

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

2ND DECEMBER 2015

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NHS ROTHERHAM

1. HEALTHCARE ASSOCIATED INFECTION

RDaSH: There have been no cases of healthcare associated infections so far for the current year.

Hospice: There have been no cases of healthcare associated infections so far for the current year.

TRFT :

- MRSA – 0
- MSSA – 2 (Sep 15 monthly actual) 16 (YTD) **[Oct 15 data for this indicator not available yet]**
- E Coli – 6 (monthly actual) 109 (YTD)
- C-Difficile:

TRFT		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	N/A	N/A	N/A	N/A	N/A
	Monthly Plan	2	2	2	2	3	2	2	2	3	2	2	2
	YTD Actual	0	4	5	9	9	13	13	N/A	N/A	N/A	N/A	N/A
	YTD Plan	2	4	6	8	11	13	15	17	20	22	24	26

NHSR:

- MRSA – 1 YTD (YTD plan 0)
- MSSA – 4 (monthly actual) 31 (YTD)
- E Coli – 8 (monthly actual) 131 (YTD)
- C-Difficile:

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 63	Monthly Actual	4	9	9	13	6	10	1	N/A	N/A	N/A	N/A	N/A
	Monthly Plan	5	6	6	6	4	4	5	6	5	6	4	6
	YTD Actual	4	13	22	35	41	50	51	N/A	N/A	N/A	N/A	N/A
	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 MESS database. Please note the above figures may not exactly match the C.Diff figures which are discussed at the Post Infection Review meetings with TRFT.

Post Infection Review – Overview Panel meeting 30th September 2015 (C.Diff cases)

Case 1 – Closed - No Lapse in Quality of Care

Case 2 – Closed - Avoidable, Lapse in Quality of care – inappropriate antibiotic treatment

Case 3 – Closed - No Lapse in Quality of Care. Ribotype 106 - awaiting fingerprinting

Case 4 – Closed - No Lapse in Quality of Care

Case 5 – Closed (same patient as case 1) - No Lapse in Quality of Care

Case 6 – Closed - Cross infection with cases 9 and 3, confirmed by finger printing – likely to be ribotype 106 but sample unable to be tested

Case 7 – Close - No Lapse in Quality of Care; antibiotics were appropriate

Case 8 – Closed - Avoidable, Lapse in Quality of Care - inappropriate use of antibiotics

Case 9- Closed - Avoidable, Lapse in Quality of Care – inappropriate use of antibiotics – OOH (Doncaster GP) - Ribotype 106. Finger printing confirmed cross infection.

Case 10- Closed - Lapse in Quality of Care–inappropriate antibiotic treatment

Case 11- Closed - No Lapse in Quality of Care

Case 12- Closed - No Lapse in Quality of Care

Case 13- Closed - No Lapse in Quality of Care

Case 14- Open - Recent case; RCA in progress

Work has commenced on retrospective look backs at some of the 51 C Difficile cases attributed to NHSR.

Out of the 51 cases, to date, there have been 7 patients that have either relapsed or had potential failed treatment/ management, at times up to 4 cases. These totalled account for 18 of the cases. Post Infection reviews are taking place, and recommendations will be produced.

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 for June is 108.35, showing a slight decrease on previous month but still above target of 100, and has plateaued across the year. There are a significant proportion of uncoded summaries in the HSMR figure so this will be subject to change. Crude mortality is 62 for September which is an improvement on historical figures.

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

SI Position 20.10.2015 – 16.11.2015	TRFT	RDASH	RCCG	Roth Residents out of area	YAS	PHE/ NHSE
Open at start of period	40	9	1	2	1	0
Closed during period	5	5	0	0	0	0
De-logged during period	0	0	0	0	0	0
New during period	3	0	0	0	0	0
Open / Ongoing at end of period	38	4	1	2	1	0
Never Events	1	0	0	0	0	0
New Trends and themes	No	No	No	No	No	No
Final Report Status as at 16.11.2015						
Final Reports awaiting additional information	0	0	0	0	0	0
"Stop the Clock" e.g. <i>investigations suspended awaiting police investigation</i>	2	2	0	1	0	0
Investigation above 60 working days <i>with CCG approved extension</i>	29	0	0	0	0	0
Investigations above 60 working days <i>without CCG approval</i>	0	0	0	0	0	0
Final Reports due at upcoming SI meetings	7	2	1	1	1	0

