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Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

9th January 2019

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

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NHS ROTHERHAM

1. SUMMARY

Happy New Year!

Once again C Difficile figures remain below trajectory for both TRFT and the CCG, a testimonial to the work across the system. The figures in this month's report are provisional due to the timing of pulling the information together over the festive period.

The safeguarding agenda includes work on "missing appointments matter" for both children and vulnerable adults, encouraging a critical evaluation of missed appointments and more appropriate follow ups and referrals.

The multi-agency commitment to improve achievement across initial and review health assessments for Looked After Children (LAC) continues. The LAC Council has engaged with the process and made suggestions about timings and locations of clinics.

Between beginning of May and end November 2018 the Continuing Healthcare Service (CHC) received 724 referrals, 183 of which required a full DST assessment. The conversion rate of approximately 25% is slightly higher than the national average.

Of the 30 GP practices across Rotherham, 27 have been rated as "Good" by the CQC, 4 of these have improved from "Requires Improvement". One Rotherham GP practice has a rating of "Outstanding".

Scrutiny of the A&E 4hour target continues with exception reporting to NHS England. Monthly performance hovers around 88.7% for October and November, with a year to date position of 87.8%.

The clinically led visit programme continues to review pathways rather than a single clinical area. Planning for the Learning Disability pathway visit is underway, to take place in early 2019.

During December the CCG Continuing Healthcare team made the move from Doncaster to Oak House, which is now their permanent base. The move went smoothly and the staff are now firmly part of the wider CCG team.

2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

(Signed off data up to the middle of December)

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 (*provisional data – will be verified late December*):

- 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 | 0 | | | | |
| | Monthly Plan | 1 | 4 | 2 | 2 | 1 | 3 | 2 | 2 | 2 | 2 | 2 | 2 |
| | YTD Actual | 0 | 1 | 1 | 3 | 4 | 4 | 6 | 6 | | | | |
| | YTD Plan | 1 | 5 | 7 | 9 | 10 | 13 | 15 | 17 | 19 | 21 | 23 | 25 |

NHSR (*provisional data – will be verified late December*):

- MRSA – 3
- MSSA – 48
- E Coli – 161
- 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 | 1 | | | | |
| | 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 | 35/36 | | | | |
| | YTD Plan | 6 | 13 | 19 | 26 | 32 | 38 | 42 | 46 | 50 | 54 | 58 | 62 |

The additional figures indicate the cases that RCCG Infection Prevention and Control (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 patients) 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 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 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 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 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.

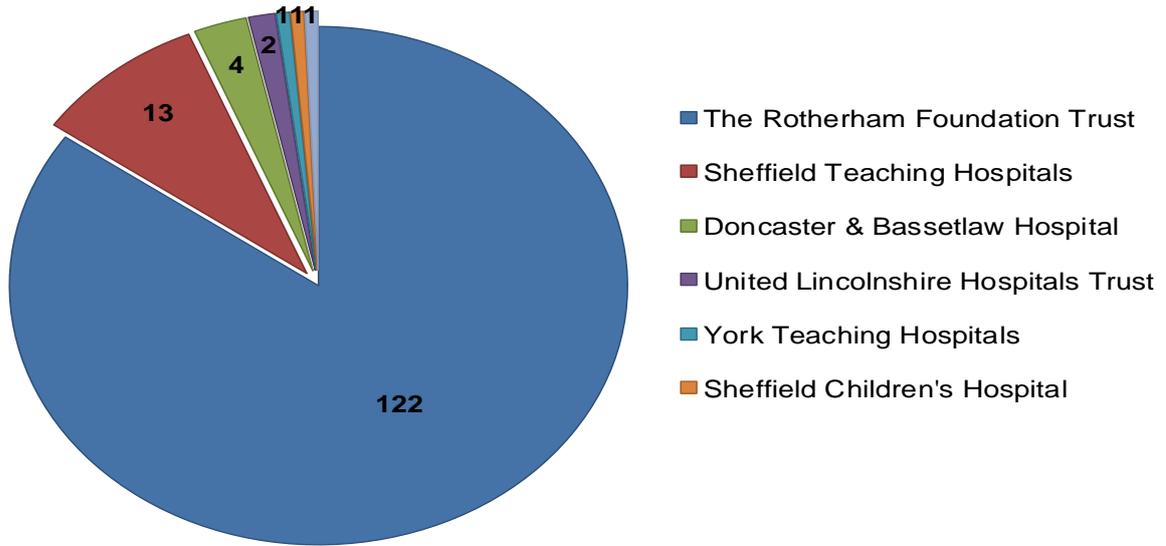
Rotherham CCG and TRFT continue with working action planning centred on reducing E -Coli's and focussed surveillance. The 3 areas of focus remain: those with previous UTIs, those with urinary catheters, and those with a positive E Coli urine culture.

