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Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

3 July 2019

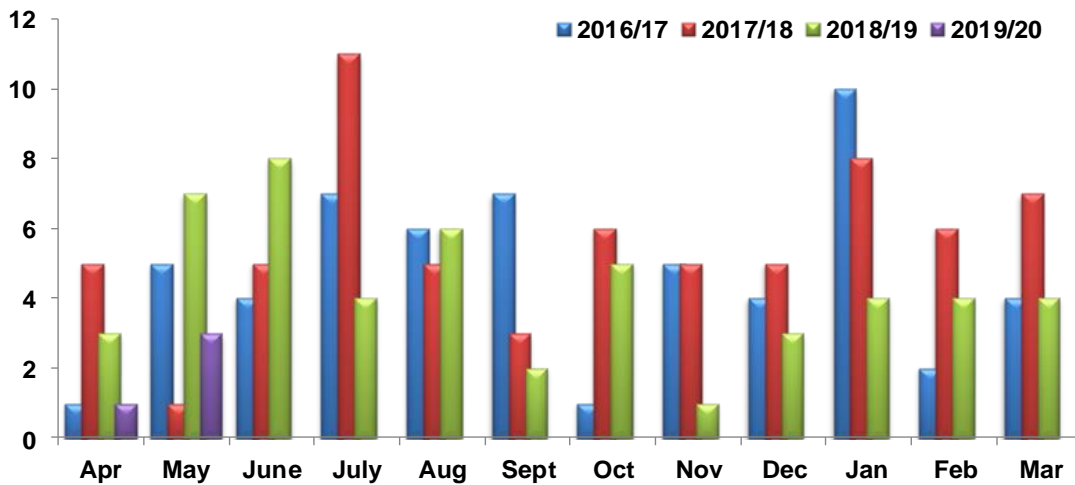
This report is intended to keep Governing Body members informed on Quality & Safety across commissioned services & not intended for decision making.

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Figure comparison of CDI

The chart below shows a side by side comparison of the number of CDI cases in 2016/17, 2017/18, 2018/19 & 2019/20.



Due to PHE reporting system delays there may be future monthly/ quarterly changes to the figures reported for C Diff

E Coli

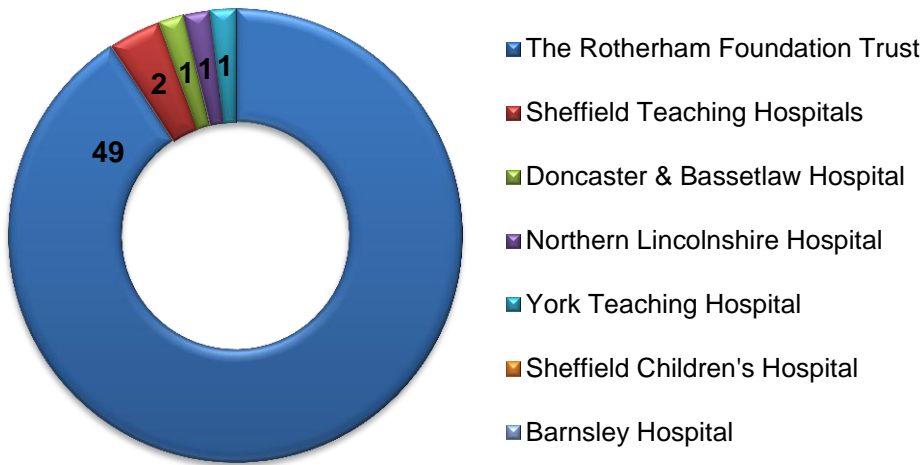
E Coli bacteraemia rates are high and have nationally increased in the last 5 years. There is a national reduction priority and local initiatives are on-going.

Based on the set trajectory monthly plans are formulated (see below)

