

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

3RD FEBRUARY 2016

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NHS ROTHERHAM

1. HEALTHCARE ASSOCIATED INFECTION

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

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

1.3 TRFT:

- MRSA – 0
- MSSA – 32
- E Coli – 150
- C-Difficile: 15

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	1	1	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	14	15	N/A	N/A	N/A
	YTD Plan	2	4	6	8	11	13	15	17	20	22	24	26

Post Infection Review Meeting - 19 January 2016

Out of 15 Cases (to end Dec) there are 5 Lapses in 'Quality of Care', a full root cause analysis is undertaken and a "lessons learned plan put into place. There are 8 'No Lapses in Quality of Care'. 2 of these cases are not attributed to Rotherham CCG as they are registered to GPs out of the Rotherham area. These 2 cases are not included in NHSR figures.

1.4 NHSR:

- MRSA – 1
- MSSA – 41
- E Coli – 173
- C-Difficile: 63

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Target = 63	Monthly Actual	4	9	9	12	6	10	1	5	7	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	34	40	50	51	56	63	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 HCAI data collection system. Please note the above figures may not exactly match the C.Diff figures which are discussed at the Post Infection Review meetings with TRFT.

The increased number of NHS Rotherham CCG C Diffs is recognised, and Post Infection Reviews are being undertaken as per National Guidance of the cases since November (appointment of IPCN). Lapse/ No Lapse decisions will be made and a C diff improvement plan will be formulated.

Of the 63 cases, 1 case has been attributed to Rotherham CCG when in actual fact it should have been attributed to Barnsley CCG. This is due to the Data Collection System not recognising the Barnsley GP and therefore allocating based on postcode.

Of the 63 Cases 9 cases are classed as repeat/relapses, these could potentially be the same infection and therefore improved management plans are being developed to reduce this figure

in future. TRFT IPC are undertaking a follow up programme, modification of this has been discussed between TRFT and the CCG with the aim to improve the repeat/relapse samples

1.5 MRSA Wound Infections

Investigations of the Cluster of MRSA infections within the community remain on-going. There is a meeting planned for 26 January 2016 with TRFT, CCG, PHE and LA to conclude on the actions required.

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 LOFI submissions. HSMR for November was 107.44 and whilst it remains significantly elevated this is a decrease on previous month.

Crude mortality is 58 for November which is within expected limits and is an improvement on the previous month.

The elevated levels will continue for some months due to the sampling time and there continues to be a problem with residual codes unclassified.

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

SI Position 08.12.2015 – 18.01.2016	TRFT	RDASH	RCCG	Roth Residents out of area	YAS	Care UK
Open at start of period	41	5	1	2	1	0
Closed during period	0	0	0	0	0	0
De-logged during period	1	3	0	0	0	0
New during period	2	4	0	0	0	1
Open at end of period	42	6	1	2	1	1
New Never Events	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0
Final Report Status as at 18.01.2016						
Final Reports awaiting additional information	0	0	1	1	0	0
“Stop the Clock” e.g. investigations suspended awaiting police investigation	2	2	0	1	0	0
Investigation above 60 working days with CCG approved extension	30	0	0	0	0	0
Investigations above 60 working days without CCG approval	0	0	0	0	0	0
Final Reports due at next SI meeting	33	1	1	0	1	0

4. CHILDREN'S SAFEGUARDING

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. 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	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.

Date	Discussion	Outcome	Follow up
		presenting a paper to LSCB Quality Sub Group.	
January 2015	Attendance by NHS RCCG at LSCB CSE sub-group (Gold) is the Chief Nurse or Chief Officer.	Deputy Designated Nurse attending from April 2015 and works closely with the Named GP to ensure information is appropriately shared with primary care. RCCG has set up a data base to map information on high risk CSE children Named GP highlights high risk cases to individual GP Practices for them to flag concerns	Second tier of CSE training for front line staff commissioned to consider victimology took 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.
6 Jan 2016			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 awareness day.

