

Public Session

**PATIENT SAFETY/QUALITY
ASSURANCE REPORT**

NHS ROTHERHAM CCG

5th JULY 2017

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ROTHERHAM CCG

Summary

The number of Clostridium Difficile case reported remains below trajectory for both Rotherham CCG and TRFT. As the CCG Infection Prevention and Control Nurse develops her role we are able to report more detailed information and to seek and provide more in depth assurance regarding providers of services commissioned by the CCG.

Public Health (PH) have now agreed a process for reporting Serious Incidents (SIs) with providers of PH commissioned services. When the 2 current PH SIs have been performance managed by PH we will no longer see these coming through on STEIS, we will however share relevant information between PH and the CCG regarding trends and themes.

The achievement of Looked After Children (LAC) Initial Health Assessments (IHA) within timescale continues to present a multiagency challenge and is being compounded by the fact that the number of LAC is increasing. The next stage of this work will be a South Yorkshire & Bassetlaw summit to consider working across the patch to improve performance.

An evaluation of the Theatre in Education Tour has been completed with very positive results. This was jointly funded by RMBC and RCCG and focussed on raising awareness about Child Sexual Exploitation (CSE) at training sessions within Rotherham secondary schools in the 16/17 academic year, reaching 2395 young people.

The RCCG Continuing Healthcare (CHC) team are working with the RCCG Medicines Management Team (MMT) to develop a poster for care homes as a visual aid to assist carers to identify the common signs of pain in residents who have difficulty with communication.

A further 3 CQC reports for Rotherham care home inspections have been published, the summary is contained in section 15 of this report. 8 GP practices have been re-inspected and all have improved their ratings with 1, Gateway Primary Care receiving a rating of outstanding.

1. HEALTHCARE ASSOCIATED INFECTION

RDaSH: There have been no cases of Health Care Associated Infection so far this year.

Hospice: Table below shows the number of hospice in-patients with MRSA or other reportable infections.

KPI Indicator	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Actual YTD
Patients admitted to IPU with MRSA	1	0	0	0	0	0	0	0	1	0	1	0	3
Patients infected in IPU with MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients admitted to IPU with C. Difficile	0	0	0	0	0	1	0	0	0	0	0	0	1
Patients infected in IPU with C. Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0
Patients admitted to IPU with other Reportable infection	0	0	1	0	0	0	1	0	0	0	0	0	2
Patients infected in IPU with other Reportable infection	0	0	0	0	0	0	0	0	0	0	0	0	0

TRFT:

- MRSA – 0
- MSSA – 1
- E Coli – 4
- C-Difficile

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 26	Monthly Actual	0	0										
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0	0										
	YTD Plan	1	5	7	9	10	14	16	18	20	22	24	26

NHSR:

- MRSA – 0
- MSSA – 6
- C-Difficile

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 63	Monthly Actual	5	1										
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	5	6										
	YTD Plan	6	13	19	26	33	39	43	47	51	55	59	63

Post infection reviews are being undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process. The process will highlight any lapses in quality of care and any learning outcomes within both community and acute trusts. Any common themes will be addressed as identified.

[NB A 'lapse in care' - would be indicated by evidence that policies and procedures were not followed. The lack of compliance with this or any of the elements identified in 'clostridium difficile infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation' (NHS England) checklist would not indicate the infection was caused by the lapse, but that best practice was not followed. The first and foremost aim is to learn any lessons necessary to continually improve patient safety.]

- **Post Infection Review (PIR) Meeting; last meeting, June 13th**

The set trajectory for Clostridium Difficile for 2017-18 remains the same as 2016-17 and is set at 63. Rotherham has been attributed 6 cases of Clostridium Difficile against a year to date plan of 13 during the months of April and May.

- **Post Infection Review (PIR) Meeting**

5 cases in April 17/18 compared to 1 case in April 16/17 and 4 cases in 15/16.
1 case in May 17/18 compared to 5 cases in May 16/17 and 9 cases in 15/16.

There has been additional data relating to CCGs added to the surveillance for 2017/18 by Public Health England (PHE). This relates to categorisation of cases which is to identify whether there had been previous hospital admissions. This does not constitute any formal change at present; however the data from this will be used to inform future developments/changes relating to Clostridium Difficile.

- **E Coli**

NHSR	E Coli	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 221	Monthly Actual	19	16										
	Monthly Plan	15	21	15	22	25	19	16	18	19	19	17	15
	YTD Actual	19	35										
	YTD Plan	15	36	51	73	98	117	133	151	170	189	206	221

Of these cases:

28 are from samples taken at TRFT

5 are from samples taken at STH

2 are from samples taken at DBH

(There have also been samples taken at TRFT that are attributed to other CCGs however this data is not recorded in the above chart.)

10 are from Care Homes

The cases are from 22 GP practices to date.

It has been acknowledged that the E Coli bacteraemia rates are high and have nationally increased in the last 5 years. The Department of Health documented that the plans to reduce infections in the NHS has emphasis on E- Coli, with an aim of halving by 2021. There have been national set quality premium targets for 2017-18 with a reduction expectation of 10%. The actual figure for 2016-17 was 241. The expected target figure for 2017-18 is 221.

