



Rotherham Clinical Commissioning Group

Public Session

Patient Safety/Quality

Assurance report to Governing Body

NHS Rotherham CCG

1 May 2013

Patient Safety

Healthcare Associated Infection

C-Difficile Commissioner Trajectory –

The annual actual outturn for TRFT was 21, against a plan of 31. The actual outturn for Quarter 4 for TRFT was 3 against a plan of 5, with monthly actual outturns of 1 against a plan of 3 for January and 1 against a plan of 1 for February and March respectively – this includes the case from breathing space which is still awaiting amendment from Barnsley. The annual actual outturn for NHSR was 62, against a plan of 73. The actual outturn for Quarter 4 for NHSR was 12 against a plan of 25, with monthly actual outturns of 6 against a plan of 9 for January, 3 against a plan of 7 for February and 3 against a plan of 9 for March. Both TRFT and NHSR achieved within their 2012/13 trajectory.

For February and March (January having been reported previously) 3 cases were community acquired and 3 were hospital acquired. Five of the six were healthcare associated but all 6 were deemed unavoidable following root cause analysis. Four were reported by Rotherham labs and 2 from Sheffield labs (reporting on behalf of both the Hallamshire and Northern General Hospitals). Four out of the 6 cases were over the age of 65 years. Cross infection was not indicated in any of the cases.

MRSA –

The annual actual outturn for TRFT was 1 (detail provided previously), against a plan of zero. The actual outturn for Quarter 4 for TRFT was zero against a plan of zero; no MRSA blood stream infections were reported for TRFT in Quarter 4. The annual actual outturn for NHSR was 1, against a plan of 3. The actual outturn for Quarter 4 for NHSR was zero against a plan of 2, no MRSA blood stream infections were reported for Rotherham responsible patients in Quarter 4. Whilst TRFT was above trajectory by one, this case was agreed by the commissioners not to be hospital acquired as evidence from the root cause analysis suggested that infection was incubating at the time of admission. NHSR were within their 2012/13 trajectory by 2 cases.

Norovirus -

During the mid-winter months the Health Protection Agency reported high levels of norovirus circulating in the community. In recent weeks this has become a concern to TRFT who have experienced pressures as a result of existing in-patients becoming symptomatic and newly admitted patients developing symptoms shortly after admission i.e. incubating at the time of admission. Whilst the outbreaks have been managed in accordance with national guidelines management has been hindered due to the high demand/pressure on beds. The number of bed closures has been kept to a minimum with no reported impact on elective activity.

Mortality Rates

At November 2012 NHSR and TRFT are both within the Relative Risk control limits for HSMR at 97.9 and 99.7 respectively. Latest SHMI figures published in January 2013 show RFT as being “as expected”.

Serious Incidents (SIs) and Never Events (NEs)
Overall position

Position 25 March - 18 April	RFT & RCHS	RDASH	NHSR	Independent contractors	Roth residents out of area
SIs open at beginning of period	6	10	2	3	1
Closed during period	0	0	0	0	0
New during period	0	1	0	0	0
Open at end of period	6	11	2	3	1
Never Events	0	0	0	0	0
New Trends and themes	None identified	None identified	None identified	None identified	None identified

No Never Events reported between 25th March and 18th April 2013.

Children's Safeguarding

	Details of New and Open SCR by review date	SCR Action Plans Performance by exception only	
1	SCR Child S SCR un-redacted version with central government awaiting consensus as to whether it meets the government's expectations before being published. April 2013, no change to status.	SCR Action plan completed on time.	
Learning Review			
Area	Discussion	Outcome	Follow up
19.08.2012	Serious Case Review Panel death of an infant known to a number of agencies	Post-mortem raised some initial concerns. No further police investigation.	Routine CDOP and Coroner investigation before RLSCB decide if further action required.
January 2013	Section 11 Children Act 2004 Self Assessment undertaken and shared with LSCB	Evidence of compliance with statutory duty	RLSCB Challenge meeting arranged 25.4.13
Jan 2013	DRAFT PBR document highlights non-mandatory tariff for out of area placements for Looked After Children	Looked After Children health assessments are standardised and quality assured using a checklist	Looked After Children health assessments to be discussed at Local Area Team Safeguarding Meeting chaired by M. Kitching 12.4.13
April 2013	15 April 2013 publication of 'Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children (HM		Rotherham CCG undertaking a review of compliance.

