

**Public Session**

**PATIENT SAFETY/QUALITY**

**ASSURANCE REPORT**

**NHS ROTHERHAM CCG**

**3<sup>rd</sup> January 2018**

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**1. SUMMARY**

As we move into Q4 the number of C-Difficile cases remains below trajectory for both TRFT and the CCG. There has been 1 case of MRSA reported as a true blood stream infection; this is being followed up with TRFT via infection prevention control and contract quality. Serious Incidents (SI) reports from TRFT continue to flow through the system. There has been no SI Committee since the last Governing Body meeting however the CCG was able to close 2 incidents following review of the reports by SI Committee members.

The CCG led an event aimed at bringing together all agencies involved in the National Crime Agency (NCA) Stovewood child sexual exploitation investigation, working collaboratively to address the challenges faced by professional who are working with perpetrators and their families. The NCA are to speak at 2 PLTC events in 2018 to update on the investigation. NHSE have confirmed some additional funding for 2 years to enhance the provision of support services for survivors' pre and during court proceedings.

The CCG has responded to the national consultation on the draft guidance on Working Together and the new responsibilities placed jointly on health, the police and local authorities regarding safeguarding.

Childrens Continuing Healthcare (CHC) are working with several new providers to meet the needs of the local population.

The adult CHC team have implemented a new process and actions to improve compliance with the 28 day referral to decision process; this is already showing an improved position.

Rotherham currently have 7 cases identified for review under the Learning Disability Mortality Review (LeDeR) programme. The programme is one of the key recommendations of the Confidential Inquiry into the premature deaths of people with a learning disability. RDaSH, TRFT, CCG quality team members and CHC team members are working collaboratively to complete the reviews.

## 2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

### RDaSH:

#### Hospice:

- MRSA – 0
- MSSA – 0
- E Coli – 0
- C-Difficile: 1

#### TRFT :

- MRSA – 3
- MSSA – 6
- E Coli – 17
- C-Difficile:

TRFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17 Target = 26	Monthly Actual	0	0	0	2	0	2	2	0				
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0	0	0	2	2	4	6	6				
	YTD Plan	1	5	7	9	10	14	16	18	20	22	24	26

### NHSR:

- MRSA – 0
- MSSA – 30
- E Coli – 148
- C-Difficile:

NHSR		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 63	Monthly Actual	5	1	5	9	5	5	6	5				
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	5	6	11	20	25	32	38	43				
	YTD Plan	6	13	19	26	33	39	43	47	51	55	59	63

### MRSA

Against a 0 'no tolerance' trajectory there has been 1 case of MRSA Blood Stream Infection (BSI) in September that was provisionally attributed to Rotherham CCG as the sample was taken on day 2 of admission. Subsequent review of the case identified that this case is a contaminant. This was agreed by both TRFT and RCCG, and as a result the attribution of the case has been changed to reflect this in the TRFT data.

There have been 2 cases of MRSA Blood Stream Infection (BSI) in November both attributed to TRFT. 1 case was a contaminant and the other a true BSI. They are working on the actions from the learning outcomes identified following review of the cases. Concerns have been raised that 2 of the cases are

contaminants, and that actions from 2 of the cases both have a common theme in relating to MRSA screening. These will be discussed at the next contract quality meeting.

## **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 have been national set quality premium targets for 2017-18 with a reduction expectation of 10%. The actual figure for 2016-17 was 241. The ambition target figure for 2017-18 is 221.

Rotherham CCG and TRFT have produced a working action plan centred on reducing E -Coli's and focussed surveillance has started. The 3 areas of focus for initial surveillance are: those with previous UTIs, those with urinary catheters, and those with a positive E Coli urine culture.

The action plan and supporting documentation has been shared with NHS England as requested.

The CCG Infection Prevention and Control Nurse (IPC�) has attended national learning events relating to E Coli's along with TRFT staff to continue to enable a Rotherham community wide working process to hopefully ensure the E Coli reduction is reduced as per the Quality contract.

NHSR	E coli	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2017/18</b> <b>Target = 221</b>	Monthly Actual	19	16	11	29	18	17	15	24				
	Monthly Plan	15	21	15	22	25	19	16	18	19	19	17	15
	YTD Actual	19	35	46	75	93	110	124	148				
	YTD Plan	15	36	51	73	98	117	133	151	170	189	206	221
<b>2016/17 (comparison)</b>	Monthly Actual	18	23	35	24	21	25	17	20				
	YTD Actual	18	41	58	82	103	128	145	165				

(There have also been samples taken at TRFT that are attributed to other CCGs however this data is not recorded in the above chart.)

## **Clostridium Difficile Infections (CDI)**

Post infection reviews are being undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process. The process will highlight any lapses in quality of care and any learning outcomes within both community and acute trusts. Any common themes will be addressed as identified.

