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**Rotherham**

***Clinical Commissioning Group***

**Public Session**

**PATIENT SAFETY/QUALITY**

**ASSURANCE REPORT**

**NHS ROTHERHAM CCG**

**2<sup>nd</sup> July 2014**

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## NHS ROTHERHAM

### 1. PATIENT SAFETY

#### Healthcare Associated Infection

##### RDaSH

There have been no cases of C-Diff, MRSA or MSSA reported for the year to date

##### Hospice

Reporting has not yet been received for 2014/15 as this is quarterly.

##### TRFT

**MRSA** – 0

**MSSA** – monthly actual 0 YTD actual 1

**E Coli** – monthly actual 3 YTD actual 30

##### C-Difficile:

The monthly plan for the overall trajectory for 14/15 is 24 cases planned across the months as follows.

RFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2014/15 Target = 24</b>	Monthly Actual	2 (0)	3 (0)	1 (0)									
	Monthly Plan	3	3	1	2	2	3	2	1	1	2	2	2
	YTD Actual	2 (0)	5 (0)	8 (0)									
	YTD Plan	3	6	7	9	11	14	16	17	18	20	22	24

The bracketed figure in the table above represents the aggregate number of C.Diff cases linked with an identifiable lapse in the quality of care and the subsequent application of contractual sanctions (as from 1<sup>st</sup> April 2014)

The new Clostridium Difficile Infection (CDI) sanctions guidance (2014/15) encourages organisations to assess each CDI case to determine whether there had been a lapse in the quality of care. The co-ordinating commissioner (CCG) will be able to consider the results of these assessments and exercise discretion in deciding whether any individual case should count towards the aggregate number of cases where sanctions are applied. See following link; <http://www.england.nhs.uk/wp-content/uploads/2014/03/c-diff-obj-guidance.pdf>

Consequently, a monthly Post Infection Review (PIR) Overview Panel has been established to provide assurance to the CCG that appropriate systems and processes are in place in line with NHSE Guidance on CDI (2014). The meeting will be between the Director of Infection, Prevention and Control (DIPC), the Assistant Director of IPC and the co-ordinating commissioner (CCG) to gain a greater understanding of the individual causes of CDI cases and take appropriate steps where any lapses in the quality of care are identified.

The co-ordinating commissioner (CCG) is also a member of the Infection Prevention Control & Decontamination Committee, RFT.

#### April

Case 1 & Case 2 Previously reported in June 2014 report, analysis of the fingerprinting results from Leeds suggests that it is unlikely these two cases are linked as the genetic profiles are 4-6 apart, only matches of 0,1,2 are considered a match. Therefore on the basis of no antibiotic issues, other risk factors such as use of peg feeds or Proton Pump Infuser improved IPC practice evidenced in audit and the fingerprinting results these have not been assessed as linked to a lapse in quality of care.

#### May

Case 3 length of stay to sample date 10 days. Admitted with increased confusion and rigors. Ribotype 023 not from any other area in the hospital in the last 18 months No antibiotic issues.

Cases 4 and 5 Date of samples 22nd May. Both cases had not been admitted for very long, the last case on the same ward was in March 2012. Ribotype 277 and 279 not seen before. No antibiotic issues with either case. Both hospital acquired but unavoidable

## June

Case 6, admitted and sampled 7 days later. Transferred to cubicle immediately symptoms occurred. Ribotype 039 (not seen since 2012). Cleaning audit undertaken in June scored 99%. No prescribing concerns. Length of Stay (LOS) 8 days on ward. Antibiotics appear ok but check with the GP still to be done. First impression is a case not linked or any inappropriate prescribing but full investigation in progress and of course the Ribotyping.

Cases 7 and 8 sampled and isolated immediately. No antibiotic concerns. Case 7 is Ribotype 014, last case was identified in December 2013. Case 8 awaiting ribotype results.

## Systematic review of c.diff cases

Public Health England (PHE) are completing a peer review of the C.Diff cases and TRFT actions in relation to the outbreaks last year. Recommendations will be shared with both commissioners and providers

The executive lead for infection prevention and control, with the support of the DIPC and Chief Executive (TRFT) has requested a review of all C.Diff cases over the last five years to look deeper to understand any changes since the apparent low numbers before 2013/14. In particular, the last 3 or 4 cases have not had obvious antibiotic cause and at least 2 of the cases have ribotypes that are unusual for RFT. This will include patient interviews where possible to understand where they might have been in the 6 weeks preceding their admission to hospital.