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 | 17 | | | | |
| | Monthly Plan | 15 | 18 | 14 | 20 | 22 | 17 | 14 | 16 | 17 | 17 | 15 | 14 |
| | YTD Actual | 22 | 46 | 65 | 87 | 102 | 131 | 144 | 161 | | | | |
| | 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)

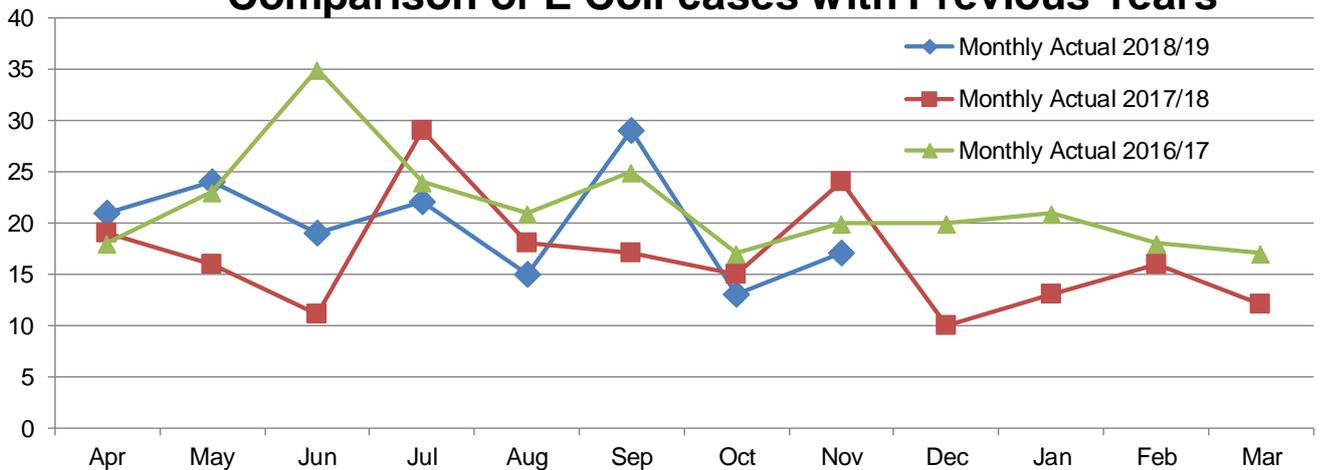
Breakdown of Samples taken by Location



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

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

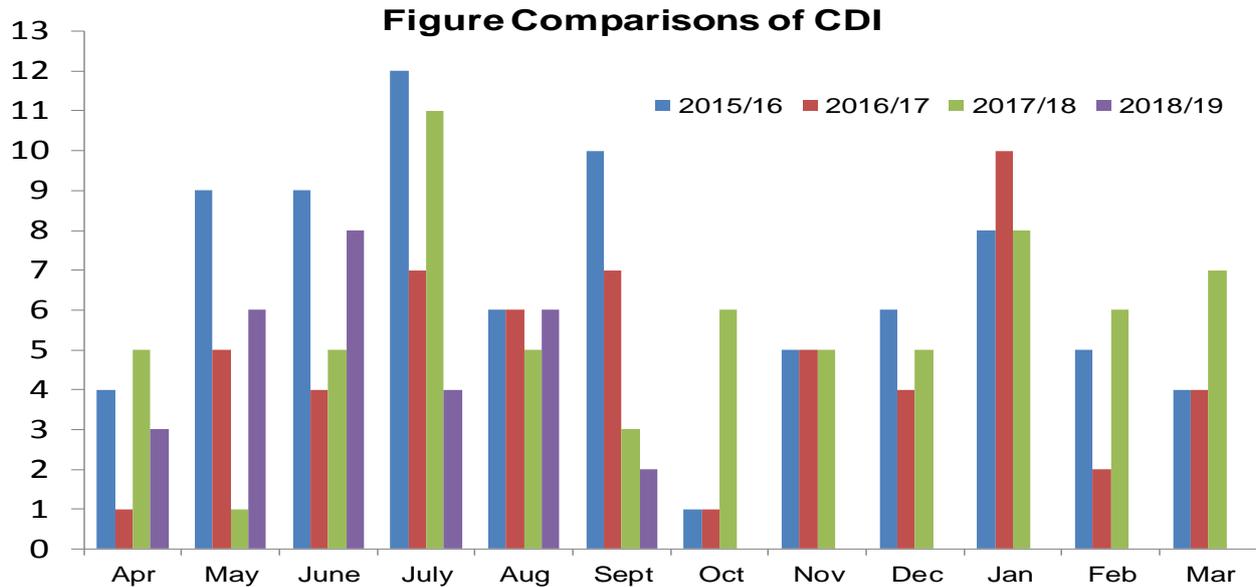
Comparison of E Coli cases with Previous Years



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.



