NHS
Rotherham
Clinical Commissioning Group

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

7th December 2016

investor in excellence

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1. HEALTHCARE ASSOCIATED INFECTION

RDaSH: notified the CCG of an outbreak of Norovirus at the Woodlands facility w/c 7th November, 2016. This has resulted in one Rotherham patient being re-located to Doncaster

Hospice: One patient was admitted to the inpatient unit with MRSA in April 2016.

TRFT :

The Trust notified the CCG of an outbreak of Norovirus during November which resulted in closure of AMU for a short period of time and affected five other clinical areas. All infection control procedures were followed and this is now resolved.

- MRSA – 0
- MSSA – 4
- E Coli – 122
- 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					
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0	0	2	4	5	7(+1)	8					
	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 hours 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 – 4 – 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)

  All 4 cases are confirmed as final attribution of the cases. This has been determined and documented by PHE and NHSE.

- MSSA – 35
- E Coli – 145
- 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					
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	1	6	10	17	23	31	32					
	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 October 2016.

- **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.]

- **Post Infection Review (PIR) Meeting - last meeting held on Thursday 27th October, next meeting to be held on Wednesday 23rd November**

  So far there have been 32 cases highlighted as NHSR Cases.

  4 cases are from patients treated as an inpatient at Sheffield Teaching Hospitals (STH),

  8+1 cases are from patients treated as inpatients 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),

  21-1 cases are from patients undergoing GP care at the time of samples, although there may have been recent inpatient admissions.

  7 GP cases have been highlighted as having 'lapse in care' with learning outcomes recorded for monitoring and improvement review purposes and GP discussion .

  8 GP cases has been highlighted as having 'no lapse in care'

  2 GP cases has been deferred to the next meeting due to the complex nature of the case and requirement for further information.

  1 STH inpatient case has 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.

  1 STH inpatient case has been identified as having 'no lapse care' by STH themselves following their internal review. This has been taken to the Sheffield CCG PIR meeting and discussed with agreement. Rotherham CCG has received this and also is in agreement.

  1 STH cases has not yet been forwarded to us following the investigations. Sheffield review cases on a quarterly basis.

  4 TRFT cases have been identified as having 'No lapse in care', - 1 of these cases was declared as an SI but was subsequently delogged

  3 TRFT cases have been identified as having a 'lapse in care' relating to a delay in sample taking and infection detection/ antibiotic prescribing.

  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 .

- **Figure comparison of CDI**

  32 Cases -YTD 16/17 as of the end of October in comparison to YTD 2015/16 as of the end of October there were 51 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

  6 cases in August 16/17 compared to 6 cases in August 2015/16

7 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

- **Early analysis to date identifies**

  8 GP Surgeries have had more than 1 case of C Diff, some with relapses.

  4 Care homes have had residents with C Diff infection. 1 appears to have had more than 1 case.

  These are being compiled and will develop into an improvement/ reduction plan.

- **MRSA outbreak in Dinnington**

  The Outbreak of MRSA in wounds in Dinnington patients has now arrived at its conclusion.

  There were a total of 19 cases over the past 2 years identified with the same type – t1476 – of MRSA in wounds. All cases were linked to the area of Dinnington.

  TRFT and RCCG undertook an investigation into the outbreak. Local Authority Public Health were involved, and PHE were requested to become involved in order to gain advice and epidemiological expertise.

  A hypothesis was formulated, IPC actions were taken, and staff were screened in response, with no positive results. The conclusion agreed by all involved and directed by the Head of the Staphylococcus reference centre (PHE) was that; the transmission is surrounded with uncertainty with a complex network and no clear source. The strain is not pathogenic and is most probably an endemic manifestation in this area of Rotherham and not a single source cluster. It was identified as Rotherham are looking for themes, trends and ways to improve practice and management. The investigation was commenced to ensure that a full analysis was undertaken and it has been agreed that this has been completed and fully concluded. No further investigation is to be undertaken, however for continued monitoring as previous and reporting on any deviances or concerns.

  PHE will be putting together a summary/ report and the collaborative multi-organisational work completed will be shared as a learning tool.

- **Summary of the PHE document 'Healthcare Associated Infections in Yorkshire and the Humber annual Report for 2015/16' (attached at APPENDIX 1).**

  This report highlights the fact that C Difficile and MRSA figures comparably to all areas in England are good.

  The MSSA and E Coli figures are areas of concern, MSSA for the whole of Yorkshire and The Humber, and E Coli for South Yorkshire and Bassetlaw.