## Care Homes

Data is being compiled on the number of outbreak reports from Care Homes over the last four years to try and identify which care homes require further support around IPC.

A member of the IPC Team is to attend the Residential Care Home forum meeting on the 11<sup>th</sup> July to offer advice and support around best practice.

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

Position 16.05.14 – 16.06.14	TRFT	RDASH	NHSR CCG	Ind. Contractor s	Roth residents out of area	YAS	PHE/ NHSE
SIs open at beginning of period	31	9	2	0	4	0	0
Closed during period	0	0	0	0	0	0	0
New during period	2	2	0	0	1	0	0
Open at end of period	33	11	2	0	5	0	0
Never Events (New)	0	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0	0

### 3. 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. The report has been sent back to the Authors for further work and clarification.

#### 3.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
October 2013	CQC Inspection of Safeguarding and LAC published. 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.
April 2014	Designated Nurse Safeguarding Children interviewed to be a CQC Specialist Inspector	Rotherham will have the opportunity to consider how other areas fulfil the CQC inspection criteria	Designated Nurse Safeguarding Children accepted as assessor.

#### 3.2 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.
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).	Dates of the learning events have been agreed for July 2014.

## 4. ADULT SAFEGUARDING

### 4.1 Headlines

- CQC publish a press release for Cherry Trees care home in Rotherham, CQC report is detailed below. Rotherham Clinical Commissioning Group with other commissioners and regulators are supporting and challenging the company on an improvement plan.
- RCCGs Safeguarding adults lead as become a member of a multiagency working group to support the understanding and implications of the Supreme Court Judgment in relation to P v Cheshire West, Deprivation of Liberty case.

### 4.2 Care Home Update.

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Active reports under scrutiny	33	32	47	64	69							
CQC Default	1	0	0	0	1							
CQC Compliance Action	13	10	7	4	6							
RMBC Default	6	3	4	2	2							
RMBC Admission Restriction	1	1	3	2	2							
Safeguarding Alerts – New & Ongoing	19	21	31	48	40							
CHC Safe & Wellbeing Checks	1	0	2	2	0							

- Home Care provider - Close monitoring visits of provider, action plan for improvement implemented by the local authority.
- Learning disability residential Care – Recent police investigation completed no action to be taken referred back into safeguarding procedures, 2 case conferences meeting are being arranged.
- Learning disability community support service - historical allegation case from early 2013, South Yorkshire police have given feedback that they will not be taking any criminal action. Safeguarding investigation now commenced by provider and action plan submitted.
- Nursing Home, Eight safeguarding investigations continue, awaiting completion and case conference meetings.
- Older people's residential home – Safeguarding referral under investigation by safeguarding team due to injury sustained by a resident.
- Nursing Home – Safeguarding investigation concluded in substantiation of abuse against an individual worker in relation to an incident disciplinary action underway.
- Residential care – Two safeguarding investigation commenced awaiting completion and case conference meetings.
- Learning disability supported living – Safeguarding investigation underway, a case conference is booked and awaiting notification of outcome.
- Older peoples residential care – Two concurrent safeguarding investigations underway, awaiting completion and case conference meetings to be arranged.

- Older peoples residential and Nursing home - Two concurrent investigations have resulted in substantiation of abuse against members of staff. Recent CQC inspection waiting for report.
- Older people's residential care - Safeguarding investigations of 5 incidents as resulted in one substantiated case, action plan commenced.
- Learning disability residential home - Action plan submitted to CQC after failing outcomes 8 and 21, CQC are planning a follow up inspection shortly.
- Older people's residential care – Two concurrent safeguarding investigations on-going and awaiting case conference meetings.
- Older peoples residential and Nursing home – Action plan submitted to CQC after failing 3 outcomes at a recent inspection.
- Nursing Home – CQC visit resulted in a compliance action, work has been undertaken to rectify concerns identified and are working closely with RMBC and the CQC, action plan remains in place.
- Residential care home - 2 concurrent safeguarding investigations waiting for case conference meeting.
- Nursing Home - Safeguarding investigations continues awaiting case conference meeting. A recent CQC inspection found them to noncompliant with two outcomes an action plan has been submitted.
- Learning disability residential Care – Safeguarding investigation continues awaiting conclusion and case conference.
- Learning disability supported living – Two concurrent investigations commenced awaiting outcome and case conference meetings.
- As above - Compliance action issued with a warning notice for outcome 7 and 16, (safeguarding people who use the services from harm and assessing and monitoring the quality of service provision) action plan submitted, CQC to complete re-inspection.
- Nursing Home - Allegation of physical abuse against a resident awaiting completion of investigation and case conference.
- Residential care home – New safeguarding investigation in relation to an injury sustained from a fall.
- Safeguarding referral regarding an agency nurse, investigation commenced.
- Residential care home – Safeguarding investigation commenced after a patient sustained a pressure sore.
- Residential care home - Safeguarding investigation commenced awaiting completion and case conference meeting.