	Government 2013) and The national framework 'Safeguarding Vulnerable People in the Reformed NHS': Accountability and Assurance Framework ' (NHS Commissioning Board 2013), implemented 01 April 2013.		
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Adult Safeguarding

New & Ongoing 29 January 2013 – 19 April 2013

There are currently 10 ongoing concerns, with NHSR involvement, with no change to the status of 8.

1 Safeguarding Adult Serious Case Review remains open due to ongoing discussions regarding publication. The investigation, overview report and actions are completed.

NHS Rotherham is seeking a ruling from the Court of Protection regarding an individual in receipt of CHC. Legal advice has been received from the outset of the case.

Legal advice has been sought in relation to a client in receipt of CHC regarding challenging behaviour from the clients family directed at the care provider staff.

ID No:	Details
21/12/2012	Local Authority met with providers on 16.01.2013, regarding quality and safety issues within a care home. Following this meeting LA agreed that they still didn't have assurances that the action plan/improvements were being addressed swiftly enough. LA therefore agreed a formal suspension of placements and served a default notice. LA will be reviewing progress in 6 weeks time. New manager now in place. To implement new medicines dispensing system.
28/03/2013	Safeguarding concerns raised & contract concerns form completed by Local Authority – re Local care home - whistleblower re staffing issues & poor practice. 3 CHC resident in place and CHC are investigating.
30/03/2013	CQC issued a warning notice to a care home regarding Outcome 4 (care and welfare of people who use services). Placements have been temporarily withheld. Strategy/information meeting has been held, no further information available at this time.

CQC Inspections

The planned CQC/health/LA information sharing meeting on the 18th March was cancelled, so no recent updates available.

- 8 visit undertaken to care homes within Rotherham - 4 found to be compliant with outcomes inspected, 2 were given minor actions and 2 have received warning notices (1 for staff shouting at a services user in the car park and 1 for outcome 5, Nutrition) one of them is to have a further unannounced visit in the near future.
- All Dental Practice follow-up visits are completed and all were found to be compliant and all Dental Practices are to have their initial visits completed by end of September 2013
- All GP practices now registered with CQC.

Deprivation of Liberty Safeguards (DoLS)

One request for DoLS authorisation received from TRFT 28/03/2013 accompanied by urgent authorisation. DoLS not authorised as failed eligibility criteria by assessing s12(2) doctor as patient liable to be detained under Mental Health Act (MHA). Patient subsequently detained under s2 of MHA on 30/03/2013.

Issue re use of DoLS and MHA in hospital to be addressed separately with Head of Contracts and SI (MH/LD/Specialist Services).

DoLS and Mental Capacity Act (MCA) covered in a workshop at the March Protected Learning Time event for GPs and Practice Nurses.

Continuing Healthcare

- The final Structure for the Commissioning Support Unit (CSU) Continuing Health Care (CHC) is now in place and the operational lead has changed for Rotherham and a handover plan is now completed.
- The National Framework for NHS CHC and NHS Funded Nursing Care (FNC) (2012) comes into use from the 1st April 2013. There has been an individual appointed to identify the training needs and provide an action plan on how this can be addressed by the CSU.
- CHC have 1 remaining Rotherham case which is going through Court Of Protection (CCG Head of Contracting and Service Improvement Acute and Community remains involved). The one very delicate case with multiple safeguarding issues is having a strategy meeting this week.
- There is 1 new case which has also been investigated by safeguarding due to issues regarding the family.
- CHC have been asked to be involved by safeguarding regarding issues identified by a previous member of staff at a care home, all CHC patients have had a review undertaken and the remaining FNC will be completed.

Fractured Neck of Femur indicator

The readmission rate for NHSR for Dec 11-November 2012 stands at 11.4% marginally higher than the expected rate.