  It could be suggested that the reason for this is that although surveillance is being undertaken, nothing is being done specifically to decrease the numbers as there is no national targets set.

  It is acknowledged by IPC at TRFT and Emma Batten (Lead Infection Prevention and Control Nurse (IPCN), RCCG) that work does need to be completed relating to this, however the MRSA figures and the Clostridium Difficile figures cannot be compromised. Although Rotherham were below the England mean for Clostridium Difficile, Rotherham were above the set target, and although 1 MRSA is good comparably, the set target is that of 'Zero tolerance'.

  For the 2016/17 period the aim is to achieve figures for Clostridium Difficile below the set target, and to achieve the Zero tolerance position for MRSAs.

  This is the first year that RCCG's IPCN has been able to monitor and analyse the Clostridium Difficile and the MRSA profile for Rotherham, and in doing so will be able to complete improvement and reduction plans.

  Following on from this, the IPCN will then be in a position to focus on the areas of concern highlighted of MSSA and E Coli.

  See APPENDIX 1 for full Report

2. MORTALITY RATES

The most recent 12 month rolling HMSR to June 2016 is 99.39 which has shown a slow increase for several months. The Trust has confirmed that there are no obvious areas of concern in the analysed data to explain this rise and it remains under close monitoring. The level of uncoded episodes has risen this month which may contribute to a false apparent rise in HSMR. SHMI remains the same at 105 as it is only recalculated on a quarterly basis. The crude rate of mortality that has been reported for June and July, 1.62% and 1.63% respectively, are higher than previous months although this does not take into account complexity. August data shows a reduction in the crude rate.

Weekend crude mortality rate has also risen. The Associate medical director has conducted another 7 day services review for NHS England and the results will be published at a later date.

Work into reviewing cancer of the colon has been completed, also there were no avoidable deaths classed as a PRISM 6 identified. There is ongoing work to improve organisational aspects of care which the surgical department will progress through the governance route. A formal report was discussed at the Trust's Clinical Governance Committee and to date there are no significant issues which need addressing.

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

SI Position 18.10.2016 – 16.11.2016	TRFT	RDASH		RCCG	Out of Area	YAS	Care UK GP
		CCG	*PH				
Open at start of period	62	14	5	0	3	0	2
Closed during period	7	5	1	0	0	0	0
De-logged during period	2	0	0	0	0	0	0
New during period	5	2	1	0	1	0	0
Total Open at end of period	58	11	5	0	4	0	2
New Never Events	0	0	0	0	0	0	0
Final Report Status							
Final Reports awaiting additional information	4	2	N/A	0	2	0	0
Investigations on "Hold"	1	2	N/A	0	1	0	0
CCG approved Investigations above 60 days	37	0	N/A	0	0	0	0
Investigations above 60 days without approval	0	0	N/A	0	0	0	0
Final Reports due at next SI Meeting	47	7	N/A	0	1	0	2

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

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up/Next Steps
Aug 2014/Jan 2015	Child Sexual Exploitation (CSE) Report published Aug 2014.	Report published August 2014, media interest immense. Negative press received for LA and Police. Chief Nurse/Officer commitment to high level CSE meetings continue. Deputy Designated Nurse attending operational CSE group and works closely with the Named GP to ensure information is appropriately shared with primary care.	Significant national publicity September 2016 due to an on-going court case in Sheffield regarding the historical exploitation of young Rotherham females.
Nov 2016 Update	Serious Case Reviews Overview	3 SCR involving Rotherham agencies to greater/lesser extent	

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 LAC in October 2016 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. *No feedback yet but aware that TRFT safeguarding was on the agenda.*
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 September 2016 to consider children living in domestically abusive situations.	Paper to NHS RCCG Operational Executive sent 15 February. *Still no meetings arranged by LSCB therefore health economy have updated communications list.*
May 2016	Paper presented to Local Safeguarding Children Board Performance and Quality Sub Group. This was an audit of LA LAC records and the timeliness of LAC Initial Health Assessments. Data presented from the LA system states that only 10.2 % of	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	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. September Update: progress continues to be challenging

