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Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

5th December 2018

This report is intended to keep Governing Body members informed on Quality & Safety across commissioned services & not intended for decision making.

CONTENTS

1.	SUMMARY	1
2.	HEALTHCARE ASSOCIATED INFECTION (HCAI)	2
3.	MORTALITY RATES	6
4.	SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE).....	6
5.	SAFEGUARDING VULNERABLE CLIENTS.....	7
6.	DELAYS IN TRANSFER OF CARE (DTC)	11
7.	ADULT CONTINUING HEALTHCARE (CHC).....	11
8.	CHILDREN'S CONTINUING HEALTHCARE	13
9.	PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE	13
10.	PRIMARY CARE	14
11.	FRACTURED NECK OF FEMUR INDICATOR	15
12.	STROKE.....	15
13.	CQUIN UPDATE	15
14.	COMPLAINTS	15
15.	ELIMINATING MIXED SEX ACCOMMODATION.....	16
16.	CQC INSPECTIONS.....	16
17.	ASSURANCE REPORTS	16
18.	ASSOCIATE CONTRACTS.....	19
19.	CARE AND TREATMENT REVIEWS.....	19
20.	WINTERBOURNE SUBMISSION.....	19
21.	AT RISK OF ADMISSION REGISTER	20
22.	LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)	20

NHS ROTHERHAM

1. SUMMARY

Once again we are reporting a positive position in relation to the number of C-Difficile cases with both NHS Rotherham CCG and TRFT numbers remaining below trajectory, even though incorporating the additional case not yet reported by a neighbouring CCG. Continuing on the positive theme the CCG remain one of only 28 CCGs achieving above a 10% reduction of E-Coli cases during 17/18, however the additional ambition target for 18/19 remains challenging.

The TRFT Interim Medical Director is reinvigorating the Trust mortality review group and the Trust no longer sits in the upper quartile for mortality.

45 organisations took part in the Rotherham Safeguarding Awareness Week in July, during which 60 awareness events took place across Rotherham. The safeguarding section of the report contains links to further reading and a survey about domestic abuse which RMBC are undertaking as part of a service review. For those who haven't seen the safeguarding booklet circulated to all CCG staff, there is a link also a link to this which forms part of the mandatory training. GP practices across Rotherham are receiving individualised annual reports from the Multi-Agency Safeguarding Hub (MASH), detailing MASH activity involving their patients. GPs have contributed to the success of the MASH by sharing information and receiving summary case notes for each case they have been involved with.

The number of 12 month reviews for Continuing Health Care patients has seen a slow but steady decrease during the year and work continues in this area to make this sustainable. While the CHC team are consistently achieving part b) of the quality premium, part a) has seen a drop in achievement in Q2, though the latest monthly figures have shown an improved position. The number of CHC patients in receipt of a Personal Health Budget (PHB) is slowly rising as the team work towards the national mandate.

Scrutiny of the A&E four hour target continues with all partners working towards achieving this as we move into the challenges of the winter months.

The agreed programme of clinically led visits continues with maternity having taken place in September and planning well under way for a review of the Learning Disability (LD) pathway in early 2019. This work is overseen by the contract quality meeting.

"Merry Christmas and a Happy New Year"



2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

(Signed off data up to end of October)

RDaSH: There have been no cases of Health Care Associated Infection so far this year (18/19).

Hospice: There have been no cases of Health Care Associated Infection so far this year (18/19).

TRFT :

- MRSA – 1
- MSSA – 4
- E Coli – 18
- C-Difficile:

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19 Target = 25	Monthly Actual	0	1	0	2	1	0	2					
	Monthly Plan	1	4	2	2	1	3	2	2	2	2	2	2
	YTD Actual	0	1	1	3	4	4	6					
	YTD Plan	1	5	7	9	10	13	15	17	19	21	23	25

NHSR:

- MRSA – 3
- MSSA – 42
- E Coli – 144
- C-Difficile:

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19 Target = 62	Monthly Actual	3	6/7	8	4	6	2	5					
	Monthly Plan	6	7	6	7	6	6	4	4	4	4	4	4
	YTD Actual	3	9/10	17/18	21/22	27/28	29/30	34/35					
	YTD Plan	6	13	19	26	32	38	42	46	50	54	58	62

The figures in red indicates the cases that RCCG IPC are aware of different to what the Health Care Associated Infection Data Collection System (HCAIDCS) is showing. The reporting of the additional case should have been undertaken by Barnsley. Contact has been initiated with the Microbiologist and the reply is anticipated. This subsequently may be added on to the confirmed numbers.

MRSA

New guidance for MRSA Blood Stream Infections (BSI) 2018/19.

Formal NHSE PIR process not required for most (RCCG and TRFT included), however this is under constant review depending on the number of MRSA BSI the organisation have. If the figure increases in organisations (per 100,000 pts) then the need for formal PIR may be required. The third party attribution is also disappearing so potentially any community ones that we have previously had attributed as third party due to lack of healthcare input will automatically

be attributed to RCCG with no scope for arbitration – so in effect may lead to more MRSA BSIs attributed to RCCG.

There has been 1 case of MRSA Blood Stream Infection attributed to TRFT and 3 cases to RCCG.

TRFT:

The case has been found to be a contaminant and measures are in place to address this.

RCCG:

Case 1 has had minimal health care intervention prior to the sample being taken. Had the 3rd party option remained then following local review the case would have been taken to arbitration for a 3rd party decision. As this is no longer the case RCCG have to accept the case.

Case 2 has had health care intervention prior to the sample being taken at another acute provider and was registered with an external GP in another CCG area but with a Rotherham address. The patient sadly died - as the GP details were no longer on the spine system the case was then allocated on address. Had the patient not died and the details have remained on the spine system then the case would have been allocated to a different CCG. Discussions were had with PHE (who collate the results) and NHSE north HCAI lead and it was concluded that RCCG would have to accept the case. Local review was undertaken and no lapses in care were identified.