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 2018/19 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 2018-19 has reduced by 1 for 2018-19 and is set at 62.

The new trajectory set for 2018/19 has been set at 62.

Norovirus/ Rotavirus/

TRFT have reported diarrhoeal illness in November with bed closures. All information is shared from TRFT to RCCG along with NHSE. Management is undertaken by IPC team.

GI symptoms have been reported to PHE from the community:

During November and December (to 12/12/18) 4 care homes have informed PHE, both defined as Norovirus confirmed outbreaks. These have been managed in the homes with PHE support.

During November and December (to 12/12/18) 2 schools have informed PHE, both defined as Norovirus confirmed outbreaks. These have been managed in the homes with PHE support

FLU

No Flu has been reported within TRFT or care homes in Rotherham at the time of writing (12/12/18).

TB

Since August 2018 there have been 4 suspected TB cases identified in inpatients within TRFT. The cases appear to be unconnected; 2 of the 4 cases have now been ruled out based on review of clinical presentation and investigation. Work is on-going with contact tracing, screening and relevant further management of the 2 confirmed. Regular meetings continue to be held, to update on the situation and decide/ inform of any changes in managements.

3. MORTALITY RATES

The Trust position on 12 month rolling programme Hospital Standardised Mortality Rate (HSMR) has continued to remain static. The current position (September 2017 to August 2018) is that the HSMR sits at 104, which is the same position as last month's figure. The national figure has been rebased to 99 this month, which is also static; as such, the Trust remains in a good position.

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

| SI Position 23.11.2018 to 12.12.2018 | TRFT | RDASH | RCCG | *Out of Area | YAS | CareUK/GP Hospice |
|---|-------------|--------------|-------------|-------------------------|------------|------------------------------|
| Open at start of period | 38 | 9 | 0 | 1 | 0 | 0 |
| Closed during period | 0 | 0 | 0 | 0 | 0 | 0 |
| De-logged during period | 3 | 0 | 0 | 0 | 0 | 0 |
| New during period | 4 | 0 | 0 | 0 | 0 | 0 |
| New Never Event during period | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Open at end of period | 39 | 9 | 0 | 1 | 0 | 0 |
| Final Report Status | | | | | | |
| Final Reports awaiting additional information | 3 | 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 | 13 | 0 | 0 | 0 | 0 | 0 |
| Final Reports due at next SI Meeting | 21 | 2 | 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

[What we all need to know about sexual images of under 18's](#) leaflet re-circulated to safeguarding Leads.

[Missing Appointments Matter](#) powerful clip shared asking to change how GPs code children who are not brought to appointments as 'Child was not brought' rather than 'Did not Attend'. This fresh thinking approach has encouraged a more critical evaluation of missed appointments by children, and has resulted in more appropriate follow up and referrals. This also applies to vulnerable adults: [Was Not Brought \(including vulnerable adults\)](#).

[FGM Home Office Campaign](#) - posters and information for the latest Home Office FGM campaign shared. The pack contains a link to eLearning materials. There is a focus on recognising risk and preventing FGM occurring.

[Reflecting on Trauma](#) - link shared to aid understanding trauma and how this impacts on patients.

[Hate Crimes](#) - link shared. The Home Office has launched a new public awareness campaign which aims to educate the general public on what a hate crime is and the fact that it not only harms its victims, it also harms their families and communities.

Extreme Right - Now Almost Half Of Cases Receiving Channel Support (Home Office News Release 13th December 2018)

The Home Office has renewed its commitment to tackle the rise of right wing extremism as new figures show that these cases make up almost half of the 394 cases supported by Channel last year. Channel support is assigned to those considered to be most at risk of radicalisation.

These are the first set of figures covering the period following the terrorist attacks last year. The figures also show a year on year increase in the percentage of those successfully exiting the Channel scheme with no further concern up from 79% to 84%.

The figures also show:

- Since 2012, 1,267 people have been successfully supported by the voluntary, confidential Channel.
- The number of people referred to Prevent increased by approximately 20% from 6,093 in 2016/17 to 7,318 in 2017/18.
- Of those, 42% received no further action, 40% were referred to other safeguarding services and 18% were discussed at a Channel Panel.
- 394 people received Channel support, an increase of 19% on the previous year.
- Of those, 45% related to Islamist extremism and 44% related to right wing extremism. There was also a rise in the number of cases of "mixed, unclear or unstable ideology" referred to Prevent and 12 such individuals went on to receive Channel support.

