

**Public Session**

**PATIENT SAFETY/QUALITY**

**ASSURANCE REPORT**

**NHS ROTHERHAM CCG**

**2<sup>nd</sup> MARCH 2016**

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## NHS ROTHERHAM

### 1. HEALTHCARE ASSOCIATED INFECTION

**RDaSH:** There have been no cases of healthcare associated infections so far for the current year, although a temporary suspension of admissions to both Glade and the Ferns was implemented on 6th of Feb due to an identified cluster of diarrhoea affecting 3 patients. Isolation precautions were instigated and specimens sent for testing. Assistance and support sought and gained through infection control. No C diff or Norovirus was detected and Isolation controls implemented for all 3 patients until they were asymptomatic for 48hrs. Suspension was lifted on the morning of the 8th.

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

**TRFT :**

- MRSA – 0
- MSSA – 39
- E Coli – 168
- C-Difficile: 17

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2015/16 Target = 26</b>	Monthly Actual	0	4	1	4	0	4	0	1	1	2		
	Monthly Plan	2	2	2	2	3	2	2	2	3	2	2	2
	YTD Actual	0	4	5	9	9	13	13	14	15	17		
	YTD Plan	2	4	6	8	11	13	15	17	20	22	24	26

**NHSR:**

- MRSA – 1
- MSSA – 50
- E Coli – 194
- C-Difficile: 70

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2015/16 Target = 63</b>	Monthly Actual	4	9	9	12	6	10	1	5	6	8		
	Monthly Plan	5	6	6	6	4	4	5	6	5	6	4	6
	YTD Actual	4	13	22	34	40	50	51	56	62	70		
	YTD Plan	5	11	17	23	27	31	36	42	47	53	57	63

*The above tables represent the cases to date which have been signed off (14<sup>th</sup> of each Month) on the HCAI data collection system.*

The December figure for 'Monthly Actual' on the chart above has been amended from 7 to 6, and the YTD Actual from 63 to 62; this is due to a repeat sample allocation within 28 days which as per national guidance should not be counted. Removal from the system was requested, with success.

Of the 70 cases, 10 cases are classed as repeat samples/ relapses. Collaborative work has been undertaken between NHSR and TRFT to look at ways to attempt to reduce the repeat samples/ relapses.

The increased number of Clostridium Difficile has been recognised by NHSR. A collaborative Clostridium Difficile reduction strategy is in place, and a Clostridium Difficile process review underway.

### 2. MORTALITY RATES

The HSMR and SHMI remain a priority area for TRFT and are monitored closely at the Mortality and Quality Alerts Group (MQAG) and through Contract Quality Meetings and LOFI submissions. HSMR reported in December was 107.3 and whilst it remains elevated this is a decrease on previous month.

Crude mortality is 78 for December which is within expected limits but is worse than previous month.

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

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

SI Position 19.01.2016 – 11.02.2016	TRFT	RDASH	RCCG	Roth Residents out of area	YAS	Care UK
Open at start of period	42	6	1	2	1	1
Closed during period	4	1	0	1	1	0
De-logged during period	0	1	0	0	0	0
New during period	3	1	0	0	0	0
Open at end of period	41	5	1	1	0	1
New Never Events	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0
<b>Final Report Status as at 18.01.2016</b>						
Final Reports awaiting additional information	0	0	1	0	0	0
"Stop the Clock" e.g. <i>investigations suspended awaiting police investigation</i>	2	2	0	1	0	0
Investigation above 60 working days <i>with CCG approved extension</i>	29	0	1	0	0	0
Investigations above 60 working days <i>without CCG approval</i>	0	0	0	0	0	0
Final Reports due at next SI meeting	36	1	1	0	0	1

### 4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
Aug2014/ Jan 2015	Child Sexual Exploitation (CSE) Report published Aug 2014.	<p>Report published August 2014, media interest immense. Negative press received for LA and Police.</p> <p>A bi-monthly 'health' focus group has been set up to co-ordinate a health economy response to national recommendations and the Alexis Jay Health recommendation. This group has completed the work and is awaiting NHS England presenting a paper to LSCB Quality Sub Group.</p> <p>Deputy Designated Nurse attending from April 2015 and works closely with the Named GP to ensure information is appropriately shared with primary care.</p> <p>RCCG has set up a data base to map information on high risk CSE children</p> <p>Named GP highlights high risk cases to individual GP Practices for them to flag concerns</p>	<p>National training on CSE commissioned for senior health professionals – September 2014.</p> <p>Front line staff undertaking 'Stop the Shift awareness raising' 62% of CCG staff responded to the follow up questionnaire.</p> <p>GP Practices utilised this training with 280 participants recorded.</p> <p>Second tier of CSE training for front line staff commissioned to consider victimology took place in February just under 800 participants attended and the CSE pocket guide was launched. Next step RCCG to co-support, financially, training within all comprehensive schools as a preventative measure. Education will lead on this work which has been financed for 2/3 years</p>

