

Intelligent Monitoring Report

Report on

**Rotherham, Doncaster and South Humber NHS
Foundation Trust**

June 2015

To view the most recent inspection report please visit the link below.

<http://www.cqc.org.uk/Provider/RXE>

CQC has developed a new model for monitoring a range of key indicators about Trusts that provide Mental Health services. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. **Our judgements will always be based on the result of an inspection, which will take into account our Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.**

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What does this report contain?

This report presents CQC's analysis of the key indicators (which we call 'tier one indicators') for Rotherham, Doncaster and South Humber NHS Foundation Trust. We have analysed each indicator to identify two possible levels of risk.

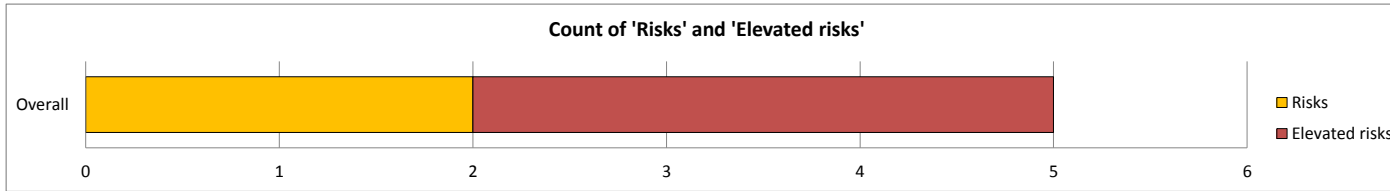
We have used a number of statistical tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate. These tests include Poisson and z scoring techniques. Where an indicator has 'no evidence of risk' this refers to where our statistical analysis has not deemed there to be a risk or elevated risk. For some data sources we have applied a set of rules to the data as the basis for these thresholds - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

Further details of the analysis applied are explained in the accompanying guidance document.

What guidance is available?

We have published a document setting out the definition and full methodology for each indicator. If you have any queries or need more information, please email enquiries@cqc.org.uk or use the contact details at www.cqc.org.uk/contact-us

Trust Summary



| | |
|-----------------------------------|-------|
| Band | 2 |
| Number of 'Risks' | 2 |
| Number of 'Elevated risks' | 3 |
| Overall Risk Score | 8 |
| Number without "Evidence of risk" | 58 |
| Number of Applicable Indicators | 63 |
| Proportional Score | 6.40% |
| Maximum Possible Risk Score | 125 |

| | | |
|------------------|--|---------------|
| Safe | PLACE (patient-led assessments of the care environment) score for cleanliness of environment - PLACE | Risk |
| Effective | PLACE (patient-led assessments of the care environment) score for food - PLACE | Elevated risk |
| | Proportion of records checked that show evidence of discharge planning - MHA Database | Risk |
| Well-led | Proportion of days sick in the last 12 months for medical and dental staff - ESR | Elevated risk |
| | Snapshot of whistleblowing alerts received by CQC - CQC | Elevated risk |

