

Public Session

**PATIENT SAFETY/QUALITY
ASSURANCE REPORT**

NHS ROTHERHAM CCG

7th JUNE 2017

CONTENTS

1.	HEALTHCARE ASSOCIATED INFECTION.....	3
2.	MORTALITY RATES.....	5
3.	SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE).....	6
4.	CHILDREN'S SAFEGUARDING	6
5.	ADULT SAFEGUARDING.....	9
6.	DELAYS IN TRANSFERS OF CARE (DTC).....	11
7.	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)	12
8.	ADULT CONTINUING HEALTHCARE (CHC).....	12
9.	CHILDREN'S CONTINUING HEALTHCARE	13
10.	PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE.....	13
11.	FRACTURED NECK OF FEMUR INDICATOR	13
12.	STROKE.....	14
13.	CQUIN UPDATE	14
14.	COMPLAINTS.....	14
15.	ELIMINATING MIXED SEX ACCOMMODATION.....	14
16.	CQC INSPECTIONS.....	15
17.	ASSURANCE REPORTS.....	16
18.	CARE AND TREATMENT REVIEWS.....	19
19.	AT RISK OF ADMISSION REGISTERS.....	19
20.	WINTERBOURNE SUBMISSION.....	19

ROTHERHAM CCG

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

Hospice:

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

TRFT:

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

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

NHSR:

- MRSA – 0
- MSSA – 3
- E Coli – 19
- C-Difficile:

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

- **MRSA Blood stream Infection (BSI)**

There have been no cases of MRSA Blood Stream Infection (BSI) so far this year against a zero tolerance trajectory of 0.

- **MMSA**

Although a basic surveillance of these BSI's is undertaken there is no set target/ trajectory.

- **E Coli**

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, further meetings are planned to establish the way forward in light of the quantity.

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

- **Clostridium Difficile Infections (CDI)**

Post infection reviews are being undertaken on all cases of Clostridium Difficile within Rotherham. This is a continual and reviewed process. The process highlights 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 2016/17 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**

The set trajectory for Clostridium Difficile for 2017-18 remains the same as 2016-17 and is set at 63.

Rotherham has been attributed 5 cases of Clostridium Difficile against a monthly plan of 6 during the month of April. The data for May has not yet been fully added to the HCAI data collection system.

Of the 5 cases no decision yet has been made about lapse/ no lapse, the next meeting where they will be discussed is Tuesday 13th June with action taken as relevant and any themes recorded.

The intelligence so far is indicating:

1 case relates to a patient treated as an inpatient at Sheffield Teaching Hospitals (STH),

1 case relates to a patient treated as an inpatient at Rotherham Hospice,

2 cases registered with the same GP.

1 case which was previously positive during 2016-17.

- **Figure comparison of CDI**

5 Cases -YTD 17/18 as of the end of April in comparison to YTD 2016/17 as of the end of April there was 1 case.

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

A Clostridium Difficile improvement/ reduction plan for 2017-18 is in the process of compilation following the full analysis of the cases from 2016/17.

- **Norovirus**

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

There has been a reported outbreak of Rotavirus, with some norovirus and adenovirus involved, during May at TRFT. The trust has held daily outbreak meetings and following actions completed as identified at the meetings the amount of cases appears to be reducing and so confirms the outbreak is being well managed.

2. MORTALITY RATES

The Hospital Standardised Mortality Ratio The trust HSMR currently sits at 107. This is a decrease in the reported value from last report but remains subject to change in view of the real time coding. The figure is also slightly different to the Dr Foster reported figure because the methodology and the formula used by the two companies are slightly different. The trust has produced a "true for us" review following the publication of learning from deaths. This was presented to and discussed at the Trust's Clinical Governance Committee in April and an Action Plan is being developed. RCCG will request sight of this action plan for discussion at the Contract Quality Meeting.

