

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

1st October 2014

CONTENTS

1.	PATIENT SAFETY	3
2.	MORTALITY RATES.....	3
3.	SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE).....	4
4.	CHILDREN'S SAFEGUARDING	4
5.	ADULT SAFEGUARDING.....	5
6.	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)	6
7.	CONTINUING HEALTHCARE (CHC).....	6
8.	FRACTURED NECK OF FEMUR INDICATOR	7
9.	STROKE.....	7
10.	CQUIN UPDATE	8
11.	COMPLAINTS	8
12.	ELIMINATING MIXED SEX ACCOMMODATION.....	8
13.	CQC INSPECTIONS.....	8
14.	ASSURANCE REPORTS	10

NHS ROTHERHAM

1. PATIENT SAFETY

Healthcare Associated Infection

- 1.1 RDaSH** - There has been 1 case of C-Diff in June, which was acquired in the community.
- 1.2 Hospice** - As at the end of Quarter 1, there was 1 patient admitted to the Hospice who already had MRSA.
- 1.3 TRFT** -
- MRSA** – monthly actual 0 YTD actual 0
 - MSSA** – monthly actual 0 YTD actual 2
 - E Coli** – monthly actual 20 YTD actual 72
- C-Difficile:**

RFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 Target = 24	Monthly Actual	2	3	3	2	2							
	Monthly Plan	3	3	1	2	2	3	2	1	1	2	2	2
	YTD Actual	2	5	8	10	12							
	YTD Plan	3	6	7	9	11	14	16	17	18	20	22	24

1.4 NHSR

C Diff monthly actual 2 YTD actual 33

2. MORTALITY RATES

The latest data in Dr Foster for the period June 2013 to May 2014 show TRFT at 83.00, which shows that the Trust are continuously under the national benchmark of 100. The Trust remains in the lower quartile when compared to regional peers with only Hull and East Yorkshire Hospitals NHS Trust and Airedale NHS Foundation Trust performing better.

There has been an increase in the HSMR for May 2014 to 98.49 which is the highest it has been since June 2013. The Trust have undertaken focussed analysis on the percentage of patients that are falling within the 0-10% risk decile of death and it would appear that this goes somewhere to explaining the increase. The high percentage of patients within the low risk decile would suggest that there may have been an issue with the coding of patients during this period or the quality of clinical noting by doctors. Therefore, TRFT are undertaking a piece of work to look at all these individual patients within the low risk decile and ascertain that the coding is of a high standard and where it is confirmed that the coding is accurate then to discuss with the responsible Consultant directly to confirm that all co-morbidities have been recorded.

The outcome of this work will be reported through the Contract Quality Meeting in November.

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

The RCCG Chief Nurse is currently developing a procedure covering the CCG process for dealing with SIs reported by providers of NHS services commissioned by RCCG, intended to provide clarity and assurance.

SI Position 12.08.14 – 12.09.2014	TRFT	RDASH	NHSR CCG	Ind. Contractors	Roth residents out of area	YAS	PHE/ NHSE
Open at beginning of period	48	11	2	0	6	1	0
Closed during period	11	4*	0	0	1	0	0
New during period	18	2	0	0	0	0	0
Open at end of period	55	9	2	0	5	1	0
Never Events (New)	0	0	0	0	0	0	0
New Trends and themes	0	0	0	0	0	0	0

*1 De-logged

4. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up
April 2013 to present	Following two suicides (Nov 2012, Feb 2013) children and young people at a local school also had to contend with the tragic expected death of a young person (April 2013).	RLSCB have published multi agency practice guidance on handling potential suicide clusters. This document has been shared with other areas as the incidence of adolescents suicide is increasing. The document has been discussed with the national NHS England Safeguarding Lead as good practice guidance.	An Independent Author has been commissioned to publish a lessons learnt document. The report has been sent back to the Authors for further work and clarification. <i>Report expected in Autumn – will be presented to LSCB partners before publication.</i>
Aug/Oct 2014	Child Sexual Exploitation (CSE) annual report due to be published in addition there are continued issues with runaway Children/Young People associated with CSE.	National police alert system being discussed at CSE Sliver meeting. 'Health Economy' to be invited to discussions. <i>Report published August 2014, media interest immense. Negative press received for LA and Police</i>	National training on CSE commissioned for senior health professionals – September 2014 Ofsted undertaking a Thematic review of CSE in Rotherham at the same time as undertaking single agency Inspection of safeguarding and LAC. <i>A weekly 'health' focus group set up to co-ordinate response and manage process as effectively as possible.</i>
September 2014	Ofsted Visit to Rotherham commenced September 2014 will also cover thematic review of CSE		