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
23 – 27 Feb 2015	CQC Inspection of Children Looked After and Safeguarding (CLAS) undertaken. TRFT had there CQC Essential Standards inspection which included Outcome 7 (safeguarding)	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.	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. 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.
14 – 18 September 2015	RDaSH received their CQC review of services including safeguarding.	Healthwatch, RLSCB, RMBC C&YPS and Public Health attend the meetings to ensure transparency and multi-agency sign up. Written report published and action plan outlining the way that recommendations will be adhered to is	

Date	Discussion	Outcome	Follow up
		being written. A written report will be published.	
June 2014	Independent Review of NHS and Dept of Health into matters relating to Jimmy Savile. Monitor letter for a response by Foundation Trust 15.6.15	Rotherham health providers shared the Monitor report with the CCG. 3 yearly DBS checks being discussed at OE	Designated Nurses across South Yorkshire and Bassetlaw have undertaken a review of responses to ensure no area is an outlier. The report was feedback to NHS England on SY&B in September 2015. November 2015 saw the national response. NHS RCCG distributed this to providers for their consideration.
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. Evaluation report presented to OE 19 October 2015 – further work required on the health economy approach to taking this forward. Financial agreement now being considered. Secondees have had posts extended till 01.04.2016. Adverts for substantive post out Jan 2016
Jan 2016			

Date	Discussion	Outcome	Follow up
July 2015	Female Genital Mutilation (FGM) Where FGM is identified in NHS patients, it is now mandatory to record this in the patient's health record . Since September 2014, all acute trusts are required to provide a monthly report to the Department of Health on the number of patients who have had FGM or who have a family history of FGM. This information will be anonymous and no personal confidential data will be shared as a result of the information collection.	Provider trusts are mandated to report any cases of or suspected cases of FGM. From September 2014 acute trusts have provided monthly data and from October 2015 There are legislative measure being brought through the Serious Crime Act 2015 to ensure that FGM is reported. GPs are being mandated from October 2015 to report FGM.	If the patient has been identified as at risk or having undergone FGM a referral to a specialist FGM clinic should always be considered. If a child is identified as being at risk of FGM, then this information must be shared as part of safeguarding actions. Anyone found guilty of failing to protect a girl at risk of FGM faces up to 7 years in prison, a fine or both.

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 rescheduled April 2016.</i>
May 2015	TRFT recorded a Significant Event regarding an infant who was admitted to the children's ward. The child 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

RSAB – meeting held on the 11th January 2016:

- The Board Manager introduced herself - Jackie Scantlebury
- The RSAB Strategy is to be presented to the Health and Wellbeing Board.
- Serious Adult Review – pre meet Friday 22/01/16 with all agencies to discuss the investigation
- RSAB annual report 2014/15 needs to be published ASAP. All agencies have contributed.
- Sub groups discussed and agreed that the RCCG will lead on Training (Kirsty Leahy with support from Dr Lee Oughton)

Sub Group - December 2015 meeting cancelled. The next meeting is to take place on the 27th January 2016. The Board Manger is to chair this meeting and discussion will take place around the implementation of the agreed sub groups

360 Safeguarding Audit - *“We are providing **Significant Assurance** in respect of the CCG’s own arrangements for Safeguarding Adults.”*

Since the completion of the audit a number of positive changes have happened in relation to the Rotherham Safeguarding Adults Board – An independent chair and a board manager have commenced in post, the Strategy has been written, sub groups are being developed and the structure is becoming robust and commitment of the board members is encouraging.

5.2 Care Home update

Byron Lodge Care Home continues to improve and remains in regular contact with the Contacts compliance officer at RMBC. The next meeting with the owner and management team is arranged for the 4th February 2016. The CQC report has now been published.

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

6.1 Deprivation of Liberty Applications

Provider	Applications
Hospitals (Acute):	Rotherham General Hospital (11), (4) Not Granted, (7) Assessment not yet completed Royal Hallamshire Hospital, Sheffield (1), Not Granted
Hospitals (Psych)	The Woodlands, Glade Ward (1), Assessment not yet completed
Care Homes	Ackroyd Clinic, Rotherham (1), Assessment not yet completed Ashley Care Centre, Worksop (1), Assessment not yet completed Byron Lodge, Rotherham (1), Authorised 2 Canterbury Close, Rotherham (1), Authorised Cherry Trees, Rotherham (1), Not Granted Clifton Meadows, Rotherham (4), Assessment not yet completed David Lewis, Cheshire (1), Authorised Dearne Hall, Rotherham (1), Not Granted Eastwood House, Rotherham (3), (1) Authorised, (2) Awaiting Reports Emyvale House, Rotherham (1), Authorised Forest Hill Nursing Home, Worksop (1), Authorised Greasborough Residential and Nursing Home, Rotherham (1), Authorised Holly Nook Care Home, Rotherham (1), Not Granted Laureate Court, Rotherham (1), Not Granted Layden Court, Rotherham (1), Authorised