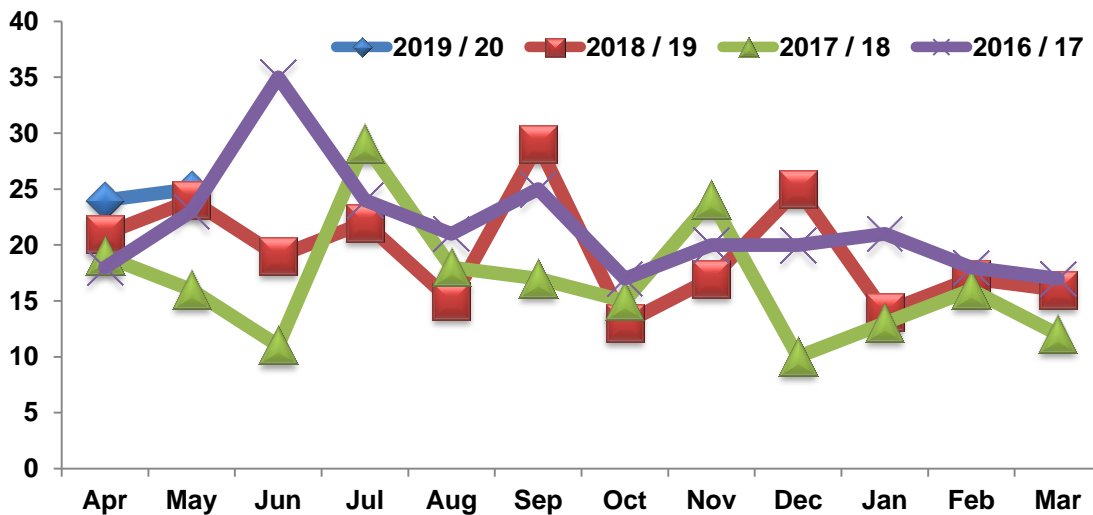
TRFT 2019/20 Target = 25 for E Coli												
Month →	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	7	4										
Monthly Plan	1	2	2	3	3	0	3	3	1	3	3	1
Year to Date	7	11										
Year to Date Plan	1	3	5	8	11	11	14	17	18	21	24	25

RCCG 2019/20 Target = 179 for E Coli												
Month →	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	24	25										
Monthly Plan	13	16	13	18	20	15	13	14	15	15	13	14
Year to Date	24	49										
Year to Date Plan	13	29	42	60	80	95	108	122	137	152	165	179

E Coli -The chart below details where these samples were taken.



E Coli - The chart below shows a monthly comparison of the number of E Coli cases in 2016/17, 2017/18, 2018/19 and 2019/20.



Measles

There have been no further confirmed cases of measles however following contact tracing and information gathering it has been found that there are high levels of secondary school children with no history of MMR vaccine. All local agencies are working collaboratively to address this.

2. MORTALITY RATES

The Trust HSMR has further deteriorated to 105, with a national figure of 93; this national mortality picture has been improving with the benchmark reducing. The SHMI has also now risen to 105. A Trust Medical Examiner is to be introduced to the Trust, in line with national best practice, who will lead on mortality and the Learning from Deaths.

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

SI Position 22.05.2019 – 20.06.2019	TRFT	RDASH	RCCG	**Out of Area	YAS	GP/ Hospice
Open at start of period	38	15	1	1	1	0
Closed during period	1	1	0	0	0	0
De-logged during period	2	0	0	0	0	0
New during period	5	3	0	1	0	0
New Never Event during period	0	0	0	0	0	0
Total Open at end of period	40	17	0	0	1	0
Of the above the number that are NE	2	0	0	0	0	0
Final Report Status						
Final Reports awaiting additional information	1	3	0	1	0	0
*Investigations on "Hold"	3	1	1	0	0	0
CCG approved Investigations above 60 days	0	1	0	0	0	0
Investigations above 60 days without approval	22	0	0	0	0	0
Final Reports due at next SI Meeting	26	6	0	N/A	1	0

* Investigations on "Hold" – SI are put on hold when there is an investigation being undertaken by the Police or Healthcare Safety Investigation Branch (HSIB)

****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.**

4. SAFEGUARDING VULNERABLE CLIENTS

Information Sharing (GP Newsletter/email/internet)

Safeguarding Awareness Week 8th to 12th July 2019



Rotherham Safeguarding Children and Adults Boards along with Safer Rotherham Partnership are working together to host safeguarding week 2019. The key message is 'Safeguarding is Everybody's Business'. The themes for awareness week this year are criminal exploitation, mental health and safeguarding in sport. To find out more or to book onto an event, click on the links below:

[Events for Professionals; Workers & Volunteers](#)
[Events for the Public](#) ;
[Events for Schools](#)



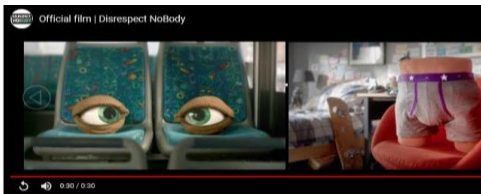
National_Action.pdf



Generation Identity.pdf

PREVENT - We all have a duty to safeguard vulnerable people and our communities from harm, including where there are risks of children, young people or adults being drawn into, or influenced by, extremism or terrorism. By spotting the early signs and sharing concerns, support and interventions can be put in place to safeguard them.

We have been asked to share these two briefings with health colleagues about National Action and Generation Identity.



\ DISRESPECT NOBODY

Useful websites to share with young people: <https://www.disrespectnobody.co.uk/>

This website contains information about healthy relationships and consent, rape and porn. It can be a useful website to explore when discussing healthy relationships with young people.

What is Sexting?