Case 3 has had both previous health and social care intervention prior to the sample being taken. The review has been completed. Had the 3rd party option remained then following local review the case would have been taken to arbitration for a 3rd party decision. As this is no longer the case RCCG have to accept the case

MSSA

Although a basic surveillance of these BSI's is undertaken there is no set target/ trajectory.

E Coli

It has been acknowledged that the E Coli bacteraemia rates are high and have nationally increased in the last 5 years. The Department of Health documented that the plans to reduce infections in the NHS has emphasis on E- Coli, with an aim of halving by 2021. There was a national set quality premium target for 2017-18 with a reduction expectation of 10%. NHS Rotherham CCG achieved above 10% reduction. For 2018-19 a further 10% reduction has been given as an ambition target for 2018-19, however extra milestones of 15% and 20% have also been added.

For 2017-18 RCCG achieved a reduction of 18%. Only 28 CCGs out of 195 achieved above a 10% reduction.

Rotherham CCG and TRFT continue with working action planning centred on reducing E - Coli have and focussed surveillance. The 3 areas of focus remain: those with previous UTIs, those with urinary catheters, and those with a positive E Coli urine culture.

There is a Rotherham community wide working process to hopefully ensure the E Coli reduction continues as per the Quality contract.

NHSR	E Coli	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	Monthly actual	22	24	19	22	15	29	13					
	Monthly Plan	15	18	14	20	22	17	14	16	17	17	15	14
	YTD Actual	22	46	65	87	102	131	144					
	YTD Plan	15	33	47	67	89	106	120	136	153	170	185	199

Chart 1 (below) details where these samples were taken. (E Coli)

Please Note: There have also been samples taken at TRFT that are attributed to other CCGs however this data is not recorded in the chart below.

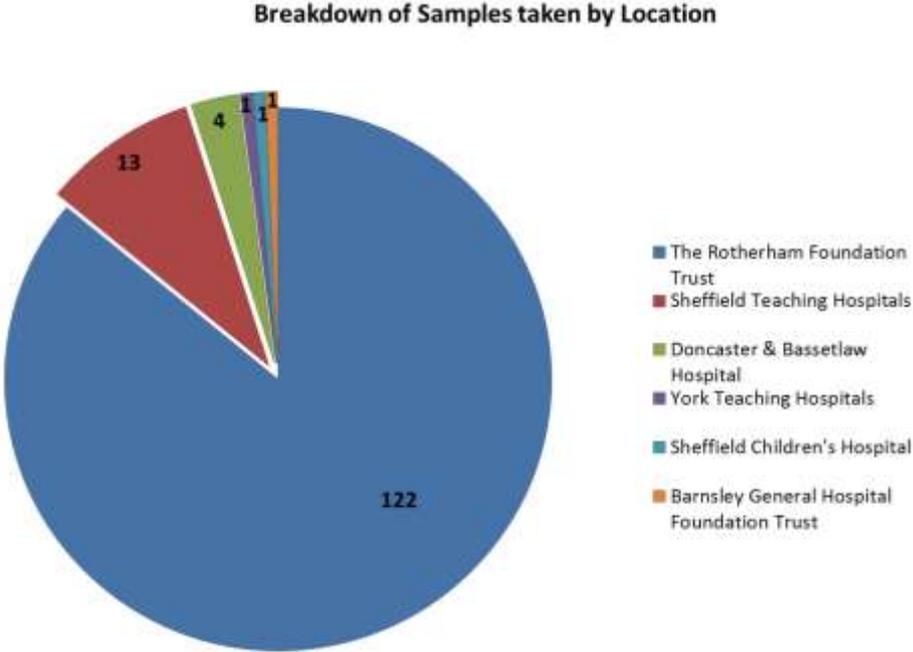
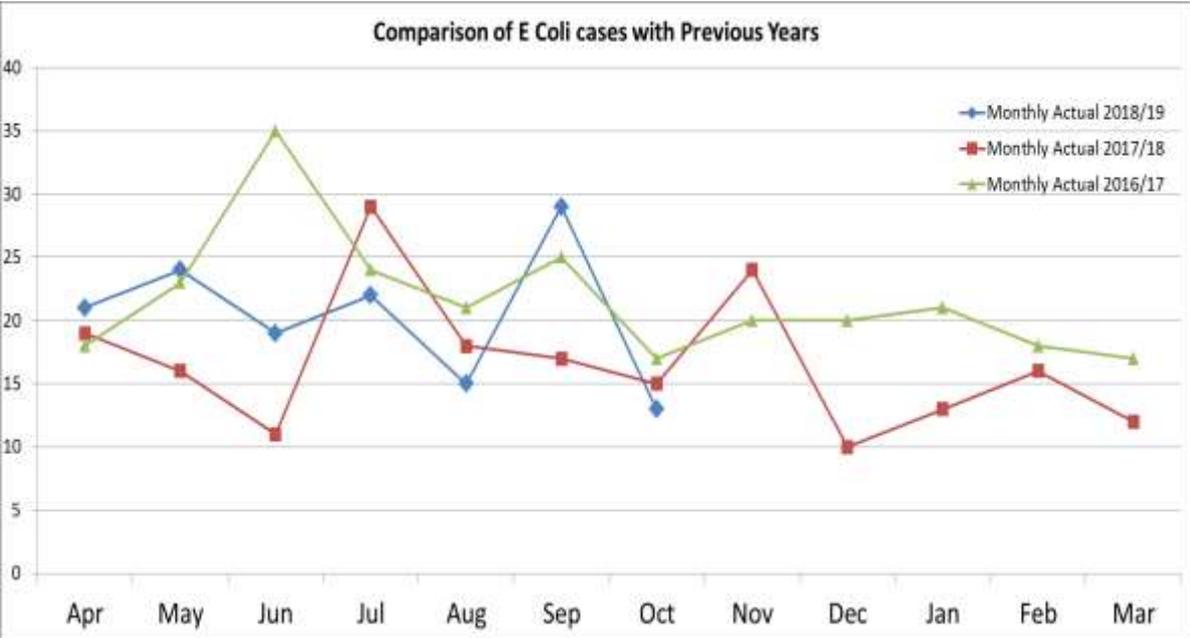