**[NB** A 'lapse in care' - would be indicated by evidence that policies and procedures were not followed. The lack of compliance with this or any of the elements identified in 'clostridium difficile infection objectives for NHS organisations in 2017/18 and guidance on sanction implementation' (NHS England) checklist would not indicate the infection was caused by the lapse, but that best practice was not followed. The first and foremost aim is to learn any lessons necessary to continually improve patient safety.]

The set trajectory for Clostridium Difficile for 2017-18 remains the same as 2016-17 and is set at 63. Rotherham has been attributed 43 cases of Clostridium Difficile against a year to date plan of 47 as of the end of October.

Following PIR meetings there are :

5 lapses in care

32 no lapses in care

2 deferred cases due to requiring further information/ discussion relating to antibiotic prescribing.

1 case to discuss, TRFT Case .

1 case to discuss STH case.

2 cases to discuss CCG cases.

There has been additional data relating to CCGs added to the surveillance for 2017/18 by Public Health England (PHE). This relates to categorisation of cases which is to identify whether there had been previous hospital admissions. This does not constitute any formal change at present; however the data from this will be used to inform future developments/ changes relating to Clostridium Difficile.

**Norovirus/ Rotavirus**

TRFT have reported outbreaks of diarrhoeal illness on numerous wards throughout December, There have been 3 confirmed norovirus cases. They are being vigilant with monitoring, screening, and isolation of any suspected cases. Gastro Intestinal symptoms remain in the community, 5 care homes and a school were affected in December (Up to 18<sup>th</sup> December ).

**FLU**

No reports of Flu cases at TRFT.

TRFT have, to date, vaccinated 71% of front-line staff, against an aim of 80%. Vaccinating continues.

No reports of flu cases from RDaSH.

The Rotherham services within RDaSH have vaccinated 54.23% of front line staff, and 39.51% of non front line staff, against RDaSH totals of 53.62% for front line staff and 43.09% of non front line staff.

*(Please note that although Learning Disability Supported Living Homes and CAMHS are in Rotherham they come under Doncaster Care Group and the Children's Care Group and these will not be included in the Rotherham data. Rotherham data therefore may be slightly higher. There is still data quality work to be completed with these figures which should have a positive impact on them as the campaign is still on-going.)*

**3. MORTALITY RATES**

The Trust's position on 12 month rolling Hospital Standardises Mortality Ratio (HSMR) has decreased to 103 as of July's figures. This is from the latest Hospital Episode Statistics data received from NHS England. This is a significant decrease in HSMR over this last month. It shows a slightly decreasing trend in the HSMR but the Trust remains vigilant as it is still in the upper quartile for this data.

The Summary Hospital Level Mortality Indicator is 112. This is very marginally increased with the rebasing in October and will be recalculated again in January 2018. The CCG and Trust have been notified that the Trust are a mortality outlier for Acute myocardial infarction (emergency admissions) which the CQC are currently assessing using their own analysis and other information before deciding whether or not it needs to be followed up further. The Trust has undertaken a review of patient notes with myocardial infarction and the findings and an action plan will be presented following analysis and theme building. The report will be completed by end of December and there are no anticipated issues/outliers.

The Trust Mortality Policy incorporating the recommendations from the learning from deaths review has been published. The dashboard of number of deaths to number of reviews will be published in the next coming months with the scoring applied to them reported as well.

#### 4. SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE)(No meeting since Nov 15<sup>th</sup>)

SI Position 17.11.2017 – 18.12.2017	TRFT	RDASH		RCCG	**Out of Area	YAS	CareUK/GP Hospice
		CCG	*PH				
Open at start of period	46	11	2	0	6	1	1
Closed during period	2	0	2	0	1	0	0
De-logged during period	0	0		0	0	0	0
New during period	5	3		0	1	0	1
New Never Events during period	0	0		0	0	0	0
Total Open at end of period	49	14	0	0	6	1	2
<b>Final Report Status</b>							
Final Reports awaiting additional information	0	0		0	1	0	0
Investigations on "Hold"	1	2		0	2	0	0
CCG approved Investigations above 60 days	0	0		0	1	0	1
Investigations above 60 days without approval	26	0		0	0	0	0
Final Reports due at next SI Meeting	40	7		0	N/A	1	1

\* **Public Health Commissioned Service SIs – Performance Managed by Public Health**

\*\* **Out of Area SI – Performance Managed by Relevant CCG** (*Out of Area Final Reports are circulated to group for comment upon receipt as response is time sensitive to the CCG responsible for the SI*)

