

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

4th FEBRUARY 2015

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NHS ROTHERHAM

1. PATIENT SAFETY

Policies/Events

The Collaborative Tuberculosis Strategy for England (2015 to 2020) was published on the 19th January 2015.

The last Health Protection Committee, which oversees local arrangements for health protection, was held on 16th January 2015. Key areas discussed included Pneumonia, Specialist tuberculosis services, pandemic flu and Ebola. It was agreed that an annual health protection report will be submitted to the Health and Well Being Board to provide assurance on our health protection responsibilities.

A C.Diff meeting was held on the 8th January 2015 which was convened by the TRFT Director of Infection Prevention and Control as TRFT have reached their annual trajectory of 24 cases, rather than they had concerns re: cross infection/outbreak. Monitor have been informed of this and the following actions were subsequently agreed;

- Cleaning schedule to be reviewed and mitigating actions implemented
- Reinforce the importance of early identification and reporting of suspected infection to the IPC Team
- Review the priorities for isolating patients in cubicles and share the outcomes with the 'Ops Room'.

It was acknowledged that the Rotherham Foundation Trust had been experiencing high admission rates and thus high bed capacity with restricted patient flow (mirrored throughout the NHS) and it was recognised that such strains on the system increase the risks linked to HCAI.

1.1 Healthcare Associated Infection

RDaSH - There has been 1 case of C-Diff in June, which was acquired in the community.

Hospice - As at the end of Quarter 2, there was 1 patient admitted to the Hospice who already had MRSA and 1 patient who already had C-Diff.

TRFT :

- **MRSA – 0** YTD actual 0
- **MSSA – 1** YTD actual 4
- **E Coli – 12** YTD actual 141
- **C-Difficile (NHSR):** YTD 54 (actual) 51 (planned)

TRFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 Target = 24	Monthly Actual	2	3	3	2	2	1	3	3	3			
	Monthly Plan	3	3	1	2	2	3	2	1	2	2	2	2
	YTD Actual	2	5	8	10	12	13	16	19	22			
	YTD Plan	3	6	7	9	11	14	16	17	18	20	22	24

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 Target = 66	Monthly Actual	5	8	11	7	4	2	6	7	4			
	YTD actual	5	13	24	31	35	37	43	50	54			
	YTD Plan	7	13	19	25	31	36	41	46	51	56	61	66

The above table represents the cases to date which have been signed off (14th of each Month) on the MESS data base.

Post Infection Review (C.Diff cases) - Please note the PIR panel meeting due to take place on the 15th January to review the latest C.Diff cases had to be postponed. The next meeting will be on the 16th February. However, an interim meeting to discuss the latest cluster of cases was attended on the 8th January to discuss the root cause analysis to date.

2. MORTALITY RATES

The latest data in Dr Foster shows the HSMR performance measure to be a 90.08 (significantly lower than expected) this does not contain any “diagnosis higher than expected data”. The SHMI performance figure which does include diagnosis higher than expected data but affected by small case numbers now stands at 100.9.

TRFT provided assurance at the Contract Quality Meeting in December that mortality ratios remain a high priority for the Trust and confirmed that the Hospital Mortality Review Policy is in place. In addition, Trust Wide standardised, evidence based reporting is in place which requires all unexpected deaths to be reviewed by the Mortality Steering Group.

The local indicators that are monitored through Local NHS Outcomes Framework Incentive Scheme (LOFI) have now been received for Q2 (always one quarter in arrears) and this shows that the Trust is already significant below trajectory and achieving year-end target in three out of the four areas. The area at risk of achievement is pneumonia which has risen above baseline by 10 points; this is being reviewed closely by the Trust to ensure that coding is correct.

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

SI Position 21.12.2014 – 19.02.2015	TRFT	RDASH	NHSR CCG	Ind. Contractors	Roth residents out of area	YAS	PHE/ NHSE
Open at beginning of period	53	11	2	0	2	2	0
Closed during period	0	0	0	0	0	0	0
De-logged during period	0	0	0	0	0	1	0
New during period	7	1	0	0	0	0	0
Open at end of period	60	12	2	0	2	1	0
Never Events (New)	0	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0	0

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
April 2013 to present	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).	RLSCB have published multi agency practice guidance on handling potential suicide clusters. This document has been shared with other areas as the incidence of adolescents suicide is increasing. The document has been discussed with the national NHS England Safeguarding Lead as good practice guidance.	An Independent Author has been commissioned to publish a lessons learnt document

Date	Discussion	Outcome	Follow up
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. Front line staff undertaking 'Stop the Shift awareness raising' CCG at 100% trained in December 2014. Providers reporting data quarterly.	National training on CSE commissioned for senior health professionals – September 2014 Ofsted have undertaken a thematic review of CSE in Rotherham at the same time as undertaking the single agency inspection of safeguarding and LAC. A bi-monthly 'health' focus group has been set up to co-ordinate a health economy response to national recommendations and the Alexis Jaye Health recommendation. This group will manage process as effectively as possible. Second tier of CSE training for front line staff commissioned to consider victimology in order to support breaking the cycle of abuse due to be held 12 and 13 February 2015.