Stroke

In February the stroke metric for 90% of time spent on a stroke ward did not meet the 80% target. Performance dropped to 70.59% (24/34) due to a number of contributing factors which have been escalated throughout the trust. These were mainly due to an increase in the number of people being admitted to the hospital as a whole, increase in stroke/TIA's as a result of the stroke campaign, increase in the number of sick people in hospital and an increase in outliers and the trust wide nursing resource issue.

The current YTD position is 86.01% (289/336).

CQUIN Update

The data submission for The Rotherham NHS FT 2012-13 CQUIN, Quarter 4 performance was received mid-April 2013 and the final year-end position will be available by the end of April 2013.

With regard to the 2013-14 CQUIN scheme the high level goals and financial weightings have been agreed with the Trust. The detail of the individual indicators within the scheme is to be finalised and agreed by 30th April 2013.

Patient and Public Experience (PPE)

Complaints

Serious Complaints Quarter 4 – January to March 2013

Service		Q(1,2,3 or 4) Exception Report – Complaint Summary	Risk Rating (only include any moderate or high risk)
Complaint Area	Complaint Code		
NHS Rotherham Commissioning		Nil	
Independent Contractors		Nil	
Multiagency		Nil	

PPE

- **Patient Opinion summary Jan-March2013** - 34 posts, covering more than 34 services. Slightly more praise than criticisms. Minority of comments on GP and mental health services (3). Most around TRFT; responses seem to be more proactive of late, saying issues will be passed to service areas and acted on. Some really praising the services (*staff treated me with respect and consideration; saved my life*). However of the criticisms, several (5) referred to staff not having enough time (*'not enough nurses to make sure patients were cared for' 'overworked but professional' 'too busy to give me painkillers'*). Secondary were comments on poor communication.
- **Work with looked after children** – as part of hearing the voices of looked after children, the CCG has developed a 'listening card' and are collating final comments and feedback from stakeholders before this is distributed to children and young people in the next few months.
- **Friends and Family Test (FFT)** – the CCG PPE lead is working with Rotherham Hospital to ensure that they will be collecting this data from A&E and adult acute patients from April, and that they have mechanisms in place to ensure a sufficient number of responses. To date, response numbers have been low overall, though variable between clinical areas. For Feb – first full month, rate was 6.2% in acute, 0.03% in A&E (1 response from 3300 attendances). Some inpatient wards have had 20+ responses; others none. Only one response has not been positive (B1). The Trust is seeking to improve the response rate by providing paper alternative in addition to the touch screens that have to be specifically requested. It is hoped that the FFT will generate more useful real time patient feedback than available before, and that this will in turn generate real service improvement. The next stage will be looking at how the qualitative data from this is reported and used, and looking towards the test moving out to mental health and maternity services.
- **PPG network** –invitations have gone out for the next PPG network in April. Main agenda items will be sharing successes (aiming to build sustainable PPGs), and a presentation/discussion on the Francis report, **and its relevance to quality and patient voice**; looking at how the patient voice can be both better heard and better used.
- **Transition** – work has been undertaken to minimise risk and disruption of transition alongside the cessation of the PALS service. **There has unavoidably been a very brief period where contact numbers have been limited.** This has been due to the locally delayed start for HealthWatch, and delays in promoting and rolling out 111; establishment of NHS England Central Contact Centre. To date, two members of the public have raised concerns about the information and support

available to the public; these have both been resolved. Work has already started to form a working relationship with the new HealthWatch provider (Parkwood Healthcare), in light of their role in flagging up issues and concerns for patients and the public.

Eliminating Mixed Sex Accommodation

No Breaches reported

Assurance Reports

Senior Nurse Walkabout 13 March 2013

The focus continues to be the dignity, nutrition, single sex accommodation, Dress Code Standards and patient experience.

Overall the walkabout was positive with some really good practices taking place coupled with some areas that required further development. Positive and areas for improvement are fed back to the Ward Teams immediately.

It was reiterated that Registered Nurses need to be involved and leading meal time process ensuring that all areas utilise the 'Red Serviette' process. This process discreetly identifies patients who, for whatever reason, who require additional support at meal times; it is an effective way of ensuring that their nutritional requirements are appropriately managed.

External Investigations

Sue Cassin

Head of Quality/Lead Nurse