Provider	Applications
	Rotherwood Residential Care Home, Rotherham (1), Assessment not yet completed Sandygate Care Home, Rotherham (1), Assessment not yet completed Swinton Grange, Rotherham (1), Authorised The Abbeyes Care Centre, Rotherham (2), (1) Not Granted, (1) Awaiting Reports The Queens Care Home, Rotherham (2), (1) Authorised, (1) Assessment not yet completed Waterside Grange Care Home, Sheffield (4), (1) Authorised, (3) Assessment not yet completed Woodlands Care Home, Sheffield (1), Assessment not yet completed

6.2 Ongoing Deprivation of Liberty Applications

Provider	Applications
Hospitals (Acute)	St James Hospital, Leeds (1)
Hospitals (Psych)	The Ferns Ward, Rotherham (1) The Glade Ward, Rotherham (1)
Care Homes	23 Cecil Road, North Notts (1), Athorpe Lodge, Rotherham (4), Byron Lodge, Rotherham (7), Cambron House, Rotherham (2), Canterbury Close, Rotherham (1), Cherry Trees, Rotherham (3), Clifton Meadows, Rotherham (1), Cranworth Care Home, Rotherham (3), David Lewis Centre, Alderley Edge (2), Davies Court, Dinnington (1), Dearnevale, Barnsley (1), Dene Brook, Rotherham (2), Eastwood House, Rotherham (2), Emyvale House, Rotherham (1), Fairwinds, Rotherham (1), Fenney Lodge, Rotherham (1), Forest Hill, Worksop (2), Greasborough Residential, Rotherham (2), Greenside Court, Rotherham (1), 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 (4), Layden Court, Rotherham (3), Levitt Mill, Rotherham (1), Longley Park View, Sheffield (3), Lonnen Grove, Rotherham (1), Lord Hardy Court, Rotherham (3), Low Laithes Village, Rotherham (1), Meadow View, Rotherham (1), Moorgate Hollow, Rotherham (1), Nethermoor Care Home, Sheffield (1), Nightingale, Sheffield (3), Queens Care Home, Rotherham (2), Rivelin House, Sheffield (3), Silverwood, Rotherham (2), St James Court Care Home, Sheffield (1), Steps Ltd, Rotherham (1), Sunny Banks, Eastleigh (1), Sunnyfields Lodge, Rotherham (4), Swinton Grange, Rotherham (3), The Beeches, Rotherham (1), The Glades, Dinnington (3), The Hesley Group, Doncaster (1), The Lodge, Sheffield (4), The Star Foundation, Rotherham (1), Victoria Care Home, Worksop (1), Waterside Grange, Dinnington (2), Whiston Hall, Rotherham (2), Willowbeck, Sheffield (1)

7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

The CHC service has commenced the 'End to End' service for all acute patients.

Recruitment of two CHC nurses has been agreed to support the acute 'End to End' service.

Cleansing of CHC data continues to provide detailed information for annual and 3 month reviews.

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.

7.2 Reports

W/C	14/09/15	12/10/15	16/11/15	07/12/15	11/01/16
Total Number Eligible Patients	620	628	630	619	623
Total % Outstanding Reviews	52.26%	51.91%	52.86	54.28	54.25
Total Number of Outstanding Reviews	324	326	333	336	338
Number of LD Team patients Eligible	120	124	123	123	124
% of LD Team reviews outstanding	59.17%	54.84	51.22	54.47	59.20
Number of outstanding LD Team reviews	71	68	63	67	125

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

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Headlines:

The transfer of children's data to the Broadcare IT system continues.

Development of the current children's assessment process commenced with the trial of new resource allocation documents.

Audit of one Children's and Young People's Continuing Care assessments have 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.