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

SI Position 18.04.2017 – 24.05.2017	TRFT	RDASH		RCCG	**Out of Area	YAS	Care UK GP
		CCG	*PH				
Open at start of period	56	13	2	0	3	0	1
Closed during period	5	4	0	0	0	0	1
De-logged during period	5	0	0	0	0	0	0
New during period	6	2	0	0	3	0	0
New Never Events during period	0	0	0	0	0	0	1
Total Open at end of period	52	13	2	0	6	0	1
Final Report Status							
Final Reports awaiting additional information	3	4	N/A	0	0	0	0
Investigations on "Hold"	2	4	N/A	0	1	0	0
CCG approved Investigations above 60 days	28	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	41	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

Following the Government commissioned Wood Review of LSCBs in 2016 the legislative provisions for the arrangements to safeguard and promote the welfare of children have been contained within the Children and Social Work Act 2017 which received royal assent on 27th April 2017.

The Act provides for a more flexible approach to Local Safeguarding Children Board (LSCBs) arrangements including that any such arrangements do not need to be named as LSCBs.

Importantly other provisions include a greater shared accountability for the local arrangements between Local Authorities, Clinical Commissioning Groups and Local Police Forces; the need for independent scrutiny but not at this stage the requirement for an independent chair; the national oversight and lead on Serious Case Reviews with national implications.

Statutory Guidance in the form of a revised Working Together document is expected in late 2017 / early 2018 with an expected transition period for local arrangements to be revised if required. In Rotherham the Chief Officers of the respective organisations named above and the LSCB Independent Chair have commenced discussions to establish a set of principles in anticipation of the statutory guidance.

<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted/data.htm>

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	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) is to be discussed at the SCR on 28 February. This decision is for a lessons learnt approach as the criteria for a SCR not met. NHS England are considering a serious complex case review.
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 skeletal CP Medical undertaken. Infant, toddler and older sibling removed from parental care. A Lessons Learned Review was undertaken. Final report being presented to SCR Panel 23.05.17	Significant agency involvement and learning identified from Health visiting and GP records. Named GP and Named Nurse and Named Midwife TRFT to support the delivery of actions required. 15 March, wider lessons

Drivers for Change:

Date	Discussion	Outcome	Follow up
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. Feedback –the government have appointed a number of independent commissioners to oversee improvements and a new DCS appointed.	LA has set up an improvement panel to consider implications and drive up changes. NHS RCCG Chief Officer and Chief Nurse attending.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) Ofsted continue to visit regularly to monitor progress. Ofsted review LAC 3 and 4 May 2017. Report awaited.
June 2017	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be	No joint meetings arranged by LA. NHSR CCG to instigate a health economy meeting in

Date	Discussion	Outcome	Follow up
		undertaken, from January 2017 to consider the category of abuse - Neglect	June to update all health organisations commitment to safeguarding in readiness for any inspection.
May 2016	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.	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>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 reports to TRFT and LA senior Managers. Some 'blockages' have been reduced but overall improvements are not sufficient.</p> <p>June 2017: Significant and enduring concerns around the completion of the IHA reports continues. This has been further confounded by significant and enduring increases in children being taken into care. Currently over 500 LAC.</p> <p>CCG remain involved and driving forward improvements. This includes arranging an IHAs summit in Barnsley to learn lessons from their achievement of reporting 100% compliance (May 2017).</p>

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 met with the Domestic and Sexual Abuse Co-ordinator RMBC new into post 11.1.17. The D&S A Coordinator has offered bespoke GP training within GP Practices	<p>By April 2018 NHSR CCG will have assurance regarding GP Practices in Rotherham's competency in DA.</p> <p><i>June 2017 Update the CCG are working with healthcare providers including GPs and the LSCB to audit our Domestic Abuse commitment.</i></p>

Safeguarding Challenges

Date	Challenge	Next Steps
2 March 2017	The Rotherham NHS Foundation Trust CQC report published. Requires Improvement.	Designated Nurse Safeguarding and LAC has met with Assistant Chief Nurse Safeguarding Lead on Monday 6 March 2017 to discuss next steps. <i>Improvements to TRFT Safeguarding are being implemented and will be monitored via their governance arrangements.</i>
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>

5. ADULT SAFEGUARDING

5.1 Headlines

Rotherham Safeguarding Adults Board (RSAB) – The extraordinary board meeting on the 24th April took place as planned with the board signing of the Serious Adults Review (SAR) report. The chair is seeking legal advice prior to publishing due to a litigation case against RMBC.