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
October 2013	CQC Inspection of Children Looked After and Safeguarding (CLAS). Monthly health economy update meetings commenced, Jan 2014.	Paper to OE 7 October 2013 and 27.1.2014.	Proactive approach being taken by RCCG, including reviewing all published CQC reports. <i>Doncaster and Barnsley CQC reports not yet published but lessons incorporated into local learning</i>
June 2014	Independent Review of NHS and Dept of Health into matters relating to Jimmy Savile.	Rotherham health economy to consider implications of reports and await recommendations due out Autumn 2014. Not yet published January 2015	Recommendations to be considered by Designated and Named Safeguarding Professionals – adults and children. <i>Bespoke training Feb 2015 being commissioned to include Jimmy Savile lessons</i>

Date	Discussion	Outcome	Follow up
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. <i>Feedback – not good with an extensive action plan. The government have appointed an independent person to oversee improvements and new DCS appointed.</i>	<i>LA has set up an improvement panel to consider implications and drive up changes. RCCG Chief Officer and Chief Nurse attending.</i>	Rotherham health economy is fully committed to safeguarding one of four priorities in the Commissioning Plan Deputy Designated Nurse commenced post 12 January 2015 to consider health input into the Multi Agency Safeguarding Hub (MASH) and support on-going improvements in safeguarding children
January 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 due in February 2015. A report due in October 2015 to support and provide evidence for commissioning health care 2016/2017 with a final report to be published January 2016.

4.2 Learning Review

Area	Discussion	Outcome	Output
May 2013 Croydon	TRFT and RDaSH have completed an Individual Managements Report (IMR) for an external LSCB, namely Croydon.	The methodology used is Significant Incident Learning Process (SILP). Letter sent from RLSCB (31.12.2013) regarding closure of Rotherham actions to Croydon LSCB.	Rotherham LSCB is following up local recommendations to ensure compliance via the SCR Panel December 2013, completed actions sent to Croydon LSCB. May 2014 Update from Croydon with regards to publication, it was agreed by Croydon LSCB that the Overview Report required further work. The report was scrutinised (Jan 2014) and dependent on the outcome will be published after the Coroner's Inquest. This date has yet to be set.

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>Second DRAFT SCR report; Panel meeting 19 November 2014 – no further update</i>

5. ADULT SAFEGUARDING

5.1 Headlines

Prevent Consultation deadline is the 30/01/15 – RCCG have responded.

Prevent training continues to be rolled out to GP practices along with the Mental Capacity Act (MCA) Training

Adult Safeguarding Board met on the 28/01/15 – subgroup membership is still under discussion, dates for future subgroup meetings still to be set. RSAB members to complete “pen portraits” of their role and organisations governance structures

MCA Money from NHS England is to be split between TRFT and RDaSH depending contact percentage – they will need to complete an audit on MCA and then use the findings to direct how to embed MCA. A small amount of money has been kept back for Primary Care and a MCA training day has been arranged for the 19th March.

5.2 Care Home update

Care Home - still has a voluntary suspension on all placements

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

6.1 Deprivation of Liberty Applications

- As of 28th January there are 109 pending DoLS application and 194 have been processed since April 2014.
- RDASH - In terms of the numbers of DOLS applications and status, 3 applications were submitted in November, of which; 1 is waiting, 1 has been withdrawn and 1 is currently in the process of being assessed. 2 applications were submitted in December; 1 of which is waiting and 1 has been granted for 3 months.

7. FRACTURED NECK OF FEMUR INDICATOR

The Q2 position was achieved and the year-to-date target is on track for achievement. Falls and bone health indicators continue to be closely monitored and the Trust is working hard to continue to keep the numbers attending low with on-going work in the Community. The attendances to A&E with general fragility fracture are also below trajectory as at end of October and on target for year-end achievement.

8. STROKE

The November position remains showing an underachievement against a number of Stroke targets, in particular the percentage of stroke patients spending at least 90% of their hospital stay on the Stroke Unit. The targets are struggling to be achieved due to the non-elective workload at the Trust. However, the number of patients being scanned within 1 hour of hospital arrival has improved in November to 28.1% compared to 18.4% in October.

An action plan to address under-performance is still in place and it was agreed at December's Contract Quality Meeting that TRFT and RCCG require further discussion in relation to the targets. Given the

under-performance against targets and the previous complaints received it was agreed that the Stroke Unit would receive a clinically led visit on 28th January 2015 with attendance including RCCG Lay Member. In addition, RCCG and TRFT are discussing the inclusion of Stroke Services in the LOFI Scheme for 2015/16.

9. CQUIN UPDATE

9.1 TRFT

The Q3 CQUIN position is due to be reported by the end of January.

The national guidance for 2015/16 has yet to be issued by NHS England, however, early indications are that the Friends and Family Test and Safety Thermometer will be removed and covered by new reporting requirements in the NHS Standard Contract. Two new indicators will be introduced, one on the care of patients with acute kidney injury and the other on the identification and early treatment of sepsis. Discussions have commenced internally with GP colleagues on the local indicators that will be included.

