

**Public Session**

**PATIENT SAFETY/QUALITY**

**ASSURANCE REPORT**

**NHS ROTHERHAM CCG**

**4<sup>TH</sup> NOVEMBER 2015**

## **CONTENTS**

<b>1.</b>	<b>HEALTHCARE ASSOCIATED INFECTION .....</b>	<b>3</b>
<b>2.</b>	<b>MORTALITY RATES .....</b>	<b>3</b>
<b>3.</b>	<b>SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE).....</b>	<b>4</b>
<b>4.</b>	<b>CHILDREN'S SAFEGUARDING .....</b>	<b>4</b>
<b>5.</b>	<b>ADULT SAFEGUARDING.....</b>	<b>7</b>
<b>6.</b>	<b>DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS).....</b>	<b>9</b>
<b>7.</b>	<b>ADULT CONTINUING HEALTHCARE.....</b>	<b>10</b>
<b>8.</b>	<b>CHILDREN'S CONTINUING HEALTHCARE .....</b>	<b>10</b>
<b>9.</b>	<b>PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE (PHB).....</b>	<b>11</b>
<b>10.</b>	<b>PREVIOUSLY UNASSESSED PERIODS OF CARE (PUPoC) .....</b>	<b>11</b>
<b>11.</b>	<b>FRACTURED NECK OF FEMUR INDICATOR .....</b>	<b>11</b>
<b>12.</b>	<b>STROKE.....</b>	<b>12</b>
<b>13.</b>	<b>CQUIN UPDATE .....</b>	<b>12</b>
<b>14.</b>	<b>COMPLAINTS.....</b>	<b>12</b>
<b>15.</b>	<b>ELIMINATING MIXED SEX ACCOMMODATION.....</b>	<b>12</b>
<b>16.</b>	<b>CQC INSPECTIONS.....</b>	<b>12</b>
<b>17.</b>	<b>ASSURANCE REPORTS .....</b>	<b>14</b>
<b>18.</b>	<b>CARE AND TREATMENT REVIEWS.....</b>	<b>15</b>
<b>19.</b>	<b>WINTERBOURNE SUBMISSION.....</b>	<b>15</b>

## NHS ROTHERHAM

### 1. HEALTHCARE ASSOCIATED INFECTION

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

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

**TRFT :**

- MRSA – 0
- MSSA – 2 (monthly actual) 16 (YTD)
- E Coli – 24 (monthly actual) 103 (YTD)
- C-Difficile:

TRFT		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	N/A	N/A	N/A	N/A	N/A	N/A
	Monthly Plan	2	2	2	2	3	2	2	2	3	2	2	2
	YTD Actual	0	4	5	9	9	13	N/A	N/A	N/A	N/A	N/A	N/A
	YTD Plan	2	4	6	8	11	13	15	17	20	22	24	26

**NHSR:**

- MRSA – 1 YTD (YTD plan 0)
- MSSA – 6 (monthly actual) 27 (YTD)
- E Coli – 30 (monthly actual) 123 (YTD)
- C-Difficile:

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2015/16 Target = 63</b>	Monthly Actual	4	9	9	13	6	10	N/A	N/A	N/A	N/A	N/A	N/A
	Monthly Plan	5	6	6	6	4	4	5	6	5	6	4	6
	YTD Actual	4	13	22	35	41	50	N/A	N/A	N/A	N/A	N/A	N/A
	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 MESS database. Please note the above figures may not exactly match the C.Diff figures which are discussed at the Post Infection Review meetings with TRFT.*

### 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 Local Outcomes Framework Incentive (LOFI) submissions. HSMR for June is 108.35, showing a slight decrease on previous month but still above target of 100, and has plateaued across the year. Palliative care coding is continuing to trend downwards.

In the diagnostic groups 'other lower respiratory disease' and 'heart failure non-hypertensive' are currently under review.

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

SI Position 22.09.2015 – 19.10.2015	TRFT	RDASH	NHSR CCG	Ind. Contractors	Roth residents out of area	YAS	PHE/ NHSE
Open at start of period	41	8	1	0	2	0	0
Closed during period	0	0	0	0	0	0	0
De-logged during period	2	2	0	0	0	0	0
New during period	1	3	0	0	0	1	0
Open at end of period	40	9	1	0	2	1	0
Never Events	0	0	0	0	0	0	0
Overdue reports	10	0	0	0	0	0	0
New Trends and themes	No	No	No	No	No	No	No

### 4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
Aug 2014 – 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>
January 2015	Attendance by RCCG at LSCB CSE sub-group is the Chief Nurse or Chief Officer.		NHS RCCG is in the process of commissioning bespoke CSE training for March 2016 for all Independent Providers from a nationally respected speaker.

