

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

4th December 2013

CONTENTS

1.	PATIENT SAFETY	3
2.	MORTALITY RATES	3
3.	SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)	4
4.	CHILDREN'S SAFEGUARDING	4
5.	ADULT SAFEGUARDING	5
6.	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)	7
7.	CONTINUING HEALTHCARE (CHC)	7
8.	FRACTURED NECK OF FEMUR INDICATOR	7
9.	STROKE	7
10.	CQUIN UPDATE	7
11.	COMPLAINTS	8
12.	ELIMINATING MIXED SEX ACCOMMODATION	8
13.	CQC INSPECTIONS	8
14.	ASSURANCE REPORTS	8

NHS ROTHERHAM

1. PATIENT SAFETY

Healthcare Associated Infection

1.1 RDaSH

There have been no cases of C-Diff, MRSA or MSSA reported for the year to date.

1.2 Hospice

The Hospice has had five patients, year to date, (one each in May, June & July and two in August) who were admitted with MRSA.

1.3 TRFT

MRSA – 0 - Sept/Oct 2013

MSSA – September = 2 YTD 7

NHSR - September = 5

E Coli - September = 16 YTD 93, October 5

C-Difficile

RFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 Target = 22	Monthly Actual	1	3	0	0	3	7	2	1				
	Monthly Plan	2	2	2	2	1	1	2	2	2	2	2	2
	YTD Actual	1	4	4	4	7	14	16	1				
	YTD Plan	2	4	6	8	9	10	12	14	16	18	20	22

October 3 Nov Nil (STH reported x1 Rotherham patients tested at 15 days post admission)

YTD 17, Year-end plan = 22

CCG

October 7, November 3 (to date) YTD total =44. Year end plan=59

2. MORTALITY RATES

TRFT presented a range of detailed mortality metrics for discussion at the monthly contract quality meeting in November 2013. The Trust are questioned on the specific data and their overall process of mortality assurance. One measure is Hospital Standardised Mortality Ratios (HSMR), for this the TRFT rate is 106 which is well within the range of other hospitals. Another measure is Summary Hospital-level Mortality Indicator (SHMI), this is 111 which is just outside 95% confidence intervals. Both these data are from April 2012 – March 2013.

The CCG and TRFT have carried out a series of reviews of TRFT process with regard to learning lessons from mortality data and the CCGs assurance on TRFTs processes. The CCG is assured that the reasons for the high SHMI in 2012/13 were due to coding issues rather than clinical safety. The Trust has put in actions to improve coding activity in August 2013, since these actions have put into place the indications are that SHMI is reducing.

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

Position (21 st September 2013 – 18 th October 2013)	TRFT	RDASH	NHSR CCG	Ind. Contractors	Roth residents out of area	YAS
SIs open at beginning of period	10	13	2	0	0	2
Closed during period	3	3	0	0	0	0
New during period	1	1	0	0	0	0
Open at end of period	8	11	2	0	0	2
Never Events (New)	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
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 have developed a multi agency approach to supporting and managing similar situations.	Agencies have worked closely to support front line staff to support them and continue to provide this particularly at the start of the new term. RLSCB have published multi agency practice guidance on handling potential suicide clusters. <i>This document has been shared with other areas as the incidence of adolescents suicide is increasing.</i>	The meeting held October 2013 agreed to have an Independent Author write up a lessons learnt document. Rotherham Local Safeguarding Children Board is to commission this work to be completed by December 2013.

4.1 Drivers for Change:

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 commissioned a report expected December 2013
October 2013	CQC Inspection of Safeguarding and LAC published.	A power point presentation and action plan have been shared with health providers. A meeting of TRFT, RDASH, WIC safeguarding leads to be arranged asap	Action Plan to be proactive and be monitored via Safeguarding Health Forum. on-going to be monitored by safeguarding Health Forum.

4.2 Learning Review

Area	Discussion	Outcome	Output
May 2013 Croydon	TRFT and RDaSH have completed an Individual Managements Report (IMR) for an external Local Safeguarding Children Board (LSCB)	The methodology used is Significant Incident Learning Process (SILP)	Rotherham LSCB is following up local recommendations to ensure compliance via the SCR Panel.
SY & B NHS England Area Team	Designated Nurses across South Yorkshire and Bassetlaw are publishing with NHS England a Lessons Learnt from local Serious Case Reviews and Serious Incidents	Transparency and learning across the sub region, in addition Level 4 Safeguarding Children training commissioned for appropriate staff 29 November 2013.	Compliance with Working Together 2013 (WT 2013) and Royal Colleges (2010) training expectations
October 2013	Safeguarding Vulnerable People RCCG Annual report published.	Transparency of safeguarding adults and children with partners and public.	Safeguarding commissioning for 2012/2013 and intent for 2013/2014 is published.
17 & 18 October 2013	RLSCB undertaking a challenge of partners work around Child Sexual Exploitation (CSE)	CSE Strategy in place (multi agency). Multi agency challenge with associated action plan.	CSE Team to have an identified health worker.