Looked After Children – Initial and Review Health Assessments – our statutory duty

| | |
|--|---|
| <p>What's working well</p> | <p>Colleagues across the partnership continue to work diligently to review the processes for Initial and Review Health Assessments (IHAs, RHAs). This work is underpinned by statutory guidance and linked with the engagement of the LAC Council (August 2018).</p> <p>Multi-agency commitment is dynamic in ensuring that the complex process is robust and able to identify and map every action required and by which agency for the each day of the 20 working day process involved in the IHA. Statutory guidance allows 20 working days from a child coming into the care system to the child receiving a standardised health assessment by a medical practitioner. In addition the agencies involved must provide a health action plan to enable on-going health care to be effectively delivered.</p> <p>Together agencies map and undertake gap analysis' regarding what is working well and what is not working so well. Working through agreed actions for improvement, taking into account the voice of the children/young people whilst working within the performance target of 20 working days. A robust action plan is in place.</p> <p>South Yorkshire and Bassetlaw (SY&B) Unwarranted Variations Meetings have been in place for 12 months this work places the healthcare delivery of LAC on a regional base and will ultimately ensure that Rotherham children, placed across the wider SY&B footprint have the same high standard of healthcare as those children who remain in the borough. This group highlights and shares best practice and has the capacity to scrutinise each areas care delivery.</p> |
| <p>Challenges</p> | <p>The LAC Council challenged the location of the IHA clinics; they questioned the need for them to be held at the hospital. The Rotherham NHS Foundation Trust (TRFT) has raised the change of clinic venue as an issue and is actively seeking alternative venues.</p> <p>The complexity of agencies involved in effectively managing the 20 day process (IHAs) remains a challenge however each agency is able to identify gaps, barriers and positive steps forward. Managerial oversight remains critical and each agency retains the delivery of this on their internal risk registers.</p> <p>TRFT have a vacancy for the statutory post of Named Nurse LAC. This gap in service delivery is challenging due to the on-going development of new templates and the potential to re-design the service in line with the expectations of the LAC Council. TRFT senior managers are fully sighted and working with the CCG and partners to develop alongside SY&B expectations.</p> |
| <p>What needs to Happen Now</p> | <p>The Local Authority, CCG and TRFT met to update the action plan on 10 December 2018. IHAs are currently at 80% which is a significant improvement, sustaining this level of compliance is critical and therefore these update sessions will continue presently.</p> <p>The purpose of the meeting remains to:</p> <ol style="list-style-type: none"> 1. To clarify and map the process 2. To fully review and monitor compliance and in particular the 24 hour target from 'coming into the care system to TRFT being notified and allocating a clinic slot'. 3. To ensure there is a consistent process across all teams using nationally recognised quality assurance tools – this area remains a challenge as SY&B are in the process of changing templates and agreeing the quality assurance tool. |

CARE HOME CONCERNS

| | |
|----------------------|---|
| Care Home | December 18 – Deterioration noted by CQC and RMBC – awaiting further MDT. |
| Care Provider | All CHC clients transferred to a new care provider due to CQC concerns about the financial management within the company. |

CARE HOME CQC REPORTS

| Organisation | Provider Name | Link to CQC Report | Overall Rating | Publication | Safe | Effective | Caring | Responsive | Well Led |
|-------------------------|---------------------------------|---|----------------------|-------------|------|-----------|--------|------------|----------|
| Cambron House | Susash Sheffield Ltd | http://www.cqc.org.uk/lookup/1-4288660951 | Good | 16/11/2018 | Good | Good | Good | Good | Good |
| The S.T.A.R. Foundation | Rotherham Healthcare Limited | http://www.cqc.org.uk/lookup/1-114169625 | Requires Improvement | 27/11/2018 | Good | RI | Good | Good | RI |
| The Abbeys | The Abbeys (Rawmarsh) Limited | http://www.cqc.org.uk/lookup/1-1910127789 | Good | 16/11/2018 | Good | Good | Good | Good | Good |
| Woodlands Care Home | Conniston Care Limited | http://www.cqc.org.uk/lookup/1-142653539 | Good | 01/12/2018 | Good | Good | Good | Good | Good |
| Ackroyd House | Ackroyd House Limited | http://www.cqc.org.uk/lookup/1-299098143 | Requires Improvement | 27/11/2018 | RI | RI | Good | Good | RI |
| Care Assistance | Mrs Jean Chedalavada David-John | http://www.cqc.org.uk/lookup/1-2365970567 | Requires Improvement | 16/11/2018 | RI | Good | Good | Good | RI |

CQC REVIEW THE USE OF RESTRAINT, PROLONGED SECLUSION AND SEGREGATION FOR PEOPLE WITH MENTAL HEALTH PROBLEMS, A LEARNING DISABILITY AND/OR AUTISM

CQC have been commissioned by the Secretary of State for Health and Social Care to review the use of restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability or autism.