Date	Discussion	Outcome	Follow up
	Initial Health Assessments are held within the 20 working days timeframe. This is totally unacceptable and requires urgent attention. Designated Dr records state 35% held in timescale. *May and June IHA Audit undertaken by LSCB and Designated Nurse 0% IHA undertaken in timeframe. Unacceptable and challenge raised with LA and TRFT. Report presented to LSCB performance sub group.*	timely fashion. Raising Aspirations Health and Wellbeing work stream to continue to scrutinise processes and will work alongside the short term Task and Finish group set up by LSCB. *October 34% non-attendance at IHA – DCS informed of the challenge regarding clinic capacity. November Update TRFT and CCG have agreed additional IHA clinics up to 31 December 2016. Weekly reports being undertaken.*	and extremely poor. NHS RCCG has raised these issues as significant challenges to TRFT via Quality and Performance group. TRFT are reviewing the whole system, a watching brief is in place with a report expected back to the LSCB September 2016 Designated Nurse LAC meets with Interim Head of LAC to discuss a systematic way of identifying and tracking children in care requiring an initial health assessment. 14.10.16 high level Summit meeting agreed a system/process for way forward. Use of Liquid Logic agreed with health LAC team.
October RMBC Peer Challenge	LA undertook a bespoke ADCS Peer Challenge in relation to LAC	RMBC welcomed input from partners. Report expected end of October regarding next steps required.	Ofsted visiting RMBC end of October 2016 to review LAC. *Will provide a graded response.*

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. (Child R)	SCR Panel has agreed the methodology and terms of reference of the SCR. The methodology to be utilised is a Significant Incident Learning Process (SILP).	Media reporting following court case to restrict access by father – highlights child injured whilst in hospital. Publication of the report will happen after the Court Case rescheduled *November Update: Autumn 2016*.
December 2015	RLSCB Serious Case Review Panel meeting to discuss significant injuries to a toddler resulting in admission to SCH. Both parents have been bailed pending investigations and the toddler and sibling (Infant born at time of incident) are	The Serious Case Review panel will debate with Sheffield LSCB the importance of this family being considered as the family had only just moved to Rotherham (3 weeks) and had previously been subject to CP plans in	Multi agency decision following full consideration arranged for 10 December. Further SCR Panel held on 17 December considered the case and are recommending to the Independent Chair that a SCR should not happen. Consensus at SCR panel did not meet criteria – being discussed January 2016 by

Area	Discussion	Outcome	Output
	both accommodated by the Local Authority. (Child J)	Sheffield. SCR to be reported as Child J and cost to be shared 50/50 Rotherham/Sheffield	Independent LSCB Chair. RLSCB and Sheffield LSCB have agreed that the criteria are met to hold a SCR. Agencies were notified of the decision 19 April 2016. *Terms Of reference agreed June 2016 IMR request to TRFT. Rotherham GP involvement very limited. DRAFT Report returned with alterations.*
September 2016	Goddard and Bradbury national inquires self-assessment for health organisations	NHS RCCG has supported provider in undertaking a self-assessment of compliance with the expectation from central government that safeguarding records will be available to the Inquiry Team	Excellent response from provider in Rotherham. Paper to AQUA September 2016 GP roll out has commenced, report due winter 2016.

5. ADULT SAFEGUARDING

5.1 Headlines

RSAB – next board meeting is the 14th November. Board meetings for next year are to continue bi-monthly.

Sub-groups – Training & Development – The group meet and worked on the training strategy, agreeing on a vision, goals and how to measure success. All agencies are to provide training levels and competences to the sub group so that the strategy and plan can be completed. A training programme can then be developed.

Performance & Quality – Information and the agreed layout of the Dash board was agreed. All agencies agreed to submit a “Summary on a page” to compliment the information. The Dash board will be presented to the November board.

Safeguarding Adult Review (SAR) – Continues to meet monthly. Update received on the last agreed SAR which is waiting to be commissioned.

Safer Rotherham Partnership – Domestic Homicide Review (DHR) – Waiting to be commissioned.

Prevent & Channel – Concerns have been raised to the RLSCB and RSAB board mangers re the process of Channel in terms of statutory responsibility (LA responsibility) and appropriate membership. These concerns are to be discussed further and shared with Board Chairs.

Please note – these concerns were raised at the Silver Prevent Group.

NHS England North Safeguarding Assurance Report – The report has been sent to all CCG’s within the North region giving a positional statement and 11 recommendations. Please refer to the NHS England North CCG Safeguarding Assurance Report - October 2016 report.