Rotherham CCG and TRFT held an initial meeting to discuss possible strategies surrounding reducing E Coli's, and some surveillance has started, a further meeting established 3 key areas to focus initial surveillance on: these being those with previous UTIs, those with catheters in place, and those with a positive E Coli urine culture . Further meetings are planned to establish further work profiles.

RCCG IPC Nurse has planned attendance at a national learning event relating to E Coli's along with TRFT staff to enable a Rotherham community wide working process to hopefully ensure the E Coli reduction is reduced as per the Quality contract.

- **Norovirus**

Norovirus remained circulating at low, and manageable, levels during April at TRFT.

During May there here has been 2 reported outbreak of Rotavirus, 1 with some norovirus and adenovirus involved. The trust has held daily outbreak meetings and following actions completed as identified at the meetings the amount of cases reduced confirming that the outbreaks were well managed. The outbreaks originated in ED, AMU therefore indicating circulation within the community.

2. **MORTALITY RATES**

The Hospital Standardised Mortality Ratio The trust HSMR currently sits at 108.5, which is similar to last month's results published by CHKS and is awaiting confidence levels to determine whether this is of significance. The Trust had recently transferred mortality reporting from Dr Foster to CHKS which uses a different methodology and formula to determine the ratios. CHKS data has identified the 10 x highest number of deaths by diagnoses which did not overlap with the previous data produced by Dr Foster, therefore the Trust are continuing to undertake work on the 10 diagnoses flagged by Dr Foster.

The 'True for Us' Report has shown that the main RED rated area in relation to the national framework is the lack of involvement with patients and carers in the mortality review process and the Associate Medical Director for Standards of Medical Care is working with colleagues to address this.

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

SI Position 24.05.2017 to 21.06.2017	TRFT	RDASH		RCCG	**Out of Area	YAS	Care UK GP
		CCG	*PH				
Open at start of period	52	13	2	0	6	0	1
Closed during period	2	1		0	0	0	0
De-logged during period	2			0	0	0	0
New during period	4	4		0	0	0	0
New Never Events during period	0			0	0	0	0
Total Open at end of period	52	16	2	0	6	0	0
Final Report Status							
Final Reports awaiting additional information	5	3	N/A	0	0	0	0
Investigations on "Hold"	2	3	N/A	0	2	0	0
CCG approved Investigations above 60 days	30	0	N/A	0	0	0	0
Investigations above 60 days without approval	0	0	N/A	0	0	0	0
Final Reports due at next SI Meeting	37	3	N/A	0	2	0	0

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

** Out of Area SI – Performance Managed by Relevant CCG

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up/Next Steps
June 2017 Update	Serious Case Reviews Overview	Rotherham DHR involves 3 (possibly 4 children) being discussed between Safer Rotherham Partnership and LSCB.	3/4 children discussed at SCR January 2017 regarding their links to a DHR. Discussion with LSCB chair as to whether these children meet the criteria for a SCR.
Jan 2017	Violent child death	Perpetrator known to mental health services. LSCB Chair decided that the case will not be a SCR but discussions are being held with NHSE re a joint review to cover both the child and perpetrators circumstances.	1 child death (15 yr old – Dinnington case) discussed at the SCR sub group in February. The decision is for a lessons learnt approach as the criteria for a SCR are not met. NHS England are considering a serious complex case review. <i>Meeting 19 June – court case now delayed.</i>
May 2017	Child J	Child J SCR report complete. Went to LSCB Extraordinary meeting 11 May 2017. This case was led by Rotherham LSCB but majority of learning is for Sheffield organisations.	The report will not be published until the outcome of the police and CPS investigation has concluded. Agencies are expected to develop the action plan associated with the case in readiness for the eventual publication
	Child LG – TRFT and RMBC very limited contact (Lancashire case)	Child LG – TRFT and RMBC very limited contact (Lancashire case). Report now finalised but publication not due as criminal investigation on-going.	Awaiting Publication
20.10.16	SCR – Learning Lessons review	Child Attendance at ED by parents and small infant. Fracture to elbow noted – full	Significant agency involvement and learning identified from health visiting

Date	Discussion	Outcome	Follow up/Next Steps
		<p>skeletal CP Medical undertaken. Infant, toddler and older sibling removed from parental care. A Lessons Learned Review was undertaken.</p> <p><i>Final report being presented to SCR Panel 23.05.17</i></p>	<p>and GP records.</p> <p>Named GP and Named Nurse and Named Midwife TRFT (SP/AP) to support the delivery of actions required.</p> <p><i>No indication of publication date.</i></p>