#### 5. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up/Next Steps
June 2017 Update	Serious Case Reviews Overview	Rotherham DHR involves 3 (possibly 4 children) being discussed between Safer Rotherham Partnership and LSCB.  <i>The three teenagers were convicted of manslaughter in May 2017. The case remains the focus of a domestic homicide review, and it was agreed that RMBC Legal Team would work with the DHR team and represent the young people at these meetings and in any further action required.</i>	3/4 children discussed at SCR January 2017 regarding their links to a DHR. Discussion with LSCB chair as to whether these children meet the criteria for a SCR.  <i>LSCB September 2017 acknowledged excellent partnership working with LA and Youth offending around the young people charged with manslaughter. Dec 2017 Update LSCB has had no further info.</i>
Jan 2017	Violent child death	LSCB Chair decided that the case will not be a SCR but discussions are being held with NHSE re a joint review to cover both the child and perpetrators circumstances.	A child death (15 yr old) is to be discussed at the SCR on 28 <sup>th</sup> February. This decision is for a lessons learnt approach as the criteria for a SCR are not met. NHS England has considered the case and are undertaking a serious complex case review, under the Mental Health Homicide review process. Court case significantly delayed 18.12.17 No

Date	Discussion	Outcome	Follow up/Next Steps
August 2017	Child J	Child J SCR report complete. Went to LSCB Extraordinary meeting 11 May 2017. This case was led by Rotherham LSCB but majority of learning is for Sheffield organisations.	<i>further update</i> The report will not be published until the outcome of the police and CPS investigation has concluded. Agencies are expected to develop the action plan associated with the case in readiness for the eventual publication. <i>No date provided from LSCBs for publication</i>
	Child LG – TRFT and RMBC very limited contact (Lancashire case)	Child LG – TRFT and RMBC very limited contact (Lancashire case). Report now finalised but publication not due as criminal investigation on-going.	Awaiting Publication
20.10.16	SCR – Learning Lessons review	Child Attendance at ED by parents and small infant. Fracture to elbow noted – full skeletal CP Medical undertaken. A Lessons Learned Review was undertaken. <i>Final report being presented to SCR Panel 23.05.17</i>	Significant agency involvement and learning identified from health visiting and GP records. Named GP and Named Nurse and Named Midwife TRFT to support the delivery of actions required. <i>No indication of publication date</i>
11.8.17 31 October SCR Agreed	Serious head injury to 2 year old child	14 August LSCB informed by TRFT.  <i>UPDATE, 31 October 2017 Independent Chair agreed that this would be a SCR. Letter sent to all agencies. Methodology to be used is SILP</i>	Named Professionals at TRFT are undertaking a review of health care services provided to this infant and family. LSCB informed as this was a multi-agency piece of work. Serious Case Review Panel convened mid-September. Child remains in a critical condition in SCH. <i>SCR Panel met and agreed to review all agencies records and reconvene to agree way forward. Reconvened 24 October ToR agreed. All health agencies aware of need for IMR etc.</i>



## 5.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
6 October 2017	RMBC informed of Ofsted Inspection of Local Authority. 4 week period of inspection commenced.	7 and 8 October MASH inspected all health colleagues from CCG, TRFT and RDaSH present and participated in the inspection.	Rotherham health economy is fully committed to safeguarding and is supportive of the on-going progress with regard to safeguarding. 18.12.17 Ofsted rating embargoed till Jan 2018
UPDATE August 2017	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspectorates have published their expectations on joint inspections. Themed deep dives to be undertaken, from January 2017 to consider the category of abuse - Neglect	No joint meetings arranged by LA. NHSR CCG to instigate a health economy meeting in June to update all health organisations commitment to safeguarding in readiness for any inspection.
May 2016	Paper presented to Local Safeguarding Children Board Performance and Quality Sub Group. This was an audit of LA LAC records and the timeliness of LAC Initial Health Assessments.	June 2017 data from both systems to be re-synchronised as a matter of urgency. The LA, CCG and TRFT are actively seeking clarity on barriers that are preventing Rotherham from undertaking Initial Health Assessments in a timely fashion.	Progress continues to be challenging and extremely poor. NHSR CCG has raised these issues as significant challenges to TRFT via Quality and Performance group. TRFT are reviewing the whole system, including weekly <i>December 2017 update improving compliance with Initial Health Assessments (IHA) being achieved (81% in September). Awaiting Ofsted report.</i>