8.2 Reports

Children's Continuing Care					
Months	Aug	Sept	Oct	Nov	Dec
Total number of Eligible patients	64	45	47	49	51
Total outstanding Reviews	0	0	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 RCGG CHC patients eligible for a PHB	620	628	630	619	623	
Number of RCGG CHC patients in receipt of a PHB	82	91	101	100	98	

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	171	171				
Submitted NHSE agreed trajectory	14	14	14	14	14	14	14	14	14
Expected outstanding reviews against trajectory.	182	168	154	140	140				
Trajectory outcome	+2	-7	-21	-31	45				

This month indicates that the CCG is 45 cases below its agreed trajectory with NHS England, Doncaster CCG as 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.

A new revised review of current cases is being undertaken which will identify a number of cases that will be passed to the CHC live team, therefore a revised outstanding review number and trajectory will be advised in the next Governing Body report

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 193 against year-to-date target of 140 as at end of November.

12. STROKE

Performance across all stroke indicators have increased month-on-month with now only 2 out of 10 of the indicators not achieved as at end of November.

Whilst the metric in relation to the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival is one of the indicators not achieved, this has significantly improved to 82% compared to 68% the previous month against a target of 90%

The metric in relation to scan within 1 hour of hospital arrival had decreased to 36% at the end of October; this has increased to 68% at the end of November, against a target of 50%.

The CCG have also received assurance that the Trust are applying the correct criteria for thrombolysis.

13. CQUIN UPDATE

13.1 RDaSH

Discussions are continuing around potential CQUINs for 2016/17, as part of contract negotiations. The Safeguarding CQUIN will continue for 2016/17.

13.2 Hospice

Discussions are continuing around potential CQUINs for 2016/17. Initial indications are that the existing CQUINs will continue for 2016/17. CQUIN guidance is awaited for the national CQUINs.

13.3 TRFT

The Trust has achieved 81% overall for Q2 CQUIN indicators with a financial loss of £85K confirmed against Clinical Communications, year-end achievement remains at risk.

Q2 shows an improvement in the Dementia FAIRI and Sepsis indicators in comparison to Q1 however there has been a decrease in the achievement of the indicator around Engagement in CRMC/SRG including Audits, resulting in a financial loss of £35k as one audit had to be abandoned.

14. COMPLAINTS

14.1 TRFT

The number of complaints reported during November was 27, compared with 22 the previous month. The Trust remains below trajectory at 232 year-to-date against 300 target with a full year target of 600 (50 per month) which is expected to easily be achieved.

A thematic analysis is being undertaken and a report, the next quarterly update will be received through Contract Quality in January 2016.

Complaints process has also been confirmed as a priority by the TRFT board for the organisation.

14.2 Via RCCG

- Dissatisfaction raised by a firm of solicitors relating to a lack of response to requests for information re a CHC claim; Closed
- Complaint raised relating to waiting times to access Sheffield Adult Autism Services. A response has been provided, however, the complainant remains dissatisfied. A meeting has been set up to discuss the matters of outstanding concern with the complainant. Ongoing
- Dissatisfaction raised by a firm of solicitors acting on behalf of a CHC claimant regarding the length of time being taken to resolve the claim. Investigation ongoing
- Dissatisfaction raised regarding a decision to close a CHC claim. Investigation ongoing
- Request for redress following a patient's decision to undertake a course of private psychotherapy sessions due to the waiting times accessing services via the Sheffield Autism Service. Investigation ongoing.

15. ELIMINATING MIXED SEX ACCOMMODATION

15.1 RDaSH / Hospice – No mixed sex accommodation breaches have been reported for either RDaSH or The Hospice YTD.

15.2 TRFT - Eliminating Mixed Sex Accommodation continues to be monitored through Contract Quality Meetings. There were 0 breaches reported in November 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.

TRFT Board have identified 3 priorities which included CQC (CQC, complaints and A&E Performance) and that staff had been given clear lines of accountability for the action plan.

The CCG have requested assurance that the timescales for delivery were in line with deadlines set by the CQC and the action plans with details of all the supplementary actions will be shared with the CCG at the January meeting.

The CQC CLAS action plan is noted as being on track for all actions and a mock inspection is being planned.