- **Drivers for change**

Date	Discussion	Outcome	Follow up
October 2014	<p>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.</p>	<p>LA has set up an improvement panel to consider implications and drive up changes. NHS RCCG Chief Officer and Chief Nurse attending.</p>	<p>Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan)</p> <p>Ofsted continue to visit regularly to monitor progress.</p>
June 2017	<p>Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP</p>	<p>Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be undertaken, from January 2017 to consider the category of abuse - Neglect</p>	<p>No joint meetings arranged by LA.</p> <p>NHSR CCG to instigate a health economy meeting in June to update all health organisations commitment to safeguarding in readiness for any inspection.</p>
May 2016	<p>Paper presented to Local Safeguarding Children Board Performance and Quality Sub Group. This was an audit of LA LAC records and the timeliness of LAC Initial Health Assessments.</p>	<p>June 2017 data from both systems to be re-synchronised as a matter of urgency. The LA, CCG and TRFT are actively seeking clarity on barriers that are preventing Rotherham from undertaking Initial Health Assessments in a timely fashion.</p>	<p>Progress continues to be challenging and extremely poor. NHSR CCG has raised these issues as significant challenges to TRFT via Quality and Performance group. TRFT are reviewing the whole system, including weekly <i>reports to TRFT and LA senior managers. Some 'blockages' have been reduced but overall improvements are not sufficient.</i></p> <p><i>July 2017: Significant and enduring concerns around the publication of the IHA continues. This has been further compounded by significant and enduring increases in children being</i></p>

Date	Discussion	Outcome	Follow up
			<i>taken into care. Numbers of LAC remain over 500 LAC. CCG remain involved and driving forward improvements. This includes arranging a South Yorkshire and Bassetlaw summit to consider how we can work smarter together.</i>

- Learning Review**

Area	Discussion	Outcome	Output
January 2017	The theme of Domestic Abuse is to be utilised for this year's GP Self-Assessment tool	Safeguarding Team meet regularly with the Domestic and Sexual Abuse Co-ordinator RMBC. The D&S A Coordinator has offered bespoke GP training within GP Practices some have taken up this offer already.	By April 2018 NHSR CCG will have assurance regarding GP Practices in Rotherham's competency in DA. <i>July 2017 Update the CCG are working with healthcare providers including GPs and the LSCB to audit our Domestic Abuse commitment.</i>

- Safeguarding Challenges**

Date	Challenge	Next Steps
5 April 2017	GPs in Rotherham highlighting concerns regarding the sharing of safeguarding (and routine) information between 0 -19 service and GP Practices.	13 April Designated Nurse met with 0 – 19 leads and TRFT Safeguarding leads to map current provision and offer solutions to the Challenges faced with 2 providers who utilise different IT systems. <i>TRFT are in the process of publishing a 'concerns/issues template' for sharing information with colleagues.</i>

Area	Discussion	Outcome	Output
March 2016	National Crime Agency continues to submit names of young people requiring a review.	Deputy Designated Nurse continues to provide sensitive information on behalf of the CCG/ Independent Providers. Home Office are still considering the need for a bespoke team to undertake the work referred to as Operation Stovewood. July 2017 Update: An array of Stovewood meetings are in the process of being developed, terms of reference and allocation of staff to attend is still being considered.	1,400 victims identified by Professor Alexis Jay will receive a service to meet their identified need including where appropriate justice, hence the police (NCA) leading on this work. <i>July 2017 UPDATE: NCA have reported to Home Office – awaiting outcome of revised model for Rotherham. Delay following general election eing experienced.</i>

- **Positive Messages**

Date	Discussion
June 2017	In the academic year 2016/17, NHSR CCG and RMBC jointly funded an innovative theatre education programme to raise awareness of CSE in Rotherham secondary schools. A total of 12 training sessions were provided by the <i>Loudmouth Education and Training Through Theatre</i> company within 11 different Rotherham mainstream secondary schools. 2,395 young people aged 13 to 16 years old took part in the training. The training sessions evaluated extremely well with 96% of students stating they now feel 'Very confident' or 'Confident' about spotting the signs of sexual exploitation. For further information the full report is on NHSR CCG website.

5. ADULT SAFEGUARDING

5.1 Headlines

RSAB & Sub groups – nil to report this month other than the second SAR which was discussed at the May board – all recommendations that were reconsidered have been sent to the Independent author.

Domestic Abuse Homicide Review (DHR) – The final draft report is out for consultation. The panel is still awaiting input from RMBC Children & Young Persons team. Recommendations will be monitored via a sub group of the Safer Rotherham Partnership Board.

Prevent – Following on from the Manchester and London attacks the Prevent agenda has been high profile. At the regional Prevent forum concerns were raised by professional that healthcare sector staff are there to raise awareness around “preventing radicalisation” not pursuing which is for the Police. Discussion also took place around the communication from the Counter Terrorism Police, local Police, NHS England and Local Authorises and that a succinct approach was required.