Date	Discussion	Outcome	Follow up
January 2015	Attendance by NHS RCCG at LSCB CSE sub-group (Gold) is the Chief Nurse or Chief Officer.		NHS RCCG has commissioned bespoke CSE training for March 2016 for all Independent Providers from a nationally respected speaker. This training coincides with national CSE awareness day.

#### 4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
23 – 27 Feb 2015	CQC Inspection of Children Looked After and Safeguarding (CLAS) undertaken.	CQC CLAS Inspection Report published 14 July 2015. 24 recommendations with an expectation that there will be a SMART action plan submitted to CQC 11 August 2015. RCCG has set up a task and finish group to drive forward the actions and peer challenge agencies to ensure that the required outcomes are achieved. Healthwatch, RLSCB, RMBC C&YPS and Public Health attend the meetings to ensure transparency and multi-agency sign up.	RCCG will monitor action plan via the task and finish group and Sub AQA. In addition contract Quality meetings with TRFT and RDASH will ensure compliance. Children's Commissioners and Contract Managers from CCG, NHS England and RMBC Public Health are in attendance at the task and Finish CQC Peer Challenge meetings to ensure commissioning cycles are robust. Challenge meetings concluded in January 2016 with any areas requiring further work have been transferred into commissioner/provider quality assurance and performance meetings as appropriate.
23 – 16 Feb 2015	TRFT had a CQC Essential Standards inspection which included Outcome 7 (safeguarding)	Written report published and action plan outlining the way that recommendations will be adhered to is being written.	
14 – 18 September 2015	RDASH received their CQC review of services including safeguarding.	The report was published. An RDASH Action Plan is being driven forward.	
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. Feedback –the government have appointed a number of independent	LA has set up an improvement panel to consider implications and drive up changes. RCCG Chief Officer and Chief Nurse attending.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) Chief Nurse/Chief Officer sit on Improvement Board Deputy Designated Nurse commenced post 12 January

Date	Discussion	Outcome	Follow up
	commissioners to oversee improvements and a new DCS appointed.		2015 same day as an independent manager to drive forward agency input into the Multi Agency Safeguarding Hub (MASH) and therefore support on-going improvements in safeguarding children. MASH commenced 1 April 2015
Feb 2016	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be undertaken, from Feb to August 2016 these are to include CSE and Missing from Education	Paper to NHS RCCG Operational Executive sent 15 February.  <i>Plan Rotherham Health Economy to work with LSCB and Designated Nurse to prepare for joint inspections March 2016</i>
March 2015	Rotherham CCG has commissioned 2 health secondees to work within the Rotherham Multi Agency Safeguarding Hub (MASH)	Commissioners of health services in Rotherham will work within the MASH to ensure that an evidence base is established to support future commissioning whilst supporting all agencies, including health providers, in developing an effective MASH.	An interim review presented to OE 16 March 2015. A follow up report due in Sept/October 2015 to support and provide evidence for commissioning health care 2016/2017 with a final report to be published January 2016. Report to OE 1 June 2015 to update on progress. Evaluation report presented to OE 19 October 2015 – further work required on the health economy approach to taking this forward. Financial agreement now being considered. Secondees have had posts extended until 01.04.2016. Adverts for substantive post out Jan 2016. 2 substantive posts for NHS RCCG were successfully recruited to in January 2016. Both post-holders will be in place by April 2016.
February 2016	Section 11 Children Act 2004 self-assessment and Peer Challenge by LSCB	NHS RCCG provided a self-assessment position statement to Rotherham Local Safeguarding Children Board (RLSCB). As part of the process the Chief Nurse and Designated Nurse	In addition to the LSCB peer challenge NHS England published a CCG self-assessment for Looked After Children – peer challenge booked for 19 February and a Safeguarding Children and Adults self-assessment based on Section 11 with a peer

Date	Discussion	Outcome	Follow up
		attended a challenge meeting Feb 2016. A report on the findings will be published alongside any remedial actions required. Verbal feedback at challenge meeting very positive for CCG.	challenge arranged for march 2016.