5.2 Care Home update

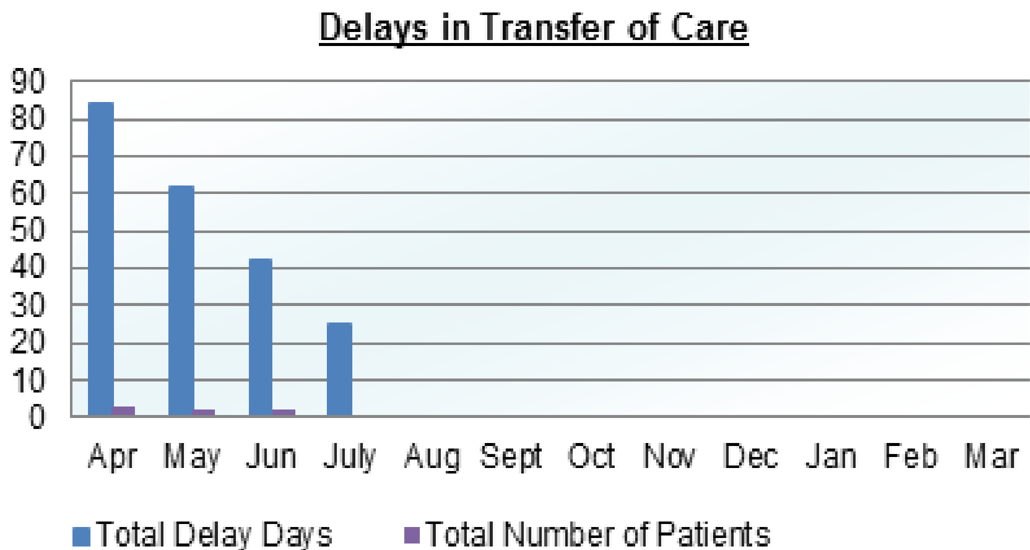
Laureate Court Care Home – No further concerns raised. Work continues around the CQC and RMBC contract action plans. Next progress meeting arranged for the 18th November.

6. DELAYED TRANSFER OF CARE (DToC)

6.1 Adult mental Health Services

Although the numbers remain low, housing has been identified as generating lengthy delays for those affected. RCCG are facilitating strategic meetings between colleagues in RDaSH and RBMC to improve pathways into independent living.

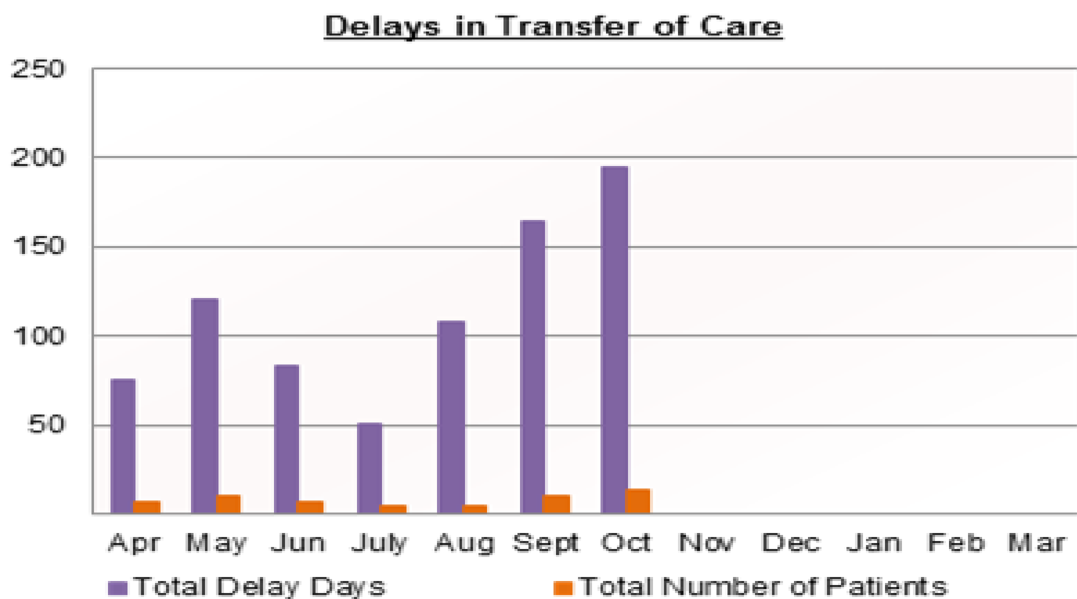
See below the graph of DTOC for Adult services.



6.2 Older People's Mental Health Services

Placement availability for complex patients remains an issue affecting some. Whilst numbers are limited, delays can be prolonged. Rotherham CCG is working with clinical services to identify alternative provision.