5. ADULT SAFEGUARDING

Headlines

- PREVENT strategy training being developed
- Mental Capacity Act policy development near completion
- PREVENT policy near completion.

Care Home Overview	<p>14 providers have on-going concerns – 3 are home care providers that receive funding from the CCG for end of life care and long term care packages. Significant improvements in 2 care providers have been noted and embargos on admissions have been lifted. 1 care provider has a current safeguarding investigation underway</p> <p>11 care homes have varying safeguarding/Quality issues that have been highlighted. None of the homes have progressed to receiving embargos at this stage and are working with the CQC, RMBC and Continuing Health Care on improvement plans.</p> <p>3 - RMBC current default action plans. <i>No-additional improvement notification however no notification removals</i></p>
DHR	<p>One new Domestic homicide review in Rotherham. Individuals known to Rotherham services and Multi Agency Risk Assessment Conference (MARAC) referrals completed previously. All providers are aware of the Domestic Homicide and the requirements for Individual Management Reviews (IMR). Chronologies are currently being completed and a review meeting is planned for 21st October 2013 <i>no updated information – all parties completing IMRs currently</i></p>

# 004	Missed referral to Safeguarding Adults , fall at home with carers in attendance, health care not accessed until later that day. Spoken to lead in case at TRFT not treated as SI – strategy outcome - delayed treatment and none referral currently being investigated by RMBC Safeguarding investigation team. Linked to Safeguarding investigation. <i>Investigation continues</i>
# 005	On-going Domestic Homicide Review , IMR's are currently underway however the timeline of the process is extended to January 2014 after the criminal investigation concludes because of the lack of information/involvement of agencies. <i>No planned update until January 2014</i>
# 008	1 case involving an Out of Hours Service GP , delayed in completion of Safeguarding procedures. RMBC reviewing procedures involving health cases and how communication can be improved. <i>Completed 2 CCG members to give feedback shortly</i>
# 011	Received information that a Rotherham case is possibly going to be referred to the coroner 11 months after provider involvement. The case involves a missed Safeguarding referral. A review of information concluded that a referral had not been made to Safeguarding. A retrospective Safeguarding alert has now been completed and the organisation is treating as a Red incident. CCG safeguarding lead supporting overview of case and review of action plan once supplied from provider. <i>No update on coroner investigation safeguarding investigation continues</i>
# 013	A Safeguarding Strategy meeting has progressed to Investigation , the case involves 3 Rotherham CCG commissioned providers. Safeguarding lead for Rotherham CCG is providing oversight of the investigation and action plan. Three areas of concern are Mental Capacity assessment, Deprivation of Liberty Safeguards and use of chemical restraint. <i>All chronologies nearing completion and will progress to case conference late December 2013.</i>
# 014	New Safeguarding case involving a care home – The home manger has left the home after 24hr Notice. The company that owns the home is under review, another home that the company owns in Rotherham has also had a manger leave at short notice. <i>Support from RMBC and CQC continues in this home while investigation continues, home is being support by another home manager in the same company</i>
# 015	A Specialist unit providing mental health, learning disability and/or substance misuse hospital service & rehabilitation. Following a routine inspection on the 3rd September 2013, the CQC published their report on the 16th September 2013 which placed a compliance action on the home for Essential Standard 2 (Standard of providing care, treatment and support that meets people's needs). <i>Completed, waiting for CQC report. Initial verbal feedback was positive</i>

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

Deprivation of Liberty Applications –

October

TRFT - 1
RDaSH - 0
Care Homes - 5

On-going Deprivation Of Liberty

TRFT - 0
RDaSH - 0
Care Homes - 9

7. CONTINUING HEALTHCARE (CHC)

There remains 1 case going through Court of Protection (CCG Senior Manager and Integrated Clinical Lead CHC WSY&B CSU are involved). The Date for court hearing in September as now been cancelled and moved to 5th November. CHC have attended the court hearing, this patient is no longer eligible for CHC and now is the responsibility of the Local Authority (LA). LA are now working with the family patient and Nursing home to secure a new placement and ensure a smooth transition to new placement, no placement has been identified as yet.

A Rotherham patient has been served notice by a Care Home due to the behaviour of the family. This patient has been assessed as not having mental capacity and a best interest meeting has been completed by the social worker. A meeting with both adult offspring has been arranged separately, due to them not communicating with each other. A DoLS has been obtained by the LA who are going to a court hearing regarding an extension of the DoLS and regarding residency.

A best interest meeting was held regarding patient who was in the Rotherham Hospice who is eligible for CHC, at that time the decision was for the patient to be stepped down into a 24 nursing bed, the partner was involved in the decision making process. CHC received a solicitors letter stating that the patients partner was unhappy with the care and wanted them moved closer to home or even being transferred to home. Due to the concerns raised CHC completed a safe and well check - no issues found. There is a MDT best interest meeting on 21/11/2013 with the partner / solicitor involved / LA and hospice consultant.

