

**Public Session**

**PATIENT SAFETY/QUALITY**

**ASSURANCE REPORT**

**NHS ROTHERHAM CCG**

**14<sup>th</sup> JANUARY 2015**

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## NHS ROTHERHAM

### 1. PATIENT SAFETY

<p><b>Policies/Events</b></p> <p><b><u>Joint IPC Annual General Meeting 27.11.14</u></b></p> <p>This was hosted by the Director of Infection Prevention and Control for Rotherham and included presentations from Public Health England (PHE), Microbiology and Infection Prevention and Control IPC) teams across South Yorkshire.</p> <p><b><u>Regional Masterclass on TB strategy, Commissioning and Outcomes 24.11.14</u></b></p> <p>Publication of the National Strategy will be in January 2015. On the back of this, NHSE have agreed to fund Latent TB Infection (LTBI) screening across the UK with accountability to a local TB Control Board at a Y&amp;H and NE level</p>
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#### 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** – monthly actual 0 YTD actual 0
- **MSSA** – monthly actual 1 YTD actual 3
- **E Coli** – monthly actual 11 YTD actual 129
- **C-Difficile:**

**C.Diff (NHSR) - YTD 50 (actual) 46 (planned)**

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2014/15 Target = 71</b>	Monthly Actual	5	8	11	7	4	2	6	7				
	YTD actual	5	13	24	31	35	37	43	50				
	YTD Plan	7	13	19	25	31	36	41	46	51	56	61	66
TRFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2014/15 Target = 24</b>	Monthly Actual	2	3	3	2	2	1	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				
	YTD Plan	3	6	7	9	11	14	16	17	18	20	22	24

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

#### **Post Infection Review (C.Diff cases)**

*Please note the next PIR Review of the C.Diff cases will take place at the next panel meeting on the 15<sup>th</sup> January and some sections remain empty until further information is received*

## 2. MORTALITY RATES

Figures for Q2 are yet to be published as these are reported in arrears. TRFT provided assurance at the Contract Quality Meeting in December that mortality ratios remain a high priority for the Trust and the results of a coding audit undertaken earlier in the year will be shared with RCGG in January.

It was noted that there had been little change in the Trust position and weekend mortality was still low in comparison to peers. The Trust now has a status of statistically “significantly lower than expected” HSMR mortality banding.

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

SI Position 18.11.2014 – 20.12.2014	TRFT	RDASH	NHSR CCG	Ind. Contractors	Roth residents out of area	YAS	PHE/ NHSE
Open at beginning of period	49	9	2	0	2	2	0
Closed during period	0	0	0	0	0	0	0
De-logged during period	0	0	0	0	0	0	0
New during period	4	2	0	0	0	0	0
Open at end of period	53	11	2	0	2	2	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. <i>The report is in draft – to be published by LSCB, no date yet agreed.</i>

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' (TRFT/RDaSH/GP practices)  CCG at 93% trained, 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 Looked After Children (LAC).  A 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 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.  PLT- Nov 2014 630 GP staff attended an event focussing on CSE.

#### 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 internal improvement panel to consider implications and drive up changes. RCCG not yet invited to attend – but are highlighting this.</i>	<i>RCCG representation to be determined.</i>
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.	<i>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.</i>

#### 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

#### **Mental Capacity Act 2005. (MCA)**

NHSE SY&B area team have been successful in a bid to gain monies to “Embed MCA” following the House of Lords Select Committee scrutiny of the Mental Capacity Act 2005 showing a lack of awareness and understanding. Due to a number of issues this money can no longer be invested as first planned however this money can be spent on improving understanding and knowledge of the Mental Capacity Act. It has now been discussed that each CCG area will receive a percentage of the money based on the population of that area – Rotherham CCG £21,888. This money will then be divided between each main provider based on the value of contracts and an amount identified for Primary Care. The large providers will be asked to complete a self-assessment/audit in line with Commissioners Checklist from NHS England Mental Capacity Act 2005 book published in August 2014 and RAG rate the outcomes. This would then indicate to both the provider and the CCG where the monies would then need to be spent. Overall outcomes may then be included in the Safeguarding Adults KPI’s for future monitoring. Due to Rotherham CCG already completing MCA training to all GP practices it is to be discussed within Safeguarding team if further training is needed to all GP practices or if key individuals from each practice would benefit from a more in-depth training session from an external professional. All monies need to be spent by the 31<sup>st</sup> March 2015. At present NHS E SY&B area team is writing to the chief nurse for each CCG to gain approval for the proposed action plan. A report with outcomes will need to be generated at the end of the project ( April 2015) .The next meeting is for the 28<sup>th</sup> January 2015 to discuss implementation however there is an expectation that each CCG area will have invoiced the NHS E SY&B area team for their percentage of money.