## 4.2 Learning Review

Area	Discussion	Outcome	Output
6.3.2014	19.2.2014 SCR Panel met to discuss injuries sustained by a Rotherham infant. The injuries were potentially non-accidental and whilst under investigation the infant sustained further bruising.	SCR Panel has agreed the methodology and terms of reference of the SCR. The methodology to be utilised is a Significant Incident Learning Process (SILP).	Media reporting following court case to restrict access by father – highlights child injured whilst in hospital. Publication of the report will happen after the Court Case rescheduled April 2016.
July 2015	Child E was referred to LSCB SCR Panel. It was agreed that this historic case met the threshold for a SCR – however due to the other on-going investigations by NCA it was felt that this may not be in the persons best interest.	SCR Panel have referred the case to the RLSCB Independent Chair to be considered as a SCR. The Chair and DfE lead have agreed that a SCR would not meet the local needs or those of Child E and have written to the National SCR Panel.	The National SCR Panel are to consider the case on the 21st September and will respond in writing to the LSCB Chair within one week. 16 October 2015. Considered at December national Panel – Not meeting the criteria. Therefore to be removed once Independent LSCB Chair has considered options. National Panel have decided that the threshold for SCR not met and not in public interest to pursue.
December 2015	RLSCB Serious Case Review Panel meeting to discuss significant injuries to a toddler resulting in admission to SCH. Both parents have been bailed pending investigations and the toddler and sibling (Infant born at time of incident) are both accommodated by	The Serious Case Review panel will debate with Sheffield LSCB the importance of this family being considered as the family had only just moved to Rotherham (3 weeks) and had previously been subject to CP plans in Sheffield	Multi agency decision following full consideration arranged for 10 December. Further SCR Panel held on 17 December considered the case and are recommending to the Independent Chair that a SCR should not happen. Consensus at SCR panel

Area	Discussion	Outcome	Output
	the Local Authority		did not meet criteria – being discussed January 2016 by Independent LSCB Chair.

## 5. ADULT SAFEGUARDING

### 5.1 Headlines

**RSAB** – the next meeting is the 7<sup>th</sup> March 2016.

**RSAB** sub groups – the first Making Safeguarding personal sub group has been undertaken with a number actions need to be taken in relation to order and structure .

The first sub group of Training is arranged for the 21<sup>st</sup> March and continues to be work in progress.

The MCA/DoLS working group which has been reformed on the back of concerns highlighted to the RSAB has meet for the first time and an action plan has been agreed for moving forward.

**Prevent** – continues to quicken pace in relation to ensuring all health staff are trained.

**NHS England** has requested all CCG's complete the – **NHS England Safeguarding Assurance Tool for use with CCG's** – this is lengthily self-assessment covering a host of areas for both children's and adult safeguarding. Once completed NHS E safeguarding leads will be meeting with CCG leads to discuss findings and action points.

### 5.2 Care Home update

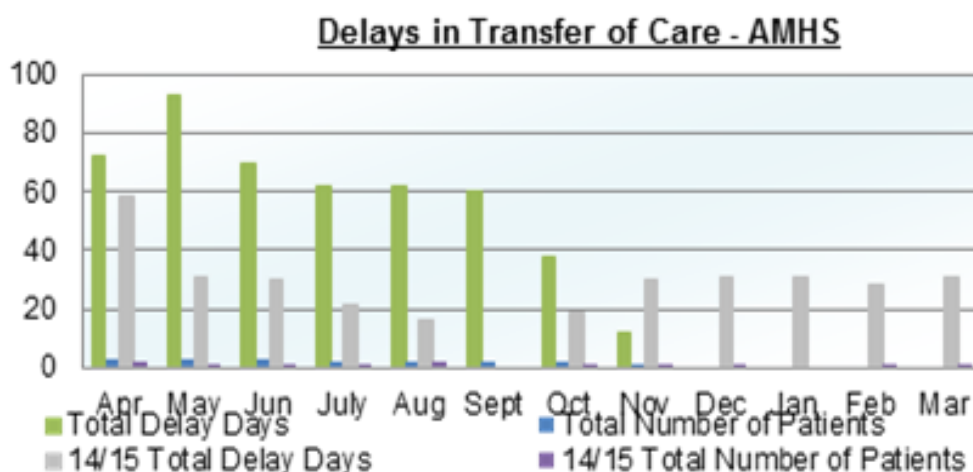
Bryon Lodge – Care Home Update meeting with the owners held on the 4<sup>th</sup> February 2016 at RMBC. A number of actions have been meet and signed off by the Contracting Compliance Team which includes, Management of Medications, Staff numbers and skills, Care and Social Activates. A one month sustainability review will be arranged. The home will remain in default due to the "Inadequate" rating received in the CQC report.