May Board meet on the 22nd and the majority of the meeting was to discuss the final draft of the second SAR and the recommendations. A lengthy discussion took place round these recommendations with a number taken back to be re written. A final report and action plan is expected within the next few weeks.

For future SAR recommendations it was agreed that these would first be addressed via the SAR sub group and feedback to the author before coming to an extraordinary for agreement and sign off. The RSAB Training Strategy and Plan were presented to and signed off by the board.

Sub groups – All sub groups meet bi –monthly and work towards the board action plan.

- **Performance and Quality** continue to improve their Quality Dashboard. The Peer challenges (to include Making Safeguarding Personal) across the board membership have commenced with the Police and TRFT having undergone the process .Feedback is expected mid-summer. The group are also in the process of arranging a case audit file to conclude by the end of June.
- **Training and Development** – The RSAB Multi-agency Training Strategy has been agreed and the Training Plan was presented at the May Board. The group continues to work towards the action plan and is to address competencies and measuring success.
- **SAR (Safeguarding Adult Review)** – The second SAR discussed at May board. The group were asked to consider another case. After discussion the group agreed that the case did not the criteria for a SAR. The SAR protocol was shared for comment.

RSAB away day arrange was held on the 23rd May and was well attended. The focus of the day was to ensure that the 3 year RSAB strategy was to target. The main topics for the day were around the Communication strategy, information posters/leaflets, website and a launch campaign.

DHR (Domestic Homicide Review) – The jury has found the male and female perpetrators guilty of murder and the three juveniles guilty of manslaughter. All are awaiting sentencing.

Children services have agreed to complete an IMR for the juveniles involved. The panel Chair and Safer Rotherham Partnership are to follow up involvement from Rotherham Rise.

The second draft of the report is to be sent out within the next two weeks for comment with submission to the Home Office by the 31st July 2017. Recommendations will be monitored via a sub group of the Safer Rotherham Partnership Board.

Channel -The Safer Rotherham Partnership has produced a briefing paper on the progress of Channel

“Channel is a national programme that provides support at an early stage to children and adults who are vulnerable to being drawn into any form of terrorism. It provides support before their vulnerabilities are exploited to prevent them from becoming involved in criminal terrorist related activity. Partners’ statutory duties under Channel are set out in the Counter-Terrorism and Security (CT&S) Act 2015 and Channel Duty Guidance.”

The Channel programme uses a multi-agency approach to protect vulnerable people by:

- a. Identifying individuals at risk;
- b. Assessing the nature and extent of that risk; and
- c. Developing the most appropriate support plan for the individuals concerned.

In order to assess vulnerability Channel panels use a consistently applied Vulnerability Assessment Framework built around three criteria:

- a. Engagement with a group, cause or ideology;
- b. Intent to cause harm; and
- c. Capability to cause harm.

Referral is via the MASH or adult services single point of access, who will look at safeguarding considerations. In accordance with Channel duty requirements, the Channel Police Practitioner (Police Prevent Team) will first screen the referral to ensure it is not malicious, misguided or misinformed and carry out “deconfliction” checks. Once the referral has cleared deconfliction, it is promptly returned to the MASH or adult safeguarding and, where relevant, to the Channel Chair for an assessment of vulnerabilities by the Channel panel.