See graph of DTOC for Older Peoples services:



7. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

Provider	Applications	Figures
Hospitals (Acute)	Requests received in 16/17	150
	Number Received This Reporting Month	22
	Granted in This Reporting Month	2
	Not Granted in This Reporting Month	7
	Total Number in the Backlog	26
Hospitals (Psych)	Requests received in 16/17	10
	Number Received This Reporting Month	1
	Granted in This Reporting Month	1
	Not Granted in This Reporting Month	0
	Total Number in the Backlog	2
Care Homes (New Requests)	Requests Received in 16/17	416
	Number Received This Reporting Month	67
	Granted in This Reporting Month	26
	Not Granted in This Reporting Month	8
	Awaiting reports from BIA/MHA	8
	Total Number in the Backlog	
	16/17	122
	15/16	260
	14/15	46
	Awaiting Further Information	51
	Total Not Granted in 16/17	267

8. ADULT CONTINUING HEALTHCARE (CHC)

8.1 Headlines

Concerns reported by CQC continue to result in the CHC service monitoring that patients are safe and receiving appropriate care, safe and well checks have been completed at care homes and patients own homes, follow up visits are also completed to ensure that any recommendations for improvements have been put into practice; the findings are reported into the multi-agency agenda.

National quarter 1 2016-17 CHC data has identified Rotherham ranked at 135 for CHC activity and 143 for CHC cost, out of the 209 CCG’s, this is a favourable position and indicates that the Rotherham are continuing to maintain 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 12 month outstanding reviews

W/C	05/09/16	03/10/16	14/11/16
Total Number Eligible Patients	584	579	575
Total % Outstanding 12mth Reviews	26.20%	27.98%	29.22%
Total Number of 12mth Outstanding Reviews	153	162	168
Number of LD Team patients Eligible	124	124	124
Total % of LD Team outstanding 12mth reviews	29.03%	32.26%	37.10%
Total Number of 12mth outstanding LD Team reviews	36	40	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		Aug 16	Sept 16	Oct 16
Total number of referrals received	**Acute**	33	33	54
	D2A	18	7	7
	Community	72	48	67
Total number of referrals screened in to complete a full DST	**Acute**	8	6	8
	D2A	5	2	1
	Community	19	8	20
Total number of referrals screened out	**Acute**	3	7	14
	D2A	4	2	4
	Community	8	5	6
Total number of referrals returned for further information	**Acute**	22	20	32
	D2A	9	3	2
	Community	45	35	41

9. CHILDREN'S CONTINUING HEALTHCARE

9.1 Headlines:

A series of information leaflets for children and families have been developed and will be available on the CCGs internet page. This will allow professionals and interested families access to initial information regarding continuing care.

Additionally the webpage for continuing care is being updated with current information. This will support the CCG's responsibility to inform the local population of the processes for Children's and Young Peoples Continuing Care.

9.2 Reports

Children's Continuing Care					
Months	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Total number of Eligible patients	45	44	46	45	
Total outstanding Reviews	6	0	0	0	

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

A personal Health Budget internal group is being developed to build upon the vision of the published local offer, future development outside of continuing care will be reported to governing body through the Patient Safety/Quality Assurance Report.

Date	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Jan 2017
Number RCCG CHC patients eligible for a PHB	578	575				
Number of RCCG CHC patients in receipt of a PHB	95	96				

11. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

Number of requests received	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	April 2016
Current number of outstanding cases	83	77	67					

Additional cases has part of the PUPoC collaborative have been outsourced to a provider in order to meet the September 2016 trajectory for completion, there has been a decrease in cases completed this month.

As part of the collaborative the agreed equalised model reflects that all CCGs will complete at the same time, trajectory for completion currently remains at January 2017.

12. FRACTURED NECK OF FEMUR INDICATOR

The year to date (September) position shows that the Trust are achieving the target with actual numbers seen at 126 and subsequently a predicted outturn of 252 against an annual target of 280.

13. STROKE

Performance across all stroke indicators as at September 2016 shows targets have been achieved for all stroke indicators with the exception of the following:

The metric in relation to the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has not been achieved with the September position showing 56% against a target of 90%.

The metric in relation to the % patients receiving thrombolysis following an acute stroke has not been achieved with the September position showing 4% against a target of 11%.

Work is on-going regarding changes to hyper-acute stroke (HASU) services as part of the Working Together work stream.

14. CQUIN UPDATE

14.1 RDaSH

The quarter 2 meeting has taken place and all CQUINs are on track, however the provider has highlighted some risk around the 'flu vaccinations' element of the Health & Wellbeing CQUIN and also the Improving Physical Health CQUIN, due to the size of the audit required. CQUINs for 2017/18 will be as per the national guidance.