Care Home - A voluntary suspension is in place due to a default notice. RMBC Contracts Team, Safeguarding Team and the CCG meet with the home owners on the 25<sup>th</sup> January 2016 to discuss the findings following the CQC visit. A further meeting has been arranged for the 17<sup>th</sup> March to discuss progress.

### 5.3 Adult mental Health Services

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

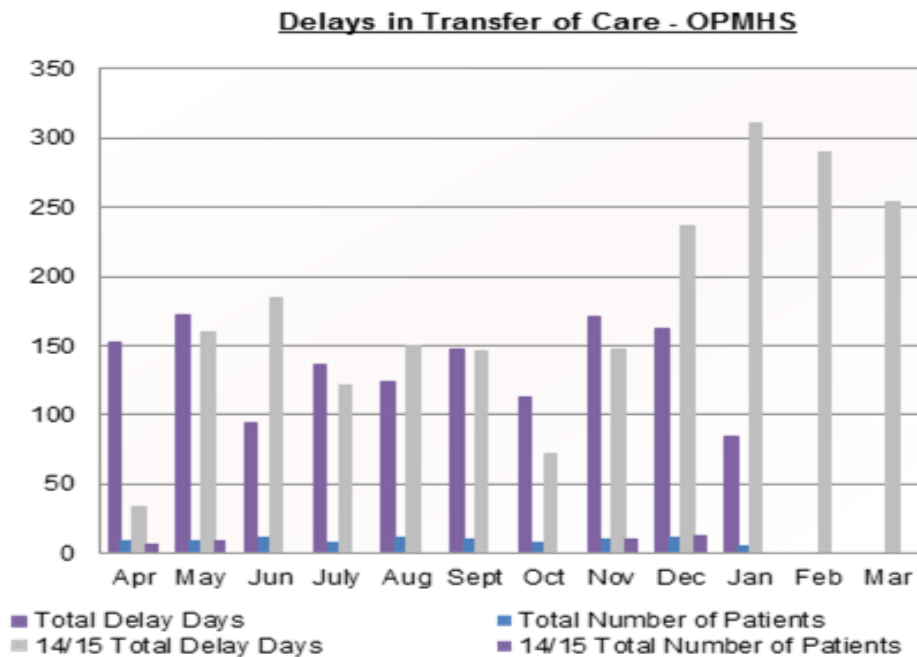
See below the graph of DTOC for Adult services.





## 5.4 Older Peoples Mental Health Services

See below the graph of DTOC for Older Peoples services



## 6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

### 6.1 Deprivation of Liberty Applications

Hospitals (Acute):	Rotherham General Hospital (19), (14) Not Granted, (5) Assessment not yet completed Oakwood Community Unit (3), (1) Not Granted, (2) Assessment not yet completed Royal Hallamshire Hospital (3), Assessment not yet completed Barnsley Hospital (1), Not Granted
Hospitals (Psych)	The Woodlands, Glade Ward (2), Not Granted, (2) Assessment not yet completed
Care Homes	Athorpe Lodge, Rotherham (13), (4) Authorised, (1) Awaiting reports, (8), Assessment not yet completed Broadacres, Rotherham (4), Assessment not yet completed Broom Lane, Rotherham (1), Assessment not yet completed Cherry Trees, Rotherham (1), Awaiting reports Clifton Meadows, Rotherham (1), Assessment not yet completed Daniel Yorath House, Leeds (1), Not Granted Field House, Derbyshire (1), Authorised Flower Park Care Home, Denaby Main (1), Authorised Greenside Court Care Home, Rotherham (4), (1) Awaiting reports, (3) Assessment not yet completed Laureate Court, Rotherham (1), Assessment not yet completed Layden Court, Rotherham (1), Assessment not yet completed Levitt Mill and Barn, Maltby (1), Authorised Longley Park View, Sheffield (2), (1) Authorised, (1), Assessment not yet completed Loxley Park, Sheffield (1), Authorised Meadowview Care Home, Rotherham (10), Assessment not yet completed Moorcroft Care Home, Rotherham (1), Not Granted Mulberry Manor, Rotherham (1), Not Granted Osborne House, Selby (1), Assessment not yet completed

	Silverlodge Care Home, Sheffield (1), Assessment not yet completed Swallownest Care Home, Sheffield (1), Not Granted Swinton Grange, Rotherham (2), (1) Authorised, (1) Not Granted The Beeches Residential Care, Rotherham (1), Awaiting reports The Hesley Group, Barnsley (1), Authorised The Lodge Care Home, Sheffield (1), Authorised The Queens Care Home, Rotherham (5), (1) Awaiting reports, (4) Assessment not yet completed
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## 6.2 Ongoing Deprivation of Liberty Applications