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
Aug2014/ Jan 2015	Child Sexual Exploitation (CSE) Report published Aug 2014.	Report published August 2014, media interest immense. Negative press received for LA and Police. 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.	National training on CSE commissioned for senior health professionals – September 2014. Front line staff undertaking 'Stop the Shift awareness raising' 62% of CCG staff responded to the follow up questionnaire. GP Practices utilised this training with 280 participants recorded. Second tier of CSE training for front line staff commissioned to consider victimology tool

Date	Discussion	Outcome	Follow up
		<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>place in February just under 800 participants attended and the CSE pocket guide was launched. Next step 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.</p>
January 2015	Attendance by RCCG at LSCB CSE sub-group is the Chief Nurse or Chief Officer.		<p>NHS RCCG has commissioned bespoke CSE training for March 2016 for all Independent Providers from a nationally respected speaker. This training coincides with national CSE day.</p>

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
23 – 27 Feb 2015	CQC Inspection of Children Looked After and Safeguarding (CLAS) undertaken.	<p>CQC CLAS Inspection Report published 14 July 2015. 24 recommendations with an expectation that there will be a SMART action plan submitted to CQC 11 August 2015. RCCG has set up a task and finish group to drive forward the actions and peer challenge agencies to ensure that the required outcomes are achieved.</p> <p>Healthwatch, RLSCB, RMBC C&YPS and Public Health attend the meetings to ensure transparency and multi-agency sign up.</p>	<p>RCCG will monitor action plan via the task and finish group and Sub AQA. In addition contract Quality meetings with TRFT and RDASH will ensure compliance.</p> <p>Children's Commissioners and Contract Managers from CCG, NHS England and RMBC Public Health are in attendance at the task and Finish CQC Peer Challenge meetings to ensure commissioning cycles are robust.</p>
23 – 16 Feb 2015	TRFT had their CQC Essential Standards inspection which included Outcome 7 (safeguarding)	<p>Written report published and action plan outlining the way that recommendations will be adhered to is being written.</p>	<p>CCG contract quality meeting is monitoring progress against this action plan</p>

Date	Discussion	Outcome	Follow up
14 – 18 September 2015	RDaSH received their CQC review of services including safeguarding.	A written report will be published by the CQC in due course. (January 2016)	
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.
March 2015	Rotherham CCG has commissioned 2 health secondees to work within the Rotherham Multi Agency Safeguarding Hub (MASH)	Commissioners of health services in Rotherham will work within the MASH to ensure that an evidence base is established to support future commissioning whilst supporting all agencies, including health providers, in developing an effective MASH.	An interim review presented to OE 16 March 2015. A follow up report due in Sept/October 2015 to support and provide evidence for commissioning health care 2016/2017 with a final report to be published January 2016. Report to OE 1 June 2015 to update on progress. <i>Evaluation report presented to OE 19 October 2015.</i> <i>Financial agreement now being considered. Secondees have had posts extended till 01.04.2016</i>
November 2015	Joint Area Inspections being rolled out as a pilot. This includes OfSTED, CQC and HMIC	Task and finish group set up locally to look at preparedness. NHS RCCG are part of that group.	

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. <i>Publication of the report will happen after the Court Case.</i>
May 2015	TRFT recorded a Significant Event regarding an infant who was admitted to Children's Ward 1, 24 th April 2015 for severe faltering growth. He was known to be under the care of TRFT Paediatric Services, Dietetic Services, Health Visiting, and Primary Care.	Terms of Reference for the Significant Event investigation have been agreed. Meetings set up to undertake a Root Cause Analysis (RCA). The extent to which care was compliant with national and local practice regarding poor weight gain.	The methodology to be used will facilitate practitioner engagement and reflection. Lessons learnt will be written up and shared with multi-agency partners.

5. ADULT SAFEGUARDING

5.1 Headlines

Prevent - The planned “mop up” session for Prevent training has now been completed. Those staff who were unable to attend will be provided dates to attend a session at TRFT.