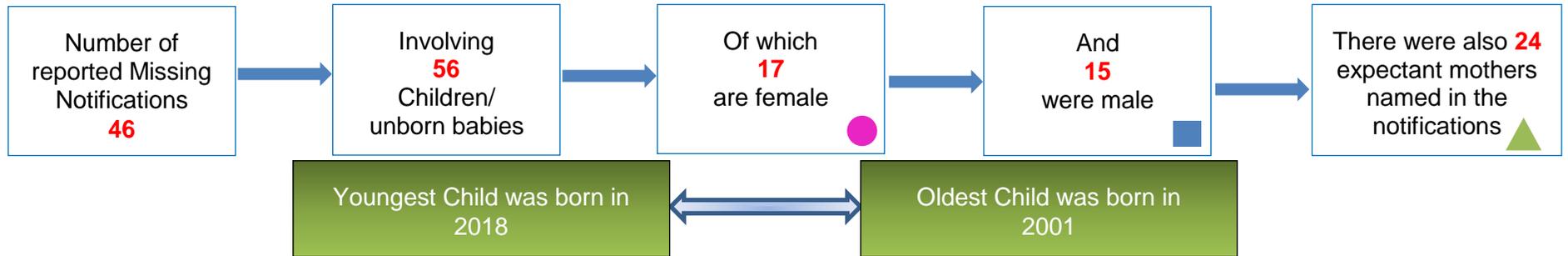
CQC will take forward this work and will report on its interim findings in May 2019, with a full report by March 2020. The review will consider whether and how seclusion and segregation are used in registered social care services for people with a learning disability and/or autism. This will include residential services for young people with very complex needs – such as a severe learning disability and physical health needs - and secure children’s homes. This aspect of the review will be undertaken in partnership with Ofsted.

FOCUS ON: CHILD SEXUAL ABUSE

| BACKGROUND | FEEDBACK | NEXT STEPS |
|---|--|---|
| <p>The Joint Targeted Area Inspection (JTAI) programme began over two years ago. JTAIs are carried out under section 20 of the Children Act 2004. They are an inspection of multi-agency arrangements to safeguard children. Each JTAI includes a <u>‘deep dive’ theme</u>. The inspectorates publish separate guidance on each deep dive theme.</p> <p>A ‘mock’ JTAI inspection was completed week commencing 12th November 2018 in partnership with RLSCB and other Organisations in Rotherham.</p> <p>The theme of focus was Child Sexual Abuse.</p> <p>As with a real inspection there was an expectation that each Organisation provide the necessary evidence to demonstrate their role in the safeguarding of children experiencing child sexual abuse, or at risk of child sexual abuse.</p> <p>This included a case audit of 7 records on children/young people who had been identified as having suffered or were at risk of suffering child sexual abuse.</p> | <p>NHSR CCG was represented at all ‘mock’ inspection planning meetings</p> <p>NHSR CCG worked in partnership with local health providers as part of the ‘mock’ inspection process.</p> <p>NHSR CCG was able to provide evidence from a repository populated from local health provider’s information and evidence.</p> <p>Evidence for the inspection was provided to the ‘mock’ inspectors, including the annual report on safeguarding children and LAC, organisational structures, details of health commissioning and provider services, and any information relating to child sexual abuse.</p> <p>5 GP Practices in Rotherham participated with the ‘mock’ record audits on the 7 cases identified as child/young people at risk of/or having suffered child sexual abuse.</p> <p>Each practice was contacted the morning of the audits, and responded promptly to the request to audit the records. Working in partnership with the CCG.</p> <p>Following the auditing of the records – all agencies moderated the audit information identifying collective key areas for the inspectors, and for learning.</p> | <p>NHSR CCG will engage with learning from the ‘mock’ inspection with other partners in Rotherham. (to be arranged)</p> <p>And</p> <p>Achieve any actions plans related to the experience and learning.</p> <p>NHSR CCG will actively report this learning to GP Practices and assist with applying this to practice.</p> <p>NHSR CCG will engage with all ‘mock’ and real inspections.</p> |