## **5. CONTINUING HEALTHCARE (CHC)**

### **5.1 Headlines**

- The service specifications for 2014/15 have now been agreed and signed for incorporation into the SLA. The service has continued to recruit ensuring they have the right people to undertake the vacant posts and are joining with academic bodies to enhance continued professional development.
- As a result of the vacancies over the past few months, a revised trajectory for outstanding reviews has been agreed to enable full training to be provided to new starters. It is expected that reviews will be reduced to an acceptable level by the end of August when the new end-to-end service will commence.

## 5.2 Reviews outstanding (accumulative)

The total number of patients/service users is 668 as at 9 June 2014, of these there are 398 outstanding reviews (59%) across the whole service. This is a reduction of 6.2% since the end of March

## 6. FRACTURED NECK OF FEMUR INDICATOR

Preliminary indications show that the Trust is on target to achieve the Quarter 1 trajectory to sustain or reduce the number of patients with fractured neck of femur, validated data is due to be reported at the end of July.

## 7. STROKE

80% of stroke patients spending 90% of their stay on the Stroke Unit has not been met in April, provisionally achieving 79.4% (27 out of 34 patients). A complete action plan is being developed by consultants and managers. The CCG contract quality group are aware of and monitoring the issue.

## 8. CQUIN UPDATE

### 8.1 RdaSH

A mid-quarter meeting was held with RDaSH and certain areas clarified. A quarter 1 meeting will take place in August to discuss the progress.

### 8.2 Hospice

Progress in quarter 1 will be discussed at the end of July

### 8.3 TRFT

2013/14 final CQUIN report is confirmed at 95.3% achievement overall Two indicators – Staff FFT Survey and Pressure Ulcer Prevalence – were below overall target but with improvement and remain in 14/15 CQUIN to be monitored closely.

Audits were undertaken in Paediatrics and Urology to review appropriateness of first appointments and follow ups. The findings will be reported through the CCG Clinical Referrals Management Committee, overall both were very positive.

The 2014/15 CQUIN indicators are agreed with outstanding baselines to be confirmed by the end of June in preparation for first quarter achievement due to be reported at the end of July. The indicator on returning outpatient letters to referring GP requires process review and a task and finish group is considering how this can be achieved.

## 9. COMPLAINTS

### TRFT

There has been no updated position reported during May 2014 due to changes in the reporting mechanism at TRFT Board level. This will recommence in June 2014.

	<b>Total No. open at time of reporting to Board</b>	<b>No. exceeding 25 days for response</b>	<b>No. exceeding 40 days for response</b>	<b>No. with third party interest, e.g. MPs, HealthWatch</b>
November	61	25	6	13
December	No board report			
January 2014	34	10	6	5
February	28	6	1	1
March	42	6	2	3
April	40	8	6	9
May?				

## 10. ELIMINATING MIXED SEX ACCOMMODATION

No mixed sex accommodation breaches have been reported by TRFT RDaSH or the Hospice

## 11. ASSURANCE REPORTS

### 11.1 CQC Inspections

RDaSH

A CQC Mental Health Act Monitoring Visit took place at the Ferns, Woodlands on the 16th May, 2014. The verbal feedback provided on the day of the visit was very positive with no actions identified

Beech Cliffe Grange - Care home service without nursing.

All 6 outcomes inspected met CQC standards.

During the visit CQC saw staff supporting people in an inclusive way, the staff interviewed appeared competent and confident in their roles, which was supported by visitors to the home.

It was noted that staff received appropriate professional development which included a comprehensive induction to the company. Records and staff comments demonstrated new staff received a structured induction to the home.

The staff interviewed felt they were well trained and supported, records showed most staff had completed and CQC also saw the provider had plans in place for further training to take place.

Wilton House - Care home service without nursing.

Out of six outcomes inspected 5 met CQC standards and 1 standard requires action.

CQC found that people who used the service understood the care and treatment choices available to them. Observation of staff respecting people and offering choices suitable to their needs was observed. People's diversity, values and human rights were respected; the service took part in the Dignity Challenge (a Department of Health initiative which is aimed at services providing high quality services that respect people's dignity).