8. FRACTURED NECK OF FEMUR INDICATOR

The Trust has achieved the non-recurrent funding target for Q2, with actual numbers seen 58 against a trajectory of 80. This is a significant improvement on Q1 where the actual was slightly above target.

9. STROKE

The October data is due to be released by the end of November and will be included in the January report.

10. CQUIN UPDATE

10.1 RDaSH

The Q2 Report has been received and discussed. Most aspects of the CQUIN elements are on track although there are some concerns with response rates to the Patient & Carer surveys, particularly for CAMHS and Adult Inpatients. These are being worked on by RDaSH.

Initial discussions have started relating to 2014/15 CQUIN.

10.2 Hospice

The Q2 Report has been received and discussed. All elements of the CQUIN are on track.

10.3 TRFT

There has been a significant improvement in all CQUIN indicators during Q2 with only a couple of indicators falling short of trajectory, these being Dementia and The NHS Safety Thermometer. As these are year-end achievement goals the Trust still has the opportunity to meet target and achieve 100% on all indicators for the year.

The Friends and Family Test is currently at 21%, a rise of 8% during the quarter. This is now above the year-end target mainly due to improvements in A&E where they are the first Trust in the locality to achieve over 15% in that area.

Although Dementia is well below target, TRFT has advised they are pursuing an electronic EPR solution and if approved by Corporate Informatics Committee this will be installed by the end of Q3 and should ensure achievement in Q4. The Deputy Chief Nurse is also attending junior doctor training during November to address their understanding of the Dementia requirements. All carers of people with Dementia are requested to complete a survey as part of the CQUIN indicator. The Trust has advised that uptake has been slow and the survey was re-launched on 31 October. A Dementia Lead Nurse will be joining the Trust on 2 December and a dedicated Dementia Clerk has been appointed who will be visiting wards to engage with carers. TRFT continues to actively engage in meetings with RCCG to discuss and shape the dementia pathway and has committed to adhere to the model agreed.

The NHS Safety Thermometer remains a significant challenge for delivery at year-end. The Trust appeared to be going in the right direction early in the quarter, however, September has raised significantly almost back to baseline. Work is ongoing to improve this in the hope of achieving target at year-end.

11. COMPLAINTS

No updates to add this month

12. ELIMINATING MIXED SEX ACCOMMODATION

No reports of breaches during October

13. CQC INSPECTIONS

RDaSH

The CQC made a series of unannounced visits during w/c 14th October and 21st October. The focus of the visits was adult and older people's in-patients, community mental health services, CAMHS and Learning Disability.

The outcome of the inspection will not be known until RDaSH receive the final report, however, from an informal feedback session, RDaSH received very positive feedback on the visits.

The Hospice

No visits undertaken.

14. ASSURANCE REPORTS

In October 2013 TRFT piloted a new format for the Senior Nurse Walkabout. The new model takes onboard the 15 Step Challenge published by the Institute for Innovation and Improvement. The 15 Step Challenge was developed in consultation with the Royal College of Nursing, patient organisations and the Care Quality Commission; TRFT have adapted it to provide senior nurses, Lay Members of their Board and partner organisations the opportunity to consider the quality of the environment and the care delivery. It is the intention to roll out this programme to all areas of the hospital and community services.

An unannounced visit took place to TRFT on 26 October 2013. The visit was undertaken by TRFT Chief Nurse, TRFT Deputy Chief Nurse and TRFT Non-Executive Director. The visit commenced at 04:00 hours and concluded at 07:00 hours on 26 October 2013 and included all TRFT wards, theatres, A&E and Breathing Space. The extracts below are taken from the TRFT Chief Nurses report of the visit and the comment from the Non-Executive Director.

"This was again a valuable assurance visit. The preceding week had been very busy and indeed the bed situation was poor, however the site was calm and being very well managed; the staff were without exception, welcoming, positive and a credit to the Trust. A few questions were asked about the future of the hospital and every effort was made to allay anxieties about the security of front line clinical jobs. For the sake of repeating the reflections above, the opportunity to have these discussions with staff on night only contracts, requires a regular visiting senior presence out of hours.

When visiting at this time of night senior nurse leaders are looking to be reassured that patients are not being woken early to fit an out-dated, no longer tolerated regime, and the board can be assured that there was no such evidence.

Noise levels were low and staffing overall was much better than found on the last visit. Through this report the visiting team wish to thank the staff for their engagement and for doing the job they do."

"I would like to thank TMB and AC for the chance of joining this night visit – I found it a valuable opportunity to experience the night-time working environment on our wards and to engage with a number of our staff. I was particularly impressed with the sense of calm across the site and the evident adequacy of the staffing levels present, which was reassuring given recent concerns. My only negative observation was the tightness of the bed spacing in the older 6 bed bays, which demonstrably offered minimal privacy to patients; I recognise that there is probably little we can do to address this in the short-term, but it should be considered in our medium term plans for ward refurbishment."

Sue Cassin – Chief Nurse
December 2013