16.2 RDaSH

The final report from CQC, following the planned inspection in September, has now been published. RDaSH have been given an overall rating of 'Requires Improvement'. Key points which contributed to this rating were:

- Community mental health services for people with LD at the Ironstone Centre did not have sufficient staff.
- Medication management was not overseen effectively
- Staff did not consistently monitor the physical health needs of patients.
- Not all risk assessments were completed, up to date and of good quality.
- The % of staff completing mandatory training was only 77% against a target of 90%.
- The Trust was not fully complying with its responsibilities under 'duty of candour'.

16.3 Care Homes

Dene Brook

Run by Relatiato Limited, Accommodation for individuals who require nursing or personal care, Learning disabilities, Mental Health condition, Caring for those over 65 years and under - CQC Inspection published 30th December 2016

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

CQC found that staff were knowledgeable about how to keep individuals safe from the risks of harm or abuse, and were trained well. Medicines were stored and handled safely. There were appropriate assessments and procedures in place to help reduce the risk of harm individuals presented to themselves and or others. Staff had the training and understanding to enable to address this.

Effective – Good

CQC saw that staff had an understanding of the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. Appropriate applications had been made in relation to the Deprivation of Liberty Safeguards where required.

Caring – Good

CQC observed that staff spoke to individuals with warmth and respect. Individual's privacy and dignity were maintained. CQC saw that staff were clearly motivated to provide a caring and supportive service to people.

Responsive – Good

CQC saw documented evidence that there were arrangements in place to regularly review individuals care plans so that needs could be address and choice and preferences taken into account.

Well-led – Good

CQC noted that despite there been no registered manager in post, even though it is a requirement of the provider's registration to have a registered manager at this location the service was well lead.

Ackroyd House

Run by Ackroyd House Limited, Accommodation for individuals who require nursing or personal care, Dementia, Diagnostic and screening procedures, Treatment of disease, disorder or injury, caring for those over 65 years - CQC Inspection published 30th December 2015

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

Safe – Requires Improvement

CQC saw that staff were trained and knowledgeable about how to keep people safe from the risks of harm or abuse. However, risk assessments were not always accurate or fit for purpose. Medicines were safely managed and securely stored.

Effective – Requires Improvement

CQC understood that senior staff within the home were knowledgeable of the Mental Capacity Act, however individuals consent was not always obtained in relation to care. CQC also saw little evidence of best interest arrangements being pursued for those who lacked the capacity to consent.

Caring – Good

CQC observed staff spoke to individuals with warmth and respect. Privacy and dignity were maintained.

Responsive – Good

CQC saw evidence that care plans were regularly reviewed to ensure tailor made care.

A complaints system was in place with the provider ensuring that all were aware of the arrangements for making a complaint should they wish to.

Well-led – Requires Improvement

CQC saw little evidence of robust monitoring in place to identify or address shortfalls in service quality.

Individuals and families using the service spoke highly of the management team, and found them to be approachable.

Kingdom House

Run by Lifeway's Community Care Limited, Accommodation for individuals who require nursing or personal care, Learning Disabilities, Mental health conditions, Physical Disabilities, Sensory Impairment - CQC Inspection published 4th January 2016

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

CQC saw that there were risk assessments in place specific to each individual at the service and safeguarding procedures for staff to follow.

CQC saw sufficient staff to meet the needs of the service. Recruitment processes ensured that staff were assessed as being suitable to work at the service.

Effective – Good

CQC saw that Support plans contained detailed information about individual's healthcare needs.

All staff received induction and training designed to equip them with the skills and knowledge required to support those using the service. Regular supervisions took place and staff felt supported in their roles.

CQC observed the service to be working within the principles of the Mental Capacity Act 2005.

Caring – Good

Observations showed that support was provided in a caring way and staff were respectful in their interactions.

Responsive – Good

Staff responded to individuals needs in a way that suited their communication style.

Information was in place about individual preferences and backgrounds in order to provide person centered support. Changes to needs were reflected in care plans when identified.

Well-led – Good

Systems and audits were in place to ensure that the quality of the service was continually assessed and monitored. The manager had oversight of all incidents and made referrals to appropriate organizations where required.

Bryon Lodge Care Home

Run by Bryon Lodge (West Melton) Limited, Accommodation for individuals who require nursing or personal care, Dementia, Treatment of disease, disorder or injury, caring for those over 65 years - CQC Inspection published 14th January 2015

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

Safe – Inadequate

CQC saw evidence that medicines were not always given as prescribed. Medication records were not always clearly completed.