14.2 Hospice

The Quarter 1 meeting has taken place and the CQUINs have been signed off.

The quarter 2 report has not yet been received but is expected shortly.

14.3 TRFT

RCCG has received the Quarter Two submission from the Trust and are reviewing the evidence provided.

The final CQUIN guidance for 2017/19 has been published and sets out a two year CQUIN scheme. The full 2.5% remains on offer for providers:

- 1.5% will be assigned to deliver the mandated CQUIN schemes (as detailed below);
- 0.5% will be available subject to full provider engagement and commitment to the STP process (in effect this will be a cost free indicator for providers with clear scope for earning the full amount); and
- 0.5% will be held in the CCG risk reserve (if providers deliver their control total in 2016/17, this element of the CQUIN will be paid in full at the beginning of 2017/18, providers will be required to hold it in reserve until release is authorised. For providers that do not accept or deliver their control totals in the prior year the 0.5% CQUIN will be held by the CCG prior to potential release. In both instances this element of the risk reserve will be released for investment for the relevant providers when it is demonstrated that the system in question is delivering its control total).

The following seven national indicators will be applicable to the Rotherham NHS Foundation Trust Contract and discussions are taking place between the parties to agree the detail of these indicators to be included in the 2017/19 contract:

1. NHS Staff Health and Wellbeing
2. Proactive and Safe Discharge
3. Reducing the Impact of Serious Infections
4. Improving Services for People with Mental Health needs who Present to A&E
5. E Referrals (Year One)
6. Preventing Ill Heath by Risky Behaviours – alcohol and tobacco (Year Two)
7. Advice and Guidance

15. COMPLAINTS

15.1 TRFT

The Trust received 30 formal complaints in September 2016, which is the same as the previous month.

The single greatest area of performance concern relates to the timeliness of complaint responses. For five consecutive months the Trust has managed month-on-month improvement. In September 2016 only 48% of responses were provided to complainants on time. This is a reduction of 12% and at the same time the number of open complaints has therefore risen from 35 to 57. Whilst there has been some improvement in October the Patient Experience Manager is forecasting only marginal improvement in October’s performance. Intelligence suggests that there is a correlation between the levels of performance and managing the Care Quality Commission inspection.

Currently there are seven cases under investigation by the Parliamentary Health Service Ombudsman one of which was new in month. There were no cases closed in September.

15.2 Via RCCG

- A complaint was made to TRFT regarding a request for a wheelchair to be made available to a patient residing in a care home for their sole use. TRFT responded to the complaint naming CCG staff, consequently the complainant wanted to meet with CCG staff about TRFT’s decision not to provide the wheelchair. A meeting took place with the Head of Long Term Conditions and Urgent Care, the outcome of the discussion/request remained unchanged. The complainant stated that they would contact the press and take the complaint to the next stage.

- CHC, a complaint was raised relating to a progress letter the CHC appeals team sent to the relative of a patient. The relative contacted the team dissatisfied that the team was not aware that the patient had passed away.
- A patient has complained that a request to receive a copy of a scan/report was refused by the technician undertaking the scan (diagnostic centre) stating that the information would be sent to the referring clinician, in this case the GP. The matter was investigated by CareUK who stated that they do not provide patients with copies of scans. However, the patient can request a copy of the information via his GP.
- NHS England contacted the CCG requesting investigation into a complaint about failings of the CAMHS service. Preliminary investigation showed that RDaSH were in receipt of the same complaint with investigation ongoing, therefore the CCG was unable to investigate. The CCG informed NHS England of this and they asked that once RDaSH has completed their investigation that the CCG review the response in advance of a letter being sent to the complainant. ONGOING

Update From November Report

- The CCG is informed by the Parliamentary & Health Service Ombudsman's Office that this case has been discontinued due to both the patient and the claimant passing away. However, if a suitable representative comes forward wishing to continue with the complaint the PHSO will reopen the case.
- In relation to the requests made by solicitors for copies of Checklists, DSTs and decision letters which have remained outstanding for several months, will be responded to shortly following a meeting with the Chief Nurse of Doncaster CCG.

16. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – There have been no mixed sex accommodation breaches, year to date.

TRFT - There were 0 reported breaches in September 2016.

17. CQC INSPECTIONS

17.1 TRFT

None

17.2 RDaSH

The CQC carried out a 'well led' review of RDaSH services in October. Reports are normally expected after 50 days. This means that the CAMHS report is due any time. There was good feedback on governance & leadership.