5.2 Care Homes

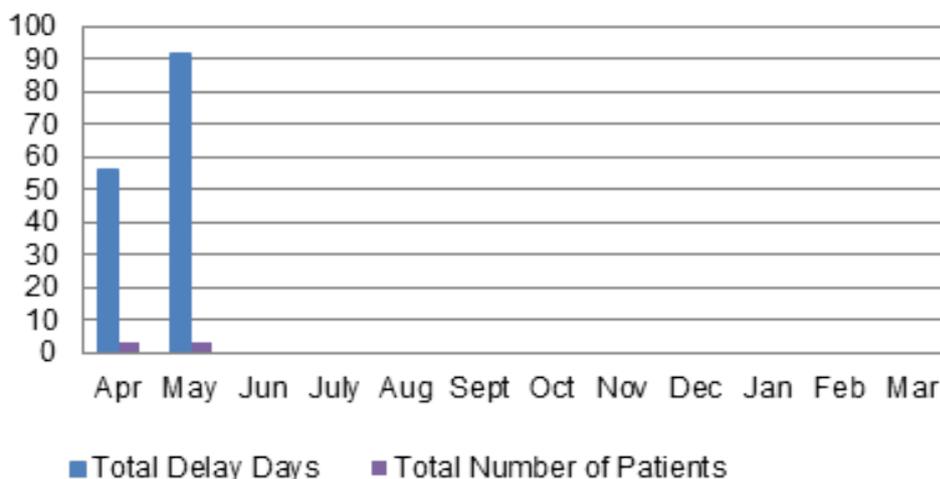
West Melton Lodge - RMBC's default notice and suspension of all placements remain in place

6. DELAYS IN TRANSFERS OF CARE (DToC)

The DToC pathways which were developed in 2015 have been reviewed within the period to reflect the changes within mental health services as transformation of those services happens. They have been further strengthened by the formal introduction of RMBC housing services.

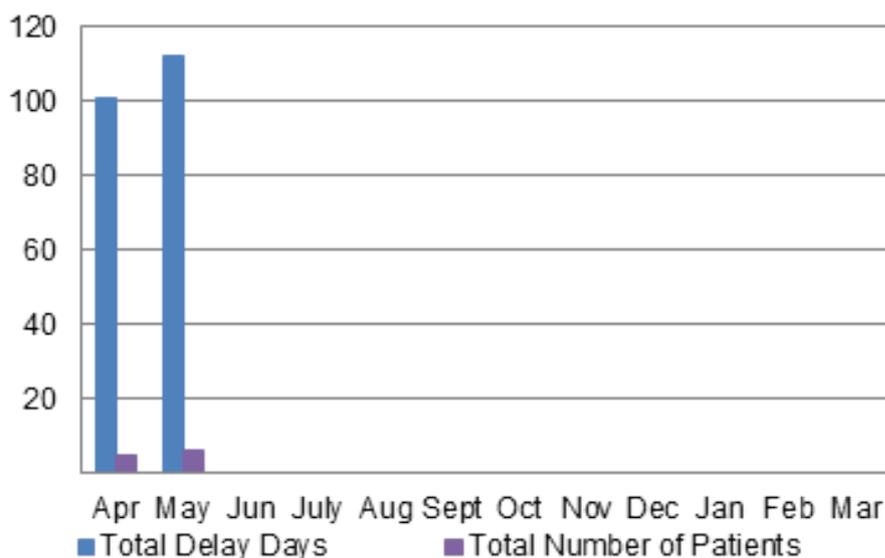
6.1 Adult Mental Health Services

The number of delays remains minimal, however these can be lengthy. Limited housing for this patient group is identified as an issue. Rotherham Local Authority is supporting resolution with a named specialist worker.



6.2 Older People's Mental Health Services

Numerically, the number of delays remains small. Specialist bed availability remains a challenge and the CCG are liaising with local providers who have recently developed additional capacity, which will reduce these delays in the short-term. This will be reflected in the June data.



7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

The Continuing Healthcare team have worked collaboratively with medicines management colleagues to develop a poster to recognise the signs of pain. The poster is a visual aid designed to assist carers to identify the common signs of pain in patients who may find it hard to verbalise they are in pain. The posters are being provided to Rotherham care homes, care agencies and key partners.

7.2 Reports

Table 1 - The table identifies the total number of patients eligible for funding from NHS Rotherham Continuing Health Care service, including outstanding annual reviews

W/C	Feb 17	March 17	Apr 17	May 17
Total Number Eligible Patients	562	562	590	591
Total % Outstanding 12mth Reviews	30.89	31.02	26.44	25.72
Total Number of 12mth Outstanding Reviews	173	175	156	152
Number of LD Team patients Eligible	123	121	129	113
Total % of LD Team outstanding 12mth reviews	37.53	36.9	34.88	31.30
Total Number of 12mth outstanding LD Team reviews	46	45	45	41

Table 2 - The table identifies the total number of referrals received into NHS Rotherham Continuing Health Care service, including the number requiring a full DST.