#### 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.
23 – 16 Feb 2015	TRFT had there 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.	A written report will be published.	
June 2014	Independent Review of NHS and Dept of Health into matters relating to Jimmy Savile. Monitor letter for a response by Foundation Trust 15.6.15	Rotherham health providers shared the Monitor report with the CCG.	Designated Nurses across South Yorkshire and Bassetlaw have undertaken a review of responses to ensure no area is an outlier. The report was feedback to NHS England on SY&B in September 2015.
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. 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 2015 same day as an independent

Date	Discussion	Outcome	Follow up
			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
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
July 2015	Female Genital Mutilation (FGM) Where FGM is identified in NHS patients, it is now mandatory to record this in the patient's <a href="#">health record</a> . Since September 2014, all acute trusts are required to provide a monthly report to the Department of Health on the number of patients who have had FGM or who have a family history of FGM. This information will be anonymous and no personal confidential data will be shared as a result of the information collection.	Provider trusts are mandated to report any cases of or suspected cases of FGM. From September 2014 acute trusts have provided monthly data and from October 2015 There are legislative measure being brought through the Serious Crime Act 2015 to ensure that FGM is reported. GPs are being mandated from October 2015 to report FGM.	If the patient has been undertaken a referral to a specialist FGM clinic should always be considered. If a child is identified as being at risk of FGM, then this information must be shared as part of safeguarding actions. Anyone found guilty of failing to protect a girl at risk of FGM faces up to 7 years in prison, a fine or both.

## 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	SCR Panel has agreed the methodology and terms of reference of the	Media reporting following court case to restrict access by father – highlights child injured

Area	Discussion	Outcome	Output
	injuries were potentially non-accidental and whilst under investigation the infant sustained further bruising.	SCR. The methodology to be utilised is a Significant Incident Learning Process (SILP).	whilst in hospital. Publication of the report will happen after the Court Case.
May 2015	TRFT recorded a Significant Event regarding an infant who was admitted to Children's Ward 1, 24 <sup>th</sup> April 2015 for severe faltering growth. the child was known to be under the care of TRFT Paediatric Services, Dietetic Services, Health Visiting, and Primary Care.	Terms of Reference for the Significant Event investigation have been agreed. Meetings set up to undertake a Root Cause Analysis (RCA). The extent to which care was compliant with national and local practice regarding poor weight gain.	The methodology to be used will facilitate practitioner engagement and reflection.  Lessons learnt will be written up and shared with multi-agency partners.

## 5. ADULT SAFEGUARDING

### 5.1 Headlines

The Public Protection Unit within South Yorkshire is undergoing a number of re structures with the implementation of the Safeguarding Adult Team. Each area will have a Detective Inspector with more sergeants and detectives. The teams will address high risk Domestic Violence cases and progress with "Claire's Law" and disclosures. A safeguarding Adults investigation will be where there is a lack of care or breach or neglect of safeguarding duties.

The South Yorkshire Safeguarding Adult Procedures have been finalised and were launched on the 5<sup>th</sup> October. RMBC Adult Safeguarding Team has also taken the opportunity to use the region wide referral/recording forms. Both of the above will be open for discussion and consultation again in six months' time.

Mike Briggs the independent Consultant commissioned by Rotherham Safeguarding Adult Board is in the process of writing the Safeguarding Strategy which will be presented to the November board.

Sandie Keen the new independent chair of the Safeguarding Adult board is to meet members of the board on the 21<sup>st</sup> October

Graeme Betts the interim Director of Adult Social Services has written to members of the Safeguarding Adult Board informing them that he is in the process of identifying an independent professional to complete a Safeguarding Adult Review (formally a Serious Case Review).

In line with the Prevent Statutory Duty RCCG staff have undertaken the HealthWrap 3 training which seeks to stop people becoming radicalised and supporting violent extremism. A mop up session has been organised for those who were unable to attend.