CQC observed that people had a document called, 'Steps to independence.' This had been completed with the person who used the service and contained information on how the person wished to be supported and how promoting independence could be maximised.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. CQC observed that each person who used the service had an up to date health action plan. This was used to help medical services understand how to care for the person if they required treatment. The health action plan accompanied the person to any medical appointment and was in an easy read format.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. CQC have judged that this has a moderate impact on people who use the service, and have told the provider to take action.

Wesley Centre - Community health service.

Out of six outcomes inspected 4 met CQC standards and 2 standards requires action notifications.

CQC found that people who used the service were given appropriate information and support regarding their care or treatment. The manager informed CQC that each person was provided with information about how the agency operated at the start of their care package.

The provider may find it useful to note that in one file although the person was receiving appropriate support from a health professional this was not detailed along with the risks associated with the reason for their involvement. We also noted that documented risk assessments had not been undertaken to help ensure staff were working in a safe environment.

CQC found that the company had policies and procedures in place to help protect people who used the service. Most staff had received training in relation to safeguarding vulnerable people

from abuse but some were unclear about who to contact outside the service if they needed to take their concerns elsewhere.

Some background checks had been carried out on staff before they started to work at the agency to make sure they were suitable to work with vulnerable people. However CQC found the provider had not always followed their recruitment policy when recruiting new staff employment and suitable written references had not always been obtained. This could lead to inappropriate staff being employed. CQC have asked the provider to tell us how they will make improvements and meet the requirements of law in relation to ensuring staff were recruited robustly.

People's comments indicated staff were meeting their needs. However we found that not all staff had received all the training they required or regular formal support sessions. CQC have asked the provider to tell us how they will make improvements and meet the requirements of law in relation to ensuring staff received appropriate training and supervision.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

CQC identified two of the files that did not contain an application form, which is aimed at providing essential information, such as the staff member's employment history and a declaration regarding any criminal history. The manager could not produce these when we asked where they were. Two of the staff we spoke with confirmed they had never completed an application form.

The manager said she had knowledge of the Mental Capacity Act but staff had not received this training. Although some people being supported had been assessed as having dementia there was no evidence all the staff supporting them had received training in this topic.

Mulberry Manor Care Home Nursing and residential care

Out of six outcomes inspected 3 met CQC standards and 3 standards require action.

CQC found concerns in relation to care tasks not being carried out in accordance with people's care plans, and risks not being appropriately assessed.

They identified that people did not always receive the care they were assessed as needing. We have asked the provider to tell us how they will make improvements and meet the requirements of law in relation to people's care and welfare

Observations showed that staff were caring and respectful towards people, however, people did not always receive the care they were assessed as requiring. We have asked the provider to tell us how they will make improvements and meet the requirements of law in relation to people's care and welfare. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. We identified a number of concerns throughout the inspection that had not been identified and addressed via audit and monitoring systems. The provider had failed to notify CQC of a change to their statement of purpose, as required by regulation. We have asked the provider to tell us how they will make improvements and meet the requirements of law in relation to assessing and monitoring the quality of service provision.

Quarry Hill Resource Centre RMBC - Residential home.

All six outcomes were met during a routine inspection by CQC

Staff were given appropriate guidance to ensure that they cared for people safely, and detailed risk assessments and records were in place to ensure people received the care and support they required. People were cared for in a clean, hygienic environment and were protected from the risk of infection.

Systems were in place for managers to monitor the quality of the service to ensure it operated safely.

Care plans contained assessments of people's care and support needs. These assessments described the steps staff should take to ensure each person's needs were met. Evidence we checked showed that staff were following people's care plans and risk assessments.

Relatives we spoke with praised the service highly. One said: "I don't know where I'd be without it." The provider's surveys showed that people found staff to be caring and helpful. We observed that staff knew people's needs well, and interacted warmly and considerately with people.

Staff acted on people's needs and in accordance with their wishes. Where people needed specific support or care, we saw evidence that this was delivered in accordance with people's needs.

There was a quality assurance system in place, where both external and internal staff carried out an audit and monitoring programme. This was thorough, and where action was required we saw it was implemented.

Abe Health Care Ltd Head Office - Homecare agency.

All five outcomes were met during a routine inspection by CQC

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Systems were in place to make sure that the manager and staff learned from events such as accidents and incidents and complaints investigations. This reduces the risks to people and helps the service to continually improve.

Recruitment practice is safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people are protected.