Month		Jan 17	Feb 17	Mar 17	Apr 17	May 17
Total number of referrals received	Acute	43	42	45	37	66
	D2A	1	0	2	0	10
	Community	37	94	87	41	59
Total number of referrals screened in to complete a full DST	Acute	14	20	20	14	11
	D2A	0	0	0	0	3
	Community	12	23	15	16	11
Total number of referrals screened out	Acute	13	7	8	12	18
	D2A	0	0	0	0	3
	Community	7	32	5	15	14
Total number of referrals returned for further information	Acute	16	15	8	11	37
	D2A	1	0	0	0	4
	Community	18	39	42	10	32

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Reports

Children's Continuing Healthcare	Months							
	Sept	Oct	Nov	Dec	Feb	Mar	April	May
Total number of Eligible patients	44	46	45	42	38	32	28	32
Total outstanding Reviews	0	0	0	0	2	1	10	12

8.2 Personal Health Budgets (PHB) for Patients in Receipt of Continuing Healthcare

Date	Nov 16	Dec 16	Feb 16	Mar 17	Apr 17	May 17
Number RCCG CHC patients eligible for a PHB	573	568	572	562	591	592
Number of RCCG CHC patients in receipt of a PHB	91	91	90	92	87	88

9. FRACTURED NECK OF FEMUR

The latest position (December) showed that the Trust were not achieving the target with actual numbers seen at 214 and subsequently a predicted outturn of 285 against an annual target of 280. Further data is unavailable due to changes in the A&E IT System.

10. STROKE

April - all stroke indicators achieved with the exception of the following:

- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival = 27% against a target of 90%;
- Proportion of stroke patients who spend at least 90% of their time in hospital on a Stroke Ward = 69% against a target of 80%;
- Proportion of stroke patients scanned within 1 hr of hospital arrival = 44% against a target of 50% and
- % of patients who receive thrombolysis following an acute stroke = 3% against a target of $\geq 11\%$.

11. CQUIN UPDATE

11.1 RDaSH - Awaiting the Quarter 1 report.

11.2 Hospice - Agreed one national CQUIN covering Staff Health & Wellbeing and two local CQUINs covering Dementia & Personalised Care Plans. Awaiting the Quarter 1 report.

11.3 TRFT- Position statement for Q4 demonstrates achievement of 94% and a year-end position of 91%. The main areas of non-achievement were Sepsis (National), Antibiotic Prescribing (National) and Clinical Communications (Local).

12. COMPLAINTS

12.1 TRFT

One complaint is under investigation regarding TRFTs compliance with the Accessible Information Standard and failure to provide personal information in a format suitable to the complainant.

The Trust received 69 concerns and 33 formal complaints within the month of April.

Complaints responded to within the agreed timescale of 30 working days decreased by 2.5% to 47.5%. Currently there are 8 cases under investigation with the PHSO

13. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – There have been no mixed sex accommodation breaches for 2017/18.

TRFT – There were no MSA Breaches for May 2017

14. CQC INSPECTIONS

14.1 Care Homes

Queens Care Centre		
DETAILS – CQC report 23 rd May 2017		
Overall outcome:	Inadequate	
Safe	Inadequate	Staffing levels did not enable individual needs to be met in a timely way. Medicines were not managed safely and infection prevention and control were not effective.
Effective	Requires Improvement	Supervision and yearly appraisals had not been completed for all staff.
Caring	Requires Improvement	Care records/plans were not reviewed regularly and updated. They contained minimal information in regards to End of Life. Interactions were observed to be kind.
Responsive	Requires Improvement	Individuals were unable to access activities
Well-led	Inadequate	The homes registered manager had left and an interim was in place. There was no communication, leadership or direction within the service and the culture was not open and positive.
Niche Care Ltd		
DETAILS – CQC report 24 th May 2017		
Overall outcome:	Requires Improvement	
Safe	Requires Improvement	Not all required procedures in relation to safeguarding were followed however staff had a good knowledge of their safeguarding responsibilities.
Effective	Good	Staff received a broad range of training which assisted them with their roles, and the provider worked closely with an external trainer to ensure training was tailored to people's needs.
Caring	Good	Individuals and family gave positive feedback about their experience of the provider, and praised the staff.
Responsive	Good	Individuals care and progress was monitored and changes made to care packages were appropriate to meet need.
Well-led	Requires Improvement	A number of legally required notifications to CQC had not been made as the provider was unaware to do so.
Layden Court Care Home		
DETAILS – CQC report 3 rd June 2017		
Overall outcome:	Good	
Safe	Requires Improvement	Systems were in place to manage medicines however minor improvements were required.
Effective	Good	Staff received training to ensure that they were able to fulfil their role. They were knowledgeable and understood individual needs.
Caring	Good	Individual privacy and dignity were maintained and staff were respectful
Responsive	Good	The provider had a complaints procedure in place. Individuals and families voiced no concern.
Well-led	Good	Quality assurance audits had taken place regularly. The registered manager had identified improvements and these were being implemented. The registered manager acknowledged improvements were still required.