### 5.2 Care Home update

In August 2014 concerns were raised nationally regarding the quality and safety of care at Four Seasons Care Homes across England.

Following on from numerous meetings between NHS England, CQC and Four Seasons Health Care concerns were noted and action plans agreed. In September 2015 Four Seasons were able to demonstrate significant improvements in the quality of care. Due to these improvements surveillance will now continue to be monitored more locally. In Rotherham there is one Four Seasons Nursing Home (Layden Court) which has a number of CHC and FNC funded clients. At

this present time RMBC have noted that improvements continue to be made and the CHC team are to revisit the home in the next week to following up on the Safe and Well and checks.

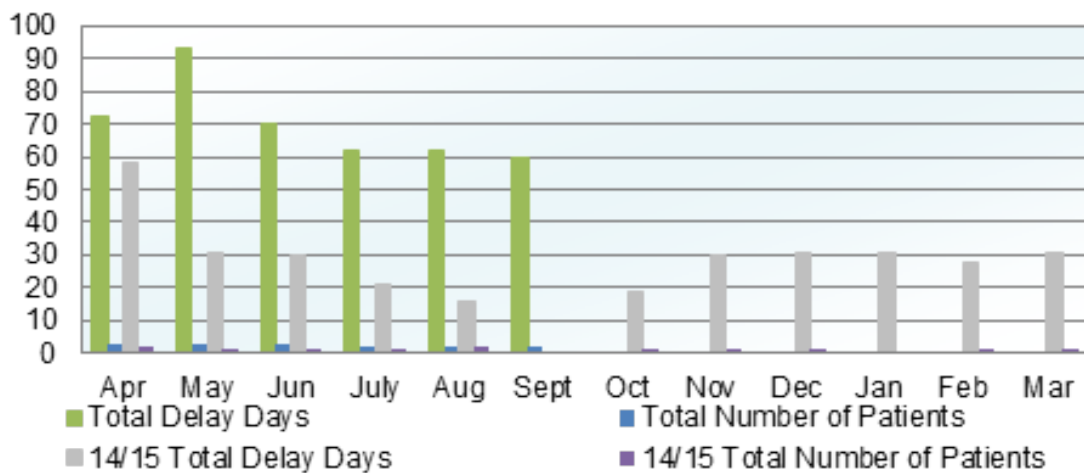
### 5.3 Adult mental Health Services (including Delayed Transfers Of Care, DTOC)

The Older People’s pathway is now fully operational and supporting reductions in delays. Colleagues in RMBC are facilitating the formal agreement of the Older People’s, Adult and Learning Disability pathways in late November. The only significant delay relates to the placement of a complex individual. RMBC, Rotherham CCG and RDaSH are working together to facilitate this discharge as soon as possible.

Delays to be closely monitored by the mental health case manager and colleagues from RMBC and RDaSH.

See below the graph of DTOC for Adult services.

