Rotherham Clinical Commissioning Group

Public Session

Patient Safety/Quality

Assurance report

NHS Rotherham

4 September 2013

NHS Rotherham

Patient Safety

Healthcare Associated Infection
Due to the post holder in Public Health leaving and the recruitment for a new post holder, no information has been received from the Public Health staff covering the post.
Interviews take place during the second week of September.
The CCG Contract Quality meetings continue to monitor rates of infection and exception reports.

Mortality Rates
Latest SHMI figures published for TRFT show it being 1.0987 "as expected" for the period January 2012-December 2012, with confidence levels of between 0.8899 and 1.1237.

Date period	Value	Confidence Lower limit	Confidence Higher limit	Result
January 12-December 12	1.0987	0.8899	0.1237	As expected
October 11-September 12	1.0848	0.8885	1.1255	As expected
July 11-June 12	1.0647	0.8867	1.1278	As expected
April 11-March 12	1.0458	0.8871	1.1272	As expected

The following has been requested from TRFT for discussion at the Contract Quality Meetings:

- Quarterly summary report by speciality, this to contain expected rates for in-hospital deaths separately to provide an accurate comparator;
- A monthly exception report.

In addition in the TRFT contract we have negotiated a Local Outcomes Framework Incentive Scheme, one of the goals within this relates to SHMIs. We have negotiated the following:
- A reduction in Hospital Mortality Standardised Ratios for
  - Stroke
  - Trauma and Orthopaedics
  - A third area is yet to be confirmed
- A reduction in Weekend Mortality Rates.

The baseline to be used is the actual outturn figure from 12/13. In order to evidence this we have asked for monthly data showing the ratios for each of the above. This will also include confidence levels for each to show whether TRFT are outliers.

In addition to this the Commissioning Support Unit (CSU) has commissioned Public Health England to produce quarterly information packs that will support Commissioning CCG's. The first pack is due in October time and is called "Quality Surveillance".

It has a Mortality section incorporating SHMI and HSMR. The quarterly pack also incorporates Patient Recorded Outcome Measures (PROMs), Cancer Survey, Inpatient (IP) Survey information.

Serious Incidents (SIs) and Never Events (NEs)

Position (23rd July – 22nd August 2013)	TRFT	RDASH	NHSR CCG	Independent contractors	Roth residents out of area
SIs open at beginning of period	7	18	3	2	0
Closed during period	0	0	0	0	0
New during period	1	4	0	0	0
Open at end of period	8	22	3	2	0
Never Events	0	0	0	0	0
New Trends and themes	0	0	0	0	0

Children's Safeguarding

Date	**Discussion**	**Outcome**	**Follow up**
April 2013	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). Agencies in Rotherham are meeting to develop a concerted approach to supporting children affected by such devastating events and attempting to contain the impact upon young people and the school.	Agencies are working together to support front line staff, young people and their families through this difficult and somewhat unprecedented time of tragedy. 3 groups have been set up to consider the management of individual cases, the joint investigation and any on-going police investigation and the strategic overview of how agencies need to manage the current situation and the potential media interest. The 3 groups concluded their initial work at 25 July 2013 joint meeting. RLSCB are commissioning an independent author to conclude Lessons Learnt by Autumn 2013.	Letter sent to all parents in Rotherham regarding the increase in stress levels for young people. Overall the letter was reasonably well received; a few concerns were raised as to the RMBC Data base which is being considered. A number of meetings have been scheduled and include the CCG, GP Practices, RDaSH, TRFT and NHS England Area Team. GPs are aware of concerns around bereavement issues. A concluding meeting to be held 25 July 2013 after which further work will be required.
16.8.13	Tragic death of a 17 year old male found hanging by mother at home. To date only known to universal services.	Rapid Response, in line with working together 2013 expectations commenced. Initial investigation – Consultant Paediatrician visited family home with police.	Strategy meeting to be held 20.8.2013 to ensure that all care is provided in a co-ordinated manner