14.2 Update of CQC Practice Visits

The overall information are shown below:

OVERVIEW OF CQC VISITS IN ROTHERHAM						LAST UPDATED			30/05/2017
	Report Date	Insp Date	Overall	Safe	Effective	Caring	Responsive	Well Led	Review Date
Shakespeare F Gate	05.01.17		Req Imp	Req Imp	Good	Good	Good	Req Imp	
York Rd	15.10.15	03.06.15	★ Outstanding	Good *	Good	★ Outstanding	★ Outstanding	Good	Awaiting form
Brookfield	03.05.16		Req Imp	Req Imp	Req Imp	Good	Good	Req Imp	
Broom Valley	12.04.17		Good	Good *	Good	Good	Good	Good	Re-inspection
Woodstock	30.07.15	09.06.15	Good	Good	Good	Good	Good	Good	
St Anns	31.08.16		Good	Good	Good	Good	Good	Req Imp	Re-inspection
Greasbrough	12.4.17		Good	Good *	Good	Good	Good	Good	Re-inspection
Queens	30 01 17		Good	Req Imp	Good	Good	Good	Req Imp	Re-inspection
Magna			Req Imp	Req Imp	Good	Good	Good	Req Imp	
Clifton	24.3.17		Good	Good *	★ Outstanding	Good	Good	Good	Re-inspection
Greenside	23.07.15		Good	Good	Good	Good	Good	Good	
Parkgate	06.08.15		Good	Good	Good	Good	Good	Good	
Rawmarsh	1.12.16	21.09.16	Good	Good	Good	Good	Good	Good	
Village	06.03.17		Good	Good	Good	Good	Good	Good	Re-inspection
Manor Field	24.3.17		Good	Good *	Good	Good	★ Outstanding	Good	Re-inspection
Shrivastava	4.5.17		Good	Good *	Good	Good	Good	Good	Re-inspection
Crown St	18.02.16		Good	Good	Good	Good	Good	Good	
Broom L	13.12.16		Good	Req Imp	Good	Good	Good	Good	
Blyth	12.09.16		Good	Good	Good	Good	Good	Good	
Market	28.01.16		Good	Good	Good	Good	Good	Good	
High St	10.11.16		Good	Req Imp	Good	Good	Good	Good	
Thorpe Hesley		7.12.16	Req Imp	Req Imp	Good	Req Imp	Good	Req Imp	
Dinnington	29.07.16		Good	Req Imp	Good	Good	Good	Good	
Treeton	16.06.15	15.10.15	Good	Good	Good	Good	Good	Good	
Brinsworth	9.5.17		Good	Good	Good	Good	Good	Good	Re-inspection
Swallownest	19.08.16		Good	Req Imp	Good	★ Outstanding	Good	Good	
Stag	27.06.16		Good	Req Imp	Good	Good	Good	Good	
Wickersley	20.08.15	23.06.15	Good	Req Imp	Good	Good	Good	Good	
Morthen	20.07.16	18.05.16	Good	Req Imp	Good	Good	Good	Good	
Kiveton	24.3.17		Good	Good *	Good	Good	★ Outstanding	Good	Re-inspection
Good *	Indicates an area which was previously 'requires improvement'								

Since the last Governing body report (Jan 2017) the following practices have had a report published:

1st Inspection report:

Thorpe Hesley- See summary

Re-inspections:

- Queens Medical Centre-** Was previously 'requires improvement' overall, and this has now improved. Overall Rating 'Good' had previously had an 'inadequate' for effective and 2 'requires improvement'. Now 'requires improvement' for 'safe' only.
- Broom Valley Road-** Overall Rating 'Good' previously had a 'requires improvement' for 'safe'- all areas are now rated 'Good'
- Greasbrough Medical Centre-** Overall Rating 'Good' previously had a 'requires improvement' for 'safe'- all areas are now rated 'Good'
- Village -** Overall Rating 'Good' – no change in ratings, as all are still 'good'

5. **Dr Shrivastava and Raolu**- Overall Rating 'Good' previously had a 'requires improvement' for 'safe'- all areas are now rated 'Good'
6. **Clifton**- Overall Rating 'Good' previously had a 'requires improvement' for 'safe'- all areas are now rated 'Good'
7. **Kiveton**- Overall Rating 'Good' previously had a 'requires improvement' for 'safe'- all areas are now rated 'Good' and responsiveness is rated 'outstanding'
8. **Gateway Primary Care** - This is the first GP practice in Rotherham to be rated as '**outstanding**' overall.

Summary

The CQC has re-inspected approximately a third of Rotherham practices (11); these have been a mixture of targeted inspections and full inspections. The number of practices with a 'requires improvement' overall is now 4 out of 31 and there is one outstanding practice. One of the practices that was previously rated as 'requires improvement' overall has now been rated as 'good' overall.

Bellows Road Surgery Requires improvement

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Overall Requires improvement Read overall summary	Safe	Requires improvement ●	CQC inspections & ratings of specific services	
	Effective	Good ●	Older people	Requires improvement ●
	Caring	Requires improvement ●	People with long term conditions	Requires improvement ●
	Responsive	Good ●	Families, children and young people	Requires improvement ●
	Well-led	Requires improvement ●	Working age people (including those recently retired and students)	Requires improvement ●
+ Our inspector's description of this service			People whose circumstances may make them vulnerable	Requires improvement ●
Latest CQC inspection report 16 February 2017 Download CQC inspection report PDF 308.87 KB (opens in a new tab) All reports			People experiencing poor mental health (including people with dementia)	Requires improvement ●
Who runs this service Bellows Road Surgery is run by Thorpe Hesley Surgery			Type of service Doctors/GPs, Reference: not found	
Accountable person Dr Jason Makinley Page Registered Manager			Specialisms/services Diagnostic and screening procedures, Family planning services, Maternity and midwifery services, Services for everyone, Surgical procedures, Treatment of disease, disorder or injury	