CQC saw that risks related to individuals needs were not always assessed and or monitored to ensure safe and appropriate care.

It was noted that the service had a safe recruitment system in place but that there were not enough staff to meet the needs of the individuals.

Effective – Inadequate

CQC looked at the training matrix provided which showed a number of gaps in mandatory.

There was little or no evidence of MCA and DoLS understanding despite one individual repeatedly requesting to leave.

Individual's preferences and dietary requirements were not always taken into consideration at meal times.

Caring – Inadequate

CQC saw that staff were very task orientated and showed a lack of understanding of individual needs.

Some care records stated individuals likes and dislikes however these were not always upheld by staff.

Responsive – Inadequate

CQC saw that individual care plans were not always clear and care delivered was not always in line with care plans.

The service had a complaints procedure and people felt able to raise concerns

Well-led – Inadequate

Staff informed CQC that they did not know their responsibilities and there was a lack of leadership within the home.

CQC saw some systems in place to assess and monitor the quality and safety of the service. However these had not been developed and actions that had been raised had not been addressed.

CQC saw no evidence that individuals or families were asked for their views about the service.

CQC raised concerns with the nominated individual of the service and visited the home on 5th November 2015 to conclude their inspection and to confirm if any action to address the issues found on the 29th and 30th October 2015 had occurred. CQC saw that action had been taken.

17. ASSURANCE REPORTS

17.1 TRFT Update

A&E

Current position week ending 17 January 2016 was at 95.06% and YTD was 92.73% against 95% target. The Trust did not recover the Q3 position to achieve target at end of December.

The CCG and TRFT have been undertaking extraordinary meetings since October but the planned trajectory of 95% was not achieved by 30th November therefore a Contract Performance Notice was issued on 1 December 2015 as A&E had failed 5 consecutive months and 2 quarters. Under the terms of the Contract both parties met 10 December to discuss the Notice, recovery plans and any other issues. This is also being discussed as part of winter planning through SRG.

Work against the recovery plan continues, and the actions within the plan also capture the key elements of the winter plan and the Acute and Community Transformation programme.

Rotherham had also been named as one of the Health Economies at Risk by NHS England in relation to winter resilience and poor A&E performance

Cancer Standards

The trajectory for the 62 day standard for an urgent GP referral of suspected cancer had improved to 87.36% in November, against 85% target. Confirmation had also been received from the Trust via Contract Quality that they do work within the remit of the 62 day standards.

Another improvement is the Percentage of patients receiving subsequent treatment for cancer within 31-days from the decision to treat date - where that treatment is Surgery. This had been reported at 83% in October, increasing to 100% in November against a trajectory of 94%.

All other cancer standards continue to achieve year to date trajectories.

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 November.

The 18 week referral to treatment position is confirmed as all three standards achieved as at end of November.

2016/17 Contract

Negotiations have commenced with TRFT on the contract for 2016/17. NHS England has still to issue the formal contract documentation but the CCG is working through assumptions with the Trust in preparation for finalising once documentation is issued.

17.2 Associate Contracts

Discussions have commenced with all Associate Trusts and first cut activity was received during December for review and negotiation. A financial return must be submitted in January to NHE England/Monitor by CCGs and Trusts highlighting our initial forecast position for year-end and plan for 2016/17 which will be used for negotiation purposes.

Sheffield Children's Hospital – The Trust has struggled to achieve its A&E 4 hour target during November due to high levels of sickness across nursing staff coupled with high volume of breathing related illnesses as expected at this time of year. This was back on track during December and Q3 was achieved.