Hospitals (Acute)	St James Hospital, Leeds (1), Rotherham Hospital, Rotherham (1)
Hospitals (Psych)	The Ferns Ward, Rotherham (1)
Care Homes	23 Cecil Road, North Notts (1), Athorpe Lodge, Rotherham (9), Byron Lodge, Rotherham (7), Cambron House, Rotherham (2), Canterbury Close, Rotherham (2), Cherry Trees, Rotherham (3), Clifton Meadows, Rotherham (2), Cranworth Care Home, Rotherham (3), David Lewis Centre, Alderley Edge (2), Davies Court, Dinnington (2), Dearnevale, Barnsley (1), Dene Brook, Rotherham (2), Eastwood House, Rotherham (3), Emyvale House, Rotherham (1), Fairwinds, Rotherham (1), Fenney Lodge, Rotherham (1), Field House, Derbyshire (1), Flower Park, Denaby Main (1), Forest Hill, Worksop (2), Greasborough Residential, Rotherham (2), Greenside Court, Rotherham (1), Hall Farm, Doncaster (1), Highfield Farm, Barnsley (2), Highgrove Manor, Mexborough (1), Holly Nook Care Home, Rotherham (1), Kirkside House, Leeds (1), Ladyfield House, Rotherham (2), Laureate Court, Rotherham (4), Layden Court, Rotherham (3), Levitt Mill, Rotherham (1), Longley Park View, Sheffield (3), Lonnen Grove, Rotherham (2), Lord Hardy Court, Rotherham (3), Low Laithes Village, Rotherham (1), Loxley Court, Sheffield (3), Meadow View, Rotherham (1), Moorgate Hollow, Rotherham (4), Nethermoor Care Home, Sheffield (1), Nightingale, Sheffield (3), Queens Care Home, Rotherham (2), Rivelin House, Sheffield (3), Silverwood, Rotherham (3), St James Court Care Home, Sheffield (1), Station House, Rotherham (4), Steps Ltd, Rotherham (1), Sunny Banks, Eastleigh (1), Sunnyfields Lodge, Rotherham (8), Swinton Grange, Rotherham (5), The Abbeys, Rotherham (1), The Beeches, Rotherham (1), The Glades, Dinnington (4), The Hesley Group, Doncaster (1), The Huntercombe Centre, Lincolnshire (1), The Lodge, Sheffield (4), The Star Foundation, Rotherham (1), Thorne House, Doncaster (1), Victoria Care Home, Worksop (1), Waterside Grange, Dinnington (2), Whiston Hall, Rotherham (2), Willowbeck, Sheffield (1), Woodlands Care Home, Sheffield (1)

## 7. ADULT CONTINUING HEALTHCARE (CHC)

### 7.1 Headlines

The NHS Rotherham Clinical Commissioning's CHC acute 'End to End' service continues, providing an assessment, recommendation, allocated health funding within 7 days of referral this is in contrast to the current 28 day process within the national framework.

Recruitment of two CHC nurses is now completed; preferred candidates are in the process relevant checks prior to commencing employment.

Draft NHS England data for CHC has identified that Rotherham is ranked at 103 out of 211 CCGs, this is a continued significant improvement in measured outcomes for CHC.

Audit of five Continuing Healthcare assessments have been completed by the Head of Clinical Quality, results of the audit will be presented to the Operational lead for Continuing Healthcare for action.

## 7.2 Reports

W/C	12/10/15	16/11/15	07/12/15	11/01/16	08/02/16
<b>Total Number Eligible Patients</b>	628	630	619	623	598
<b>Total % Outstanding Reviews</b>	51.91%	52.86	54.28	54.25	52.2
<b>Total Number of Outstanding Reviews</b>	326	333	336	338	330
<b>Number of LD Team patients Eligible</b>	124	123	123	124	124
<b>% of LD Team reviews outstanding</b>	54.84	51.22	54.47	59.20	55.65
<b>Number of outstanding LD Team reviews</b>	68	63	67	69	63

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

## 8. CHILDREN'S CONTINUING HEALTHCARE

### 8.1 Headlines:

A 2016 version of Children's and Young people's Continuing Care Framework has been published.

A review of current documents utilised to review Children's and Young people's Continuing Care against the new framework will be undertaken, additionally current cases will be assessed against the new guidance.

Audit of one Children's and Young People's Continuing Care assessments have been completed, results of the audit will be presented to the Operational lead for Continuing Healthcare for action.