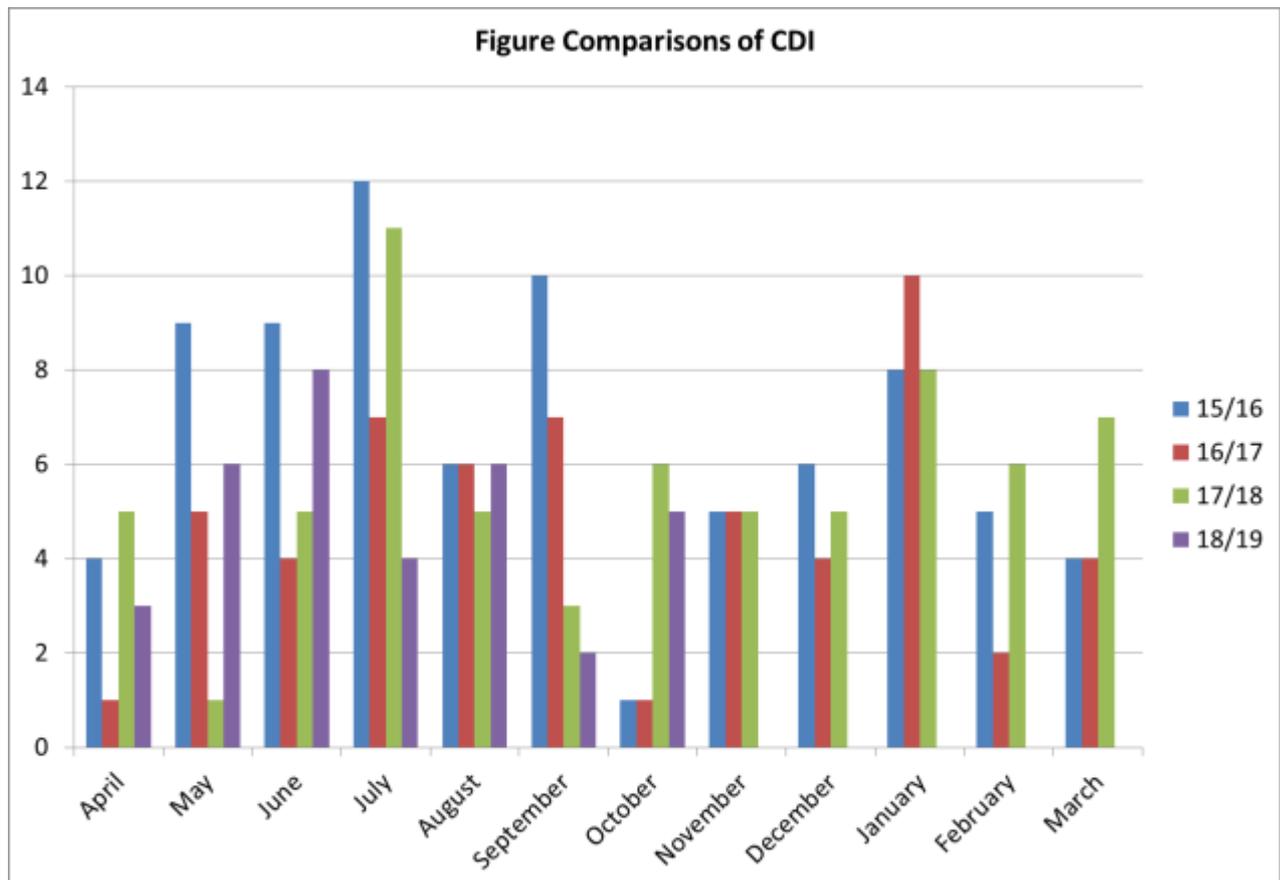
Chart 2 (below) shows a comparison of the number of E Coli cases in 2016/17, 2017/18 and 2018/19.



Clostridium Difficile Infections (CDI)

Figure comparison of CDI

Chart 3 (below) shows a side by side comparison of the number of CDI cases in 15/16, 16/17, 17/18 & 18/19.



There has been additional data relating to CCGs added to the surveillance for 2018/19 by PHE. This relates to categorisation of cases which is to identify whether there had been previous hospital admissions. This may have an effect on figures for 2018/19 and will be reported on as becomes known.

Norovirus/ Rotavirus/

TRFT have reported diarrhoeal illness in October with bed closures. All information is shared daily from TRFT to RCCG along with NHSE. Confirmed Norovirus has been managed by IPC team.

GI symptoms have been reported to PHE from the community:

During October and November 2 care homes have informed PHE of Norovirus confirmed outbreaks. These have been managed in the homes with PHE support.

FLU

No Flu has been present within TRFT or care homes in Rotherham at the time of writing.

TB

Since August to date there have been 3 TB cases identified that have been inpatients within TRFT. The cases appear to be unconnected; work is ongoing with contact tracing, screening and relevant further management. Regular meetings have been, and continue to be held, to update on the situation and decide/ inform of any changes in managements.

3. MORTALITY RATES

The Trust's current position is a Hospital Standardised Mortality Rate of 104. The Trust has seen a decrease in the HSMR trend for many months running now and this month shows continued improvement, which is encouraging. The crude rate of mortality in proportion to discharges has seen an increase this month, with 89 deaths as opposed to 74 last month. The Trust no longer sits in the upper quartile for mortality. The new Interim Medical Director is reinvigorating the Trust's Mortality Group including the group's purpose, focus and effectiveness.