## 5.2 Safeguarding Challenges

Date	Challenge	Next Steps
5 April 2017	<p>GPs in Rotherham highlighting concerns regarding the sharing of safeguarding (and routine) information between 0 -19 service and GP Practices.</p> <p>New into post (Oct 2017) Amanda Edmonds - Deputy Head of Nursing Family Health has taken this challenge of face to face and written communications to the 0 – 19 service.</p>	<p>13 April Designated Nurse met with 0 – 19 leads and TRFT Safeguarding leads to map current provision and offer solutions to the Challenges faced with 2 providers who utilise different IT systems.</p> <p><i>TRFT are in the process of publishing a 'concerns/issues template' for sharing information with colleagues.</i></p> <p><i>18.12.17 Update from TRFT is progress is being made – but slowly – Named GP involved.</i></p>
August 2017	<p>There are significant current CSE challenges. Therefore the LA, Police and health economy are undertaking work on a complex abuse case using the LSCB procedures. One of these cases has to date identified over 300 linked children of concern.</p> <p>In May 2017 11 children from 2 families were removed and taken into care. This has proved very challenging for agencies. No further increase in families being brought into care.</p>	<p>IHA for the 2 families has created additional and unprecedented challenge in the health system for TRFT. Further anticipated children being brought into care is circa 60 according to RMBC Head of LAC.</p> <p>TRFT are in the process of publishing a business case to highlight the significant challenges they are and continue to face.</p> <p>CCG have recorded the challenge on the Issues Log</p>
March 2016	<p><b>National Crime Agency</b> continues to submit names of young people requiring a review.</p> <p>Deputy Designated Nurse continues to provide sensitive information on behalf of the CCG/ Independent Providers. Home Office are still considering the need for a bespoke team to undertake the work referred to as Operation Stovewood.</p> <p>An array of Stovewood meetings are in the process of being developed, terms of reference and allocation of staff to attend is still being considered.</p>	<p>1,400 victims identified by Professor Alexis Jay will receive a service to meet their identified need including where appropriate justice, hence the police (NCA) leading on this work.</p> <p><i>18.12.2017 UPDATE: NHSR CCG continue to be active partners. Update on Home Office funding (known as Fusion bid) has been declined. Further funding streams being sought, and have been approved. Business case</i></p>

Date	Challenge	Next Steps
		<i>for enhanced psychological support for victims during trial being considered.</i>
October 2017	<b>Impact of Stovewood Investigations</b> being seen by front line health staff, in particular GPs. Concerns raised around the health and welfare impact on perpetrators and their families.	A high level discussion to be held between agencies in order to highlight the challenges in moving forward with the NCA home office investigation. NHSR CCG has led a discussion 30 November bringing colleagues together to look at the support networks required for professional, communities and individuals. NCA to speak at January and September PLTC GP event

### 5.3 Positive Messages

Date	Discussion
25 October 2017	<p>The 2017 Children and Social Work Act set out how agencies MUST work together. It placed new duties on the police and Clinical Commissioning Groups. Draft guidance on these new expectations was published under the Working Together heading and a wide spread consultation period will run until 31 December 2017.</p> <p>A clear framework for the three local safeguarding partners (the local authority Chief Executive; Clinical Commissioning Group Chief Officer and the Chief Officer of police) within the local authority area to make arrangements to work together to identify and respond to the needs of local children is set out. Whilst Working Together is guidance it clearly articulates <i>'This document should be complied with unless exceptional circumstances arise'</i> Page 7.</p> <p><i>NHSR CCG has sent in their response to the national consultation with the LSCB and Designated Professionals across SY &amp; B.</i></p>

## 6. ADULT SAFEGUARDING

### 6.1 Headlines

**Rotherham safeguarding Adults Board (RSAB)** – meet on the 27th November 2017

- CQC presentation from Julia Gordon - Inspection Manger for Rotherham and Doncaster with 8 inspectors. CQC regulate 12,500 providers, 25,500 care homes, 245 NHS trusts and 1500 independent hospitals.
- Oversight of what CQC is and the purpose with fundamental changes in 2013 still been embedded with the phrase "Is it good enough for your mum?". Next five years will address

quick responses with target inspection. Market oversight scheme in place to ensure “Southern Cross” doesn’t happen again – address financial and quality of 50 providers every quarter.

- RLSCB – Christine Cassell gave oversight and key areas of the annual report including The Children and Social care act and the abolishment of LSCB’s with each area free to cover how they see fit (lengthy discussion between key partners regarding what this will look like in Rotherham), increasing demands and expectations on children’s services, good partnership working, services more compliant with law and improving, Brexit taking away from government the oversight of safeguarding across the board. Moving forward with RSAB responsibilities around DA and is this a public health issues, mental health and substance misuse – discussion around when adult safeguarding kicks in and or complex families.
- RCCG – RSAB self-assessment. No questions raised other than Director of Adult Services will ensure that RMBC MCA/DoLS team assist with concerns re community DOL and DoLS register for care homes.
- Barnsley Safeguarding Adult Board is taking the lead on the Safeguarding week for July 2018.