Learning Review			
Date	**Discussion**	**Outcome**	**Follow up**
Jan 2013	A draft Payment by results document highlights non-mandatory tariff for out of area placements for Looked After Children (LAC)	Looked After Children health assessments to be quality assured using a checklist. Increase in LAC Health Assessments being reported by TRFT.	Looked After Children health assessments to be discussed at Local Area Team Safeguarding Meeting chaired by M. Kitching meeting of South Yorkshire and Bassetlaw NHS England Safeguarding Forum 21 June 2013, sub regional work to be discussed 23 August 2013
May 2013	3 letters have been received from central government regarding Jimmy Savile. A paper and action plan has been presented to OE and will go to AQUA in September. .	The Action Plan is to be followed up at Operational Risk Governance and Quality Management Group to ensure compliance is monitored and reported upon.	Action Plan on-going to be monitored by Operational Risk, Governance and Quality Management Group, 22 August.
May 2013	TRFT and RDaSH have completed an Individual Managements Report (IMR) for an external LSCB	The methodology to be used is Significant Incident Learning Process (SILP)	Rotherham LSCB is following up any recommendations.

Adult Safeguarding

13 August 2013, Adult Safeguarding and Quality lead commenced new post in RCCG. Post WTE.

Domestic Homicide reported to police 23 July 2013. 2 women (mother and daughter) were found dead in their home. The husband (father) has been arrested for murder and is currently held in custody. The family were known to TRFT, who have been asked to submit an Individual Management Review to Rotherham Safer Partnership and Rotherham Safeguarding Adults Board.

Domestic Homicide Review being undertaken by Sheffield. The male perpetrator had lived in Rotherham June 2009 as an unaccompanied asylum seeker - went to Rotherham College until 2011. GP Practice, The Gate had forwarded all records to GP Practice in Sheffield. TRFT had had minimal contact – information forwarded.

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

There are currently 10 ongoing concerns, with NHSR CCG involvement

ID No:	Details
21/12/2012	Quality and safety issues within a care home. CQC – April 2013 - issued Warning Notice with full suspension of placements and to undertake an unannounced visit. Local Authority (29 May 2013) - continues with suspension of placements & default notice. Safeguarding investigation has concluded and 6 individual cases and 1 overall institutional abuse, case conference held 24/25 June 2013. Continuing Health Care (CHC) have recently reviewed all patients with a full Decision Support Tool (DST) that are CHC / Funded Nursing Care (FNC) funded – CHC waiting to meet with Social Services to discuss outcome and way forward.
28/03/2013	Safeguarding concerns raised by whistle blower re staffing issues & poor practice at local care home. 3 CHC residents in residence and CHC have carried out reviews on all placements and outcome was no further action required. No change.
31/04/2013	Dr R Brynes, as NHSR CCG Safeguarding Adults Lead GP has prepared a Form 4C, Case Conference, Multi-Agency Report on GP interaction. Social Worker, Joanne Lucas at Local Authority is co-ordinating the Case Conference with regard to a WiC and RDaSH Crisis Team intervention. The Case Conference is scheduled for September 2013.
32/06/2013	2 Rotherham Residents & 9 from other LA's placed in care home - Serious concerns - no assurance from provider that they have taken on seriousness of issue and concerns raised. Action Plan in place but still require more support and advice. 8 staff suspended. LA has continued presence in home. Police investigation re treatment of residents is ongoing.
33/06/2013	LA served Default 28/6/2013. Owner was invited to attend a meeting with LA and did not attend. LA have significant contracting issues e.g. registered with CQC as a Nursing Home but the home is not set-up, ready and have no Nursing Staff employed to Nurse residents. LA contract still is as Residential Home and investigating. CQC to take action on information shared at meeting and visit home in near future and liaise with LA.

CQC Inspections

Deprivation of Liberty Safeguards (DoLS)
No DoLS applications have been received from hospitals since the last patient safety report was submitted.

Note of concern: A DoLS application was received from a care home for a lady as part of a discharge planning process. At the time of the assessment the lady was an 'informal' patient at an Older Peoples Psychiatric Unit. The Mental Health Assessor was of the opinion that the patient was objecting to her stay and as she was not free to leave, should in fact have been detained under the Mental Health Act. The Mental Health Assessor completed medical recommendations for detention, and she was subsequently detained following the assessment. However, nursing staff on the ward admitted to the Mental Health Assessor that the patient had probably been an objecting mental health patient for approximately 3 weeks without any authority to detain her. On receipt of this information a Safeguarding Adults Alert has been raised.