| Domain | ID | Indicators - Source | From | To | Observed | Expected | Risk? |
|-----------|---|---|------------|------------|-----------------------------|---------------------|---------------------|
| Safe | MHSAF07C | Potential under-reporting of patient safety incidents - NRLS/MHLDDS-HES Bridged | 01/12/2013 | 30/11/2014 | 0.20 | 0.10 | No evidence of risk |
| | MHSAFE06 | Proportion of reported patient safety incidents that are harmful - NRLS | 01/12/2013 | 30/11/2014 | 0.54 | 0.40 | No evidence of risk |
| | MHSAFE63 | Patients that die following injury or self-harm within 3 days of being admitted to acute hospital beds - MHLDDS-HES Bridged | 01/10/2013 | 30/09/2014 | 0.00 | n/a | No evidence of risk |
| | MHSAFE64 | People that take their own lives within 3 days of discharge from hospital - MHLDDS-HES Bridged | 01/12/2013 | 30/11/2014 | 0.00 | 0.08 | No evidence of risk |
| | COM_MORT01 | Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - MHLDDS/MHAdb | 01/01/2014 | 31/12/2014 | n/a | n/a | No evidence of risk |
| | MHMORT01 | Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages) - MHLDDS/MHAdb | 01/01/2014 | 31/12/2014 | 0.00 | n/a | No evidence of risk |
| | MHMORT03 | Trusts flagging for risk in relation to the number of deaths due to natural causes of patients detained under the Mental Health Act (people aged under 75) - MHAdb/HSCIC KP90 | 01/01/2014 | 31/12/2014 | * | n/a | No evidence of risk |
| | NHSSTAFF11 | Fairness and effectiveness of incident reporting procedures - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.62 | 0.63 | No evidence of risk |
| | NRLSL08 | Consistency of reporting to the National Reporting and Learning System - NRLS | 01/04/2014 | 30/09/2014 | 6 months of reporting | n/a | No evidence of risk |
| | COM_CASMH | Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way - CAS | 01/04/2004 | 31/01/2015 | n/a | n/a | No evidence of risk |
| | CASMHO1A | The number of alerts which CAS stipulated should have been closed by trusts during the preceding 12 months, but which were still open on the date CQC extracted data from the CAS system - CAS | 01/02/2014 | 31/01/2015 | 0 alerts still open | n/a | No evidence of risk |
| | CASMHO1B | The number of alerts which CAS stipulated should have been closed by trusts more than 12 months before, but which were still open on the date CQC extracted data from the CAS system - CAS | 01/04/2004 | 31/01/2014 | 0 alerts still open | n/a | No evidence of risk |
| | CASMHO1C | Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late - CAS | 01/02/2014 | 31/01/2015 | < 25% of alerts closed late | n/a | No evidence of risk |
| | MHRES20 | Proportion of discharges from hospital followed up within 7 days - MHLDDS | 01/12/2013 | 30/11/2014 | 0.66 | 0.72 | No evidence of risk |
| | NHSSTAFF07 | Proportion of staff receiving health and safety training in last 12 months - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.66 | 0.73 | No evidence of risk |
| | PLACE01 | PLACE (patient-led assessments of the care environment) score for cleanliness of environment - PLACE | 29/01/2014 | 17/06/2014 | 0.89 | 0.98 | Risk |
| | SAFEGUAR01 | CQC's National Customer Service Centre (NCSC) safeguarding concerns - CQC | 25/02/2014 | 24/02/2015 | 49.00 | 16.48 | No evidence of risk |
| | MHWEL129 | Proportion of registered nursing staff - ESR | 31/12/2014 | 31/12/2014 | 0.55 | 0.52 | No evidence of risk |
| MHWEL132 | Ratio of occupied beds to all nursing staff - ESR | 31/12/2014 | 31/12/2014 | 1.41 | 2.85 | No evidence of risk | |
| Effective | CMHSURA06 | Being informed: for having been told who is in charge of organising their care and services - CMH Survey | 01/09/2013 | 30/11/2013 | 7.70 | n/a | No evidence of risk |
| | CMHSURA38 | Help finding support for physical health needs: for those with physical health needs receiving help or advice with finding support for this, if they needed this - CMH Survey | 01/09/2013 | 30/11/2013 | 5.96 | n/a | No evidence of risk |
| | MHCAR201 | Proportion of patients who have been in hospital less than a year who received a physical health check on admission - MHA Database | 01/12/2013 | 30/11/2014 | 1.00 | 0.97 | No evidence of risk |
| | MHCAR202 | Proportion of wards where there were difficulties in arranging GP services - MHA Database | 01/12/2013 | 30/11/2014 | 0.00 | 0.13 | No evidence of risk |
| | MHEFF107 | Proportion of records checked that show evidence of discharge planning - MHA Database | 01/12/2013 | 30/11/2014 | 0.38 | 0.72 | Risk |
| | NAS_PH02 | Service users who had five individual cardiometabolic health risk factors monitored in the past 12 months - NAS2 | 01/08/2013 | 30/11/2013 | 0.21 | 0.33 | No evidence of risk |
| | NAS_PH03 | Monitoring of alcohol intake in the past 12 months - NAS2 | 01/08/2013 | 30/11/2013 | 0.75 | 0.71 | No evidence of risk |
| | NAS_PT01 | Has cognitive behavioural therapy ever been offered to the service user? - NAS2 | 01/08/2013 | 30/11/2013 | 0.44 | 0.41 | No evidence of risk |
| | NAS_PT02 | Has family intervention ever been offered to the service user? - NAS2 | 01/08/2013 | 30/11/2013 | 0.15 | 0.20 | No evidence of risk |
| | PLACE02 | PLACE (patient-led assessments of the care environment) score for food - PLACE | 29/01/2014 | 17/06/2014 | 0.74 | 0.90 | Elevated risk |
| | NHSSTAFF04 | Proportion of staff appraised in last 12 months - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.79 | 0.87 | No evidence of risk |
| | NHSSTAFF05 | Proportion of staff having well-structured appraisals in last 12 months - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.36 | 0.41 | No evidence of risk |
| | NHSSTAFF06 | Proportion of staff receiving support from immediate managers - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.67 | 0.70 | No evidence of risk |
| | MHSAFE51 | The proportion of times that the Responsible Clinician has recorded their assessment of a patients' capacity to consent at first treatment - MHA Database | 01/12/2013 | 30/11/2014 | 1.00 | 0.65 | No evidence of risk |
| | MHCAR19 | Is there a current independent Mental Health Advocate (IMHA) service? - MHA Database | 01/12/2013 | 30/11/2014 | 1.00 | 0.99 | No evidence of risk |
| | MHCAR20 | Do detained patients have direct access to the Independent Mental Health Advocate (IMHA) service? - MHA Database | 01/12/2013 | 30/11/2014 | 1.00 | 0.94 | No evidence of risk |
| | MHEFF106 | Proportion of Approved Mental Health Practitioner (AMHP) reports available - MHA Database | 01/12/2013 | 30/11/2014 | 0.58 | 0.77 | No evidence of risk |
| MHSAFE52 | Proportion of patients who have their rights on detention explained to them - MHA Database | 01/12/2013 | 30/11/2014 | 1.00 | 0.90 | No evidence of risk | |