### 8.2 Reports

<b>Children's Continuing Care</b>					
<b>Months</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>
<b>Total number of Eligible patients</b>	45	47	49	51	49
<b>Total outstanding Reviews</b>	0	0	0	0	0

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

<b>Date</b>	<b>Sept 2015</b>	<b>Oct 2015</b>	<b>Nov 2015</b>	<b>Dec 2015</b>	<b>Jan 2016</b>	<b>Feb 2016</b>
<b>Number RCCG CHC patients eligible for a PHB</b>	620	628	630	619	623	623
<b>Number of RCCG CHC patients in receipt of a PHB</b>	82	91	101	100	98	98

## 10. PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC)

### 10.1 Headlines

A review of all cases has been post guidance issued by NHS England, in line with requested reporting a new trajectory has been set.

After the review it was advised that additional cases have been screened out, this has resulted in a number of enquires and complaints.

The aim of NHS England is for CCGs to complete the current outstanding cases by September 2016, with a buffer final date for March 2017. To complete for September 2016 the trajectory would be 18 cases per month and 10 cases per month for completion by March 2017.

## 10.2 Reports

Number of requests received	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	April 2016
Current number outstanding cases	180	175	175	171	171	146			
Submitted NHSE agreed trajectory	14	14	14	14	14	10	10	10	10
Expected outstanding reviews against trajectory.	182	168	154	140	140	146			
Trajectory outcome	+2	-7	-21	-31	-45	9			

## 11. FRACTURED NECK OF FEMUR INDICATOR

This indicator remains on the Community Transformation performance framework and will be monitored closely throughout the year. The Trust is slightly above target with actual numbers seen of 214 against year-to-date target of 210 as at end of December.

## 12. STROKE

Performance across all stroke indicators have increased month-on-month with now only 2 out of 10 of the indicators not achieved as at end of December, one of these being the thrombolysis target which is unachievable against national target due to small numbers in the service.

Whilst the metric in relation to the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival is one of the indicators not achieved, this has significantly improved in-year but dropped 55% against a target of 90% in December.

The metric in relation to scan within 1 hour of hospital arrival remains on target at 50% in December against a target of 50% but just under year-to-date at 44.9%.

## 13. CQUIN UPDATE

### 13.1 RDaSH

Discussions are continuing around potential CQUINs for 2016/17, as part of contract negotiations. The Safeguarding CQUIN will continue for 2016/17 and also some of the outcomes CQUINs. A further CQUIN is being discussed relating to patient transition through services and workforce development.

### 13.2 Hospice

The existing CQUINs will continue for 2016/17. CQUIN guidance is awaited for the national CQUINs.

### 13.3 TRFT

Quarter 3 submissions have been received and are being reconciled to confirm achievement. Early indication is that the Trust is still on track to achieve approximately 85% of its CQUIN allocation. The main area of low achievement being the clinical communications indicator, although improvement has been seen in-year.

## 14. COMPLAINTS

### 14.1 TRFT

The number of complaints reported during December was 25, compared with 27 the previous month. The Trust remains below trajectory at 258 year-to-date against 450 target with a full year target of 600 (50 per month) which is expected to easily be achieved.

## 15. ELIMINATING MIXED SEX ACCOMMODATION

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

**TRFT** - Eliminating Mixed Sex Accommodation continues to be monitored through Contract Quality Meetings. There were 0 breaches reported in December bringing the year-to-date figure to 8 overall against a target of zero.

## 16. CQC INSPECTIONS

### 16.1 TRFT

TRFT has generated action plans for the two CQC inspections and these are monitored through Contract Quality Meetings as a regular monthly agenda item.

The CCG have received assurance that the timescales for delivery set by the CQC are on track for delivery or have recovery plans in place.

The CQC CLAS action plan remains on track and a mock inspection was undertaken in 3 areas during December which highlighted positive improvements made and staff awareness has increased in light of the changes made. Some areas of improvement were noted and these are being addressed in preparation for further unannounced internal inspections over the next 3 months.

### 16.2 RDaSH

Following the publishing of the final report from CQC, following the planned inspection in September, an action plan has now been produced.