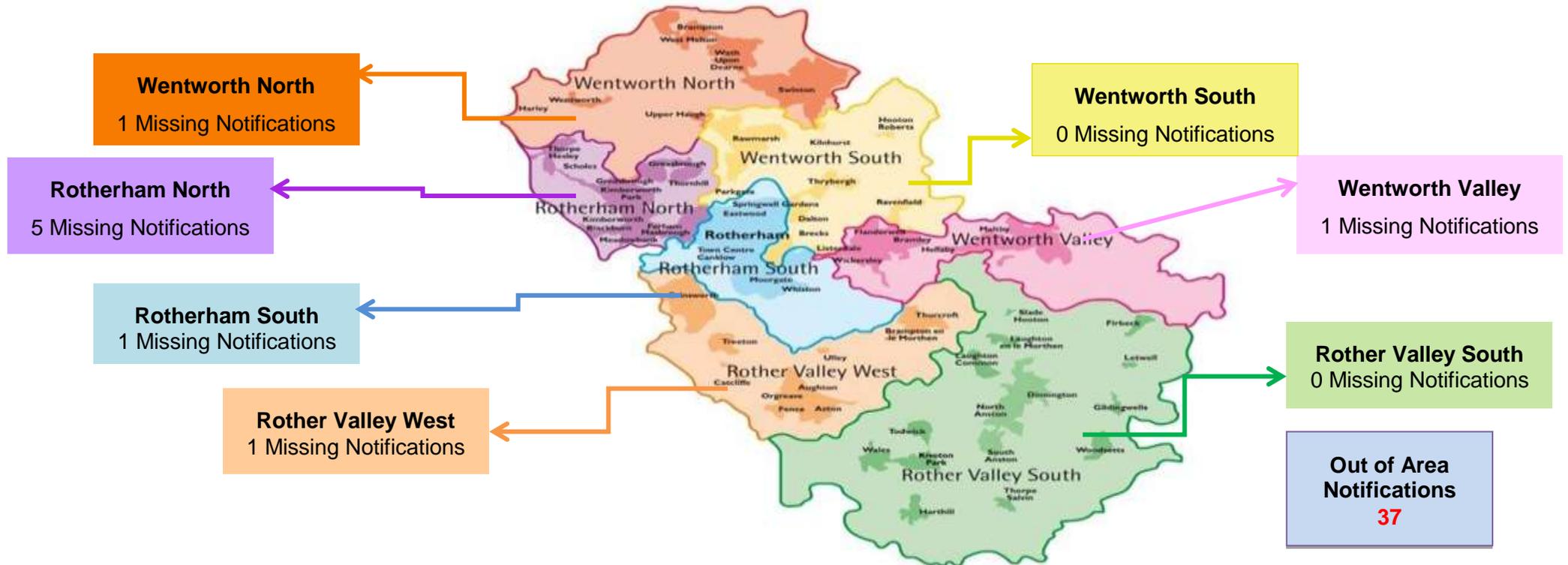
MISSING EPISODES REPORTED TO HEALTH MASH

The information below has been collated by the Health MASH team and relates to notifications received 1st November 2018 to 30th November 2018.



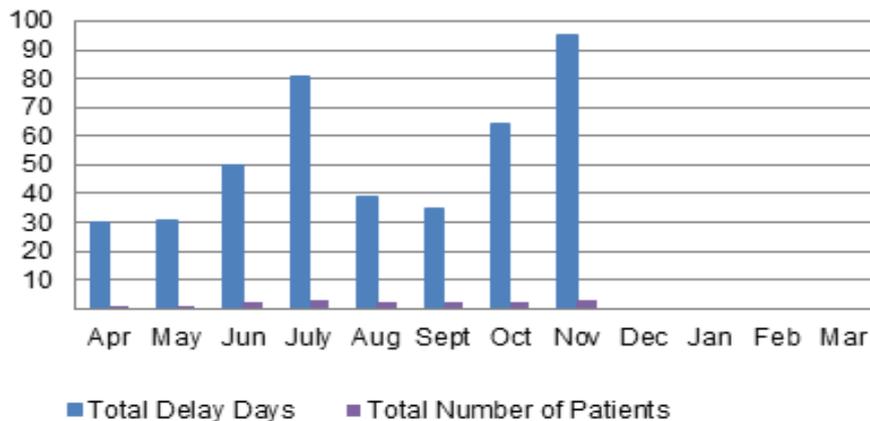
From the Missing Episode Notifications received:
14
Were reported as LAC Children

| Source Of Notification | Number received |
|------------------------|-----------------|
| Police | 11 |
| TRFT | 0 |
| RMBC | 35 |