| Domain | ID | Indicators - Source | From | To | Observed | Expected | Risk? |
|------------|--|---|--------------|------------------------|--|---------------------|---------------------|
| Caring | CMHSURA18 | Respect and dignity: for feeling that they were treated with respect and dignity by NHS mental health services - CMH Survey | 01/09/2013 | 30/11/2013 | 8.65 | n/a | No evidence of risk |
| | CMHSURA31 | Time: for being given enough time to discuss their needs and treatment - CMH Survey | 01/09/2013 | 30/11/2013 | 8.02 | n/a | No evidence of risk |
| | PLACE03 | PLACE (patient-led assessments of the care environment) score for privacy, dignity and well being - PLACE | 29/01/2014 | 17/06/2014 | 0.86 | 0.89 | No evidence of risk |
| | CMHSURA10 | Involvement in planning care: for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this - CMH Survey | 01/09/2013 | 30/11/2013 | 7.90 | n/a | No evidence of risk |
| | CMHSURA12 | Involvement in care review: for those who had had a formal meeting to discuss how their care is working, being involved as much as they wanted to be in this discussion - CMH Survey | 01/09/2013 | 30/11/2013 | 8.15 | n/a | No evidence of risk |
| | CMHSURA35 | Involvement in decisions: for those receiving medicines, being involved as much as they wanted in decisions about medicines received - CMH Survey | 01/09/2013 | 30/11/2013 | 7.18 | n/a | No evidence of risk |
| | CMHSURA42 | Involving family or friends: for NHS mental health services involving family or someone else close to them as much as they would like - CMH Survey | 01/09/2013 | 30/11/2013 | 7.52 | n/a | No evidence of risk |
| | NAS_SD01 | Was the patient provided with written information (or an appropriate alternative) about the most recent antipsychotic prescribed? - NAS2 | 01/08/2013 | 30/11/2013 | 0.34 | 0.36 | No evidence of risk |
| | CMHSURA16 | Support: for the people seen through NHS mental health services helping them achieve what is important to them - CMH Survey | 01/09/2013 | 30/11/2013 | 6.59 | n/a | No evidence of risk |
| Responsive | COM_BEDS | Composite indicator to assess bed occupancy - MHA Database/NHS England | 01/12/2013 | 31/12/2014 | n/a | n/a | No evidence of risk |
| | MHSFAF65a | Occupancy ratio, looking at the number of patients allocated to a location, compared with the number of available beds - MHA Database | 01/12/2013 | 30/11/2014 | 0.93 | n/a | No evidence of risk |
| | MHSFAF65c | Occupancy ratio, looking at the average daily number of available and occupied beds open overnight - NHS England | 01/01/2014 | 31/12/2014 | 0.82 | n/a | No evidence of risk |
| | PLACE04 | PLACE (patient-led Assessments of the care environment) score for facilities - PLACE | 29/01/2014 | 17/06/2014 | 0.88 | 0.92 | No evidence of risk |
| | CMHSURA23 | Contact: for knowing who to contact out of office hours if they have a crisis - CMH Survey | 01/09/2013 | 30/11/2013 | 7.29 | n/a | No evidence of risk |
| | DTC46 | The ratio of the number of patients whose transfer of care is delayed to the average daily number of occupied beds open overnight in the quarter, where the delay is attributable to the NHS or both the NHS and social care - NHS England | 01/10/2014 | 31/12/2014 | 0.04 | 0.03 | No evidence of risk |
| | MHRES12 | Proportion of IAPT referrals with first assessment in the reporting period where people have waited more than 28 days - IAPT | 01/07/2014 | 30/09/2014 | 0.43 | 0.28 | No evidence of risk |