4.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
October 2013	CQC Inspection of Children Looked After and Safeguarding (CLAS). Monthly health economy update meetings commenced, Jan 2014.	Paper to OE 7 October 2013 and 27.1.2014.	Proactive approach being taken by RCCG, including reviewing all published CQC reports.
June 2014	Independent Review of NHS and Dept of Health into matters relating to Jimmy Savile.	Rotherham health economy to consider implications of reports and await recommendations due out Autumn 2014	Recommendations to be considered by Designated and Named Safeguarding Professionals – adults and children.

4.2 Learning Review

Area	Discussion	Outcome	Output
May 2013 Croydon	TRFT and RDaSH have completed an Individual Managements Report (IMR) for an external LSCB, namely Croydon.	The methodology used is Significant Incident Learning Process (SILP). Letter sent from RLSCB (31.12.2013) regarding closure of Rotherham actions to Croydon LSCB.	Rotherham LSCB is following up local recommendations to ensure compliance via the SCR Panel December 2013, completed actions sent to Croydon LSCB. May 2014 Update from Croydon with regards to publication, it was agreed by Croydon LSCB that the Overview Report required further work. The report was scrutinised (Jan 2014) and dependent on the outcome will be published after the Coroner's Inquest. This date has yet to be set.

5. ADULT SAFEGUARDING

5.1 Headlines

Mental Capacity and Prevent training continues to be provided to General Practice.

Kirsty Leahy the new Safeguarding Adults and Clinical Quality Lead to start on the 6th October 2014

Dr Lee Oughton starts role as GP for safeguarding 6th October

RCCG continues to monitor application and understanding of the new understandings regarding Deprivation of Liberty Safeguards.

Two additional members of the CCG to become Prevent trainers for the organisation.

5.2 Care Home update

Nursing home, safeguarding investigation concluded and case conference completed with an outcome of the cases being unsubstantiated. The embargo on admissions has also been removed.

Rehabilitation unit, details provided under CQC inspections below regarding not meeting 1 standard out of 5 reviewed. Feedback from Rotherham Safeguarding Adults Board (RSAB)

5.3 Winterbourne Return

RCCG currently have 5 patients in placements. Of these, two are short-term treatment admissions to the local ATU and three are placements in hospital settings. Of those three there are active discharge plans, with indicative timescales, for two within the next three months. The final patient is being actively reviewed and options being explored for a step-down from hospital, potentially to a local setting.

6. DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

6.1 Deprivation of Liberty Applications

Hospitals (Acute):	Rotherham Hospital NHS Trust (1), Not Authorised Julian Hospital, Norwich (1), Authorised Rotherham Hospice (1), Authorised
Hospitals (Psych)	Magnolia Lodge, Doncaster (1), Authorised
Care Homes	Sandygate (1), Authorised Glades (4), Assessments not yet completed Athorpe Lodge (3), Authorised (1) Assessments not yet completed (2) Loxley Court, Sheffield (1), Authorised Swinton Grange (1), Authorised Cambron House (1), Authorised Moorgate Croft (1), Assessment not yet complete Silverwood (1), Assessment not yet complete High Grove Manor, Mexbrough (1), Authorised Byron Lodge (3), Authorised (3) Ladyfield House (1), Assessment not yet complete Bollingbroke House, London (1), Assessment not yet complete Dene Brook (1), Assessment not yet complete Davies Court (1), Assessment not yet complete