17.3 Hospice

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

Rotherham Hospice		
Overall outcome:	**Requires Improvement**	
Safe	**Requires Improvement**	Risk assessments not complete. Poor practice around medicines management
Effective	**Good**	Staff supported via induction, regular ongoing training, supervision and training
Caring	**Good**	Individuals supported at the end of life to have a comfortable, dignified and pain free death
Responsive	**Requires Improvement**	Care plans not reflective of need with lack of detail and not person centered
Well-led	**Requires Improvement**	Systems and audits were not effective with performance monitoring

No further update.

17.4 Care Homes

None.

18. ASSURANCE REPORTS

18.1 TRFT Update

A&E

The current November and/or year to date performance position is unavailable due to reporting issues relating to the IT System switch in A&E to Meditech. Work is ongoing to rectify these issues and the Trust are in discussions with RCCG, NHSE and NHSI to agree the date to recommence reporting.

Extraordinary Contract performance meetings were held on 4 August, 26th September and 9th November:

The key challenges are:

- Demand
- Manpower - Medical workforce
- Discharge
- System wide issues

A highlight report/action plan is monitored through the contract and is discussed at the monthly TRFT/RCCG Contract Performance Meeting. The highlight report is also shared with the A&E Delivery Board alongside actions to address increases in A&E attendances at GP practice level and children's attendances.

A 12 hour trolley wait occurred in A&E at the beginning of November. This has been reported as a Serious Incident via STEIS and the CCG have received a timeline and preliminary investigation report revealing multifactorial causation. A full investigation report will be received by the SI Committee. NHSE have been informed.

Joint analysis of A&E attendances has been updated to include the first 5 months of the year. Key headlines are as follows:

- All age groups seeing an increase for TRFT attendances expect 5-17. Younger and older age groups seeing the bigger % increase;
- The increases at TRFT are focused on arrivals by ambulance (9.7% increase); Data shows that there has been a 10% increase in journeys overall – this is around a 1000 increase.
- The increase across all providers is focused in core hours.

Further work is being undertaken to understand the increase in ambulance arrivals and an A&E analysis action plan is being managed through the contract.

Cancer Standards

In September, all of the 7 cancer standards met the national targets with the exception of the following:

Cancer 62 days: Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected Cancer – 81.6% against a target of 85%. The breach reasons were varied with some relating to shared pathways with Sheffield Teaching Hospitals.

Cancer 2 weeks: Percentage of patients seen within two weeks of an urgent referrals for breast symptoms where cancer is not initially suspected – 90.7% against a target of 93%. The breach reasons were in the main due to patient choice, however some breaches related to clinic cancellations.

Cancer 62 days: Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service – 86.7% against a target of 90%. This related to one breach for medical reasons.

18 Weeks RTT and 52 Week Waits

Current performance as at September showed an achievement of 94.2% against the 92% target. Cardiology and Dermatology were specialties of concern for RCCG, however TRFT has recovered the position for Cardiology in September, only Dermatology underachieving at TRFT (90.23%).

6ww Diagnostics

Current performance as at September showed an achievement of 1.9% against a <1% target. Flexi Sigmoidoscopy, Colonoscopy, Cystoscopy and Gastroscopy are not achieving the 1% target, the position has improved in these areas since last month.

It is forecast that the performance against the 6 week wait for diagnostics will continue to not meet national standard for October 2016. The cause of this below standard performance relates to the Endoscopy department not having sufficient capacity to meet on-going demand. The Trust has confirmed that the medium to longer-term solution was recruitment. In the shorter term the use of external providers to aid the recovery of performance is anticipated with first outsourcing expected late November.

18.2 Associate Contracts

Current performance against key indicators:

- **Sheffield Teaching Hospitals NHS Foundation Trust**

  RTT 18ww Incomplete Pathways – September – 93.00% against a 92% target. Clinical Psychology, General Medicine, Cardiology, Gastroenterology, Clinical Neurophysiology, Neurology, Ophthalmology, Gynaecology, Colorectal Surgery, Upper GI Surgery, Thoracic Surgery and Trauma and Orthopaedics did not achieve target. A Remedial Action Plan 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 – September – 92.34% against a 95% target. Sheffield Walk in Centre figures are included in this percentage. A Remedial Action Plan has been developed and shared with associates. This is being monitored and managed by Sheffield CCG as the lead commissioner for this contract.

  Cancer 62 day waits from urgent GP referral to first definitive treatment – August – 82.9% 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 – September 97.81% against a 99% target. This is being monitored and managed by Sheffield CCG as the lead commissioner for this contract.