### **Sub groups-**

**Training and Development** – is working towards the planning of courses for 2018/19 and the evaluation process

**Policy and practice** – Group on hold at present due to RMBC addressing internal issues. Will reform early next year

**Performance & Quality** – Detail of the Dashboard to be reviewed in regards to extra clarity and detail.

**MCA & DoL S** – November/December meeting cancelled. Awaiting further dates for the New Year.

**Safeguarding Adult Review (SAR)** – One case to be discussed at the January 2018 group.

**Domestic Homicide Review (DHR)** – One case awaiting further panel dates.

**Prevent** – NHS England’s expectations for Prevent Quality submissions and Training have been added to TRFT and RDaSH contracts and will be monitored via this route.

**Channel** – No new cases. Multi agency working continues in order to meet requirements of the Channel duty and ensure appropriate pathways.

### **6.2 Care Homes**

Care Home– A voluntary suspension on all placements due to significant and serious concerns highlighted by CQC, RMBC Contract team and the Care Home Liaison team remains in place. RMBC are still awaiting CQC’s report in regards to enforcement.

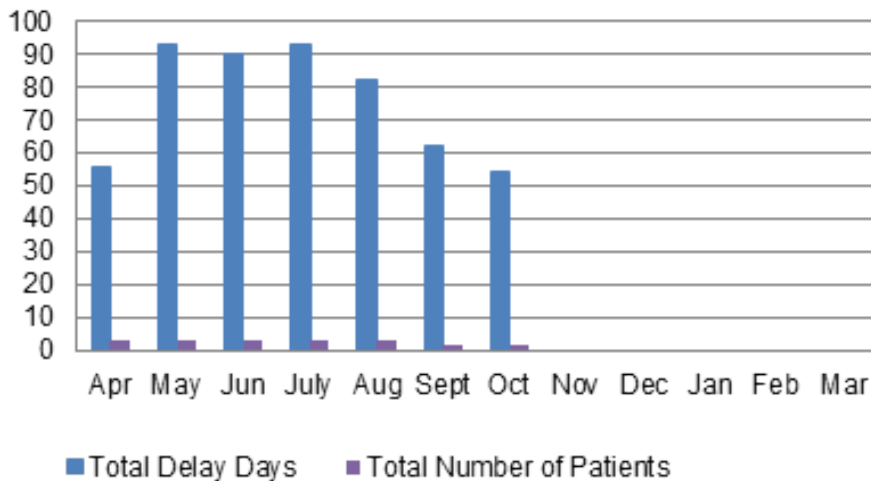
Day care provider – SYP and RMBC HR investigations continue to be ongoing around allegations of both financial and physical abuse. SYP have commenced interviewing a number of staff and are building a case. Work continues around assessing capacity of those identified as victims by the Police College who are working closely with the RMBC/RCCG. Weekly meetings continue.

2 care homes have both had the RMBC’s contract default notices removed due to the improvements made against the Special Measures Improvement Plan, lifting of Notices of Proposal for deregistration by CQC and local intelligence. Both are now rated as Requires Improvement with CQC and RAG rated as Green on the RMBC provider Risk matrix.

## 7. DELAYS IN TRANSFER OF CARE (DTC)

### 7.1 Adult Mental Health

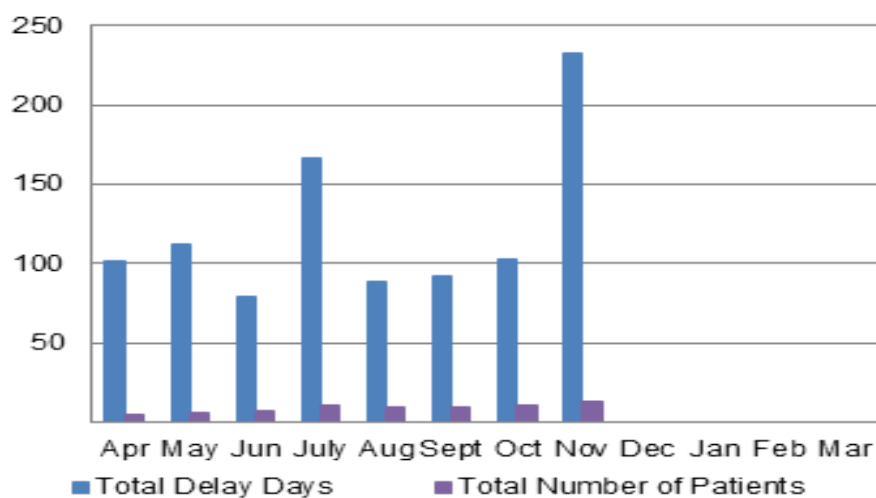
There are no declared delays in transfers for adults with mental health problems.