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

SI Position 26.10.2018 – 22.11.2018	TRFT	RDASH	RCCG	*Out of Area	YAS	CareUK/GP Hospice
Open at start of period	36	6	0	1	0	0
Closed during period	4	1	0	1	0	0
De-logged during period	1	0	0	0	0	0
New during period	7	4	0	1	0	0
New Never Event during period	0	0	0	0	0	0
Total Open at end of period	38	9	0	1	0	0
Final Report Status						
Final Reports awaiting additional information	4	2	0	0	0	0
Investigations on "Hold"	1	0	0	0	0	0
CCG approved Investigations above 60 days	0	0	0	0	0	0
Investigations above 60 days without approval	17	0	0	0	0	0
Final Reports due at next SI Meeting	33	1	0	*N/A	0	0

* Out of Area SI – Performance Managed by responsible CCG. Final Reports are discussed by committee for comment / closure agreement upon receipt, as response is time sensitive.

5. SAFEGUARDING VULNERABLE CLIENTS

SAFEGUARDING NEWS AND INFORMATION SHARING

Safeguarding Awareness Week 2018

RMBC issued a thank you to all the 45 organisations that took part in Rotherham's first Safeguarding Awareness Week. During the week there were 60 safeguarding awareness events delivered, including 39 community events. Over 1180 people saw safeguarding awareness week messages on Facebook and over 19,000 people viewed related tweets.

http://www.rscb.org.uk/news/article/59/how_well_did_we_do_-_safeguarding_awareness_week_2018_saw18

GMC consent guidance consultation – Mental Capacity Law and Policy
GMC currently consulting on changes to the consent guidance. Link shared with colleagues who may have views they wish to share for the GMC consultation.

<http://www.mentalcapacitylawandpolicy.org.uk/gmc-consent-guidance-consultation/>.

Care Home Patient Registrations - Details shared following enquiries at PLTC [..\..\..\@CCG Staff Wide Information\Safeguarding and Quality\Info Sharing\Patient Registration Guidance.pdf](#)

Safeguarding PLTC, Male Abuse, 13th September 2018

Certificates sent out to all 750+ delegates attending this event. Huge thank you to the PLTC team (in particular Melanie Robinson) for making such a massive event run smoothly from start to finish. Overall very positive feedback has been received from delegates.

Training - Recent reforms to child safeguarding set out in the Children and Social Work Act 2017, and the statutory guidance Working Together to Safeguard Children 2018. These represent a significant change to the responsibilities of CCG Accountable Officers. Details of a free event on the 27 November circulated.

Specialist Domestic Abuse Services - Rotherham Council are carrying out a full review of Domestic Abuse Services. There is an understanding that domestic abuse has a long lasting impact on survivors and their families. Supporting them and helping them to recover and move forward will be at the heart of future plans for services. The review of services aims to make sure that they commission the right services, designed to deliver in a joined up way, with enough capacity, to deliver good outcomes for people who are affected by domestic abuse, or who may wish to engage in services because they want to change their behaviour. You can help with the review by taking part in the survey by [clicking here](#).

Inquiry publishes first ever online anthology dedicated to the experiences of victims and survivors of child sexual abuse

125 accounts shared with the Inquiry's Truth Project, including 31 new experiences detailing the abuse and failures by institutions including schools, the RAF, Scouts and the World War Two evacuation scheme are available to read here: <https://www.truthproject.org.uk/experiences-shared>.

Joint Safeguarding Self-Assessment for 2018/19

Circulated to GP surgeries for completion to fulfil annual requirements under Quality Contract Standard 10: Patient Safety, Safeguarding Deliverable 13.

Safeguarding What you Need to Know Booklet

Circulated to all staff.

<http://intranet.rotherhamccg.nhs.uk/WYNTK%202018%20update.pdf>

CARE HOME CONCERNS

Care Home	November 18 – Deterioration noted by CQC and RMBC – awaiting further MDT.
Domiciliary Home Care Provider	This domiciliary home care provider will cease providing care on 3 rd December 2018. CHC commission care for 10 patients on a roaming night service and 2 patients that have care in the day (1 of these 2 is on the roaming night service). Discussions are taking place with two local agencies regarding transferring the roaming night service and advice is being sought from procurement regarding the tendering process due to the urgency and risks of the situation. Negotiations taking place with current provider to ensure smooth transfer of care.
Care Home	Will be closing by the end of November due to under occupancy. RMBC working closely with health organisations to ensure residents are re-located. 2 CHC patients in the process of being re-located.

CARE HOME CQC REPORTS

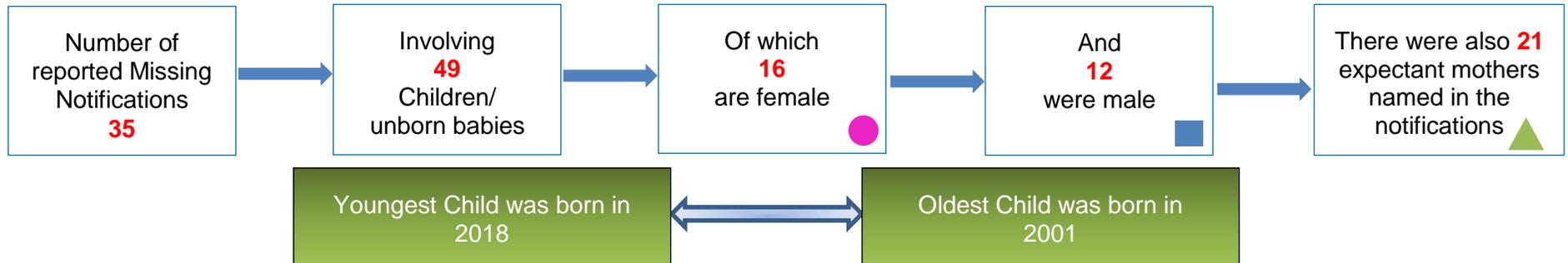
Org	Provider Name	Link to CQC Report	Overall Rating	Publication	Safe	Effective	Caring	Responsive	Well Led
Whiston Hall	Whiston Hall Limited	http://www.cqc.org.uk/location/1-147837680	Inadequate	2018-11-08	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Your Care 24	Yourcare24 Ltd	http://www.cqc.org.uk/location/1-4488062364	Good	2018-11-01	Good	Good	Good	Good	Good
Personal Assist South Yorkshire	J&J Williams Ltd	http://www.cqc.org.uk/location/1-5103752706	Good	2018-11-06	Good	Good	Good	Good	Good