The areas where the provider must make improvement are:

- Improve systems for the management of safety alerts to ensure all alerts are actioned in a timely manner, commensurate with risk and a record of actions taken is maintained.
- Review and implement the actions in the Department of Health estates and facilities alert January 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Review the infection prevention and control (IPC) risk assessment and improve infection prevention and control processes and monitoring systems in line with The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance. Complete a legionella risk assessment and implement any actions identified to minimise risk.
- Implement systems for the management and storage of blank prescription forms in line with NHS Protect; security of prescription forms guidance, 2013.
- Consistently implement the practice recruitment policy and procedure and ensure all appropriate recruitment checks are completed prior to employment.
- Complete a fire risk assessment and put processes in place to ensure the fire equipment, such as the fire alarm, is in working order.

15. ASSURANCE REPORTS

15.1 TRFT Update

- **A&E**

The local improvement trajectory (see table below) agreed between RCCG and TRFT and subsequently included in the 2017/19 RCCG/TRFT Contract requires achievement of the 95% four hour access standard by March 2018 and 90% by the end of Quarter 2.

Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Numerator	1,209	1,003	666	1,410	995	495	808	790	1,300	1,680	690	487
Denominator	9,524	9,742	9,524	9,742	9,742	9,524	9,742	9,524	9,742	9,742	9,089	9,742
% performance	87.3%	89.7%	93.0%	85.5%	89.8%	94.8%	91.7%	91.7%	86.7%	82.8%	92.4%	95.0%

Percentage of A&E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department

The current position as at 13th June 2017 is 86.3 June % (May) 87.3% (Q1 and YTD). This performance data includes Walk in Centre performance. There have been some extremely challenging days from a performance perspective in June and on 3 days performance (excluding Walk in Centre) has been below 60%. In addition performance of other Trusts across SYB is exceeding 90%.

Analysis had been undertaken as to determine the causal effect of low performance on these specific days and the outcome had not concluded with one single factor. Patient experience had been impacted, however no significant harm has come to patients on the days of unexpectedly low performance or overall.

One factor that had been flagged in the analysis was an issue around minors breaches. Work in this area will be prioritised as it is the single biggest area of opportunity with a number of practical actions that can be delivered on quickly.

There have also been challenges with discharge processes in that there had been an increase in medically fit for discharge patients and progression is required on discharge to assess at home and the interface with social care around patients who are medically fit for discharge. This was also discussed at the A&E Delivery Board on 21st June.

An internal review has been concluded, the outcome of which was due to be discussed at a Quality Board on 15th June to explore the reasons for the continued under performance and lessons learnt. The key themes emerging from this and actions to address them have been shared with RCCG.

Two extraordinary meetings have been held with the Trust Management Committee in addition to meetings with the Site Managers and Silver On-Call Managers to outline roles, responsibilities and expectations in relation to Trust wide support to achieve the 4 hour access standard.

The Emergency Care Improvement Programme (ECIP) team (ED Consultant and Lead Nurse) had visited the Trust and is working with the Trust to develop action plan. The action plan will be organisational wide and will be shared with RCCG no later than 30th June.

RCCG continues to offer support to the Trust – A further meeting is planned for week commencing 3/10th July. On three consecutive days from 16 June, performance exceeded 95% which is positive.

- **Cancer Standards**

First definitive treatment within 62 days to treatment from GP referral was almost achieved at 84.2% against a standard of 84.4%.

The April position showed achievement of 85.3% against the above standard, however this reduced to 84.2% following reallocations from Sheffield Teaching Hospitals NHS Foundation Trust in accordance with the national Cancer Breach Allocation Policy.

An on-going area for delay is the transfer of provider process for patients that require tertiary services. TRFT continues to work closely with the cancer network and commissioners to ensure inter provider pathways develop and improve the timeliness of cancer treatment for all patients.

All Providers and Commissioners within the South Yorkshire and Bassetlaw Cancer Alliance footprint have received a letter from the Cancer Alliance Board outlining the next steps in terms of 62 day performance and the Inter Provider Trust Policy (IPT). This includes the following:

Each locality is asked to develop a local recovery plan between the CCG and local acute provider partner in relation to 62 day performance, based on the 10 high impact innovations and including the implementation of the IPT Policy (this is being progressed);

The Cancer Alliance will liaise with the Clinical Reference Group to resolve and finalise any outstanding clinical issues relating to the Policy by the end of June.

- **18 Weeks RTT**

April performance at Trust level (incomplete pathways):

TRFT performance - 95.02% against the 92% target, compliant with National target and above the Trust's STF trajectory (92.0%).

RCCG performance is 94.8% and for RCCG patients at TRFT 95.5% against the 92% target. At TRFT, General Medicine and Gynaecology did not meet the 92% target during April.

TRFT has reported that recovery is expected end of May in all specialties but General Medicine where underperformance is due in the main to current capacity and demand challenges within the Diabetes and Endocrinology service

Efficiency in theatres and outpatients remain an area of key focus and the theatres project is scheduled to close one theatre in June and July for maintenance. As a result of this Gynaecology performance is expected to drop to 89%.