Key issues and risk -

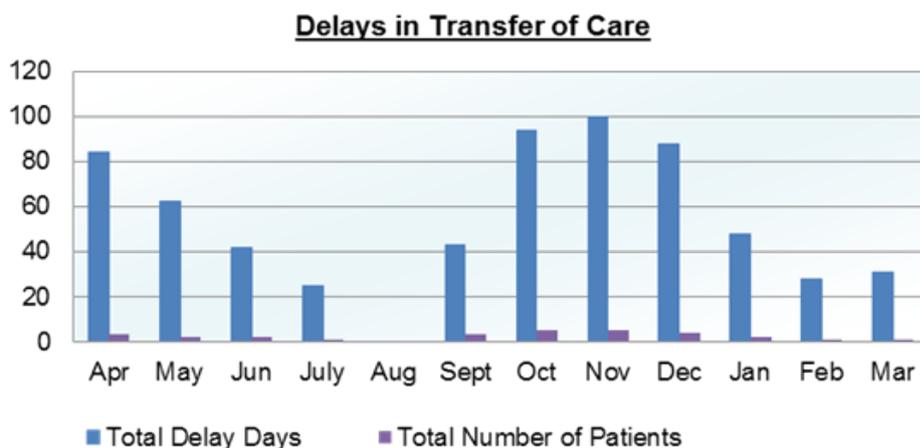
- The Channel panel arrangements described within this report are still at an early stage and need to be embedded to ensure all cases are dealt with to the required timescales.
- Membership of the Channel panel needs to be revisited and confirmed with relevant partner agencies.
- Further dissemination and awareness raising about Channel and the referral pathways is needed across all partner agencies, including schools and colleges.

6. DELAYS IN TRANSFERS OF CARE (DTC)

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.

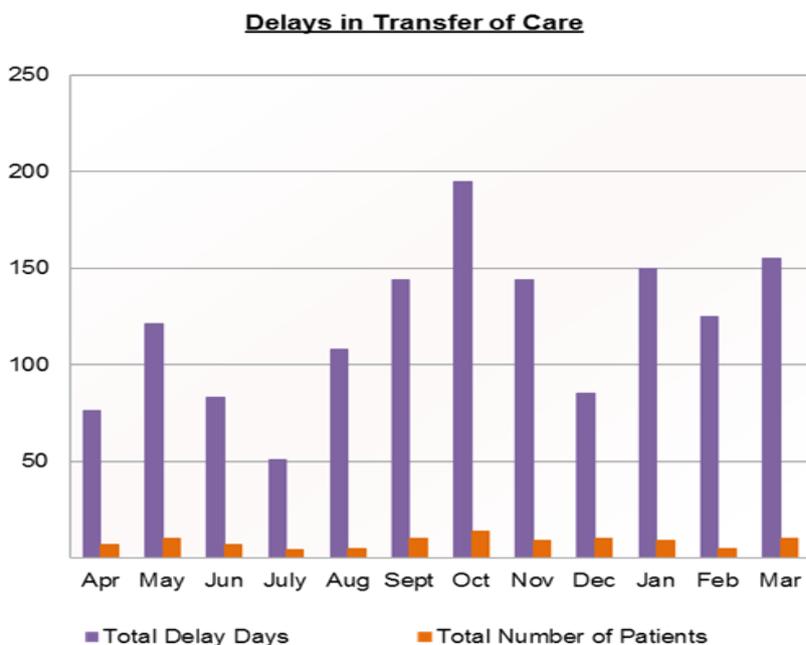
6.1 Adult mental Health Services

The 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.



6.2 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 are developing additional capacity.



7. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

Deprivation of Liberty Applications (Data as of 24/05/2017)

Provider	Applications	Figures	
Hospitals (Acute):	Requests received in 17/18 Number Received This Reporting Month (April 17) Granted in This Reporting Month (April 17) Not Granted/Withdrawn in This Reporting Month (April 17)	22 22 0 43	
Hospitals (Psych)	Requests received in 17/18 Number Received This Reporting Month (April 17) Granted in This Reporting Month (April 17) Not Granted/Withdrawn in This Reporting Month (April 17)	0 0 0 2	
Care Homes (New Requests)	Requests Received in 16/17 Number Received This Reporting Month (April 17) Granted in This Reporting Month (April 17) Not Granted/Withdrawn in This Reporting Month (April 17)	86 86 14 5	
Backlog	Total Number in the Backlog 17/18 16/17 15/16 14/15 Total Not Granted/Withdrawn in 17/18	700 (Care Homes) 84 260 288 68 5 (Care Homes)	74 (Hosp) 20 36 13 5 45 (Hosp)

8. ADULT CONTINUING HEALTHCARE (CHC)

8.1 Headlines

The Continuing Healthcare team continues to work jointly with Health and Social care partners. Working together to facilitate timely discharge plans and reduce Continuing Healthcare needs within an acute setting.