FOCUS ON: Multi-Agency Hub (MASH) - Annual Reports to GP Surgeries

BACKGROUND	FEEDBACK	NEXT STEPS
<p>The Multi-Agency Safeguarding HUB has now been established since the 1st April 2015. During that time Health MASH has been collecting data relating to all the cases where information sharing has taken place.</p> <p>GPs have contributed to the success of the MASH, and have shared information as required.</p> <p>GPs in Rotherham have been receiving summary case notes for each case following the decision making regarding risk to the children.</p>	<p>Health MASH have broken down each GP contribution for the last year in to an annual report per surgery. The report provides a breakdown of the number of cases, demographics, themes of the cases and outcomes.</p> <p>Surgeries can provide this information for any CQC inspection demonstrating their contribution to safeguarding children and the MASH.</p> <p>Surgeries can use the information to help understand the demands on their practice, training topics for safeguarding, impact of safeguarding on practice population and any service provision.</p>	<p>GP surgeries will receive their individualised annual reports in November 2018 with an option to discuss any aspect of the report with a member of the MASH team.</p>

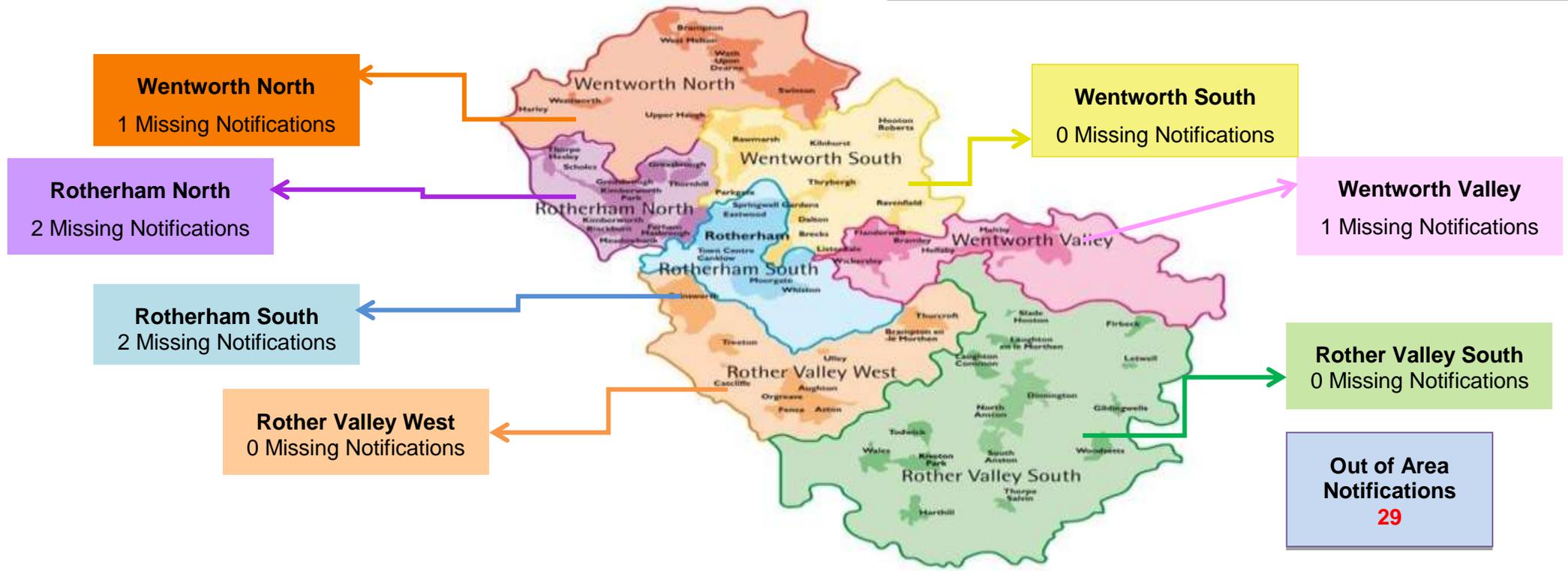
MISSING EPISODES REPORTED TO HEALTH MASH

The information below has been collated by the Health MASH team and relates to notifications received 1ST to 31ST October 2018