Rotherham Safeguarding Adults Board - meet on the 5th November with the new chair Sandie Keen. A number of issues were discussed including:

- The Strategy to be amended to 2016-2019
- Sub groups agreed and chair persons sought
- Interviews for the Board Manager took place last week
- RCCG update for the SAB Annual Report has been submitted

The Senior Policy Manager from the Adult Safeguarding Department of Health - has written to colleagues explaining they are to issue revised guidance for the 2014 Care Act which they hope to publish this year. that we have removed The term Designated Adult Safeguarding Manager (DASM) and the requirement for all organisations to identify this post has been removed from the act due to the level of confusion. It has been made clear that there is a need for strategic oversight and accountability and a source of operational expertise, essentially practice leadership and these are two distinct functions that will not be held within the same role.

5.2 Care Home update

CQC continues to have discussions with a care home to review required improvements and progress towards these.

5.3 Adult mental Health Services

The Older People's pathway is now fully operational and supporting reductions in delays. Colleagues in RMBC are facilitating the formal agreement of the Older People's, Adult and Learning Disability pathways in December. The only significant delay relates to the placement of a complex individual. RMBC, Rotherham CCG and RDaSH are working together to facilitate this discharge as soon as possible.

Recent guidance relating to "Who Pays? 2013 has indicated a return to health funding responsibility transferring to the "receiving" CCG following hospital discharge. This has potential for increasing delays in transfers of care for patients discharged to neighbouring CCG areas. This will continue to be monitored by the mental health case manager and colleagues from RMBC and RDaSH.

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

6.1 Deprivation of Liberty Applications

Provider	Applications
Hospitals (Acute):	Rotherham Foundation Trust, Rotherham (15), (5) Not Granted, (10) Assessment not yet completed Royal Hallamshire Hospital, Sheffield (4), (3) Not Granted, (1) Assessment not yet completed Sheffield Children's Foundation Trust, Sheffield (1), Authorised Oakwood Community Unit, Rotherham (4), (2) Not Granted, (2) Assessment not yet completed
Hospitals (Psych)	The Glade Ward, Rotherham (2), (1) Not Granted, (1) Assessment not yet completed
Care Homes	Ackroyd Clinic, Rotherham (2), Assessment not yet completed Ashton Court Care Home, Rotherham (1), Assessment not yet completed Athorpe Lodge, Sheffield (2), (1) Authorised, (1) Assessment not yet completed Broom Lane, Rotherham (2), Assessment not yet completed Byron Lodge, Rotherham (3), (1) Authorised, (2) Assessment not yet completed Davies Court, Rotherham (3), (1) Authorised, (2) Assessment not yet completed Dearne Hall Care Home, Rotherham (1), Assessment not yet completed Dene Brook, Rotherham (1), Awaiting reports Eastwood House, Rotherham (3), Assessment not yet completed Fairwinds Care Home, Rotherham (1), Authorised Greasborough Residential and Nursing Home, Rotherham (1), Authorised Havenfield Lodge, Barnsley (1), Assessment not yet completed Longley Park View, Sheffield (1), Authorised Lord Hardy Court, Rotherham (4), (1) Awaiting reports, (3) Assessment not yet completed Moorgate Croft Care Home, Rotherham (2), Assessment not yet completed Moorgate Hollow Care Home, Rotherham (1), Authorised Moorgate Lodge, Rotherham (1), Assessment not yet completed Swinton Grange, Rotherham (2), Assessment not yet completed The Glades Care Home, Sheffield (3), Assessment not yet completed The Queens Care Home, Rotherham (5), Assessment not yet completed The Rivers Voyage Care, Nottinghamshire (2), Assessment not yet completed Ward Green Lodge Care Home, Barnsley (1), Not Granted

Provider	Applications
	Waterside Grange Care Home, Sheffield (3), Assessment not yet completed