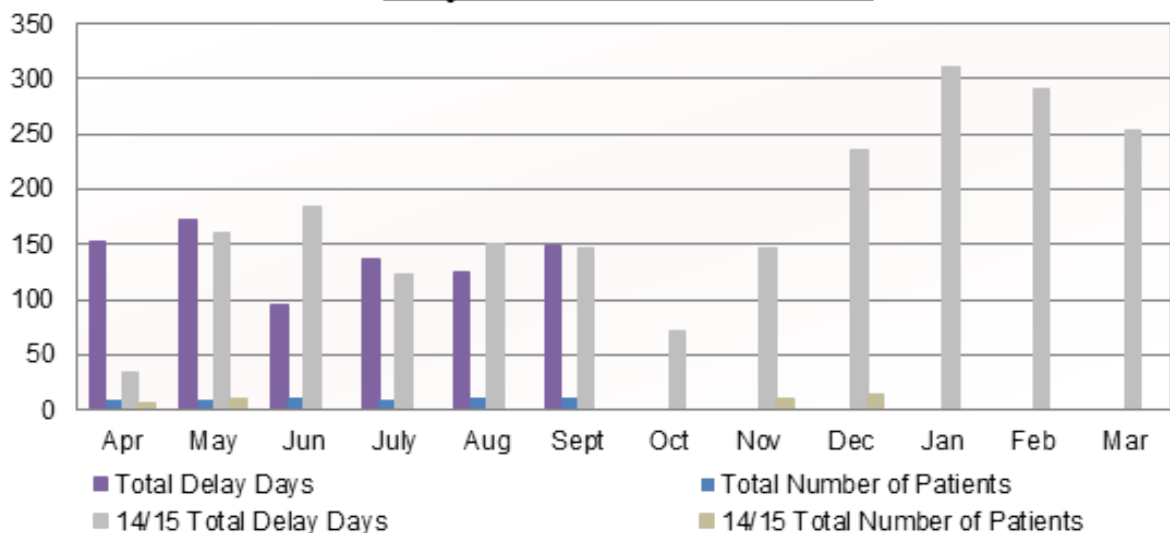
**Delays in Transfer of Care - AMHS**



### 5.4 Older Peoples Mental Health Services

See below the graph of DTOC for Older Peoples services

**Delays in Transfer of Care - OPMHS**





## 6. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

### 6.1 Deprivation of Liberty Applications

Hospitals (Acute):	Rotherham Foundation Trust (10), (9) Not Granted, (1) Assessment not yet completed Oakwood Community Unit (2), Not Granted
Hospitals (Psych)	Woodlands, Rotherham (3), (1) Not Granted, (2) Assessment not yet completed
Care Homes	Athorpe Lodge, Sheffield (4), Assessment not yet completed Birchwood Grange, Nottinghamshire (1), Assessment not yet completed Byron Lodge, Rotherham (1), Not Granted Cherry Trees, Rotherham (3), Assessment not yet completed Eastwood House, Rotherham (1), Assessment not yet completed Greasbrough Residential and Nursing Home, Rotherham (28), Assessment not yet completed Greenside Court Care Home, Rotherham (1), Authorised Laureate Court, Rotherham (5), (1) Authorised, (4) Assessment not yet completed Layden Court Care Home, Rotherham (1), Assessment not yet completed Longley Park View, Sheffield (1), Authorised Lord Hardy Court, Rotherham (1), Authorised Low Laithes Village, Barnsley (1), Authorised Mulberry Manor, Rotherham (2), Assessment not yet completed The Queens Care Home, Rotherham (3), (1) Authorised, (2) Assessment not yet completed Silverwood Care Home, Rotherham (1), Authorised
	St James Court, Barnsley (1), Authorised

### 6.2 Ongoing Deprivation of Liberty Applications

Hospitals (Acute)	Rotherham General Hospital, Rotherham (1), St James Hospital, Leeds (1)
Hospitals (Psych)	The Ferns, Rotherham (1)
Care Homes	23 Cecil Road, North Notts (1), Athorpe Lodge, Rotherham (4), Autism Plus, Doncaster (1), Byron Lodge, Rotherham (6), Cambron House, Rotherham (3), Canterbury Close, Rotherham (1), Cherry Trees, Rotherham (3), Clifton Meadows, Rotherham (2), David Lewis Centre, Alderley Edge (1), Davies Court, Dinnington (1), Dearnevale, Barnsley (1), Dene Brook, Rotherham (2), Emyvale House, Rotherham (1), Fairwinds, Rotherham (1), Fenney Lodge, Rotherham (1), Forest Hill, Worksop (2), The Glades Ward, Rotherham (5), 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 (2), Levitt Mill, Rotherham (1), Longley Park View, Sheffield (3), Lord Hardy Court, Rotherham (3), Low Laithes Village, Rotherham (1), Loxley Court, Sheffield (2), Meadow View, Rotherham (1), Moorgate Hollow,

	Rotherham (1), Nightingale Croft, Rotherham (1), Nightingale, Sheffield (2), Queens Care Home, Rotherham (1), Rivelin House, Sheffield (3), Silverwood, Rotherham (2), St James Court Care Home, Sheffield (1), Sunny Banks, Eastleigh (1), Swallownest Care Home, Sheffield (1), Swinton Grange, Rotherham (2), The Beeches, Rotherham (1), The Hawthornes, Cheshire (1), The Hesley Group, Doncaster (1), The Lodge, Sheffield (3), Victoria Care Home, Worksop (1), Waterside Grange, Dinnington (1), Willowbeck, Sheffield (1)
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## 7. ADULT CONTINUING HEALTHCARE

### 7.1 Headlines

Recruitment to vacant Continuing Healthcare nursing posts agreed and recruitment is underway.