Overall 111 theatre sessions will be lost and modelling has been undertaken by the Trust in relation to the specialties that are affected which in the main is Gynaecology.

- **52 Weeks Waits**

Current performance;

April – 0, YTD – 0.

For the purpose of STP, TRFT provided an assurance statement to NHSI the Provider undertakes to use all reasonable endeavours to achieve in full the associated Operational Standards on an on-going basis during 2017/18 and 2018/19

During January 2017, the Ophthalmology contract that the Trust had held to provide Ophthalmology services to Barnsley was retendered and the Trust was unsuccessful in securing this contract. The contract was awarded to Barnsley NHS Foundation Trust. As part of the transition of contractual arrangements, it was identified that some of the patient waiting lists required further validation and on completing this exercise this identified that a number of patient pathways had remained open for over 12 months. All patients were contacted immediately and were clinically assessed, which confirmed that there was no patient harm as a result of the waits and all patients were either seen or had their pathway closed following a discussion with them. This did, however, result in the Trust having to report eleven 52-week wait breaches against the 18 week RTT standard. These breaches were allocated to the Trust's March 2017 return and were related to Barnsley CCG patients.

- **6ww Diagnostics**

April performance:

Trust total performance - 0.6% against a <1% target.

There is no requirement in 2017/19 for a 6ww performance trajectory to be submitted to NHSI, however TRFT have provided an assurance statement that the Provider undertakes to use all reasonable endeavours to achieve in full the associated Operational Standards on an on-going basis during 2017/18 and 2018/19

RCCG as a whole - 0.66% and for RCCG patients at TRFT 0.56% against <1% target. Echocardiography was at risk for May with the key issue being an echo cardiographer retiring who the Trust could not replace due to a national shortage.

The impact in May is expected to be around 40 breaches resulting in c.1.5% performance. This is still subject to validation of data.

The Trust has secured capacity from an external provider to support the recovery plan and performance for June is expected to achieve the target.

Woodlands Hospital

The Trust has been working with Rotherham, Doncaster and South Humber Mental Health Foundation Trust (RDaSH) to develop a pilot ward at the Woodlands Hospital (on Fern Ward) for patients with dementia resulting in the opening of 12 beds. Weekly operational meetings are in place with representation from RCCG.

0-19 Integrated Public Health Nursing Service

Following the successful bid for the 0-19 service, led by the Family Health Division, this new service (commissioned by Public Health, provided by TRFT) was launched from 1st April 2017.

15.2 Associate Contracts

- **Sheffield Teaching Hospitals NHS Foundation Trust**

RTT 18ww Incomplete Pathways – April – 95.3% against a 92% target. Incompletes – the services showing issues are Pain Management and Vascular Surgery. Underperformance in Vascular Surgery due to the loss of 3 consultants (a significant proportion of the service) and are subject to a regional review.

A&E – April – 91.9% against a 95% target. Sheffield Walk in Centre figures are included in this percentage. A recovery action plan has been agreed between STH and SCCG on the internal actions required to improve ED flow.

Cancer 62 day waits from urgent GP referral to first definitive treatment – March – 79.2% against an 85% target

6 Week Diagnostics – April - 99.05% against a 99% target.

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

(April information was not available at the time of writing this report)

Barnsley Hospitals NHS Foundation Trust

A&E – Four Hour Access Standard – April 89.0% against a 95% target.

RTT 18ww Incomplete Pathways – April - 90.0% and all specialties with the exception of Urology, General Surgery and Ophthalmology achieved the 92% target.

Cancer 62 day waits from urgent GP referral to first definitive treatment – April – 95.9% against an 85% target.

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

RTT 18ww Incomplete Pathways – April – 94.0% a number of specialties did not achieve the 92% target however these are small volume services due to the nature of provision at this hospital.

A&E – Four Hour Access Standard – April - 96.2% against a 95% target.

6 Week Diagnostics – April – 98.9% against a 99% target.

16. CARE AND TREATMENT REVIEWS

One “blue-light” Care and Treatment Review has been completed in the period. Hospital admission was not required as Rotherham CCG, RDaSH and RMBC are working collaboratively to review the care package.

One full, formal, Children’s care and treatment review has been completed, indicating hospital admission assessment should be pursued. As an interim, alternatives will continue to be explored. NHS England is identifying an appropriate hospital for the young person.

17. AT RISK OF ADMISSION REGISTERS

Rotherham CCG, RMBC and RDaSH have developed at-risk of admission registers for those with a learning disability and/or autism, supporting alternatives to hospital admission. This is being developed to include Children at risk of admission.

In the period, there are seven people on the register who have action plans to minimise the risk of admission. This includes the involvement of Local Authority colleagues.

18. 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
8 th May	0	0	0	5
15 th May	0	0	0	5
22 nd May	0	0	0	5
29 th May	0	0	0	5

Discharge transition plans are in place for three of those indicated above, with confirmed discharge dates for two and an expectation that the remainder will be discharged prior to end of June.

Sue Cassin
Chief Nurse

July 2017