#### **Prevent / Counter Terrorism and Security Bill**

The Department of Health (DH) and NHS England have completed a briefing paper which outlines information on the Counter Terrorism and Security Bill. The Bill is now at the committee stage and is out for a 6 week consultation period. It is hoped that the Bill will achieve Royal Assent by February 2015 however it will be at least another eight weeks after this date before the Act – including the Prevent duty will come into force.

#### **Deprivation of Liberty safeguards (DOLS)**

Chief Coroner’s Guidance No. 16 has been published for concerns raised for people who die at a time whilst deprived of their liberty under the Mental Capacity Act 2005. A person is not in “state detention” until the DOL is authorised. The coroner must be informed and an investigation commenced which could lead onto an inquest if appropriate. The guidance is open to interpretation locally the RMBC MCA and DoLS lead is to meet with Rotherham’s Coroner for assurance on how this is been dealt with at a local level.

## 5.2 Care Home update

Care Home – Have agreed to a voluntary suspension of all placements until further notice.

Domiciliary care provider - Went into administration on the 19<sup>th</sup> December 2014 resulting in all their clients requiring new care packages. Only one client in the Rotherham area was identified with a new domiciliary care provider been sought.

## 6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

### 6.1 Deprivation of Liberty Applications

Hospitals (Acute):	1
Hospitals (Psych)	2
Care Homes	9

### 6.2 Ongoing Deprivation of Liberty Applications

Hospitals (Acute)	1
Hospitals (Psych)	1
Care Homes	81

**Please note that there are still 99 applications awaiting assessment**

**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. CONTINUING HEALTHCARE (CHC)

### Headlines

The recent publication of the draft national statistics for CHC (quarter 1 & 2 - 2014/15) has noted a significant improvement for Rotherham, Quarter 1 has identified that Rotherham were ranked at 38 while quarter 2 identified that Rotherham are ranked 48, which highlights Rotherham are improving to achieve a more average rank amongst the 211 CCGs.

In Quarter 4 2013/14 Rotherham CHC were ranked 20 out of the 211 CCG's, with 1 been the CCG with the most eligible CHC patients and 211 been the CCG with the least number of CHC eligible patients.

### Reports

W/C	15-Dec	22-Dec	29-Dec				
<b>Total Number Eligible Patients</b>	645	646	655				
<b>Total % Outstanding Reviews</b>	51.16%	51.24%	50.38%				
<b>Number of LD Team patients Eligible</b>			107				
<b>% of LD Team reviews outstanding</b>			83%				



W/C	15-Dec	22-Dec	29-Dec				
<b>Number of CHC Team Patients Eligible</b>			548				
<b>% of CHC Team outstanding reviews</b>			44%				
<b>Number of CHC Team reviews outstanding</b>			241				

The table identifies the total number of patients eligible for funding from Rotherham NHS Continuing Health Care and the number of patients that require a review, and also identifies the patients and outstanding reviews that the CHC Team and RDASH LD Team have responsibility for reviewing.

New processes such as the completion of 1<sup>st</sup> DSTs and changes in eligibility that require 3 month reviews have continued to impact on the CHC teams ability to significantly reduce outstanding reviews, however by clarifying the split of review responsibility it is clear that the CHC team have 44% outstanding.

The CCG has agreed a retrospective fast track process with the CSU to achieve completion of 75% of current retrospective claims by 31<sup>st</sup> March 2015. The CSU have advised that 100% completion of all retrospective claims should be completed by the end of July 2015.

## 8. 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.

## 9. STROKE

The October position shows deterioration against most Stroke targets against Q2. The targets are struggling to be achieved due to non-elective workload at the Trust and an outbreak of noro-virus in the Stroke Unit. A process mapping event took place in relation to the percentage of patients scanned within one hour and standard operating procedures will be developed to achieve the outcome required.

