation at the hospital front; and the need for learning disability awareness in a potentially busier environment.

FRIENDS AND FAMILY TEST (FFT) UPDATE

Through May, TRFT received low response rates and a higher ratio of negative comments, leading to a negative Net Promoter Score (NPS) in A & E. However through June, the work has been re-invigorated and redirected by the new lead, Anne Crompton. Internal planning meetings and reporting are both now weekly. During the last 3 weeks of June the figures show considerable improvement, while acknowledging that there is some way to go, steady progress is now being made:-

- A & E through June, has achieved a NPS of 57-61 (anything over 50 is considered excellent); and response rates are higher, though still under 5%
- Inpatient wards – reporting remains erratic, with some wards not having any responses, though in general the rate is rising and now is sitting between 10-12%. NPS score is between 70-90.
- Response rates going into July are reaching almost 30% for wards, and 10% for A&E
Regional FFT (data must be anonymised until publication)
- A & E
 - Response rates were 2%, 7.2%, 6.5%, (April, May, June)
 - NPS were 71;63;52 - hence the negative figure from Rotherham did stand out.
- Inpatient
 - All apart from one provider had rates of over 15% (exception was 12%); others had app 15%;17%; and one had 37%
 - NPS were all in the 70-80s range

Next stages – note no firm dates as yet

- Maternity commences October 2013 nationally. TRFT are currently developing plans to enable this to take place and are hoping to start collecting data prior to the national target date.
- A draft for Children and Young People is due out in September.
- CCGs should be able to directly access Unify (the system that data is loaded onto); this may sit with performance analysts.
- Early adopters for next stages are mostly in the south, nearest are:
 - Acute outpatient and day
 - Mental Health and Community
 - Primary Care - GPs

HEALTHWATCH UPDATE

- High street premises have opened in July 2013
- The new Chair is in Post – Naveen Judah, who also chairs the new Rotherham Disability Network.
- Staff have taken up roles apart from the engagement officer.
- Once these are in place, publicity and awareness campaign will follow
- Discussing with HealthWatch how we can work together and share information across organisations effectively.

PRACTICE PARTICIPATION GROUP NETWORK

Meeting held on 4th July, with 36 attendees from 15 practices, and heard presentations from HealthWatch and Michael Morgan, interim chief executive TRFT, with some lively and engaged discussions. Offering out of pocket expenses and a sandwich was seen by attendees as positive.

The next meeting – October – will focus on the CCGs annual commissioning plan.

To note – several practices have approached PPE Manager informally to discuss and seek advice when turned down for payment as part of the PPI DES. This could well deter practices from continuing to support PPGs at practice level, and could impact on the future of the PPG network.

A representative from Stag PPG was part of a national working group putting together guidance for the CQC and PPGs working

<http://www.networks.nhs.uk/networks/news/guide-for-patient-participation-groups>

LISTENING TO LOOKED AFTER CHILDREN

The listening forms have now gone to RMBC and have been sent out. Responses to this work will hopefully be included in the next report. As of 29/07/13 17 responses have been received.

PATIENT OPINION

This report summarises **17** stories, which have already been viewed **1,343** times in all. Around 30% raise some level of concern; many contain positive comments about a variety of services, including continence (4); stoma (3; one urged to seek additional advice about product); GP practices (5); also maternity services and A & E. Positive comments are routinely passed on to relevant services.

CONCERNS AND ISSUES

- Learning Disability services delayed referral appointment – this was resolved for the individual; now looking for assurance in the systems that the same won't happen again
- 1 comment re availability and cost of parking
- 1 ophthalmology – long posting, complex issues – TRFT patient services and complaints actively involved

OTHER WORK AND OUTCOMES

Rotherham Older People's Forum -working with Age UK Rotherham - delivered 4 listening/outreach events between November 2012 and January 2013, with the aims of hearing about older people's experiences of health services in light of the changes to health systems and structures. Key points from the work are as follows:

- Hospital services
 - Positive experience could depend on how assertive people were and which ward they were on.
 - Problems with after-care and follow up – people not signposted to AgeUK Rotherham After Care Service

- GP services
 - Perception is that getting a home visit is now rare, and there was some reluctance to share personal information with receptionists
- Other Messages:
 - Community services are highly valued
 - Confusion about the walk-in centre
 - Lack of knowledge about local PPG s, public health moving to the council and how the health and Wellbeing Board will work.
 - Concern that funding will decrease and already overstretched services will get worse

The report was received by Su Lockwood and Helen Wyatt, who are working with the group to raise specific issue with relevant organisations

IMPROVING SERVICES FOR NEW MUMS - ROTHERHAM FOUNDATION TRUST OPENS NEW POST NATAL WARD

In 2012, Rotherham Foundation Trust, supported by Rotherham CCG, secured funding for Improving Birthing Environments of £350,000 and has transformed the Maternity Ward to provide improved and more personalised Post Natal accommodation for new Mothers and their Babies.