### 16.3 Care Homes

The CQC inspections cover five main areas: Safe, Effective, Caring, Responsive and Well-led. The overall outcome for the service was good

Cranworth Close, Run by South Yorkshire Housing Accommodation for individuals who require nursing or personal care, Diagnostic and screening procedures, Learning disabilities, Treatment of disease, disorder or injury. CQC Inspection published 15 <sup>th</sup> January 2016		
Overall Outcome	Good	
Safe	Good	CQC observed that staff knew how to recognise and respond to abuse correctly and that they had a clear understanding of the procedures in place to safeguard individuals. CQC saw that care plans reflected the individual's health and wellbeing in order to minimise risk. It was noted by CQC that there was enough skilled and experienced staff to meet people's care needs.
Effective	Good	CQC observed that individuals were cared for and supported by staff who had relevant training and skills and staff understood their responsibilities in relation to consent and supporting people to make decisions. CQC noted that the registered manager understood their legal obligations under the Deprivation of Liberty Safeguards.

Caring	Good	<p>CQC spoke with the individuals and their relatives and it was evident that all staff had a good understanding of individuals care and support needs and knew people well.</p> <p>CQC observed that staff spoke to individuals with understanding, kindness and respect, and took into account privacy and dignity.</p> <p>It was evident that individuals were involved in discussions about their care and which was reflected in care plans</p>
Responsive	Good	<p>CQC saw evidence that individuals regularly accessed the community and took part in a variety of activities.</p> <p>CQC noted a complaints system in place. Those who used the service and their relatives knew how to complain and were comfortable to raise any concerns about the service people received.</p>
Well-led	Good	<p>There was a registered manager in post.</p> <p>It was observed that there were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.</p> <p>CQC were provided with evidence of staff meetings demonstrating good communication and sharing of information. The meetings also gave staff opportunity to raise any issues.</p> <p>People who used the service also had opportunity to attend meetings and were encouraged to give their feedback about the service.</p>

<p>Rotherview, Run by Independence for Life Limited  Accommodation for individuals who require nursing or personal care, Learning disabilities,  Caring for those 65 years and under.  CQC Inspection published 15<sup>th</sup> January 2016</p>		
Overall Outcome	Good	
Safe	Good	<p>CQC saw that staff knew how to recognise and respond to suspected abuse and they had a clear understanding of the procedures in place to safeguard people.</p> <p>CQC saw evidence in Care records that identified potential risks and provided staff with guidance on supporting people.</p> <p>It was noted that there was sufficient staff employed to meet needs. Recruitment processes helped the employer make safe recruitment decisions when employing new staff.</p> <p>Systems were in place to make sure individuals received their medications in a safe and timely manner.</p>

Effective	Good	<p>CQC saw evidence that individuals were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted individuals ability to make decisions and knew how to act in their best interests if necessary.</p> <p>Documentation provided informed CQC that staff had access to a structured induction and training programme. Individuals were fully involved in planning and cooking meals which offered choice and promoted healthy eating.</p>
Caring	Good	<p>CQC observed that individuals received support from staff who were responsive to their needs, kind and caring. Staff communicated in a friendly and inclusive manner that reflected their communication needs.</p> <p>Staff treated individuals with dignity and respect while offering privacy and encouraging independence.</p>
Responsive	Good	<p>CQC saw that individuals were involved in developing and reviewing their support plans, but this was not always clearly evidenced in the care files. Plans reflected individual needs and preferences in good detail, which were reviewed regular.</p> <p>Individuals had access to a programme of activities and stimulation that was tailored to meet their need and preferences. This included in-house activities' and outings into the community.</p>
Well-led	Good	<p>CQC found that there were systems in place for monitoring the quality of the service provided. However, action plans did not give a timescale for identified shortfalls to be completed.</p> <p>Questionnaires and meetings had been used to ask individuals if they were happy with the care and support they received. Relatives were also consulted about the service their family member received.</p>

<p>Bryon Lodge, Run by Bryon Lodge (West Melton) Limited  Accommodation for individuals who require nursing or personal care, Dementia, Treatment of disease, disorder or injury, caring for adults over 65 years of age.  CQC Inspection published 14<sup>th</sup> January 2016</p>		
Overall Outcome	inadequate	
Safe	Inadequate	<p>CQC found that medicines were not always given correctly, as prescribed. Medication records were not always clearly completed to show the medication that individuals had received.</p> <p>CQC noted that there were not enough staff available to meet the needs of those living in the service.</p> <p>Risks related to individual care were not always assessed and monitored to ensure they received safe and appropriate care.</p> <p>CQC found that the service had a safe recruitment system in place.</p>