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. The Trust has provided assurance that three indicators will be back on track by the end of the year and the plans for this are to be shared with RCCG.

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 28<sup>th</sup> January 2015 with attendance including RCCG Lay Member.

## 10. CQUIN UPDATE

### 10.1 RdaSH

An initial meeting has taken place to discuss potential CQUINs for 2015/16. Some current CQUINs from 2014/15 may be 'stretched' for 2015/16, including; Patient Experience, Recovery and Safeguarding. Other new CQUINs for 2015/16 being considered are covering Advanced Statements and High Intensity Users.

### 10.2 Hospice

Initial negotiations for 2015/16 have highlighted a potential local CQUIN for Bereavement.

### 10.3 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 ongoing 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.

Audits on GP Admissions through the Medical Assessment Unit (MAU) and Consultant to Consultant Referrals in General Medicine were undertaken in December and will be reported back through CRMC and SRG. 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.

### 11. COMPLAINTS

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.

TRFT is currently 98% compliant on acknowledgement within 3 days, not compliant with response in 25 working days at 16%, but response 25 to 40 days increased to 48% from 14%. There are only 6 complaints open at more than 40 days as of mid-November. The TRFT Chief Nurse has stated that it is far too early to say the problem is addressed as the Trust needs to sustain the improvements seen in respect of complaints handling and triangulate what patients say to ensure focus is on real issues.

### 12. ELIMINATING MIXED SEX ACCOMMODATION

**RDASH/Hospice** - No mixed sex accommodation breaches have been reported for either RDaSH or The Hospice YTD.

**TRFT** - There have been no mixed sex accommodation breaches in November.

### 13. CQC INSPECTIONS

#### 13.1 RDaSH

A CQC Mental Health Act monitoring visit took place at the Kingfisher Ward of Swallownest Court on the 7<sup>th</sup> November, 2014.

At a previous visit on the 19<sup>th</sup> June, 2013 the CQC had found that care plans contained little evidence of the patient's involvement in the process. On this visit the CQC found that care planning remained problematic with little evidence of patient participation. They spoke to 3 patients who said that they were not involved in the care planning process and that they had not been offered a copy of any care plans. RDaSH have to respond with an action statement by the 2<sup>nd</sup> January, 2015.

#### 13.2 Care Assistance - Latest CQC report 25<sup>th</sup> November 2014 – update from May 2014

The agency provides personal care to people living in their own homes in the community. It currently caters for people whose main needs are those associated with older people, including dementia, but other services are available.

CQC inspection in relation to – Treating people with respect and involving them in care, Providing care, treatment and support that meets people’s needs, Caring for peoples safety and protecting them from harm , Staffing and Quality and suitability of management.

During CQC’s last inspection it was found that staff had not received appropriate professional development and support. It was identified during this visit additional training had been undertaken to help staff meet the needs of the people they supported but CQC found some staff still needed to complete training in some areas. The registered manager informed CQC that they had made plans to address this area. New staff had undertaken a structured induction programme to make sure they had the knowledge and skills to carry out their job.

### **13.3 Sunnyside - Latest CQC report 12<sup>th</sup> December 2014**

Accommodation for persons who require nursing or personal care, Dementia, Learning disabilities, Physical disabilities and Sensory impairments.

CQC inspection in relation to – Treating people with respect and involving them in care, Providing care, treatment and support that meets people’s needs, Caring for peoples safety and protecting them from harm , Staffing and Quality and suitability of management.

CQC were assured that staff knew how to recognise and respond to abuse correctly and that they had a clear understanding of the procedures in place to safeguard vulnerable people from abuse

CQC found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The Registered Manager was aware of the new guidance and was reviewing people who used the service to ensure new guidance was being followed.

It was noted wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

CQC saw people’s privacy and dignity been respected by staff.

Satisfaction surveys were provided to obtain people’s views on the service and the support they received. A complaints process was in place.

CQC saw evidence that people were not put at risk because systems for monitoring quality were effective. Where improvements were identified, they were addressed and followed up to ensure continuous improvement. The service had identified a number of concerns during audits and as a result had introduced new improved systems of monitoring. CQC were informed by staff that this had worked and the new systems were now embedded ensuring safe practices.