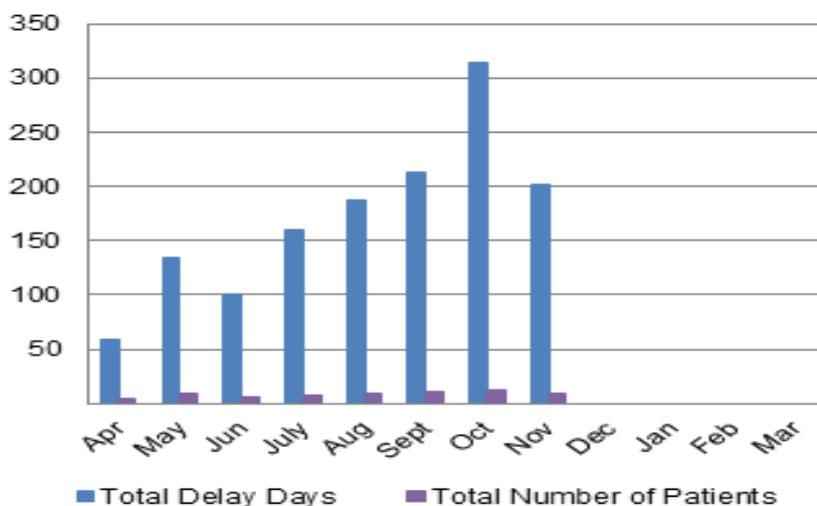
6. DELAYS IN TRANSFER OF CARE (DTOC)

Adult Mental Health



There are two lengthy 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. Another is awaiting a decision from the Crown Prosecution Service regarding offending behaviour. There are two recent delays related to the securing of a supported accommodation package and an appropriate locked rehabilitation service. Colleagues from the Local Authority are supporting the former and Rotherham CCG the latter.

Older People's Mental Health



There are two delays in older people's services. One related to allocation of a Social Worker, which has been escalated to Director level 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 generally 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.

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 | Nov 18 |
|---|--------|---------|---------|--------|---------|--------|--------|
| Total Number Eligible Patients | 620 | 625 | 613 | 621 | 604 | 607 | 605 |
| Total % Outstanding 12mth Reviews | 24.84 | 23.36 | 21.53 | 18.04 | 19.21 | 18.29 | 17.85 |
| Total Number of 12mth Outstanding Reviews | 154 | 146 | 132 | 112 | 116 | 111 | 108 |
| Number of LD Team patients Eligible | 135 | 140 | 141 | 142 | 142 | 143 | 141 |
| Total % of LD Team outstanding 12mth reviews | 33.33 | 33.57 | 28.37 | 29.58 | 33.10 | 30.07 | 26.95 |
| Total Number of 12mth outstanding LD Team reviews | 45 | 47 | 40 | 42 | 47 | 43 | 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 | May 18 | June 18 | July 18 | Aug 18 | Sept 18 | Oct 18 | Nov 18 |
|---|--------|---------|---------|--------|---------|--------|--------|
| Total number of referrals received | 121 | 140 | 110 | 97 | 109 | 97 | 50 |
| Total number of referrals screened in for full assessment | 17 | 22 | 16 | 25 | 24 | 45 | 34 |

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). The monthly figure for November is 90%.

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 | Quarter 3 |
|--|-----------|-----------|-----------|
| 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 | Nov 18 |
|-----------------------------------|--------|---------|---------|--------|---------|--------|--------|
| Total number of Eligible patients | 28 | 26 | 25 | 26 | 24 | 26 | 25 |
| Total outstanding Reviews | 9 | 8 | 6 | 6 | 6 | 6 | 5 |

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 | Nov 18 |
|---|--------|---------|---------|--------|---------|--------|--------|
| Number RCCG CHC patients eligible for a PHB | 620 | 625 | 613 | 621 | 604 | 607 | 605 |
| Number of RCCG CHC patients in receipt of a PHB | 90 | 84 | 99 | 92 | 84 | 106 | 107 |

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 | 13.12.18 | Good * |
| 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 | 04.12.18 | Good * |
| 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' | | |

There are no further updates since the last report; practice visit reports are awaiting finalisation and there are no specific issues to escalate this month.

11. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 187 people presenting at TRFT with hip fractures from April 2018 to October 2018. This gives a 2018-19 outturn of 320 against an annual target of 280.

12. STROKE

October 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 = 51% against a target of $\geq 90\%$;
- Percentage of people who have had a stroke scanned within 24 hours of hospital arrival = 98% against a target of $\geq 100\%$
- Percentage of people who receive thrombolysis following an acute stroke = 4.71% against a target of $\geq 11\%$.

13. CQUIN UPDATE

TRFT

Quarter 2 evidence has been reviewed by RCCG and is with TRFT for agreement.

RDaSH

Quarter 2 evidence has been submitted and is being reviewed by RCCG for final agreement.

14. COMPLAINTS

Via TRFT

The Trust received 100 concerns (77 in September) and 18 formal complaints (31 in September) in the month of October. 42 complaints were closed of which 8 were local resolutions. Complaints responded to within the agreed timescale was 97% which is an improvement from 87% in September. The one case under investigation with the Parliamentary and Health Service Ombudsman was closed. The recommendation of the PHSO was not to uphold the complaint in respect of TRFT.