A Collaborative working day is planned in June for the Children and Young People's Continuing Care Team and their partners.

8.2 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 (up to 24/05/2017)

Month	Jan 17	Feb 17	March 17	April 17
Total Number Eligible Patients	581	557	562	562
Total % Outstanding 12mth Reviews	29.78	29.98	30.89	31.02
Total Number of 12mth Outstanding Reviews	173	167	173	175
Number of LD Team patients Eligible	124	126	123	121
Total % of LD Team outstanding 12mth reviews	37.90	38.10	37.53	36.9
Total Number of 12mth outstanding LD Team reviews	47	48	46	45

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		Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total number of referrals received	Acute	52	43	42	45	37
	D2A	5	1	0	2	0
	Community	63	37	94	87	41
Total number of referrals screened in to complete a full DST	Acute	9	14	20	20	14
	D2A	3	0	0	0	0
	Community	20	12	23	15	16
Total number of referrals screened out	Acute	12	13	7	8	12
	D2A	1	0	0	0	0
	Community	5	7	32	5	15
Total number of referrals returned for further information	Acute	31	16	15	8	11
	D2A	1	1	0	0	0
	Community	38	18	39	42	10

9. CHILDREN'S CONTINUING HEALTHCARE

Reports

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

10. PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE

Date	Oct 2016	Nov 2016	Dec 2016	Feb 2017	Mar 2017	April 2017
Number RCGG CHC patients eligible for a PHB	575	573	568	572	562	591
Number of RCGG CHC patients in receipt of a PHB	96	91	91	90	92	87

11. FRACTURED NECK OF FEMUR INDICATOR

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

12. STROKE

March - 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 = 58% against a target of 90%;
- Proportion of stroke patients scanned within one hour of hospital arrival = 45% against a target of 50%;
- Proportion of stroke patients scanned within 24 hrs of hospital arrival = 94% against a target of 100%; and
- % of patients who receive thrombolysis following an acute stroke = 1% against a target of $\geq 11\%$.

TIA

- Target: 60%
- Achieved April 2017: 88.89%

Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival

- Target: 90%
- Achieved April 2017: 27.03%

Reasons for under performance:

- Lack of beds available and Stroke not initially diagnosed

13. CQUIN UPDATE

13.1 RDaSH

Awaiting the Quarter 1 report.

13.2 Hospice

Awaiting the Quarter 1 report.

13.3 TRFT

The Q4 submission is currently being reviewed by RCCG

14. COMPLAINTS

14.1 TRFT

The Trust received 90 concerns and 28 formal complaints within the month of March. Both figures have increased from the previous month.

Complaints responded to within the agreed timescale of 30 working days decreased from 50% to 42% and one red complaint remains open.

Currently there are nine cases under investigation with the PHSO.

14.2 Via RCCG

One complaint has been received since the last report which relates to information sharing by the Individual Funding Panel without the patients consent. Investigation ongoing.

15. ELIMINATING MIXED SEX ACCOMMODATION

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

TRFT - there were no breaches reported during March. There were no MSA Breaches for April 2017

16. CQC INSPECTIONS

Bryon Lodge		
DETAILS – CQC report 6th May		
Overall outcome:	Inadequate	
Safe	Inadequate	The provider was not doing all that was reasonably practicable to mitigate risks associated with individual care and treatment
Effective	Inadequate	A number of staff had not received appropriate support, supervision and appraisal necessary for them to carry out their duties. Staff were not always knowledgeable about people's needs and there were some gaps in the training record.
Caring	Requires Improvement	Individuals were not always treated with dignity and respect. Staff were task focused and interacted with some individuals only to complete specific tasks, putting them at risk of social isolation.
Responsive	Inadequate	Individuals did not always receive person-centered care which was appropriate and met their needs. A lack of social stimulation especially for people who spent most of their day in their bedrooms was identified.
Well-led	Inadequate	There had been a lack of consistent managers at all levels and a lack of provider oversight and governance which had contributed to the decline of the service. Current managers in post were new to their positions.