| | MHRES13 | Proportion of IAPT referrals with first treatment in the reporting period where people have waited more than 28 days - IAPT | 01/07/2014 | 30/09/2014 | 0.46 | 0.36 | No evidence of risk |
| | CQC_COM01 | Concerns and complaints received by CQC - CQC | 25/02/2014 | 24/02/2015 | 13.00 | 23.74 | No evidence of risk |
| | PHSOMH01 | Fully and partially upheld investigations into complaints - PHSO | 01/04/2013 | 31/03/2014 | Less than 3 | n/a | No evidence of risk |
| PROV_COM01 | NHS written complaints - HSCIC | 01/04/2013 | 31/03/2014 | 155.00 | 181.08 | No evidence of risk | |
| Well-led | MONITOR01 | Monitor: risk rating for governance - Monitor | 02/03/2015 | 02/03/2015 | Monitor risk rating: No evident concerns | n/a | No evidence of risk |
| | TDA03 | NHS Trust Development Authority escalation score - TDA | Not included | Not included | Not included | Not included | Not included |
| | FLUVACMH01 | Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza - Department of Health | 01/09/2013 | 31/01/2014 | 0.69 | 0.41 | No evidence of risk |
| | MHWEL137 | Proportion of days sick in the last 12 months for medical and dental staff - ESR | 01/01/2014 | 31/12/2014 | 0.05 | 0.02 | Elevated risk |
| | MHWEL138 | Proportion of days sick in the last 12 months for nursing and midwifery staff - ESR | 01/01/2014 | 31/12/2014 | 0.05 | 0.05 | No evidence of risk |
| | MHWEL139 | Proportion of days sick in the last 12 months for other clinical staff - ESR | 01/01/2014 | 31/12/2014 | 0.06 | 0.05 | No evidence of risk |
| | MHWEL140 | Proportion of days sick in the last 12 months for non-clinical staff - ESR | 01/01/2014 | 31/12/2014 | 0.04 | 0.04 | No evidence of risk |
| | NHSSTAFF16 | Proportion of staff reporting good communication between senior management and staff - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.32 | 0.31 | No evidence of risk |
| | NHSSTAFF20 | Proportion of staff feeling pressure to attend work when feeling unwell in the last 3 months - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.18 | 0.21 | No evidence of risk |
| | GMC_MH01 | General Medical Council enhanced monitoring - GMC | 31/03/2015 | 31/03/2015 | No concerns | n/a | No evidence of risk |
| | NTS12 | General Medical Council national training survey – trainee's overall satisfaction - GMC | Not included | Not included | Not included | Not included | Not included |
| | STASURBG01 | Proportion of staff who would recommend the trust as a place to work or receive treatment - NHS Staff Survey | 01/09/2014 | 31/12/2014 | 0.63 | 0.63 | No evidence of risk |
| | MHRES17 | Proportion of wards that have community meetings - MHA Database | 01/12/2013 | 30/11/2014 | 0.88 | 0.92 | No evidence of risk |
| | WBLOW_MH01 | Snapshot of whistleblowing alerts received by CQC - CQC | 04/03/2015 | 04/03/2015 | 1 or more | n/a | Elevated risk |
| MONITOR02 | Monitor: continuity of service rating - Monitor | 02/03/2015 | 02/03/2015 | 4: no evident concerns | n/a | No evidence of risk | |

Suppression: We apply a strict statistical disclosure control in accordance with the HES protocol to all published data. This requires that small numbers are suppressed to prevent individuals being identified and to ensure that patient confidentiality is maintained. An asterisk (*) in the observed column indicates a suppressed value between 1 and 5.

Not applicable or N/A Values: "n/a" is used to mean either that an expected value is not relevant to a specific indicator because the indicator is rules based or the indicator does not have an observed value.