People's health and care needs were assessed with them, and information was available that told staff how to support them. Relative we spoke with told us they were happy with the care and support given by staff at the agency.

People knew how to make a complaint if they were unhappy. Relatives told us they did not have any complaints and were happy with how the care was delivered. They said they would feel confident raising any concerns they might have with the care workers.

The manager was unable to show us how the views of people who used the service were gained. The manager told us any comments received from people who used the service or their relatives were dealt with immediately. He told us he visited people regularly to ask if the service was working and if any improvements were required

Staff told us they were clear about their roles and responsibilities. This helped to ensure that people received a good quality service at all times.

Cherry Trees - Nursing and Residential care

Out of five outcomes inspected 2 met CQC standards and 3 standards require action.

People's needs were assessed but not always delivered in line with their individual care plan. We saw that care delivered did not always reflect the care being given. This meant that in some instances individual needs were not being addressed correctly.

CQC found that people were not always cared for in a clean, hygienic environment. They completed a tour of the home with the manager and saw that some areas were not clean or well maintained. CQC also spoke with the ancillary staff who told us that deep cleaning was not getting done due to there being a staff shortage.

CQC found that people were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Some people were without their medication due to stock being unavailable in the home.

CQC found records did not provide staff with sufficient information about medication that needed to be administered on an 'as required' basis. For example we saw several people were administered medication for pain on an 'as required' basis. However, there was no information available to inform staff when, and in what circumstances, this medicine should be given.

CQC spoke with six relatives of people who used the service. They told CQC they were mostly happy with care and treatment provided. However a number of relatives showed concern about the amount of agency staff that seemed to be used at the home.

CQC saw meals provided were nutritious and appealing. However, a large proportion of people required assistance to eat and drink; however was saw this was not always provided. Therefore the meals were often left and discarded. This meant that people may not have received sufficient food and fluid to meet their identified individual needs.

CQC observed that people were given cereals and toast at the same time at breakfast. At lunchtime people were given their main meal at the same time as their pudding. This meant that part of the meal was going cold while the first course was being eaten.

Some people were at risk of weight loss and this was not always addressed correctly. We saw that some people required food and fluid intake to be recorded. This was not constantly completed and we found gaps where food had not been recorded as eaten or offered. People were not always given a diet to meet their identified needs. For example where people had been assessed as requiring fortified foods and soft diets these were not always offered. CQC found that some people required assistance to eat their meal, but on some occasions this was not provided.

A large proportion of people were cared for in bed. Staff interacted with these people to provide personal care, but we did not see any social interaction with these people. This meant that they were left alone for long periods of time with not much to occupy them.

CQC asked staff what the reason was for people remaining in bed and they were unable to tell us and said, "This is just how it is." We asked a nurse why this was and they replied, "If we got everyone up we would not have enough suitable chairs to seat people."

People's preferences and interests had not always been recorded. Because of this care and support could not always be provided in accordance with people's wishes.

The service was not responsive to the needs of some people. We found a lack of evidence around personal care given to people who were cared for in their rooms. Some people had been identified as being at risk of developing pressure areas. However, we found a lack of records to show the correct care and attention had been given to these people.

CQC found that there were times when referrals to other professionals had not been followed up and addressed in a timely manner. There was a lack of recording which made it difficult for staff to follow on from each other.

The assurance system of assessing and monitoring the quality of service provision at Cherry Trees was inadequate. Whilst the audits and checks had identified areas in which improvements were required, Cherry Healthcare Limited has failed to take account of this information to make and sustain improvements to protect people and this put them at risk of harm.

On 29 January 2014 CQC served a fixed penalty notice to Cherry Health Care Limited for failing to have a registered manager in place at Cherry Trees. A fine of £4,000 was paid. We are taking further action with regard to this and will report the details when it is complete.

Meadow View - Nursing home.

CQC found that people were treated with respect and dignity by the staff.

However found inadequate monitoring systems were in place to record people's food and fluid intake, when they had been identified as at risk of poor nutritional intake. This did not ensure the risks to people were managed.

Due to the complex needs of the some of the people who used the service CQC were unable to gain some people's views. Therefore we used a number of different methods to help us understand their experiences. This included observing how staff supported people, speaking with staff and visitors, and checking records.

We observed care workers interacted positively with people who used the service. Staff showed patience and gave encouragement when supporting people.

CQC spent time in the dining room observing during lunch. We saw the experience was inclusive, calm, supportive and enjoyed by people who used the service. People were given choices and their preferences were respected. However there was a long wait for the meal to arrive.