West Melton Lodge		
DETAILS – CQC report 6th May 2017		
Overall outcome:	Inadequate	
Safe	Inadequate	Individuals were not always safeguarded from the risk of harm. During the inspection it was noted that safeguarding concerns had not been reported appropriately.
Effective	Inadequate	Staff did not understand the implications of the Mental Health Act and the consideration for best interests. Conditions of Deprivation of Liberty Safeguards had not always been followed.
Caring	Requires Improvement	The majority of care observed was task orientated.
Responsive	Inadequate	Care plans were not always up to date nor contain detail. Plans had been reviewed but changes had not been incorporated into the main care plan to reflect need.
Well-led	Inadequate	There were systems in place to monitor the quality of the service however; these had not identified issues that were picked up during this inspection so were not effective.

Meadow View		
DETAILS – CQC report 19th April 2017		
Overall outcome:	Inadequate	
Safe	Inadequate	Sufficient staff were on duty to meet needs but not effectively deployed.
Effective	Inadequate	Individuals had their needs assessed and preferences and choices documented. However these were not always met. Staff had undertaken training, however, this was not always effective. The new manager had identified additional training was required.
Caring	Requires Improvement	Individual privacy and dignity was not always maintained.
Responsive	Requires Improvement	Individuals and family felt any concerns or complaints raised would be taken seriously by the new manager but had not been addressed appropriately prior to this.
Well-led	Inadequate	The service had lacked consistent management and nursing staff and a high use of agency had increased inconsistencies and poor deployment of staff. A new manager has been in place for the past two weeks.

17. ASSURANCE REPORTS

17.1 TRFT Update

A&E

The current position as at 17th May 2017 is 89.79% (May) 88.09% (Q1 and YTD). This performance data includes Walk in Centre performance.

Whilst performance remains significantly below targeted levels, the improvement in March is encouraging and representative of the process improvements and on-going challenges outlined in previous reports.

The main causes of the underperformance against the Four Hour Access standard continue to arise from staffing challenges within the emergency department, specifically around junior and middle grade doctors shift fulfilment.

From April 2017, public sector bodies have a statutory responsibility to enforce the IR35 rules related to tax and national insurance contributions for all workers, including those self-employed contractors working through third party agencies. This has had an impact on locum doctors who are employed through a third party agency or who are self-employed. This is particularly evident in the ED at Middle Grade level, where there is a reliance on locum doctors, leading to several more rota gaps going forward into April 2017. This is also being felt across the South Yorkshire region.

Concerns have been escalated to NHS Improvement and NHS England.

Actions outlined in the Four Hour Recovery plan are on track and proving to be effective. This has been noticeable in the improved discharge rates and overall bed flow.

RCCG continues to offer support to the Trust from CCG GPs for both A&E and the AMU.

Cancer Standards

First definitive treatment within 62 days to treatment from GP referral was not achieved (83.5%).

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.

For March, all other cancer standards were achieved.

18 Weeks RTT and 52 Week Waits

18wws

Current performance at Trust level (incomplete pathways) was reported at 94.8% against the 92% target, compliant with National target and above the Trust's STF trajectory (94.1%). General Medicine, Trauma & Orthopaedics and Gynaecology did not meet the 92% target during March. 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

The Diabetes and Endocrinology service has proactively identified additional capacity to bridge the underlying gap but is yet to identify sufficient additional capacity to recover the accumulated backlog. Management of this area is being driven through weekly patient tracking meetings and monthly performance reviews.

Efficiency in theatres and outpatients remain an area of key focus and the initial theatres initiative has concluded and reported excellent improvements in the utilisation of theatre lists increasing from 83% in January to 98% in March. A second phase of the theatres project is now in development to sustain and build on the improvements made in the last six months.

The outpatient efficiency project, which commenced in February, has continued to report good improvement in the percentage of patients not attending their booked appointment. This has reduced from a pre-project 8% to 6.7% in March, better than national average (7.5%).