Planned intervention between providers and commissioners will be utilised to identify delayed discharges related to the Continuing Healthcare service and action plans to reduce delays will be actioned.

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. The audit findings will also be presented to the CCGs Operational Risk, governance and Quality Management Group.

### 7.2 Reports

W/C	03/08/15	14/09/15	12/10/15
<b>Total Number Eligible Patients</b>	634	620	628
<b>Total % Outstanding Reviews</b>	47.79%	52.26%	51.91%
<b>Total Number of Outstanding Reviews</b>	303	324	326
<b>Number of LD Team patients Eligible</b>	120	120	124
<b>% of LD Team reviews outstanding</b>	57.50%	59.17%	54.84
<b>Number of outstanding LD Team reviews</b>	69	71	68

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

Outstanding reviews remain at around 50%, the impact of transitioning of services and vacant posts are having an impact in reducing outstanding reviews.

Additional issues that have been reported previously regarding data extrapolation from the current recording system are also providing the CCG with potentially incorrect reportable figures; this will be addressed as part of the transition.

A developed audit tool for self-assessment in provision of Continuing Healthcare will be shared with operational leads and is planned to be implemented on the 1st December 2015.

Developed Key Performance Indicators are completed and will be shared with the operational team, these are also planned to be implemented on the 1st December 2015.

## 8. CHILDREN'S CONTINUING HEALTHCARE

### 8.1 Headlines:

Review of the panel process for Children is underway to ensure the process is meeting the requirements set out in the (2015) Draft Children's and Young Peoples Continuing Care Framework.

Recruitment to a vacant children's nursing post has been agreed and the recruitment process has commenced.

Audit of seven Children's and Young People's Continuing Care assessments have been completed by the Head of Clinical Quality this month, results of the audit will be presented to the

Operational lead for Continuing Healthcare for action. The audit findings will also be presented to the CCGs Operational Risk, governance and Quality Management Group.

The Children's service continues to be housed at 772 Building in Sheffield and requests have been made to transfer the team to the 'Hub' in Doncaster so that the full team is housed together with the operational lead.

The operational lead with the support of The Head of Clinical Quality is currently reviewing the children's process and decision making regarding Continuing Care provision.

## 8.2 Reports

Children's Continuing Care					
Months	Aug	Sept	Oct	Nov	Dec
Total number of Eligible patients	64	45			
Total outstanding Reviews	0	0			

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

Date	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Number RCGG CHC patients eligible for a PHB	620	628				
Number of RCGG CHC patients in receipt of a PHB	82	91				

Detailed are the agreed national reportable PHBs, patients with actual support plans are 18. No additional support plans were agreed this month, the increase in reportable PHBs are related to community transfers of patients care already in receipt of direct payments and a change of funding responsibilities from the local authority to RCGG.

Audit of one Personal Health Budget Support Plan has been completed by the Head of Clinical Quality, results of the audit will be presented to the Operational lead for Continuing Healthcare for action. The audit findings will also be presented to the CCGs Operational Risk, governance and Quality Management Group

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

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							
Submitted NHSE agreed trajectory	14	14	14	14	14	14	14	14	14
Expected outstanding reviews against trajectory.	182	168							
Trajectory outcome	+2	-7							

This month indicates that the CCG is 7 cases below its agreed trajectory agreed with NHS England, Doncaster CCG the lead commissioner is reviewing the PUPoC process on behalf of Rotherham and a group of other CCG. Regular communications regarding progression for the closure date of March 2017 is communicated via Chief Nurses and the responsible PUPoC lead at NHS England.

## 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 117 against year-to-date target of 103 as at end of August.

## **12. STROKE**

There continues to be improvement in performance across all stroke indicators month-on-month with only 3 out of 10 now not achieved as at end of August, all of these have improved against previous months.

Achievement of a consistent performance is proving challenging and the action plan for Stroke is now encompassing a wider discussion on how the service will be taken forward, particularly in respect of a Hyper-Acute Stroke Unit (HASU) across South Yorkshire. This work will form part of the Working Together Collaborative.

80% of stroke patients spending 90% of their stay on the Stroke Unit was achieved in September 2015, achieving 86% (37 patients out of 43). YTD this measure is achieving with a performance of 85.5% (183 patients out of 214).