The decision to transform the Postnatal Ward was made following patient feedback from the Maternity Service Liaison Committee (MSLC), where patients had described the ward as lacking personal space and privacy in the sleeping bays, often meaning partners were not able to engage in the initial bonding with their baby. The physical condition of the ward was considered old fashioned, and lacking in modern facilities, of which there were too few.

As part of the transformation the new Post Natal Ward at the Rotherham Hospital has now been relocated and converted to provide enhanced accommodation, with en-suite facilities for each of the four bays and four single rooms, a fully equipped Infant Feeding Room, and an altogether more spacious and welcoming environment for mothers, babies and their families. The integrated Antenatal Day Unit also provides comfortable sitting and self catering facilities for Day patients and a television area for Ward patients to use during the evening.

Rotherham CCG are confident that both they and the Rotherham Foundation Trust have really listened to what patients wanted from their local Maternity Service and have ensured that the new ward meets those needs.

COMPLAINTS

RDASH

Concern raised through patient opinion, relating to delay in urgent referral – Issue subsequently resolved by RDASH.

As a result of a number of issues being raised by GPs, an 'Issues Log' has been re-instigated for RDASH. The current issues are mainly relating to the CAMHS service, but will include other areas as well.

ELIMINATING MIXED SEX ACCOMMODATION

RDASH

There have been zero mixed sex breaches during April and May of 2013. There have also been zero breaches of women only 'sitting rooms'.

TRFT

No breaches reported

REGULATION AND ASSURANCE REPORTS

CQC INSPECTIONS - RDASH

The CQC visited Swallownest Court during the week of the 17th June. These were Mental Health Act visits. RDASH did not inform Commissioners but will do so in future. No feedback has been received so far.

ASSURANCE REPORTS

TRFT Unannounced visit

On Friday 26th July an unannounced visit to The Rotherham MHS Foundation Trust (TRFT) was undertaken by Tracey McErlain-Burns, TRFT Chief Nurse and Sue Cassin, RCGG Chief Nurse.

The visit commenced at 21.45 hours and concluded at 00.10 hours on 27 July.

On arrival at the hospital the chief nurses introduced themselves to staff in switchboard and made contact with the 221 site bleep holder. The bleep holder met with the chief nurses, reporting no concerns across the hospital. It was said that the site was calm and manageable and there were no staffing concerns. This was a valuable visit. All the areas visited were pleased to see us; all reported being adequately staffed and with the exception of the cases identified above they were confident that there were no patient safety concerns.

The 221 bleep holder clearly had a grip of the site. She knew what was happening across site.

In none of the areas visited were patients calling out or buzzers ringing and being unattended to. The staff should also be commended for working without the creation of undue noise; in areas where the lights were down lowered voices were used.

It was a pleasure to engage with staff working the night shift. A further unannounced out of hours visit will be conducted within 6 weeks.

Winterbourne View Joint Improvement Programme - Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme asked local areas to complete a stock take of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stock take was to enable local areas to assess their progress and for that to be shared nationally. The stock take was also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome.

This document was completed and submitted by RMBC on 5th July 2013. The document was produced in partnership with the CCG and sign-off by Chris Edwards on behalf of the CCG.

RDaSH Winterbourne Internal Review – this report has been submitted to the CCG for consideration. The report has been reviewed by commissioners and comments returned to RDaSH for consideration. The report will also be reported to a future LD Partnership Board meeting.

RDaSH Prevent Policy

RDaSH will provide quarterly updates on training undertaken in line with the requirements of the policy. This will be monitored via the contract quality meetings.

June 2013 – 11 Inspections carried out to care homes by CQC

- 1 Compliant – but still monitoring
- 1 Default Issued 27/6/2013
- 1 Warning Notices
- 2 Compliance Actions
- 4 Serious Issues/Continuing to Monitor

2 Dental providers Inspected: both Compliant (Highfields Dental & Thorpe Hesley Dental Practice)

Sue Cassin – Head of Quality/Lead Nurse