Stroke
In June the stroke metric for 90% of time spent on a stroke ward met the target of 80%, achieving 91.30% (21/23). This brings the Qtr 1 position to 87.91% (80/91).

CQUIN Update
TRFT - All CQUIN measures have now been agreed and baselines set in preparation for Quarter 2 where applicable.
Quarter 1 CQUIN goals were achieved, with the exception of:-

- Goal 1 – Friends and Family Test – Increased Response Rate – failed to achieve 15% target for quarter, although response rates have significantly improved and further work to sustain/improve performance is ongoing.
- Goal 3 – Dementia – Find, Assess, Investigate and Refer – failed to achieve local stretch target for 3 consecutive months in the quarter. However, specific focus continues on addressing actions to deliver the dementia target by Qtr 4 and it is anticipated that this goal will be achieved in year.

RDaSH - The Quarter 1 report has been received. It has been reviewed initially and there are no particular areas for concern. It will be signed off at the Contract Performance meeting scheduled for the 21st August.

Hospice - The Quarter 1 report has been received. It will be reviewed and signed off at the Contract Performance meeting scheduled for the 21st August.

Patient and Public Engagement (PPE)

Urgent care consultation

- Discussed in a separate paper to Governing Body.

Friends and Family Test (FFT) update

- Data for 1st quarter published nationally; publication broke published guidance and reported data where less than 5 responses in a month had been received; this meant that a Rotherham ward appeared in the list of the 36 'worst' – on the basis of one response.
- Rates continue to rise, though have not yet broken the 15% - some wards still have not returned one response. Senior staff at TRFT are now pushing this forward.

Quarter 1	April rate 3.4%	May – 3.7%	June -8%	**Combined for quarter**	**5%**
	Total inpatients eligible	**Total A & E eligible**	**Total eligible**	**Total responses received**	**Combined response rate**
July – full month	1247	3574	4821	666	13.8% (HW maths, treat with caution)
August 1-8th-NB indicative only, figures may change slightly	288	867	1155	168	14.6

Healthwatch update

- High street premises now open – opposite 'Corn Law Rhymer'/near Primark.

- Chair and staff in post.
- Publicity and awareness campaign to start shortly.

Listening to looked after children

The cards were sent out at the end of July, and to date 38 responses (as of 12/8/13) have been received. Replies have even included some great drawings!

Initial analysis is:

- 23 over 12's have replied; 13 younger children.
- Most feel that most services are listening really well to them; less than 5 young people felt that services listened 'OK'; a very small number felt that services didn't listen well (1 GP; 2 x optician; 3 x dentist).
- Most would like to feed back through this type of format, or through carers and keyworkers; though one enterprising young person said that if we gave them an IPad they could feed back their views much better!
- Free text -
    - Block one - comments about the services- the most frequent comments were along the lines of '*They ask me if I want anything doing and I say yes or no'; ' I really like the school nurse Alison. She is really nice'*, and '*There fantastic'*; along with comments to say that the young person was healthy and hadn't seen anyone from health services.
    - Block two - what is good - there are lots of great comments about staff that young people feel have helped them – *' The nice optician keeps mending my glasses'; 'A nurse helped me when I had poorly ears and they gave me banana medicine (has a lovely picture of poorly ears and banana medicine)'; 'Care workers they help look after me and keep me safe'; 'My doctor her listens to me very well which is very important for me and for my health and writes what I need for my health like medicines. I am very happy from my doctor*'.
    - Block three - what needs to get better. The comments in this section are more concerning. One young person flagged concerns with their school and suicidal feelings; these were immediately raised with the safeguarding officer and keyworker. Another noted lack of income; and 2 others (same family) raise their wishes to be with a relative, and to have health services go to them in a placement out of area. Some comments are about health services, and relate to long waits for treatment; i.e. in A & E. One notes that they have had to miss a lot of school as health appointments are always in the daytime. There are suggestions for understandable information and a website where people could get information. Also noted that the space in children's outpatients is cramped, especially if there are several people with buggies or wheelchairs, and that a portable hoist is needed there.
- Several free text comments will be responded to on an individual basis; where it is felt we can offer additional information or explanations (i.e. getting a dentist to travel out of area to see someone in school).
- Next steps
    - Final analysis will be completed at the end of August (cut off date for draw). Considering asking someone impartial to draw out the winners.
    - Once final analysis completed, and actions identified, this will be circulated to stakeholders. Will also complete a plain English version to share with young people.