6.2 Ongoing Deprivation of Liberty Applications

Provider	Applications
Hospitals (Acute)	Rotherham General Hospital, Rotherham (1), St James Hospital, Leeds (1), Sheffield Children's Foundation Trust, Sheffield (1),
Hospitals (Psych)	The Ferns, Rotherham (1), The Glades Ward, Rotherham (1)
Care Homes	23 Cecil Road, North Notts (1), Athorpe Lodge, Rotherham (5), Autism Plus, Doncaster (1), Byron Lodge, Rotherham (6), Cambron House, Rotherham (3), Canterbury Close, Rotherham (1), Cherry Trees, Rotherham (3), Clifton Meadows, Rotherham (2), Cranworth Care Home, Rotherham (1), David Lewis Centre, Alderley Edge (1), Davies Court, Dinnington (1), Dearnevale, Barnsley (1), Dene Brook, Rotherham (2), Eastwood House, Rotherham (1), Emyvale House, Rotherham (1), Fairwinds, Rotherham (1), Fenney Lodge, Rotherham (1), Forest Hill, Worksop (2), Greasborough Residential, Rotherham (2), Greenside Court, Rotherham (2), 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, Rotherham (2), Levitt Mill, Rotherham (1), Longley Park View, Sheffield (3), Lord Hardy Court, Rotherham (3), Low Laithes Village, Rotherham (1), Loxley Court, Sheffield (2), Meadow View, Rotherham (1), Moorgate Hollow, Rotherham (2), Nightingale Croft, Rotherham (1), Nightingale, Sheffield (3), Nethermoor Care Home, Sheffield (1), Queens Care Home, Rotherham (1), Rivelin House, Sheffield (3), Silverwood, Rotherham (2), St James Court Care Home, Sheffield (1), Steps Ltd, Rotherham (1), Sunny Banks, Eastleigh (1), Swallownest Care Home, Sheffield (1), Swinton Grange, Rotherham (2), The Beeches, Rotherham (1), The Glades, Dinnington (5), The Hawthornes, Cheshire (1), The Hesley Group, Doncaster (1), The Lodge, Sheffield (4), Victoria Care Home, Worksop (1), Waterside Grange, Dinnington (1), Whiston Hall, Rotherham (2), Willowbeck, Sheffield (1)

7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

Draft national reporting data is indicating that the CCG has continued to improve in all reportable criteria, analysis of the data will be provided once the data is confirmed.

Audit of 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. The audit findings will also be presented to the next Operational Risk, Governance and Quality Management Group.

Recruitment to vacant nursing post continues, interview dates are currently being scoped.

Staff within the Adults Continuing Care service transfer to Rotherham Clinical Commissioning Group on the 1st December 2015.

7.2 Reports

W/C	03/08/15	14/09/15	12/10/15	16/11/15
Total Number Eligible Patients	634	620	628	630
Total % Outstanding Reviews	47.79%	52.26%	51.91%	52.86
Total Number of Outstanding Reviews	303	324	326	333
Number of LD Team patients Eligible	120	120	124	123
% of LD Team reviews outstanding	57.50%	59.17%	54.84	51.22
Number of outstanding LD Team reviews	69	71	68	63

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

Outstanding reviews remain at above 50%, the transitioning of services and vacant posts are having an impact on reducing outstanding reviews, an initial review of process will be undertaken to identify potential practices that impact upon effective service delivery.

Additional issues that have been reported previously regarding data extrapolation from the current recording system are also providing the CCG with potentially incorrect reportable figures; this will be addressed as part of the transition after the 1st December 2015.

A developed audit tool for self-assessment in provision of Continuing Healthcare will be shared with operational leads and is planned to be implemented on the 1st December 2015.

Developed Key Performance Indicators are completed and will be shared with the operational team, these are also planned to be implemented on the 1st December 2015.

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Headlines:

Recruitment to a vacant children's nursing post has been completed with a preferred candidate identified.

Audit of one Children's and Young People's Continuing Care assessments has been completed, results of the audit will be presented to the Operational Lead for Continuing Healthcare for action. The audit findings will also be presented to the CCGs Operational Risk, Governance and Quality Management Group.

Staff within the Adults Continuing Care service transfer to Rotherham Clinical Commissioning Group on the 1st December 2015. Transfer of the children's nurse assessors will be undertaken from the 1st December 2015.