### 7.2 Older People's Mental Health

Delays continue to be closely monitored by Rotherham CCG and Local Authority Colleagues. Delays are limited in number and, in the main, of short duration. There has been an issue in the period regarding one provider meeting the needs of planned discharges. Rotherham CCG and RDaSH colleagues are supporting the provider to facilitate earlier discharge.

The availability of nursing home beds for the Elderly Mentally Ill is becoming a challenge in some localities in Rotherham. We continue to monitor this and support RDaSH in facilitating assessments by alternative providers.



## 8. ADULT CONTINUING HEALTHCARE (CHC)

### 8.1 Headlines

The Continuing Healthcare team are working with community, Local authority and Acute Trust partners to safeguard and plan for expected winter pressures on local provision and services.

The Adult Continuing Healthcare team have recently implemented a new process to expedite new referrals received into the continuing healthcare team, thus ensuring compliance with the 28 day process in accordance with NHS England.

### 8.2 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	June 17	July 17	August	September	October	Nov
<b>Total Number Eligible Patients</b>	575	588	602	606	615	620
<b>Total % Outstanding 12mth Reviews</b>	28.00	26.36	34.18	25.58	26.02	29.03
<b>Total Number of 12mth Outstanding Reviews</b>	161	155	160	155	160	180
<b>Number of LD Team patients Eligible</b>	113	114	130	130	130	130
<b>Total % of LD Team outstanding 12mth reviews</b>	33.85	33.08	30.77	30	27.69	29.23
<b>Total Number of 12mth outstanding LD Team reviews</b>	44	43	40	39	36	38

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		Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Total number of referrals received	<b>Acute</b>	35	41	42	38	43	30
	<b>D2A</b>	9	5	2	4	5	8
	<b>Community</b>	55	54	58	78	109	119
Total number of referrals screened in to complete a full DST	<b>Acute</b>	9	16	20	13	8	10
	<b>D2A</b>	1	1	2	2	3	2
	<b>Community</b>	10	18	17	19	41	23
Total number of referrals screened out	<b>Acute</b>	12	14	15	16	12	6
	<b>D2A</b>	7	1	0	2	1	1

	<b>Community</b>	20	15	26	24	41	62
Total number of referrals returned for further information	<b>Acute</b>	14	10	7	9	23	14
	<b>D2A</b>	1	3	0	0	1	5
	<b>Community</b>	25	21	11	29	46	33

## 9. CHILDREN'S CONTINUING HEALTHCARE

### 9.1 Headlines

The children's continuing care team continue to work collaboratively with our partners in Health, Social Care and Education. We are working with several new providers to meet the needs of the local population.

### 9.2 Reports

Table 3 - 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	Months 2017						
	May	June	July	August	Sept	Oct	Nov
<b>Total number of Eligible patients</b>	32	29	29	29	29	29	28
<b>Total outstanding Reviews</b>	12	14	14	12	14	15	15

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

Table 4 – The table identifies the number of CHC patients eligible for a PHB and how many of these have a PHB.

Date	May 2017	June 2017	July 2017	August 2017	Sept 2017	Oct 2017	Nov 2017
<b>Number RCCG CHC patients eligible for a PHB</b>	592	582	588	602	606	615	620
<b>Number of RCCG CHC patients in receipt of a PHB</b>	88	78	65	84	83	86	86

## 11. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 170 people presenting at TRFT with hip fractures between April 2017 to October 2017. This gives a projected outturn of 291 against an annual target of 280.

## 12. STROKE

TIA

Target: 60%

Achieved Nov 2017: 50%

Reasons for under performance:

- no stroke nurse available and CT head not done until following day

Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival

Target: 90%

Achieved Nov 2017: 56.41%

Reasons for under performance:

- 13 patients had bed waits
- 2 delay in diagnosis
- 3 other medical problems.
- 2 Delay from ED
- 1 Patient already in patient on another ward

Stroke Stays

Target: 80%

Achieved Nov 2017: 83.33%

## 13. CQUIN UPDATE

### 13.1 RDaSH

The CCG has now signed off the Quarter 2 CQUIN performance report.

### 13.2 TRFT

The Q2 submissions were received on 31st October 2017. RCCG has reviewed the evidence presented and a final Q2 position on achievement is to be confirmed shortly. The Trust has fully achieved against all indicators with the exception of 2 Sepsis Indicators; one Indicator has partial achievement and there have been issues with the data reporting for another Sepsis Indicator .

## 14. COMPLAINTS

### 14.1 Via RCCG

One complaint was received was related to the use of diabetes testing strips. A further complaint was received regarding knee replacement and the IFR process. One further complaint relates to a parents request for a care assessment for their child.