Relatives we spoke with told us they were happy with the home, and that they had been involved in planning their relative's care. They praised the activities available for their relatives to participate in.

CQC observed staff giving appropriate sensitive support when required. We observed that staff made the effort to communicate with people living with dementia while at their level physically for example kneeling down beside their chair to talk to them, or sitting next to their bed, rather than standing over them.

CQC found that the provider has made a number of improvements over the last few weeks since our visit in March 2014. The choice of meals and variety of food had completely changed. The menus had been drawn up with the involvement of the people who used the service.

## **11.2 TRFT Update**

### **18 Week Referral to Treatment Standard**

TRFT breached delivery of the admitted 18 week referral to treatment target for Trauma & Orthopaedics, this was mainly attributed to the sub-speciality for Hand and Wrist. The Trust has appointed a new Consultant for Hand and Wrist and is continuing to profile demand and capacity to address the backlog.

In light of the recent national downward trend in referral to treatment waiting time performance, NHS England Monitor have agreed that collaborative action is required to support the system in turning performance around. All Trusts are now required to begin submitting weekly information, drawn from their patient tracker lists to give a more detailed picture of waiting time trends, and give assurance that waiting lists are being managed effectively. The CCG and TRFT are working together to agree the assurance process between the two organisations. This will also allow the CCG to pre-empt any potential breaches and instigate actions with the Trust to rectify these.

### **Clinically Led Visits**

The A&E visit was held in June and the report will be fed back at UCMC and through the Contract Quality Meeting. Highlights from the visit will be detailed in next month's report.

An unannounced night time visit was undertaken to TRFT by Tracey McErlain-Burns, TRFT Chief Nurse; Sue Cassin, RCCG Chief Nurse; Dawn Thomas, Head of Nursing for Medicine (TRFT) and Helen Green, Head of Nursing for Surgery (TRFT). The visiting team observed a lot of good practice throughout the hospital, especially in the context of nurses sitting at the entrance to just about every bay to provide oversight of patients and prevent patient falls. Areas visited were; Radiology, ITU, HDU, Theatres, Delivery Suite, B11, B5, B4, B5, Surgical Assessment Unit (SAU), B1, A4, A5, A2, Planned Investigation Unit (PIU), Keppel, Fitzwilliam, Stroke Unit, Sitwell and the portering staff.

### **A&E**

Q1 and year-to-date position as at 15 June 2014 is 94.98% against target of 95%. There have continued to be issues throughout May with bed capacity and high volume of patients which led to breaches in target. However, despite continuing high volumes the Trust is managing the situation and improvement in the daily performance has been significant throughout June. The Q1 target is still rated 'at risk' but is achievable if the improvement in performance continues.

### **Staffing**

The TRFT chief nurse has established a weekly task and finish group to put in place systems and processes to ensure compliance with the four Hard Truths commitments regarding staffing levels and the reporting both to Board and the public. Work has already been completed with the reporting and displaying at ward level of planned and actual staffing levels and ratios.

## **11.3 14/15 Associate Contracts**

**Doncaster and Bassetlaw Hospitals Foundation Trust** - Confirmation was received that 9 x 6 week diagnostic breaches of non-obstetric ultrasound have been reported at Doncaster Royal Infirmary for Rotherham patients during April. This is due to sonographer capacity which has been exacerbated by urgent 2 week wait breast referrals due to recent media campaigns. It is

anticipated this will continue into May but assurance has been provided that all breached patients were seen between 6.1 to 7 weeks.

**Sheffield Children's Hospital** - There are currently 2 patients reported as long waiters in April who may potentially breach 52 weeks. Both have been given TCI dates prior to 52 weeks but if they do not attend or are unfit for surgery on the day then they will breach as there is no scope to bring the appointments forward.

**Sheffield Teaching Hospitals** – Confirmation was received that 15 x 6 week diagnostic breaches for Echocardiography had been reported at Sheffield Teaching Hospitals. In recent months several sonographers left the department which has caused a problem with capacity in the Cardiac Ultrasound Department. Assurance has been given that the directorate are working hard to appoint additional staff with three sonographers due to start shortly, and existing staff/locums undertaking additional sessions to clear the backlog.

Confirmation has been received of a 52 week breach for a Gastroenterology patient. The pathway closed at 56 weeks and 6 days. RCCG are awaiting further details on this breach and assurance of the processes that have been put in place to ensure no further performance issues against this target.

**Sue Cassin – Chief Nurse**  
**July 2014**