## **13. CQUIN UPDATE**

### **13.1 RDaSH**

Quarter 1 has been signed off. Awaiting quarter 2 reports at the end of October.

### **13.2 Hospice**

Quarter 1 has been signed off. Awaiting quarter 2 reports at the end of October.

### **13.3 TRFT**

The Trust has achieved 84% overall for Q1 CQUIN indicators. Q2 is due to be reported in early October.

The areas that remain at risk of year-end achievement are Dementia FAIRI, Clinical Communications and Sepsis.

## **14. COMPLAINTS**

**TRFT** - The number of complaints reported during August was 30, slightly lower than previous month. The Trust remains below trajectory at 155 year-to-date against 250 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 August bringing the year-to-date figure to 8 overall against a target of zero. The July breaches were incorrectly reported by the Trust and should have been 5 rather than 6.

## **16. CQC INSPECTIONS**

### **16.1 TRFT**

TRFT has generated action plans for the two CQC inspections and these are to be monitored through Contract Quality Meetings as a regular monthly agenda item. All actions are on track for completion to planned timescales and a further update is due at the end of October.

### **16.2 RDaSH**

RDaSH had a planned inspection starting w/c 14<sup>th</sup> September, for all of their services. The CCG was involved in a commissioner feedback session. No formal feedback has been received to date.

### **16.3 Hospice**

No further update from the Hospice.

## 16.4 Swinton Grange Nursing Home

Run by Hermes Care Ltd. Accommodation for individuals who require nursing or personal care including Dementia, Diagnostic and screening procedures, Treatment of disease, disorder or injury, caring for adults over 65 years of age. CQC Inspection published 25<sup>th</sup> September 2015. The CQC inspection covers five main areas of; - **Safe, Effective, Caring, Responsive and Well-led**. The overall outcome for the service was requires improvement.

### **Safe – requires improvement.**

CQC found that some medications were not stored correctly and temperatures of the room where the medicine trolley was stored were not taken.

CQC saw evidence of policies and procedures in place to safeguard individuals from abuse. Staff were knowledgeable about how to recognise and report abuse.

Care and support was planned and delivered in a way that ensured individuals were safe. CQC saw care plans included areas of risk. However it was noted that one individual's care plan did not contain relevant/correct information meaning that their safety could be compromised.

CQC observed enough staff with the right skills, knowledge and experience to meet individual's needs.

Documents provided gave evidence that the service had robust arrangements in place for recruiting staff.

### **Effective – Good**

CQC observed a number of staff files and found training certificates were in place. The registered manager had a training matrix which indicated what training had been completed and what was required.

Staff demonstrated an awareness of the Mental Capacity Act 2005 and had received training in this area.

### **Caring – Good**

During the inspection CQC observed staff interacting with individuals. It was evident that staff knew the group well and they offered and respected individual's choices and preferences. It was noted that the home had a very homely atmosphere and individuals appeared comfortable with staff.

### **Responsive – Good**

CQC saw that care plans included all areas of care/support covering personal care, communication, nutrition, and consent. The Care plans were regularly reviewed to ensure they were applicable to the individual's needs.

The service had a complaints procedure in place and individuals knew how to raise concerns.

### **Well-led – Requires improvement**

CQC noted that the registered manager was supported by a team of nurses including the deputy manager. One nurse was on duty at all times and they managed the shift including supporting the staff group and individuals who used the service.

CQC found various audits had taken place to make sure policies and procedures were being followed however it was also not that actions were not always clearly identified and recorded and only gave space for yes or no answers.

## 16.5 Athorpe Lodge Care Home

Run by Athorpe Health Care Ltd. Accommodation for individuals who require nursing or personal care, Dementia, Treatment of disease, disorder or injury, caring for adults over the age of 65 years of age. CQC Inspection published 2<sup>nd</sup> October 2015. The CQC inspection covers five main areas of; - **Safe, Effective, Caring, Responsive and Well-led**. The overall outcome for the service was **Good**.

### **Safe - Good**

CQC were assured that staff were knowledgeable about how to recognise signs of potential abuse and how to report. They saw assessments which identified risk to individuals and management plans were in place to reduce the risk.

Recruitment processes were robust and assisted the employer to make safer recruitment decisions. CQC observed that there were sufficient staff on duty to meet the needs of those living in the home during the inspection.