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

TRFT are continuing to address concerns raised by the CQC during their initial feedback and the full reports from the recent inspections during September and October are awaited.

17. ASSURANCE REPORTS

TRFT

A&E

- Performance for October concluded at 88.7%.
- The current position as at 11 December 2018:
Month to date – 88.68%, Q3 – 88.76% and Year to date 87.80% against the National target of 95.0%.
- A joint review of the Urgent and Emergency Care Centre (UECC) has been undertaken with key actions and recommendations being progressed by TRFT and RCCG.

- TRFT is working with the NHS Improvement Academy on an improvement program in the UECC. This includes an initial diagnostic across the UECC with plans to then roll it out across patient pathways.
- The Trust continues in its “Action on AE” 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 started from 12 November as part of 7 day winter reporting arrangements to NHSE/NHSI.

Cancer Standards

Quarter 2 achieved against the 85% compliance target for the 62 Day Cancer Standard. The current forecast position against the Cancer 62-day position is that Month 7 will be at 84% compliance. The position is complex and reliant upon a number of factors.

18wws

The un-validated position for October 2018 is 94.4% 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. Over 60% of Trusts are failing the Standard nationally.

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.
- The waiting list for Gynaecology patients is now showing 146 patients at 90.2%.

52wws

October 2018 = 0 and YTD = 0.

6 Week Diagnostics

TRFT un-validated position for October is 99.1% which shows 33 people waited 6 weeks or longer for sleep diagnostic tests. These breaches are due to staff issues. This is still within the national target but the team is keen to support respiratory to resolve the issue.

Other TRFT Operational/Performance Areas to Note

Delayed Transfers of Care (DTC) October 2018

The percentage of bed days being occupied by patients with a delayed transfer of care has increased slightly from last month to 4.2% which is above the 3.5% target.

Workforce

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

The overall vacancy rate has slightly reduced during October 2018; the largest number of vacancies continues to be in the Division of Medicine. Recruitment events took place during August and September particularly aimed at nurses due to qualify in March 2019. 26 conditional offers have been made.

NHS Safety Thermometer – TRFT

The overall score for the Trust for October for Harm Free Care is 94.40% which is a slight increase from 94.19% in September. This continues to be above the national average score which is currently at 94.12%.

Dementia Assessments

For September 2018, the Trust achieved 75.5% against a target of 90%. A further frailty nurse specialist has been recruited to the team and all new appointees will start work over the next couple of months. Early results from the National Audit of Dementia show that as an organisation the Trust is performing within the expected range for multi-disciplinary working.

Looked After Children

The number of Initial Health Assessments (IHA) completed within 20 working days (statutory) has increased between September (36%) and October (50%). 28 IHAs were completed in October, of which 14 were within 20 working days. Actions to address this are being implemented and have been discussed at the Trust's Quality Assurance Committee.

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.

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

Actions and recommendations from the visits are monitored through RCCG/TRFT Contract Quality meetings.

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 | 86.8% | 92.5% | 67.5% | 0.04% |
| Doncaster & Bassetlaw Hospitals NHS Foundation Trust | 92.9% | 88.5% (under performance is against a number of Specialties) | 83.0% | 0.50% |
| Barnsley Hospital NHS Foundation Trust | 97.4% | 95.9% | 91.4% | 0.11% |
| Sheffield Children's Hospital NHS Foundation Trust | 97.0% | 93.4% | NA | 0.50% |

19. CARE AND TREATMENT REVIEWS

There have been three hospital care and treatment reviews in the period. One review supports planned discharge and colleagues from Rotherham CCG, RDaSH and the Local Authority are working with community providers to facilitate discharge at the earliest opportunity. Two reviews support further treatment within a hospital environment and will continue to be regularly monitored by Rotherham CCG.

20. WINTERBOURNE SUBMISSION

| Week commencing | Admission | Discharge | Number in ATU | Total number currently subject to Winterbourne |
|---------------------------|-----------|-----------|---------------|--|
| 26 th November | 0 | 0 | 0 | 5 |
| 3 rd December | 0 | 0 | 0 | 5 |
| 10 th December | 0 | 0 | 0 | 5 |

Formal NHS procurement has been unsuccessful in identifying an appropriate community placement for one of the individuals identified above. Rotherham CCG are working with colleagues across the Transforming Care Partnership to support the development of the Yorkshire and North commissioning framework, which should facilitate the early identification of appropriate placement options, and thus, earlier discharge.

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. One of the individuals is a client placed from another authority and colleagues from Rotherham CCG and RDaSH are working closely with partners from the respective authority to facilitate an urgent transfer.

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
January 2019