- **Doncaster and Bassetlaw Hospitals NHS Foundation Trust**

  A&E – Four Hour Access Standard – September – 94% against a 95% target.

  RTT 18ww Incomplete Pathways – September – 92% against a 92% target. All specialties with the exception of General Surgery, Urology, General Medicine and Trauma and Orthopaedics achieved the 92% target.

- **Barnsley Hospitals NHS Foundation Trust**

  A&E – Four Hour Access Standard – September 94.7% against a 95% target.

  RTT 18ww Incomplete Pathways – September - 94.2% and all specialties achieved the 92% target.

- **Sheffield Children's Hospitals NHS Foundation Trust**

  RTT 18ww Incomplete Pathways – August - 92.3% 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 – August - 98.3% against a 95% target.

  September information was not available for this report.

19. CARE AND TREATMENT REVIEWS

One care and treatment review has been completed for a newly identified patient (below).

20. 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
3rd October	1	0	0	5
10th October	0	0	0	5
17th October	0	0	0	5
24th October	0	0	0	5
31st October	0	0	0	5

The one admission identified above relates to an older person newly diagnosed with a learning disability. The care and treatment review has identified a strategy to expedite a positive hospital discharge. An additional two of those listed above have discharge plans and are about to commence transition to community placements.

Sue Cassin – Chief Nurse
December 2016

APPENDIX 1

'Healthcare-associated Infection in Yorkshire and the Humber'

Annual report 2015/16 - Public Health England.

Summary of report

The report describes the epidemiological trends from April 2015 – March 2016 for Health Care Associated Infections (HCAI) subject to national mandatory surveillance in Yorkshire and the Humber. These are: Clostridium Difficile, Norovirus, and MRSA, MSSA and E Coli bacteraemias.

There is also some information relating to Carbapenemase-producing Organisms (CPO), however an in depth analysis of this is planned for 2016/17.

Outbreaks

Information relating to outbreaks of HCAIs in hospitals and the community given – Rotherham is mentioned, although not by name, regarding the MRSA outbreak/ cluster in Dinnington. It highlights the suggested hypothesis relating to District Nurse involvement initially, and then the later cases being distant epidemiologically- suggestive of no epidemiological links.

Clostridium Difficile Infection (CDI)

Nationally CDI has decreased over the past years and this is now plateauing. CDI in Yorkshire and The Humber remains mid-range in relation to the national average in 15/16.

14 out of 22 CCGs reduced CDI incidence from 2014/15. 10 of these remained below their objective for case numbers. Rotherham were 1 of the 14 CCGs that reduced incidence – this was by 3 cases. Breakdown of CDIs in Rotherham indicate that the incidence in the Acute Trust has decreased, and is now below the national mean.

MRSA

Incidence is continuing to reduce both nationally and in Yorkshire and The Humber.

All cases were highlighted; Rotherham had 1 case (as in the past 3 years).

South Yorkshire and Bassetlaw has the lowest MRSA bacteraemia incidence within Yorkshire and The Humber. Both Rotherham CCG and the Acute trust are below the England mean for MRSA bacteraemia.

MSSA

Incidence in Yorkshire and The Humber has slightly increased from 14/15 to 15/16 mirroring the national increase. Yorkshire and The Humber are in the 2nd highest quintile of area teams for MSSA incidence. Rotherham CCG apportioned figures are above the national mean however the Acute Trust are below.

E coli

Incidence both nationally and in Yorkshire and The Humber is substantially raised in comparison to MRSA an MSSA with Yorkshire and The Humber higher than the national average.

South Yorkshire and Bassetlaw area are 2nd highest for the number of cases nationally. The figures for Rotherham have increased in 15/16 from 14/15 in both the Acute Trust and CCG attributable cases.

Viral gastroenteritis – Norovirus

In Yorkshire and The Humber in 15/16 a small peak was seen in December, followed by a larger peak in March which was more pronounced in care homes and accounted for the majority of outbreaks.

Rotherham had 15 care homes with 1 outbreak reported, 1 care home with 2 outbreaks reported and 2 care homes with 3 outbreaks reported. This was very similar to the rest of South Yorkshire, and the rest of Yorkshire. There is no national information to compare against.

CPO

There were 51 new cases identified in Yorkshire and The Humber in 15/16. Rotherham had no cases identified in the laboratories and no cases identified from Inpatient samples. Of South Yorkshire 12 cases were identified in Sheffield.