The Clinical Communications indicator is still at significant risk of achievement in Q3 and Q4, an audit was undertaken in December, early indication is that some areas will be achieved and there seems to have been an improvement in timeliness of clinic letters although this is still below target. Work is on-going to implement the electronic discharge summaries to GP Practices which will be completed by March 2015 and should see a significant improvement in timeliness of receipt of discharge paperwork. The Rheumatology backlog of clinic letters was recovered slightly ahead of plan.

The audit programme is continuing throughout the year and positive outcomes are being noted with action plans to address issues being discussed through relevant forums.

9.2 RDaSH –

A further meeting has taken place to discuss potential CQUINs for 2015/16. It has been agreed to consider 3 local CQUINs across all Commissioners; 'Outcomes', 'Care planning and discharge' and 'Complex Service Users'. In addition, RCCG will continue with a 'Safeguarding' CQUIN.

National Guidance is awaited, but it is understood that the SMI CQUIN (relating to Physical Health of Mental Health patients) will continue as a National CQUIN, but that the NHS Safety Thermometer and Friends & Family Test (FFT) will not continue and will be incorporated in the standard contract performance monitoring.

9.3 Hospice –

Negotiations are continuing around a potential Bereavement CQUIN for 2015/16. Guidance is awaited regarding National CQUINs.

10. COMPLAINTS

10.1 Via RCCG

- A patient presented at the WIC with a 4 week history of sore throat, she was prescribed lozenges and advised to suck them. Upon receipt of the prescription she read the enclosed leaflet where it is stated, do not suck. The complaint letter and response letter was reviewed by the Head of Medicines Management who felt that the patient would come to no harm by taking the lozenge as advised. The patient remains dissatisfied as she feels the nurse who prescribed the medication was not questioned about the consultation merely that a WIC doctor looked over the notes. The patient's dissatisfaction has been passed to the relevant doctor for further consideration. ON-GOING
- A mother attended the WIC with her 20 month old son at 8 am on 29th December 2014 as he had been ill during the night. The waiting room was quite full at the time. She was asked by the receptionist if she had contacted her own GP before attending the WIC, when she replied that the GP practice wasn't open yet the receptionist reiterated the point but stated if you can't get an appointment come back to us. The complainant wonders if all the others in the waiting room had contacted their GP at 8 am on a Monday morning.

Further dissatisfaction by the complainant is that she is pregnant and carried her son across the snow and icy car park only to find that the ticket she had been given at the entrance barrier stated that the ticket should be exchanged for a token, therefore, she had to walk back to the building only to be told that she didn't need a token as the barrier was not in operation until 8:30. Investigation by the service is on-going.

10.2 TRFT

The number of complaints reported during November was 35 which is a decrease on the previous two months. The Trust is on track to meet trajectory with 307 complaints reported against a trajectory of 400 year-to-date.

11. CQC INSPECTIONS

RDaSH – An unannounced CQC Mental Health Act visit took place on the 27th November at the Goldcrest ward at Swallownest Court. The visit was positive, with just issues raised around out of date leave forms and lack of staff to supervise the Gym.

12. CLINICALLY LED VISITS

In early December and January, the CCG carried out two learning disability themed quality visits to adult inpatient services at Swallownest Court and Woodlands Older people's inpatient unit.

The visits focused on services provided to the learning disabilities community and were carried out in partnership with 'Speak-up'. Whilst both visits were generally very positive a number of issues were highlighted relating to the provision of services for those with learning disabilities. The CCG will be working with RDaSH to develop action plans to address these issues.

13. ASSURANCE REPORTS

13.1 TRFT Update

A&E

Year-to-date position as at 30 December 2014 is 93.43% and Q4 position is 89.08% against target of 95%. The Trust did not achieve the Q3 target and its performance to date shows the Trust are unlikely to meet the year-end target. The Trust, alongside many other NHS organisations, has seen a surge in attendances at its A&E Department. A further extraordinary meeting was called by the CCG and included NHS England, the Trust initiated Command and Control status in mid-December to manage the situation and continue to operate this function.

Clinically Led Visits

As previously mentioned the next visit has been arranged to review the Stroke Unit due to concerns regarding targets and previous complaints received, this will take place in mid-January.

Contract Query

The contract query issued to the Trust regarding the increase in Emergency Admissions and Assessments during 2014/15 remains open. Meetings have been held between the CCG and TRFT and a remedial action plan is in place to address the issues. A further meeting to discuss progress is scheduled for the week commencing 26th January.

2015/16 Contract Negotiations

RCCG has been received a response from TRFT on the proposed contracting intentions for 2015/16. The NHS Standard Contract is due to be issued in January and negotiations will remain on-going throughout January and February.

13.2 Care and Treatment Reviews

There are currently no Rotherham CCG patients requiring a Care and Treatment Review.

13.3 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
29 th December	0	0	1	3
5 th January	0	1	0	2
12 th January	0	1	0	1
19 th January	0	0	0	1

Sue Cassin – Chief Nurse
February 2015