8.2 Reports

Children's Continuing Care					
Months	Aug	Sept	Oct	Nov	Dec
Total number of Eligible patients	64	45	47		
Total outstanding Reviews	0	0	0		

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

Date	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Number RCCG CHC patients eligible for a PHB	620	628	630			
Number of RCCG CHC patients in receipt of a PHB	82	91	101			

Detailed are the agreed national reportable PHBs, patients with actual support plans are 18. No additional support plans were agreed this month, the increase in reportable PHBs are related to

community transfers of patients care already in receipt of direct payments and a change of funding responsibilities from the local authority to RCCG.

Audit of one Personal Health Budget Support Plan has been completed by the Head of Clinical Quality, results of the audit will be presented to the Operational lead for Continuing Healthcare for action. The audit findings will also be presented to the CCGs Operational Risk, governance and Quality Management Group

10. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

Number of requests received	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	April 2016
Current number outstanding cases	180	175	175						
Submitted NHSE agreed trajectory	14	14	14	14	14	14	14	14	14
Expected outstanding reviews against trajectory.	182	168	154						
Trajectory outcome	+2	-7	-21						

This month indicates that the CCG is 21 cases below its agreed trajectory with NHS England, Doncaster CCG has lead commissioner is overseeing the PUPoC process on behalf of Rotherham and a group of other CCGs. Regular communications regarding progression for the closure date of March 2017 is communicated via Doncaster's Clinical Commissioning Groups Chief Nurse and the responsible PUPoC lead in NHS England.

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 117 against year-to-date target of 103 as at end of August.

12. STROKE

There continues to be improvement in performance across all stroke indicators month-on-month with only 2 out of 10 now not achieved as at end of September, most of these have improved against previous months, in particular the metric in relation to scan within 1 hour of hospital arrival which stands at 56% against target of 50%.

13. CQUIN UPDATE

13.1 RDaSH

Quarter 1 has been signed off. The Quarter 2 reports have been received and these are being discussed at a meeting on the 18th November, 2015.

13.2 Hospice

Quarter 1 has been signed off. The Quarter 2 reports have been received and these are being discussed at a meeting on the 26th November, 2015.

13.3 TRFT

Q2 is due to be reported by end of November through Contract Performance Meetings.

The areas that remain at risk of year-end achievement are Clinical Communications and Sepsis.

14. COMPLAINTS

14.1 TRFT

The number of complaints reported during September was 26, slightly lower than previous month. The Trust remains below trajectory at 182 year-to-date against 300 target with a full year target of 600 (50 per month) which is expected to easily be achieved.

A quarterly update was received through Contract Quality in October noting that there had been a marginal increase in complaints during Q2. Areas with an increase are General Medicine, General Surgery and Orthopaedics.

It was also reported that the 30-40 day response target is a concern and currently remains below 25%. Meetings are taking place on a weekly basis at TRFT in order to manage the timescales for responses. Assurance was received that where there are breaches, the Trust is contacting the complainant to agree an extension deadline and complaints categorised as Red are prioritised.

The number of complaints about Medical Care is high compared to Nursing Care, a themed analysis is being undertaken to understand this more. This is to be shared with the CCG next quarter.

14.2 Via RCCG

- A patient complained following contact with the NHS 111 service.
Investigation revealed that the contact with NHS 111 was cascaded to the emergency dental service who placed a 24 hour disposition based on the outcome of the questions asked by NHS 111. The patient was not informed of this likely wait. Whilst it is acknowledged that the patient was not contacted until the following day this contact was still within the 24 hour disposition. NHS 111 has since stated that as the patient had not been made aware of the 24 hour disposition this would be taken up with the individual involved and further training provided. The patient has provided feedback that she was happy to hear further training is to be provided to the individual concerned which would prevent similar occurrences in future.
The complaint also included an element relating to oral surgery undertaken at TRFT. That element of the complaint was investigated and the response provided was to the patient's satisfaction. Closed.
- A young patient with many physical and psychological difficulties has complained via her mother about services provided while under the care of RDaSH, TRFT and RCCG. All three agencies are investigating the issues and TRFT will lead on providing a joint response. The element for investigation by the CCG related to continuing healthcare and finding an appropriate placement which so far has been unsuccessful. ONGOING.
- Contact has been made by an Advocate relating to a CHC claim, the investigation is on-going.
- Matters relating to a Retrospective CHC claim have been received; the investigation is on-going.
- An advocacy service has contacted us regarding the delayed discharge of an informal patient currently in Swallownest Court. Investigation will start upon receipt of the patient's consent for the advocate to act on their behalf.