RTT – 52ww

March – 0, YTD – 3. (2 of 8 breaches identified at the end of 2015/16 and 1 x 52 week wait confirmed for June)

6ww Diagnostics

Current performance as at March was 0.2% against a <1% target; STP target to achieve 0.7% in March was achieved. Compared to National benchmarks, performance for February placed TRFT joint no.1 with 35 other out of 179 NHS providers.

This has been achieved through provision of additional sessions both internally and externally. Sessions at the external provider have now concluded and demand is being managed through the recruitment of additional endoscopy nurses from May for substantive posts. Agreement has been reached to extend use of the mobile MRI scanner to ensure waits remain on target.

Other significant TRFT concerns

Gastroenterology Service

Issues in relation to the sustainability of the service in terms of medical staffing arrangements have been raised through Contract Quality Meeting since July following a CCG Clinically Led Visit. The Trust submitted a Service Improvement Plan on 5th May 2017 detailing an update to the CCG on leadership, governance, operational and workforce challenges arising from the lack of substantive consultants in the service.

Further discussion will take place at the Contract Quality Meeting on 31st May where an update on workforce has been requested.

Neuro Rehabilitation Service

Issues raised in relation to the sustainability of the service in terms of medical staffing arrangements have been raised through both the Contract Quality Meeting and Contract Performance Meeting in November due to consistent lack of Consultant cover and informal notification that both the Associate Specialist and Lead Nurse would be leaving the Trust in December. The Trust submitted an updated Remedial Action Plan detailing an update on operational policies, workforce and data collection/submission.

Further discussion will take place at the Contract Quality Meeting on 31st May where an update on workforce has been requested.

NHS Safety Thermometer

There has been a slight increase in the overall harm free care score for March 2017 to 92.16%. The breakdown of the score across the Trust shows the acute areas have achieved 94.75% and the community - 90.58%.

This month has seen the second consecutive month with an increase in the number of falls but the number of falls with harm reported across the Trust throughout the month remains low and it should be noted that the numbers affecting this percentage increase are small.

The number of pressure ulcers remains high. A new monthly pressure ulcer group has been set up led by TRFT's Acting Chief Nurse and Assistant Chief Nurse (Vulnerabilities). The Pressure Ulcer Group has been established to ensure there is pace and support in improved and sustained improvement in relation to pressure ulcer prevention and reduction. The Stop the Pressure process will be re-launched in areas that are currently having a significant increase in pressure ulcers and time to turn regimes have been introduced across all the ward areas.

Associate Contracts

Sheffield Teaching Hospitals NHS Foundation Trust

- RTT 18ww Incomplete Pathways – March – 95.4% 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 – Four Hour Access Standard - March – 87.48% 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 – February – 81.8% against an 85% target. STH have stated on the NHSE return that 85% performance will be achieved though this is dependent on STH receiving referrals from DGHs by day 38.
- 6 Week Diagnostics – March - 99.94% against a 99% target.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – March – 92.6%, Q4 – 88.9% and Year-End – 91.4% against a 95% target.
- RTT 18ww Incomplete Pathways – March – 92.1% against a 92% target.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – February – 86.8% against an 85% target.

Barnsley Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – March 92.5% against a 95% target.
- RTT 18ww Incomplete Pathways – March - 92.7% and all specialties with the exception of Urology and General Surgery achieved the 92% target.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – March – 87.2% against an 85% target.
- 6 Week Diagnostics – March - 99.8% against a 99% target.

Sheffield Children's Hospitals NHS Foundation Trust

- RTT 18ww Incomplete Pathways – March – 94.6% 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 – March - 97.4% against a 95% target.
- 6 Week Diagnostics – March - 95.8% against a 99% target.

18. 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.

19. 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.

20. 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
10 th April	0	0	0	5
17 th April	0	0	0	5
24 th April	0	0	0	5
1 st May	0	0	0	5

Discharge transition plans are in place for three of those indicated above, with expectation that three will be discharged prior to end of June.

Sue Cassin
Chief Nurse

June 2017