17.3 GP practice update

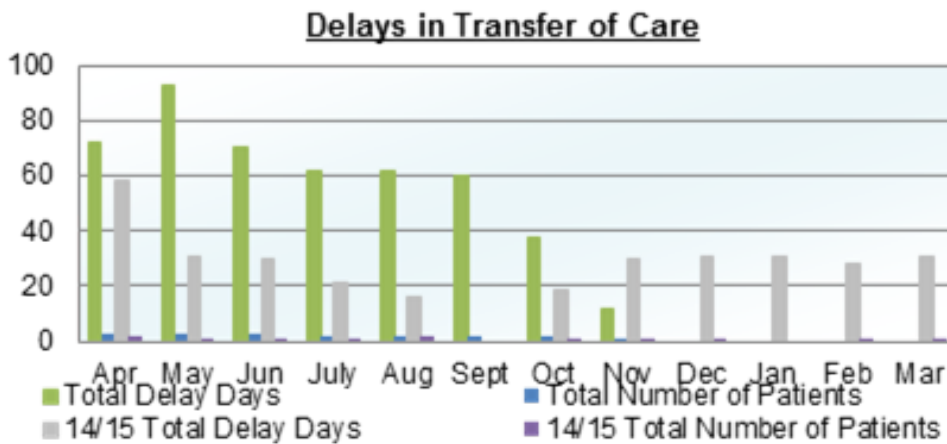
The CCGs 3 yearly cycle of Quality Visits is now almost completed (there are only 2 practices left to have a visit). Although the locality structure is strong it is clear that many practices still work in their 'siloes'. The Peer review process is one way that practices have been linked together to share ideas. It is anticipated that the emerging federation will also improve collaboration. Overall, these visits have been well received and it is clear that Rotherham practices care about the care that they provide to their patients.

The CQC have now visited 14 practices and have published reports for 9 of these visits. All but two practices have been rated as 'good' with the two being rated as 'requires improvement'. A supportive CCG visit has taken place to one practice and one is planned for the other. It has been noted by the CQC that there have been some pockets of outstanding practice. It is anticipated that all practices will have received a visit by September 2016

18. ADULT MENTAL HEALTH SERVICES

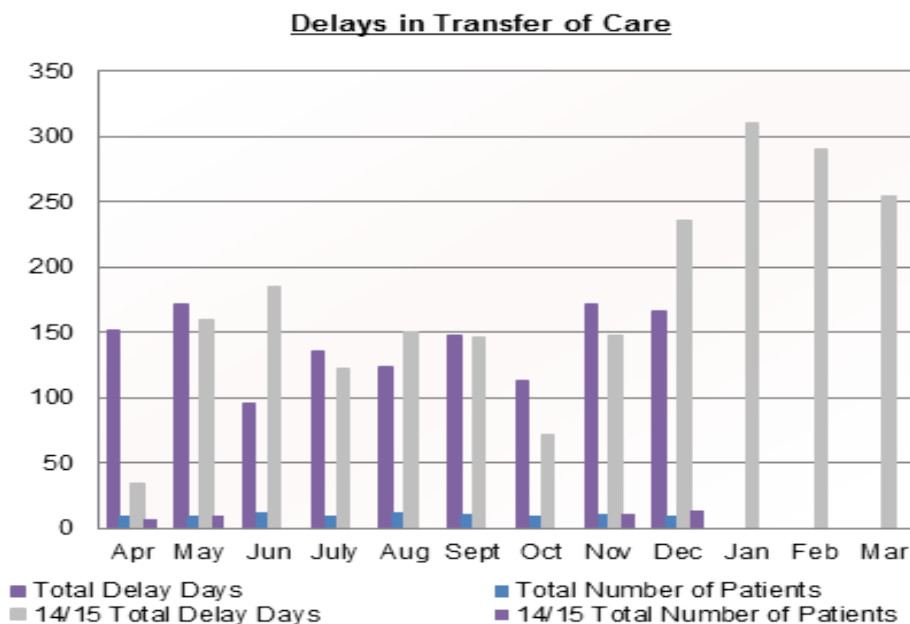
Whilst the recent "Who Pays?" guidance and communication regarding funding responsibility remains unclear, Rotherham CCG continue to work with partners across South Yorkshire and Bassetlaw to support safe transition of clinical and funding responsibility in April 2016.

See below the graph of DTOC for Adult services.



19. OLDER PEOPLES MENTAL HEALTH SERVICES

See below the graph of DTOC for Older Peoples services



20. **CARE AND TREATMENT REVIEWS**

There has been one Care and Treatment review (CTR) in the month (see below).

21. **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
7 th December	0	0	0	3
14 th December	0	0	0	3
21 st December	1	0	0	4
28 th December	0	0	0	4

In the month, one patient has been stepped-down from Low Secure services, indicated above. The planned CTR for another patient has supported the discharge plan to be completed in March 2016.

Sue Cassin – Chief Nurse
February 2016