Effective	Inadequate	<p>CQC saw the training matrix provided by the manager showed gaps in mandatory training for a number of staff meaning that they may not be able to safely deliver care.</p> <p>One individual repeatedly requested to leave the home however CQC saw no evidence that there was an authorisation in place to deprive the person of their liberty or that this had been applied for. This showed a lack of understanding around MCA and DoLS.</p> <p>People's preferences and dietary requirements were not always taken into consideration at meal times.</p>
Caring	Inadequate	<p>CQC were informed that that staff were caring however it was observed that staff were very task orientated, and showed a lack of understanding of needs.</p> <p>CQC found that likes and dislikes were recorded in some care plans but were not always upheld by staff.</p>
Responsive	Inadequate	<p>The service was not responsive.</p> <p>CQC saw that individual care plans were not always clear. Care delivered was not always in line with care plans.</p> <p>It was noted that the service had a complaints procedure and individuals/ relatives felt able to raise concerns.</p>
Well-led	Inadequate	<p>CQC found that staff did not know their responsibilities and there was a lack of leadership within the home.</p> <p>CQC saw some systems in place to assess and monitor the quality and safety of the service however these had not been developed and actions that had been raised had not been addressed.</p> <p>CQC noted that there wasn't any evidence that individuals were asked for their views about the service.</p> <p>CQC raised their concerns with the nominated individual of the service and visited the home on 5th November 2015 to conclude the inspection and to see if they had taken any action to address the issues found on the 29 and 30 October 2015. CQC found that action had been taken.</p>



The Abbeyes Care Home, Run by The Abbeyes (Rawmarsh) Limited Accommodation for individuals who require nursing or personal care, Dementia, Physical disabilities, Caring for those over 65 years and under CQC Inspection published 6 <sup>th</sup> February 2016		
Overall Outcome	Requires Improvement	
Safe	Requires Improvement	<p>CQC were informed by some that staffing levels in their opinion were low. CQC spoke with the registered manager who told stated that they would monitor.</p> <p>CQC observed that individuals received their medicines safely and they were appropriately stored.</p> <p>It was noted that the provider had a robust recruitment policy and pre-employment checks were carried out prior to new employees commencing their role.</p> <p>We looked at care plans and found they contained a section on risks relating to people's care and support.</p>
Effective	Good	<p>CQC saw evidence to show staff had completed training relevant to their roles.</p> <p>CQC noted that the provider was meeting the requirement of the Mental Capacity Act 2005.</p>
Caring	Requires Improvement	<p>The service was not always caring.</p> <p>CQC saw that staff were kind but did not always show strategies for managing difficult situations.</p> <p>CQC were informed by staff that they would ensure individual's dignity was respected however on some occasions dignity was compromised.</p>
Responsive	Good	<p>CQC found that the home had an activity coordinator who planned events.</p> <p>It was observed that Care plans were in the process of being updated.</p> <p>CQC saw that the home had a complaints procedure and individuals /relatives stated that they would speak to a staff member if they had a concern.</p>
Well-led	Requires Improvement	<p>CQC were informed by relatives that the management team was approachable.</p> <p>CQC saw several audits had been undertaken to ensure the quality of service provision.</p>

## 17. ASSURANCE REPORTS

### 17.1 TRFT Update

#### A&E

Current position week ending 7 February 2016 was at 87.67% and YTD was 92.33% against 95% target. The Trust failed to achieve the monthly target in January and cannot achieve Q4 but still hope to achieve the month of March although this will be difficult.

Work against the recovery plan continues and monthly meetings are being held in line with the Contract Performance Notice issued in November. This is also reported through SRG to ensure the whole health economy is involved.

## **Cancer Standards**

All cancer standards are now back on track and have achieved against target in December and also against year-to-date trajectories. It remains a high priority for the Trust to maintain this position.

### **18 Weeks RTT and 52 Week Waits**

The Trust remains at one 52 week wait reported as validated position year-to-date. No cases were reported in December.

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

### **2016/17 Contract**

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

### **17.2 Associate Contracts**

Discussions are ongoing with all Associate Trusts and first cut activity position has been returned for further negotiation. A financial return was submitted in January to NHS England/Monitor by CCGs and Trusts highlighting our initial forecast position for year-end and plan for 2016/17, this is required again in March and April following ongoing negotiations.

## **18. CARE AND TREATMENT REVIEWS**

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

## **19. WINTERBOURNE SUBMISSION**

The CCG is now required to provide a weekly update on admission or discharge of Rotherham patients into an Assessment and Treatment Unit.

<b>Week commencing</b>	<b>Admission</b>	<b>Discharge</b>	<b>Number in ATU</b>	<b>Total number currently subject to Winterbourne</b>
4 <sup>th</sup> January	0	0	0	3
11 <sup>th</sup> January	0	0	0	3
18 <sup>th</sup> January	1	0	0	4
25 <sup>th</sup> January	0	0	0	4

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

**Sue Cassin – Chief Nurse**  
**March 2016**