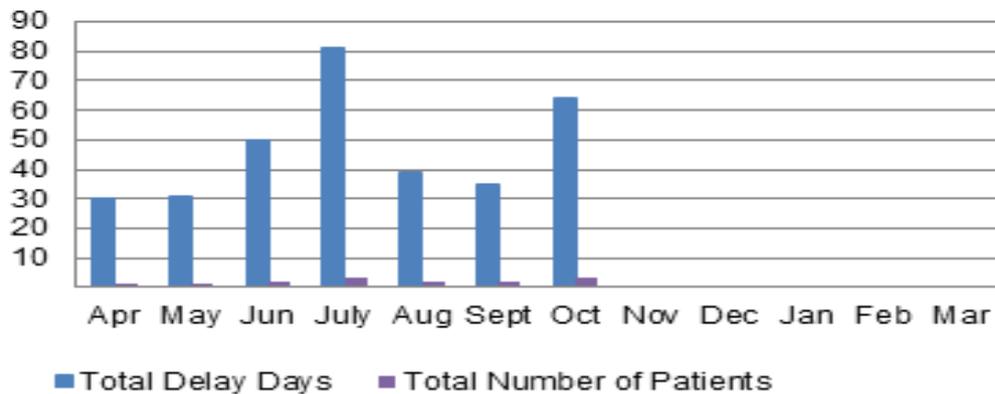
From the Missing Episode Notifications received:
5
Were reported as LAC Children

Source Of Notification	Number received
Police	7
TRFT	0
RMBC	28



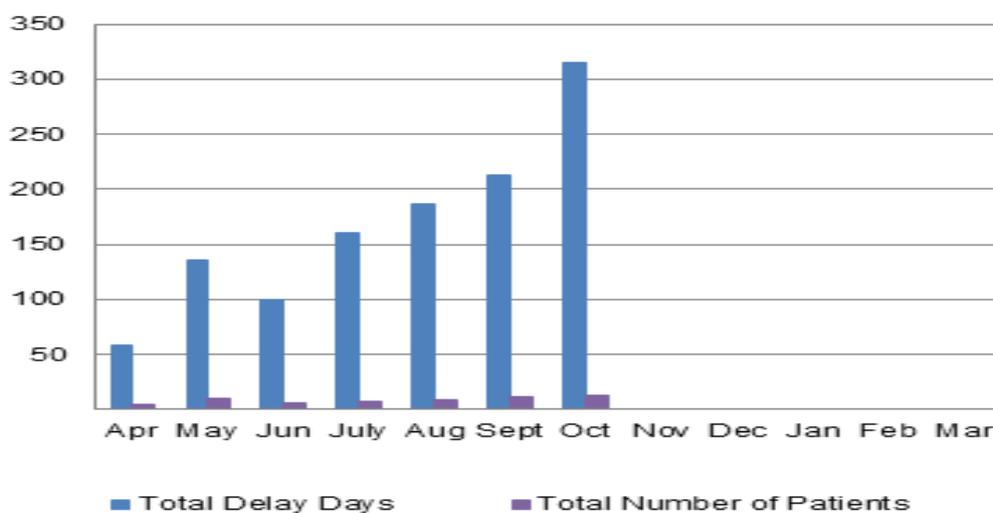
6. DELAYS IN TRANSFER OF CARE (DTC)

Adult Mental Health



There are two delays in adult services, one related to a specific housing need, with colleagues from RDaSH, RMBC and Rotherham CCG continuing to work with specialist housing support to minimise this delay. The other involves a potential transfer to a locked facility. Colleagues from Rotherham CCG and RDaSH are considering appropriate options for the individual.

Older People's Mental Health



There are two delays in older people's services, related to allocation of a Social Worker and identification of a specialist placement. The former issue has been escalated to senior managers within RDaSH. Rotherham CCG and RDaSH are working together to identify an appropriate placement for the second case.

Delays continue to be closely monitored by Rotherham CCG and Local Authority Colleagues. Delays are very limited in number and of short duration despite the recent reduction in the number of community beds available for Elderly Mentally Ill (EMI). ***

7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headline

The CHC Team are working collaboratively with colleagues in the Local Authority and the Acute Trust to plan for winter pressures.

The CHC Team are working hard to increase the number of people in receipt of a PHB which is reflected in the increase this month.

7.2 Reports

Table 1 - The table identifies the total number of patients eligible for funding from NHS Rotherham Continuing Health Care service, including outstanding annual reviews.

Month	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18
Total Number Eligible Patients	620	625	613	621	604	607
Total % Outstanding 12mth Reviews	24.84	23.36	21.53	18.04	19.21	18.29
Total Number of 12mth Outstanding Reviews	154	146	132	112	116	111
Number of LD Team patients Eligible	135	140	141	142	142	143
Total % of LD Team outstanding 12mth reviews	33.33	33.57	28.37	29.58	33.10	30.07
Total Number of 12mth outstanding LD Team reviews	45	47	40	42	47	43

Table 2 - The table identifies the total number of referrals received into NHS Rotherham Continuing Health Care service, including the number requiring a full DST.

Month	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18
Total number of referrals received	121	140	110	97	109	97
Total number of referrals screened in for full assessment	17	22	16	25	24	45

7.3 Quality Premiums

Part a)

CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility).

Part b)

CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.

Table 3 - The table below identifies the quarterly quality premiums for 2019

Quality Premium	Quarter 1	Quarter 2
Percentage of cases meeting the 28 days metric	80%	73%
Percentage of cases completed in acute trust	10%	2%

8. CHILDREN'S CONTINUING HEALTHCARE

Reports

The table identifies the total number of children eligible for funding from NHS Rotherham Children's Continuing Health Care service, including outstanding annual reviews

Children's Continuing Healthcare	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18
Total number of Eligible patients	28	26	25	26	24	26
Total outstanding Reviews	9	8	6	6	6	6

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

Date	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18
Number RCGG CHC patients eligible for a PHB	620	625	613	621	604	607
Number of RCGG CHC patients in receipt of a PHB	90	84	99	92	84	106

10. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 30 practices in Rotherham:

	Report Date	Inspection Date	Overall rating
Blyth	12.09.16	21.07.16	Good
Braithwell Road	04.05.17	23.02.17	Good
Brinsworth	09.05.17	14.03.17	Good
Broom L	29.09.17	09.08.17	Good
Broom Valley	11.04.17	09.03.17	Good
Clifton	24.03.17	20.02.17	Good
Crown St	18.02.16	02.12.15	Good
Dinnington	29.06.17	10.04.17	Good
Gateway Primary Care	22.06.17	17.03.17	Outstanding 
Greasbrough	11.04.17	15.02.17	Good
Greenside	23.04.18	22.02.18	Requires Improvement
High St	17.08.17	17.07.17	Good
Kiveton	24.03.17	20.02.17	Good
Magna	06.09.17	27.07.17	Good *
Manor Field	24.03.17	24.01.17	Good
Market	28.01.16	18.11.15	Good
Morthen	02.06.17	19.04.17	Good
Parkgate	06.08.15	09.06.15	Good
Queens	25.07.18	10.09.18	Requires Improvement
Rawmarsh	01.12.16	21.09.16	Good
Shakespeare Rd	17.08.17	06.07.17	Good *
St Anns	09.02.18	12.12.17	Good
Stag	10.08.17	27.06.17	Good
Swallownest	11.08.17	21.06.17	Good
Thorpe Hesley	02.02.18	07.12.17	Requires Improvement
Treeton	15.10.15	16.06.15	Good
Village	06.03.17	24.01.17	Good
Wickersley	23.02.18	24.01.18	Good
Woodstock	20.03.18	25.05.18	Good
York Rd	16.05.18	14.03.18	Requires Improvement
Good *	Indicates an area which was previously 'requires improvement'		

Queens have previously been given a CQC rating of 'requires improvement'. The practice remains under enhanced surveillance as per the CCG's Co-Commissioning Arrangements in Primary Care: Principles and Process for managing Quality and Contracting. The areas highlighted in the CQC report were included in a visit 17th October 2018. These, and a number of other issues, have been incorporated into a mutually agreed action plan that the practice will now work on.

Another practice Contract & Quality visit has taken place; the format of the visit includes an opportunity for the practice to give an overview of their structure, and we discuss the latest CQC report, performance and quality data including the Quality Contract, Medicines Management performance, and any other contract queries. We also undertake spot-checks on Quality Contract compliance with the deliverables.

York Road – October 2018:

Services were found to be safe and satisfactory. The visit took place with Dr Sarada Garapati, Dr Sukhbinder Deepak, and Lynn Hazeltine Practice Manager.. The latest CQC inspection resulted in a 'requires improvement' for the practice; this was mainly due process and procedure relating to recruitment, and buildings management. They are higher than Rotherham average on A&E attendances and Emergency Admissions. They achieved 76 on FFT, 14 under the national target but consistently submit. The Team signposted them to the Be Cancer Safe Team for assistance in improving screening rates, though they are doing everything we would ask of them. QOF was a little low but the practice has relied heavily on locums in the last year.

The next visit is to Broom Valley on 28th November.

11. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 163 people presenting at TRFT with hip fractures from April 2018 to September 2018. This gives a 2018-19 out-turn of 326 against an annual target of 280.

12. STROKE

Stroke Stays

September 2018 - the following stroke indicators did not achieve the targets:

- Percentage of people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital = 52% against a target of $\geq 90\%$;
- Percentage of people who have had a stroke scanned within 24 hours of hospital arrival = 99% against a target of $\geq 100\%$
- Percentage of people who receive thrombolysis following an acute stroke = 4.59% against a target of $\geq 11\%$.

13. CQUIN UPDATE

TRFT - Quarter 2 evidence has been submitted by TRFT and is being reviewed by RCCG.

RDaSH – Quarter 2 evidence has been submitted by TRFT and is being reviewed by RCCG.

14. COMPLAINTS

Via TRFT

The Trust received 77 concerns (85 in August) and 31 formal complaints (33 in August) in the month of September. Of the formal complaints received 3% (1) was risk rated as red, 23% (7) as amber and 74% (23) as yellow. The red complaint has been removed from this process due to declaration of a Serious Incident.

Twenty three complaints were closed in September with 87% of written responses (20 of 23) being completed within 30 working days.

15. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no recent breaches.

TRFT - there have been no breaches to date for 2018-19.

16. CQC INSPECTIONS

The Trust received the core service unannounced inspection on 25-27 September 2018. The CQC inspected the following four core services;

- Acute - Maternity
- Acute – Children and Young People
- Acute – Medicine
- Acute – Urgent and Emergency Services

The use of resources inspection was held on 28 September 2018.

There were further unannounced inspections 16-18 October;

- Community – Children and Young People
- Acute– Urgent and Emergency Services (Out of hours)
- Acute – Medicine

The CQC well led inspection was held on 22-24 October 2018.

Work is continuing to address concerns raised by the CQC during their initial feedback and the full reports from the inspections are awaited.

17. ASSURANCE REPORTS

TRFT

A&E

Performance for October concluded at 88.96%.

The current position as at 21 November:

Month to date – 88.77%, Q3 – 88.85% and Year to date 87.71% against the National target of 95.0%.

A joint review of the UECC has been undertaken with key actions and recommendations being progressed by TRFT and RCCG.

The Trust continues in its “Action on A&E” programme with a focus on Home First “why not today why not now”.

The level of scrutiny against the 4 hour access target continues with weekday exception reporting to NHSE if specific triggers are hit including performance <80%. Weekly A&E/Winter Operational Delivery Meetings remain in place involving all Rotherham Place partners. Weekday and weekend daily exception reports will commence from 12 November as part of 7 day winter reporting arrangements to NHSE/NHSI.

Cancer Standards

The Rotherham Cancer 62-day position for Quarter 2 was 84.4%. The highest level of proactive escalation remains in place with most specialties on deep dive level review through weekly Patient Tracking List (PTL).

Recovery actions are:

- increased support for cancer trackers
- additional staff advertised for and staff working overtime at weekends.
- additional MRI facility 5 days per week moving to 3 days in November
- collective work of cancer trackers
- daily scrutiny of the PTL
- weekly PTL meetings and updates.