6.2 Ongoing Deprivation of Liberty Applications

Hospitals (Acute)	Goole and District (1), Royal Hallamshire Hospital, Sheffield (1)
Hospitals (Psych)	
Care Homes	Longley Park View, Sheffield (2), Swinton Grange (4), Fenney Lodge (1), Athorpe Lodge (2), Loxley Court, Sheffield (1), Highfield Farm, Barnsley (2), Cherry Trees (2), Voyage Care, Chesterfield (1), Fairwinds (1), Silverwood Care Centre (1), Canterbury Close (3), Dearne Valley, Barnsley (2), Dene Brook (2), Willowbeck, Sheffield (1), Hall Farm, Doncaster (1), Laureate Court (4), Hawthornes Care Home, Wilmslow (1), Nightingale Care Home, Sheffield (2), Flower Park, Doncaster (1), Ladyfield House (3), Sunnybank, Castleford (1), Meadowview (2), Forest Hill, Worksop (2), Byron Lodge (2), Havenfield Lodge, Barnsley (1), Treeton Grange (1), The Beeches (1), Rivelin House, Sheffield (1), Waterside Grange (1), The Lodge (1), Lord Hardy Court (1), Cambron House (2)

RDASH - RDaSH - There have been 2 DoLS applications so far this year. 1 in August and 1 in September (1 on the 28/08/14 and 1 on the 01/09/14). Urgent authorisation has been issued and standard authorisation requested. These are still outstanding.

7. CONTINUING HEALTHCARE (CHC)

7.1 Headlines

The National Funded Care Bench Marking Analysis for Quarter 4 2013/2014 provided information from 211 Clinical Commissioning Groups, the information identified that NHS Rotherham Clinical Commissioning Group is ranked 39 in relation to the number of patients in weighted population

eligible for NHS Continuing Health Care Funding (CHC) (1 been the most patients and 211 been the least patients).

To improve the quality and service for eligibly patients NHS Rotherham Clinical Commissioning Group alongside Sheffield Clinical Service Unit and its Continuing Healthcare team have reviewed and instigated a reorganisation of the service.

A main factor of the reorganisation is that from the 1st September 2014 where the Continuing Healthcare team in Rotherham have historically been responsible for reviewing existing eligibility. The team will now complete initial assessments and have responsibility for care coordination of individual cases in the process; this will streamline and identify case leadership in the service.

7.2 Reviews outstanding (accumulative)

Week Commencing	04/08/14	11/08/14	18/08/14	25/08/14	01/09/14	08/09/14	15/09/14
Projected number of patients with CHC/FNC	714	714	714	714	714	714	714
Actual % of patients with reviews outstanding (%)	56.26	55.94	54.71	54.21	54.14	53.41	53.95
Actual number of patients with reviews outstanding	391	386	372	367	366	360	362
Actual number of patients eligible for CHC/FNC	695	690	680	677	676	674	671
Projected % of outstanding reviews (%)	39	35	31	28	24	21	17
Projected number of outstanding reviews	268	243	218	193	168	143	118

The above graph identifies the number of outstanding reviews that are related to Rotherham Clinical Commissioning Group and the planned trajectory of how the reviews are expected to reduce.

The CHC team have been prioritising the completion of outstanding reviews for Continuing Healthcare eligibility which includes a review of the quality of the care that these patients receive. It is envisaged that the new end to end process will reduce duplication of work and once embedded will provide a consistent reduction in outstanding reviews will be maintained.

7.3 Safe and Well checks

As part of the CHC service clinical model, quality and safety is paramount and safe and well checks are an important tool to monitor the quality of care provided to CHC patients. If any concerns or alerts are received regarding a patient's care which may include sources such as patient's representatives and CQC then this will be discussed with the CCG and unannounced safe and well checks are completed. This ensures that Rotherham CCG can be assured that the patients eligible for CHC funding receive quality care and that any issues with providers are highlighted.

8. FRACTURED NECK OF FEMUR INDICATOR

Data relating to July has seen an increase in the number of patients presenting at A&E with fractured neck of femur, which takes the current position slightly over trajectory. This is being closely monitored and the Trust are expected to meet the trajectory for Q2.

9. STROKE

The July position has shown a significant improvement against the Stroke targets that were escalated as a risk in last month's Trust's Integrated Operational Performance Report. A robust improvement action plan continues to be in place and is being monitored through the Trusts Quality Assurance Committee.

80% of stroke patients spending 90% of their stay on the Stroke Unit has been met in August, achieving 81.8% (27 patients out of 33). Performance has continued to meet the 80% target for 2 consecutive months but will continue to be monitored closely over the coming months, as YTD performance is still under target. The Latest YTD is 77.6% (132/170) against the target of 80%.