### **13.4 Fenny Lodge - Latest CQC report 16<sup>th</sup> December 2014**

Accommodation for persons who require nursing or personal care, learning disabilities, Physical disabilities, Sensory impairments, Caring for adults under 65yrs

CQC inspection in relation to – Treating people with respect and involving them in care, Providing care, treatment and support that meets people’s needs, Caring for peoples safety and protecting them from harm , Staffing and Quality and suitability of management.

CQC felt that the service was safe. The deputy manager was aware of the Mental Capacity Act 2005 and DOLS. There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them.

CQC were assured that the service was effective. People were supported by staff that were well trained and supported to give care to meet people’s individual needs.

People informed CQC that the staff supported them with their health needs. The records that CQC saw showed people saw their GP and other specialist health care professionals when they needed to.

Care plans were clear about what individuals liked and didn’t like to eat. There was guidance about how food should be prepared and any special equipment needed.

CQC spoke with staff and felt that they had a good understanding of people's likes and dislikes and their strengths and needs. CQC saw that they encouraged people to be as independent as they could be.

There were clear plans that showed people's diverse needs, preferences, interests and goals. They were supported to maintain relationships with their friends and relatives.

The service was well led. CQC saw good leadership and the service had clear values, which included choice, involvement, dignity, respect, equality and independence for people.

## **14. ASSURANCE REPORTS**

### **14.1 TRFT Update**

#### **A&E**

Year-to-date position as at 30 December 2014 is 93.77% and Q3 position is 90.62% against target of 95%. Increased levels in attendance to A&E and high acuity have led to a significant decrease in performance during December and the Trust will fail the A&E target for Q3. Although they are at risk of failing year-end also, plans are in place to try to prevent this. 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.

#### **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. Maternity Services and Postnatal Care is now postponed until a later date.

#### **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.

#### **Staffing Levels**

RCCG requested assurance that TRFT staffing levels are appropriate to manage the current increased numbers of patients requiring admissions and ensure that quality of care is not being compromised. The Trust has confirmed that a daily staffing model is being operated which identifies staffing levels on each ward, any gaps and moves staff around the wards to meet the required staffing levels. To date there have been no areas of concern and additional quality and safety checks are undertaken where additional beds are being utilised.

The Trust has a robust crisis management plan in place with 19 areas of focus in the run up to Christmas to manage the operational pressures and ensure flow throughout the system. Dedicated senior management and clinicians have been tasked with these areas and in order to ensure a coordinated approach, an internal Control and Command Centre has been set up.

#### **2015/16 Contract Negotiations**

The RCCG contracting intentions for 2015/16 have been shared in draft with TRFT and a response is awaited. The NHS Standard Contract is due to be issued in early January and negotiations are to commence accordingly.

### **14.2 2014/15 Associate Contracts**

**A&E** - The A&E position across South Yorkshire continues to raise concern for all commissioners with other providers sharing the same issues as TRFT. All of the local Trusts with the exception of Sheffield Children's Hospital will now fail the Q3 target. A telephone conference was held by NHS England to discuss ways in which help could be provided and share best practice. Campaigns have commenced in the local media to help redirect patients to more appropriate treatment pathways before considering A&E.

**2015/16 Associate Contract Negotiations** – The draft proposals have been received from most of the associate Trusts and are being reviewed. Affordability levels must remain with the pre-

determined financial envelope and these are now being negotiated. It is not anticipated that there will be any issues as most associate contracts are currently below plan.

#### **14.3 Care and Treatment Reviews (CTR)**

Over the last month it has been agreed with NHS England that those patients in medium and high secure beds will not be reviewed by the 31<sup>st</sup> December as originally planned. Reviews for the remaining patients' will have to be completed by that date. All Rotherham CCG patients in this group have been reviewed and now have a planned discharge date prior to April 1<sup>st</sup> 2015.

#### **14.4 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.

<b>Week</b>	<b>Admission</b>	<b>Discharge</b>	<b>Number in ATU</b>	<b>Total number currently subject to Winterbourne</b>
1 <sup>st</sup> December	0	0	1	3
8 <sup>th</sup> December	0	0	1	3
15 <sup>th</sup> December	0	0	1	3
22 <sup>nd</sup> December	0	0	1	3

**Sue Cassin – Chief Nurse**  
**January 2015**