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 September bringing the year-to-date figure to 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 Trust are preparing for the next inspection. Both mock inspections and deep dives are being scheduled. Assurance was received on the 4 actions from the CQC plan which were reporting as off track.

The CQC CLAS action plan is noted as being on track for all actions and work is progressing well.

16.2 RDaSH

RDaSH had a planned inspection starting w/c 14th September, for all of their services. No feedback has been received to date. Formal feedback is expected in December.

16.3 Hospice

No further update from the Hospice.

16.4 GP Practices

Treeton Medical Centre CQC Inspection published 15th October 2015

The CQC inspection covers five main areas of; - **Safe, Effective, Caring, Responsive and Well-led**. The overall outcome for the service was **Good**.

Safe – Good

Effective - Good

Caring – Good

Responsive - Good

Well-led - Good

General practice inspections cover six specific services

Older people - Good- The practice is rated as good for the care of older people. All patients over 75 years of age had a named GP and were offered an annual health check. CQC noted that the practice was responsive to the needs of older people by offering home visits and longer appointments. The practice worked closely with other health care professionals eg the district nursing team and community matron, and made sure that older people and their carers had the right support and care at the right time. CQC also saw evidence of good links with the local nursing home. The GP visited weekly providing consultations and monitoring of long-term conditions.

People with long term conditions – Good - The practice is rated as good for the care of people with long term conditions. CQC noted that the practice shared responsibility for managing long term conditions between all clinical staff with nurses in particular managing the asthma and diabetes clinics. The practice demonstrated to CQC that they offered structured annual reviews to monitor health and medications of those with long term conditions. The Gold Standard framework for end of life care is used within the practice and partnership working is evident with the palliative care nurses and hospice professionals.

Families, children and young people – Good - The practice is rated as good for the care of families, children and young people. CQC saw good awareness of safeguarding procedures and children who were or may be at risk were discussed at weekly clinical meetings and the practice also reviewed patients who were 'looked after' by the LA including children who were fostered. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Appointments were available outside of school hours, and same day appointments were available for all under-fives.

Working age people (including those recently retired and students) – Good - The practice is rated as good for the care of working age people (including those recently retired and students).

CQC saw that the practice had extended hours on a Monday evening and a walk-in clinic on a Monday morning. The practice promoted online services for booking appointments as well as repeat prescriptions. CQC observed that there was a range of health promotion and screening within the practice which reflected the needs for this age group and that GPs were also mindful of the impact of social isolation on the newly retired and offered support and directed to services as required.

People who circumstance make them vulnerable – Good - The practice is rated as good for the care of people whose circumstances may make them vulnerable. CQC were informed that the practice held a register of patients living in circumstances that may make them vulnerable which included those with a learning disability. The practice carried out annual health checks and offered longer appointments for people with a learning disability along with home visits. Staff were able to demonstrate to the CQC signs of abuse and how to recognise abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia) – Good - The practice is rated as good for the care of people experiencing poor mental health, including people with dementia. The practice offered annual health reviews, longer appointments and home visits as needed for all patients who had poor mental health or dementia. CQC were informed that referrals were made to memory clinics and newly diagnosed patients with a mental health condition were closely supported and followed up.

York Road Surgery - CQC Inspection published 15th October 2015

The CQC inspection covers five main areas of; - **Safe, Effective, Caring, Responsive and Well-led**. The overall outcome for the service was **Good**.

Safe – Good

Effective - Good

Caring – Good

Responsive - Good

Well-led - Good

General practice inspections cover six specific services

Older people - Good- The practice is rated as good for the care of older people. CQC found that all patients over 75 years of age had a named GP and were offered an annual health check. The practice offered proactive, personalised care to meet the needs of the older people in its population. CQC found that the practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron.