10. CQUIN UPDATE

10.1 RDaSH

A meeting took place to discuss the Quarter 1 report and all CQUINs were signed off for quarter 1 apart from CQUIN 8b relating to Dementia clinical leadership and training.

10.2 Hospice

No further discussion until the Quarter 2 report is received.

10.3 TRFT

The Q2 return is due to be submitted and the end of October with a view to presenting the final position in November. Quarter 2 audits have been scheduled to take place for Consultant to Consultant referrals - Outpatient firsts and Over 80's - Emergency admissions.

Clinical Communications continues to be a priority for both the CCG and TRFT and a further task and finish group was held on 10th September to continue to drive improvements forward.

Discussions will take place in the next few weeks via the IT Strategy Group with regards to the implementation of electronic discharge letters.

11. COMPLAINTS

The number of complaints reported during July was 30 which shows a reduction on previous months. The Trust is on track to meet trajectory.

12. ELIMINATING MIXED SEX ACCOMMODATION

There have been no mixed sex accommodation breaches in August for TRFT.

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

13. CQC INSPECTIONS

13.1 Netherfield Court - Latest CQC inspection report 15 August 2014.

Netherfield Court is a 21 bedded service providing personal care to people in need of short stay intermediate care for rehabilitation purposes.

Inspectors found that staff were given guidance to ensure that they cared for people safely, and detailed risk assessments and records were in place to ensure people received the care and support they required. However the provider did not have appropriate arrangements in place to ensure the risks of infection or poor hygiene were managed.

Care plans contained assessments of people's care and support needs. These assessments described the steps staff should take to ensure each person's needs were met. Evidence checked showed that staff were following people's care plans and risk assessments.

People CQC spoke with praised the service. One said: "It's tip top, I couldn't have wished for better." We observed that staff interacted warmly and considerately with people, and took time to meet people's needs.

Where the provider identified areas for improvement, these were implemented. Where people's needs changed, the way they were cared for was changed to meet their needs, and external healthcare professionals were consulted.

There was a quality assurance system in place, where audits of all aspects of the service were carried out. Where action was required we saw it was implemented.

13.2 The Rotherham Hospice - Latest CQC inspection report 23 August 2014

The Rotherham Hospice is purpose built to provide day hospice services to up to 75 people per week. It also provides a 14 bed inpatient unit.

CQC found that staff were given guidance to ensure that they cared for people safely, and detailed risk assessments and records were in place to ensure people received the care, treatment and support they required. People were cared for in a clean, hygienic environment and were protected from the risk of infection. The premises were safe and fit for purpose.

Care plans contained assessments of people's care and support needs. These assessments described the steps staff should take to ensure each person's needs were met. Evidence we checked showed that staff were following people's care plans and risk assessments.

People we spoke with praised the service. One said: "They really look after you." Another person told us: "I feel like it's tailored around me. It's personalised support that I get because the staff know me well." We observed that staff interacted warmly and considerately with people.

Where the provider identified areas for improvement, these were implemented. The provider was remodelling the way it provides day services, to better meet people's needs.

13.3 Beech Cliffe - Latest CQC inspection report 19th August 2014

The home caters for up to eight younger people over the age of 18 years old who have a learning disability.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them.

The home was clean and fresh throughout. Systems were in place to reduce the risk and spread of infection but a comprehensive infection audit had not taken place. The provider told CQC they were about to undertake the audit and we saw documentation had been introduced to facilitate this.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This helped to reduce the risks to people and enable the service to improve.

People's health and care needs were assessed on a regular basis. CQC saw people who used the service and their relatives had been involved in formulating support plans and these had been regularly reviewed and updated.

Most staff had received appropriate professional development. We saw they had access to a varied training programme that helped them meet the needs of the people they supported. However, records showed some staff had missed attending regular training updates. The provider told us this would be addressed.

CQC saw staff had received regular support sessions but annual appraisals of their work had not been completed recently. The provider told CQC they were aware of this and the shortfall was being addressed.

There was a quality assurance system in place to assess if the home was operating correctly. This included surveys as well as internal and external audits.

13.4 Queens Care Centre - Latest CQC inspection report 3rd September 2014

Queens Care Centre is a purpose built home with accommodation situated on three floors. The home accommodates up to 60 older people that require nursing and personal care.