### 14.2 TRFT

The Trust received 94 concerns and 28 formal complaints within the month of October. Of the formal complaints, 9 were risk rated as amber and 19 as yellow. 71 of the concerns have now been closed. Complaints responded to within the agreed timescale of 30 working days increased for the third consecutive month to 63% (43% in September). A new approach to improving the timeliness of



completing responses continues with positive results from all Divisions to date. There are no red complaints open with four cases currently under investigation with the PHSO.

## **15. ELIMINATING MIXED SEX ACCOMMODATION**

**RDaSH/Hospice** - There have been no mixed sex accommodation breaches for 2017/18.

**TRFT** - there were no breaches reported during October.

## **16. CQC INSPECTIONS**

**RDaSH** - The CQC made a Mental Health Act visit to Brambles Ward at Woodlands on 28 November 2017. A well led CQC visit will also take place in January 2018.

## **17. ASSURANCE REPORTS**

**TRFT**

**A&E**

The current position as 11 December 2017 is as follows:

- November – concluded at 81.36% (Sustainability and Transformation Fund Trajectory (STFT) November 91.7%)
- Month to date (December) – 90.15% against an STF target of 91.7%
- Year to Date – 84.85%

Following discussion between NHSE, RCCG and TRFT have completed and submitted a recovery plan to NHSE which focuses on actions to improve performance on the four hour target. The plan focuses on the following areas:

1. Delayed Transfers of Care
  - a. Closer working of the hospital transfer of care team and hospital social work team, commissioning of additional reablement hours and nursing beds, embedding a Universal Home first approach and provision of a discharge home service.
2. Acute Hospital Pathways
  - a. Improving triage, clarification of roles and responsibilities for ANP's, GP's and ED staff, change hours for Primary Care in the Urgent and Emergency Care Centre, implementation of new Clinical Decision Unit and ambulatory care pathways, ensuring early discharge processes and pathways.

The level of scrutiny against the 4 hour access target has increased going into the Winter period and weekly Monday telephone conferences and weekly Wednesday A&E Operational Delivery Meeting take place involving all Rotherham Place partners.

RCCG undertook a quality visit to the UECC on 29 November 2017 in relation to poor achievement against the 4 hour A&E target. The visit included a walk through with the Trust's Head of Emergency Nursing Care and Integrated Medicine and looked at current issues. The visit concluded that the planned changes to the staffing model are currently being implemented and further visits will take place to assess the effects of implementation.

### **Cancer Standards**

First definitive treatment within 62 days to treatment from GP referral was achieved (Q2 – 91.3%). Performance fell for October at 78.2%. This was due to capacity issues in Histology at the Trust and the Trust has given assurance at Contract Performance meeting on 7 December that this was a short-term issue.

### **18wvs**

TRFT performance (October) 95.9% against the 92% target, compliant with National target and above the Trust's STF trajectory (92.0%).

## **52wws**

- October – 0, YTD – 0.
- For the purpose of STP, TRFT provided an assurance statement to NHSI the Provider undertakes to use all reasonable endeavours to achieve in full the associated Operational Standards on an on-going basis during 2017/18 and 2018/19.

## **6 Week Diagnostics**

- TRFT total performance (October) – 0.00% against a <1% target.
- A comprehensive Patient Tracking List process has been put in place to manage this target.
- There is no requirement in 2017/19 for a 6ww performance trajectory to be submitted to NHSI, however TRFT have provided an assurance statement that the Provider undertakes to use all reasonable endeavours to achieve in full the associated Operational Standards on an on-going basis during 2017/18 and 2018/19

## **Other TRFT Operational/Performance Areas to Note**

Delayed Transfers of Care (DTC) (October)

Current performance:

- TRFT total performance – 2.4% against a 3.5% target.
- The report undertaken by external experts has been completed and subsequently an action plan has been developed between key partners, this includes 5 key areas for action with the Trust's main focus being:
- Full integration of discharge planning.
- Ensure a universal home first approach is offered.

Delayed Transfers of Care is a standard agenda item at the A&E Delivery Board whereby progress and risks to delivery against the action plan are discussed.

## **Workforce**

### **Nursing**

The headlines for October are that there has been a slight improvement in nursing fill rates in October except for qualified night shifts. Vacancy rates have also decreased due to the largest recruitment of registered nurses during the year occurring in September/October.

Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 83.6% in October compared to 82.6% in September and 92.2% on nights compared with 93%. Healthcare Support Worker fill rates increased to 105.1% on days from a position of 104.3% in September and to 98.3% on nights compared with 98.2%.

Nine areas Care Hours per Patient Day (CHpPD) during October were reported as lower than planned for 12 out of 16 areas, further analysis of this new metric is underway. On a shift by shift basis senior nurses redeploy staff to ensure that wards are appropriately staffed, including moving staff from areas which have actual staffing higher than required for the actual occupancy and case mix.