People with long term conditions – Good - The practice is rated as good for the care of people with long-term conditions. CQC observed that nursing staff had lead roles in diabetic care and respiratory care. The practice offered patients access to insulin initiation rather than attending an appointment at the hospital. The practice were involved in the Long Term Conditions Case Management Local Enhanced Service and had care plans in place for 160 people, this ensured people had regular reviews on a quarterly basis. CQC saw evidence of longer appointments and home visits when needed. For those with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people – Good - The practice is rated as good for the care of families, children and young people. The practice allowed young people to access an appointment with the GP or nurse alone if they were considered capable of understanding the choice of treatments. Appointments were available outside of school hours and the premises were suitable for children and babies. CQC saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students) – Good - The practice is rated as good for the care of working-age people (including those recently retired and students). CQC saw that the needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable – Good - The practice is rated as good for the care of people whose circumstances may make them vulnerable. CQC were informed that the practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and offered longer appointments. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. An alert was added to the practice clinical system to ensure all staff accessing the system were aware of any concerns.

People experiencing poor mental health (including people with dementia) – Good - The practice is rated as good for the care of people experiencing poor mental health, including people with dementia. The practice offered annual health reviews, longer appointments and home visits as needed for all patients who had poor mental health or dementia. CQC were informed that the GPs within the practice actively screened for dementia and patients identified with dementia are referred to memory services. The practice has an in-house counselling service which is provided by Rotherham, Doncaster and South Humberside (RDASH) NHS Trust staff.

17. ASSURANCE REPORTS

17.1 TRFT Update

A&E

Current position at 11 November Q3 is 92.66% and YTD is 93.81% against 95% target. The recovery plan is in place and a further extraordinary meeting was held in November to discuss robust short and longer term plans for improvement through the winter period. If the trajectory is not at 95% by 30th November a Contract Performance Notice will be issued.

Cancer Standards

The Trust's performance in August remained strong across most indicators although the 62 day standard for referral of suspected cancer failed to achieve trajectory at 88.24% against 90% target, although YTD is currently above trajectory. Compliance for year-to-date continues to be achieved across all of the other cancer standards. NHS England has received assurance from RCCG that this remains high priority.

18 Weeks RTT and 52 Week Waits

The Trust remains at one 52 week wait reported as validated position year-to-date. No cases were reported in September.

The 18 week referral to treatment position is confirmed as all three standards achieved as at end of September including all at specialty level.

17.2 Associate Contracts

2016/17 contract negotiations will commence over the next month. RCCG will remain an associate to all current providers whom it has worked with in 2015/16.

Doncaster & Bassetlaw NHS FT – Following the announcement last month that the Trust has a significant financial deficit, RCCG has received assurance that this will not affect patient care and activity that has been undertaken during the year has been correctly recorded so there is no financial risk to RCCG for patients seen at DBHFT.

18. CARE AND TREATMENT REVIEWS

There have been no Care and Treatment reviews in the period.

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
12 th October	0	0	0	4
19 th October	1	2	0	3
26 th October	0	0	0	3
2 nd November	0	0	0	3

In the month, two patients have been discharged as planned. Discharge plans are in place for a third patient, which will be supported by a Care and Treatment Review (CTR) in November 2015. The fourth patient has a planned discharge in April 2016 in-keeping with his clinical condition. This is being supported by a planned Care and Treatment review in December 2015. Following an urgent assessment, one learning disabled patient has been admitted to Swallownest Court as an alternative to Sapphire Lodge. Early discharge will be facilitated by an urgent CTR on 5th November 2015 in line with recent guidance regarding Assuring Transformation.

Sapphire Lodge - ATU

The service continues to undertake a weekly review of the closure ATU position in planning for re-opening, this includes a thorough review of staffing requirements relating to Bungalow 2, intensive community support and Sapphire Lodge. The last update indicated that unfortunately due to ongoing staffing pressures, reopening is unlikely to be prior to the new year and this position still stands.

It continues to be qualified staff pressures that are having the impact and RDaSH continue progressing through recruitment and training channels as quickly as they are able to cover the vacancies that they have. Weekly reviews will continue and RDaSH will update Rotherham CCG of any further information at the earliest opportunity.

Currently there is one ATU admission for Rotherham (as above).

Sue Cassin – Chief Nurse
December 2015