Patient opinion and experience

- 18 stories posted in July; to date, they have been viewed **1,092** times by the end of July. Most were positive;
    - *'I was then moved to a high dependency unit – here the care and treatment was fantastic, the care was faultless'.*

- *'I was worried about having a stoma fitted, Diane's care team got my through, now it's a way of life, been on holiday swimming and sunning as normal with no problems. I can get on with my life'.*

- 12 related to continence and stoma services; 7 related to TRFT services.
- The few concerns raised related to lack of follow up; issues with continence/stoma products; ward staff spending too much time filling in forms; and poor access to GP and dissatisfaction with walk-in-centre; for all, patients signposted to relevant service, offered information and services alerted as needed.

Other work and outcomes

- Work with Mental Health leads to seek out patient stories relating to CAMHS. Working with a parent group and Healthwatch Rotherham, as well as GP practices to seek a variety of experiences. Where received, working with MH commissioners and providers to resolve individual issues, as well as using the stories to inform commissioning, as the stories will inform contracting meeting in September.
- Mapping of engagement activity completed – seeking to pull together group of people to consider the document further.

Eliminating Mixed Sex Accommodation

TRFT - There have been no Mixed Sex Accommodation breaches for June.

RDaSH - There have been zero mixed sex breaches during April and May of 2013. There have also been zero breaches of women only 'sitting rooms'.

Regulation and Assurance Reports

Regulatory reports

Improving the safety of patients;
The Department of Health has published 'A promise to learn - a commitment to act: improving the safety of patients in England'. This review, led by Professor Don Berwick, highlights the main problems affecting patient safety in the NHS and makes recommendations to address them. The report says that the health system must: recognise with clarity and courage the need for wide systemic change; abandon blame as a tool and trust the goodwill and good intentions of the staff; reassert the primacy of working with patients and carers to achieve health care goals; use quantitative targets with caution - they should never displace the primary goal of better care; recognise that transparency is essential and expect and insist on it; ensure that responsibility for functions related to safety and improvement are established clearly and simply; give NHS staff career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning; and make sure pride and joy in work, not fear, infuse the NHS.
BBC New report: http://www.bbc.co.uk/news/health-23572696
DH press release: https://www.gov.uk/government/news/global-expert-publishes-world-leading-safety-plan-for-nhs
NHS England press release: http://www.england.nhs.uk/2013/08/06/pat-safety-berwick-report/
Report: https://www.gov.uk/government/publications/berwick-review-into-patient-safety

CQC Inspections

A Mental Health Act Monitoring visit took place on the 31 July to Osprey Ward at Swallownest Court.
The informal feedback is very positive with regard to the effectiveness of the nursing team, patient involvement in care planning, regular reading of patient's rights and patient/staff

interactions. There are actions in relation to Mental Capacity Act assessment and egress from the ward for informal patients.

The CQC made a MHA visit to Sandpiper Ward at Swallownest Court on the 8th August. Informal feedback was positive with regard to the ward environment, patient activities, capacity assessment, and reading of rights to patients, staff/patient interaction and the quality of food. Area for action may be the format of risk assessments on the electronic system.

There was a CQC MHA visit on the 9th August to Ferns and Glade Wards at Woodlands. The informal feedback was positive with regard to care plans, language in care plans very positive and person centred. Some actions are required around making the patient's wishes clearer in the records, patient signing of care plans where possible and if unable to do this, for it to be documented.

Sue Cassin – Chief Nurse