Robust systems were in place to ensure individuals received their medications safely. Key staff received medication training.

### **Effective – Good**

CQC found the majority of staff had completed training in the Mental Capacity Act and understood how to support individuals whilst considering their best interest. Documentation demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Training records showed that staff had completed comprehensive induction and a varied training programme was available that assisted them to meet the needs of those who they supported.

### **Caring – Good**

CQC noted that staff were kind, patient and respectful to individuals, and they seemed relaxed in the company of staff. Staff demonstrated a good awareness of how they respected individual's preferences and ensured their privacy and dignity was maintained.

### **Responsive - Good**

It was evident that individuals had been encouraged to be involved in their assessments and planning of care. The care plans reflected needs and were reviewed and updated in a timely manner.

The home had dedicated activity staff that provided a varied programme of social stimulation and themed events.

CQC were reassured that there was a system in place to inform individuals how to make a complaint and how it would be managed. Individuals informed the inspectors that they would feel comfortable raising concerns with the management team.

### **Well-led - Good**

CQC were informed by individuals that the acting manager was approachable, ready to listen and acted promptly to address issues.

CQC were assured that there were systems in place to assess the home was operating correctly and individuals were satisfied with the service. This included meetings and audits. Action plans were used to address any concerns that needed improving.

Staff informed the inspectors that they were clear about their roles and responsibilities and had access to policies and procedures.

## **17. ASSURANCE REPORTS**

### **17.1 TRFT Update**

#### **A&E**

Current position at 19 October for Q3 is 90.94% and YTD is 93.78% against 95% target. Performance has continued to decline during September and October due to staffing and bed pressures. TRFT failed the Q2 target, although a plan is now in place to recover the Q3 and YTD position. An extraordinary meeting was held early October to discuss robust short and longer term plans for improvement through the winter period and improvement in the position has been seen over the last week. Discussions have also been held with NHS England around recovery plans and a further meeting will be held with TRFT in November to consider the position. If improvement has not been achieved then a Contract Performance Notice will be issued.

## Cancer Standards

The Trust's performance in July remained strong across most indicators although the 62 day standard for referral of suspected cancer failed to achieve trajectory at 83.84% against 85% target. Compliance for year-to-date continues to be achieved across all of the cancer standards.

### 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 August.

The 18 week referral to treatment position is confirmed as all three standards achieved as at end of August including all at specialty level.

## 17.2 Associate Contracts

**Sheffield Children's Hospital** – Confirmation has been received that a Rotherham patient who was at risk of failing 52 week wait standard has attended for surgery so no breach is to be reported. The CCG received a letter from SCH advising of restrictions to elective surgery for a one week period in October which may be repeated through the winter period. Assurance has been sought that this will not clinically affect any patients and advice is that GPs should continue to refer as normal as elective patients will be managed through usual channels. This will not affect emergency admissions.

**Doncaster & Bassetlaw NHS FT** – A new healthcare provider commenced as front-end emergency triage for all patients attending A&E at Doncaster Royal Infirmary. This will help to triage patients into alternative pathways who do not require immediate emergency medical attention. A separate contract has been generated and RCCG is an associate to this, it is expected to provide a reduction in cost for emergency care at DRI over the remainder of the year.

## 18. CARE AND TREATMENT REVIEWS

There have been no Care and Treatment reviews in the period.

## 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.

Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
14 <sup>th</sup> September	0	0	0	4
21 <sup>st</sup> September	0	0	0	4
28 <sup>th</sup> September	0	0	0	4
5 <sup>th</sup> October	0	0	0	4

Of the 4 noted above, transition has commenced with a planned discharge within 4 weeks. Following the failure of a planned provider, an alternative provider has been identified. Rotherham CCG continues to support the clinical team to expedite discharge as quickly as possible by use of the Care and Treatment review process. NHS England are aware of the delays in these two specific cases as they have passed their planned discharge dates.

Discharge planning has commenced for the third patient, with a planned discharge to be facilitated by the Local Authority to a local facility. This is anticipated to be completed by w/c 19<sup>th</sup> October.

The fourth patient has a planned discharge in April 2016 in-keeping with his clinical condition. This is being supported by a planned Care and Treatment review.

**Sue Cassin – Chief Nurse**  
**November 2015**