CQC saw people using the service were treated with respect and dignity by the staff who supported them. Care and support was delivered in a safe way by staff who were knowledgeable about people's needs.

There were systems in place to make sure people received their medications safely and we saw staff responsible for administering medication had completed training in this subject.

CQC saw there were enough qualified, skilled and experienced staff on duty to meet people's needs in a timely way.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

People's health and care needs were assessed on a regular basis. CQC were told people who used the service and their relatives had been involved in writing plans of care but the electronic system used did not demonstrate this. Care records had been reviewed and updated regularly.

Staff CQC spoke with felt they had received a good induction to the home and a varied training programme was available that helped them meet the needs of the people they supported.

Satisfaction surveys and meetings had been used to enable people to share their views on the service provided. This helped the provider to assess if people were receiving the care and support they needed. People's comments indicated they were happy with how staff supported them and the home's facilities.

At the time of the inspection there was no registered manager. However, an acting manager was in post and they had submitted an application to become the registered manager at the home.

There was a quality assurance system in place to assess if the home was operating correctly. This included surveys and regular audits. We saw action plans were in place to address any shortfalls found and progress was being made to address these.

13.5 **RDaSH** - No further CQC inspections have taken place at either RDaSH since the last report.

14. ASSURANCE REPORTS

14.1 TRFT Update

A&E

Year-to-date position as at 17th September 2014 is 95.38% and Q2 position is 95.22% against target of 95%. The Trust is currently on track to achieve the Q2 target and action plans and tight monitoring remain in place to ensure achievement is realised.

Number of cancelled clinic appointments by patient and hospital

The latest data for July shows that there has been an increase in the number of cancelled clinic appointments by patient and hospital. Cancellations appear more frequent in three or four specialities, the most prevalent being Ophthalmology. A full review is being carried out under the banner of the transformation programme and the Director of Operations will be responsible for monitoring through the trust management committee and ensuring improvement.

Clinically Led Visits

The Podiatry and Orthotics Clinically Led Visit is scheduled to take place during October.

Unannounced Night Visit

An unannounced visit by the TRFT Chief Nurse and the TRFT Governance Matron for Medicine took place during the night of the 8th August. Clinical areas visited were; A&E, Breathing Space, Switchboard, ITU/HDU, B11, B5/SAU, B1, B4, A4, A5, A2, A1, B3, CDU and the Community Unit. The visit included checks on the Controlled Drugs Registers in the clinical areas visited, all were found to be correct. Issues with 4 hour breaches in A&E were addressed at the beginning of the visit with the 221 bleep holder, manager on call and senior clinicians. It was noted that medical staff had stayed beyond their shift to address patient flow delays.

The most recent night visit took place on the 19th September and was attended by the Head of Clinical Quality (Alun Windle) and Lay Representative (Philip Moss) from the CCG. The main areas focussed on for this visit were patient safety, CSE awareness, medication management, staffing and use of agency staff.

The team visited switchboard, delivery suite, Wharncliffe, B11, B5 & SAU, B4, B1, A&E, B3, A4, CCU, Fitzwilliam, Keppel, Stroke Unit, SCBU, A5, A2, PIU, A7, Breathing Space, Community Unit, Rapid Response Team and Children's ward.

The visiting team undertook a CSE awareness Stop the Shift presentation in each clinical area visited covering 78 staff and held an open staff meeting at 12 mn.

There were no serious patient safety issues observed and some issues around agency staff induction forms are being dealt with by the matrons of those clinical areas. All but 1 area visited was staffed to plan.

14.2 Quality and Assurance Team Annual Report 2013/14

The Annual Report for the Quality Assurance Team can be viewed on the internet:

<http://www.rotherhamccq.nhs.uk/Downloads/Publications/Quality%20Assurance%20Annual%20Report%2013-14.pdf>

The Team continues to undertake a diverse range of projects as is demonstrated by the content of this report and the work plan for 2014/15. This report contains sections detailing the major projects and work streams covered by the team. The team also continue to provide support and assistance to rest of the organisation and its stakeholders on an ad hoc basis wherever necessary, and to general practice where capacity allowed. The forward plan for 2014/15 builds on the work undertaken in 2013/14, and ensures continuous review of the enhanced services in particular.

***Sue Cassin – Chief Nurse
October 2014***