Thirty three newly qualified nurses commenced employment in the Trust during September and 34 nurses due to quality in March 2018 have provisionally accepted conditional offers of posts.

### **Medical**

Staffing across medical wards and AMU remains a cause for concern, with a number of gaps as a result of vacant posts, sickness absence and less than full-time working. TRFT had a stand this year at the BMJ Careers Fair on 20 & 21 October 2017. Three new ED Consultants commenced in post at the beginning of November which ensures Consultant coverage 7 days per week in the UECC up to 10pm.

Two new Cardiology Consultants were appointed, one commenced in August and the other is due to commence in January 2018. A new Neuro-Rehab Consultant commenced in August.

Work is ongoing with Barnsley Hospital Foundation Trust to look at options for joint working to ensure a sustainable Gastroenterology Service at both DGHs.

### **NHS Safety Thermometer**

The overall score for Harm Free Care for the Trust for October was 94.8% and improvement from September at 94.42% (target 95%). The breakdown of the scores was Acute - 96.27% and Community - 93.89%. The improvement is due to a reduction in the harms related to falls, Venous Thromboembolism (Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)) and urinary catheter related infections. There were no reported Grade 3 or 4 pressure ulcers this month.

## **18. ASSOCIATE CONTRACTS**

### **18.1 Sheffield Teaching Hospitals NHS Foundation Trust**

- RTT 18ww Incomplete Pathways – September – 95.47% against a 92% target. Incompletes – the service showing issues is Cardiac Surgery.
- A&E – Four Hour Access Standard – September – 89.8% against a 95% target. Sheffield Walk in Centre figures is included in this percentage.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – September – 82.0% against an 85% target
- 6 Week Diagnostics – September - 91.25% against a 99% target. Cardiology – echocardiography is of particular concern with performance at 37.61%. A SYB Echocardiography Performance & Solutions meeting took place on 16<sup>th</sup> November to discuss regional solutions to support this issue at STH. These will be raised through the Accountable Care Partnership Executive Delivery Group meeting for agreement.

### **18.2 Doncaster and Bassetlaw Hospitals NHS Foundation Trust**

- A&E – Four Hour Access Standard – September – 93.7%
- RTT 18ww Incomplete Pathways – September – 89.5% against a 92% target.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – September – 82.1% against an 85% target.
- 6 Week Diagnostics – September - 98.1% against a 99% target.

### **18.3 Barnsley Hospitals NHS Foundation Trust**

- A&E – Four Hour Access Standard – September – 94.6%
- RTT 18ww Incomplete Pathways – September – 92.1% against a 92% target.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – September – 100% against an 85% target
- 6 Week Diagnostics – September - 100% against a 99% target.

## 18.4 Sheffield Children's Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – September – 97.2%
- RTT 18ww Incomplete Pathways – September– 92.3% against a 92% target.
- 6 Week Diagnostics – September- 99.0% against a 99% target.

## 19. WINTERBOURNE SUBMISSION

The CCG is now required to provide a weekly update on admission or discharge of Rotherham patients into an Assessment and Treatment Unit.

Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
13 <sup>th</sup> November	0	0	0	4
20 <sup>th</sup> November	0	0	0	4
27 <sup>th</sup> November	0	0	0	4
4 <sup>th</sup> December	0	0	0	4
11 <sup>th</sup> December	0	0	0	4

## 20. CARE AND TREATMENT REVIEWS

A CETR was undertaken for a Young Person who had previously been at significant risk of admission to hospital. The report from the CETR made a number of recommendations, relating to documentation, medication and support for parents. The patient is moving to another provider on the 19<sup>th</sup> December and will also be 18 in early January 2018.

There have been no Care and Treatment Reviews for adults during the period.

## 21. AT RISK OF ADMISSION REGISTER

There are four people identified as at risk of admission to hospital. All have active plans to minimise this risk involving both RDaSH services and those commissioned by the Local Authority.

## 22. LeDeR REVIEW

The Learning Disabilities Mortality Review (LeDeR) Programme has been established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD). Reviews consider the care provided for those with a Learning Disability to establish learning which might support changes in future care delivery.

Since the beginning of this calendar year the responsibility for facilitating reviews has transferred from NHS England to Rotherham CCG. No additional resource has been identified for this transfer of work.

We currently have seven reviews identified. Six have been allocated to reviewers. Reviews cannot be completed whilst there are additional review processes in place (Safeguarding, Child Death Overview Panel-CDOP). As such, reviews are likely to take time to complete.

RDaSH, TRFT and Rotherham CCG Continuing Health Team are supporting staff to review cases.

**Sue Cassin – Chief Nurse**  
**January 2018**