18wws

The un-validated position for September 2018 is 94.0% against the 92% 18 week RTT incomplete target. This represents a continued strong operational performance against this performance metric. This puts the Trust in the upper quartile performance in the country.

Gynaecology is the main area of concern with a performance of 84.4%. The service has implemented the following actions to ensure recovery:

- An additional full day list has continued on alternate weeks within the Trust's theatres which has maintained the long waits without deterioration but has not markedly reduced the numbers.
- Gynaecology theatre staff have commenced additional theatres sessions.
- Additional lists commenced on Saturday 22nd September and have continued weekly.

52wws

September 2018 = 0 and YTD = 0.

6 Week Diagnostics

TRFT un-validated position for September performance was 0.4% against a = or <1% target. There were 17 people who waited 6 weeks or longer for sleep diagnostic tests.

Other TRFT Operational/Performance Areas to Note

- Delayed Transfers of Care (DTC)
- Delayed Transfers of Care (DTC) September 2018
- The percentage of bed days being occupied by patients with a delayed transfer of care has decreased from 4.4% last month to 3.2% which is within the 3.5% target.

Workforce

Nursing – TRFT

There has been an increase in Registered Nurse fill rates on both days and nights when compared to those for August. There has also been an increase in Healthcare Support Worker shift fill rates on both days and nights in September.

Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 90.6% in September 2018 compared to 90.2% in August 2018 and 94.7% on nights compared with 93.6%. Healthcare Support Worker (HCSW) fill rates were 106.1% on days compared with 102.2% in August and for nights were 111.18% compared with 101.2%.

The overall vacancy rate has slightly reduced during September 2018; the largest number of vacancies continues to be in the Division of Medicine.

Twenty four newly qualified nurses started in the Trust during September, with a further 10 due to start in the coming weeks.

On a shift by shift basis senior nurses redeploy staff to ensure that wards and additional capacity areas are appropriately staffed, including moving staff from areas which have actual staffing higher than required for the actual occupancy and case mix. These moves aim to consider seniority of staff and avoid moving newly qualified nurses if at all possible.

NHS Safety Thermometer – TRFT

The Classic 'Harm Free' Care score for the Trust is similar to last month in September at 94.2% compared to 94.3% in August. This is still slightly below the national average score which is currently at 94.3%.

Dementia Assessments

For August 2018, the Trust achieved 94.3% against a target of 90%. A review of processes throughout the Trust has resulted in completion of dementia assessments exceeding the previous best performance at the Trust and this is better than the national average.

Looked After Children

The number of Initial Health Assessments (IHA) completed within 20 working days (statutory) has decreased between August (62%) and September (42%). This decrease was predicted last month due to the inherent backlog for this service. A meeting was held on the 10th September 2018, involving representatives from TRFT, Rotherham Metropolitan Borough Council and NHS Rotherham Clinical Commissioning Group regarding improving the access to Initial Health Assessments. The meeting was positive and 17 key actions were agreed to explore how improvements can be made on this issue. A follow up meeting is scheduled for the 12th November to evaluate these actions.

Clinically Led Visits

A programme of Clinically Led Visits has been agreed between RCCG and TRFT for 2018-19. The visits involve lead clinicians and commissioners from RCCG which form part of the assurance process for both TRFT and RCCG. For 2018/19, RCCG and TRFT colleagues agreed to focus on patient pathways as a whole rather than one department/service and it was agreed for this year to be Maternity and Learning Disability.

The maternity visit took place in September and covered in-patient maternity services, community midwifery, the Gestational Diabetes Maternity Clinic and the Mental Health Maternity Clinic. The visit was generally very positive with a number of actions and recommendations being made. A report is produced from the visit and there is an agreed process in place to share this with key staff and at key meetings/committees across RCCG and TRFT. Actions and recommendations from the visits are monitored through RCCG/TRFT Contract Quality meetings.

Plans are in-train for the Learning Disability pathway visit which will take place early 2019.

18. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard October	RTT 18ww Incomplete Pathways September	Cancer 62 day wait from urgent GP referral to first definitive treatment September	6 Week Diagnostic September
Sheffield Teaching Hospitals NHS Foundation Trust	89.4%	92.0%	69.4%	0.39%
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	92.2%	88.0% There are a number of specialties underperforming; highest numbers are for T&O and Ophthalmology.	84.7%	0.59%
Barnsley Hospital NHS Foundation Trust	95.4%	95.1%	87.7%	0.48%
Sheffield Children's Hospital NHS Foundation Trust	96.5%	92.0%	na	0.52%

19. CARE AND TREATMENT REVIEWS

There have been no care and treatment reviews in the period.

20. WINTERBOURNE SUBMISSION

Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
15 th October	0	0	0	5
22 nd October	0	0	0	5
29 th October	0	0	0	5
5 th November	0	0	0	5
12 th November	0	0	0	5
19 th November	0	0	0	5

Formal NHS procurement has been unsuccessful in identifying an appropriate community placement for one of the individuals identified above. Placement options are being considered for two others, and discharge planning commenced for another. All are regularly reviewed by both Rotherham CCG and the respective community teams.

21. AT RISK OF ADMISSION REGISTER

There are currently three people on the at-risk of admission register. All have active contingency plans and are closely monitored and supported by our community teams, the Local authority and Rotherham CCG.

22. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

Referrals to the LeDeR system have increased over the reporting period as understanding of them has increased. Reviews are now taking place as a matter of routine. We are working with colleagues across the Transforming Care Partnership area to develop a regional steering group to support the dissemination of findings and, ultimately, support any changes in practice identified in LeDeR reviews.

Eleven cases have completed reviews and a similar number in process of review.

***Sue Cassin – Chief Nurse
December 2018***