What is Relationship Abuse?

What is Consent?

What is Rape?

What is Sexual Harassment?



Fearless is a site where young people can access non-judgemental information and advice about crime and criminality.

What makes this site different is it also provides a safe place to give information to them about crime - 100% anonymously. It is described as having a similar concept to CrimeStoppers, so young people can make a report without giving personal information. Obviously, if you have concerns about a young person you should always consider your safeguarding duty. The hope is that practitioners will be able to make young people aware of this website so they may be able to raise concerns that would otherwise have remained undisclosed.



'Your voice, Your decision'

Lasting Power of Attorney (LPA) - The Office of the Public Guardian campaign have released resources to support raising awareness of LPAs, this is available [here](#). Useful patient facing materials can also be found [here](#).

Safeguarding News/Publications

[National Heroes Service: GPs told 'our veterans need you'](#)

NHS chiefs have urged family doctors to enlist in a scheme improving care for thousands of armed forces veterans and their families. GPs and their teams have been sent a comprehensive package of resources covering how to identify veterans and make sure their service is recognised by hospitals and other services, as well as how to access mental and physical health care tailored to their needs. Those who support these important actions can become accredited as part of a growing network of Veteran Friendly GP practices.

The [NHS Long Term Plan](#), published in January, will help to deliver a 'National Heroes Service' for veterans and has a particular focus on improving NHS England's mental health services for former armed forces members.

As the bed rock of the NHS, GPs will play a leading role in the expansion of new and current services to help armed services personnel transition back into civilian life.

At the centre of the plans is a programme through which GPs and their teams can sign up to become a 'veteran-friendly' practice. Backed by NHS England and the Royal College of GPs, the Veteran Aware Accreditation scheme has already seen over 150 practices in the West Midlands become accredited, with hundreds more from across the country expressing interest in signing up over the next year.

**Children's
COMMISSIONER**

**Far less than
they deserve**

Children with learning disabilities or autism
living in mental health hospitals

MAY 2019

[Many vulnerable children with learning disabilities are stuck in mental health hospitals for too long in poor conditions](#)

Children's Commissioner for England has published a new report (May 2019), '[Far less than they deserve: Children with learning disabilities or autism living in mental health hospitals](#)'. The report shows how too many children are being admitted to secure hospitals unnecessarily – in some cases are spending months and years of their childhood in institutions when they should be in their community. It warns that the current system of support for those with learning disabilities or autism is letting down some of the most vulnerable children in the country.

The report also finds shocking evidence of poor and restrictive practices and sedation, with some children telling the Children's Commissioner of how their stay in mental health hospital has been traumatic, and parents too often left feeling powerless to do anything to intervene.

The Children's Commissioner's Office made a series of visits to mental health care hospitals and spoke to children in these units as well as some families of children. The Children's Commissioner makes a number of conclusions within the report. [Read the report](#)

Key Statistics

250

children with a learning disability or autism in a mental health hospital in England

6 months

the average time children with autism and/or a learning disability had spent in their current hospital

31 miles

the distance 95 children were staying in a ward from home

1 in 4

children did not appear to have had a formal review of their care plan within the last 26 weeks

South Yorkshire Partnership To Tackle Modern Slavery Launched

<https://southyorkshire-pcc.gov.uk/news/south-yorkshire-partnership-to-tackle-modern-slavery-launched/>

On Wednesday, 22 May, 2019 key statutory, third sector and private sector organisations united at the New York stadium in Rotherham to launch the South Yorkshire Modern Slavery Partnership – a regional response to tackling modern slavery. Modern slavery is not an historic crime; it still happens in the UK often to vulnerable adults and children who are threatened, deceived and controlled by criminals who exploit them for huge financial gain. In 2018, 6,993 potential victims of modern slavery were identified in the UK – a 36% increase on 2017. In South Yorkshire alone there were 99 individuals identified, however it is widely believed the number of actual victims is much higher.

Due to the complexity and hidden nature of modern slavery, it cannot be tackled by one person or single organisation, which is why the South Yorkshire Modern Slavery Partnership has been set up. Funded by the South Yorkshire Police and Crime Commissioner, the newly formed group aims to increase partnership working across South Yorkshire, to ensure the region is a place of safety for survivors, a hostile region for those who exploit others and a leading influence on national priorities relating to Modern Slavery.



<https://www.rcpch.ac.uk/resources/healthcare-standards-children-young-people-secure-settings>

Around 10,000 children and young people a year in the UK come into contact with secure settings. They are some of the most vulnerable, often suffering poor physical and mental health. These standards - first published in 2013, and refreshed in June 2019 help healthcare professionals, commissioners, service providers, regulators, managers and governors ensure that these young people receive the care they need to improve their health outcomes.



Healthcare Standards for children and young

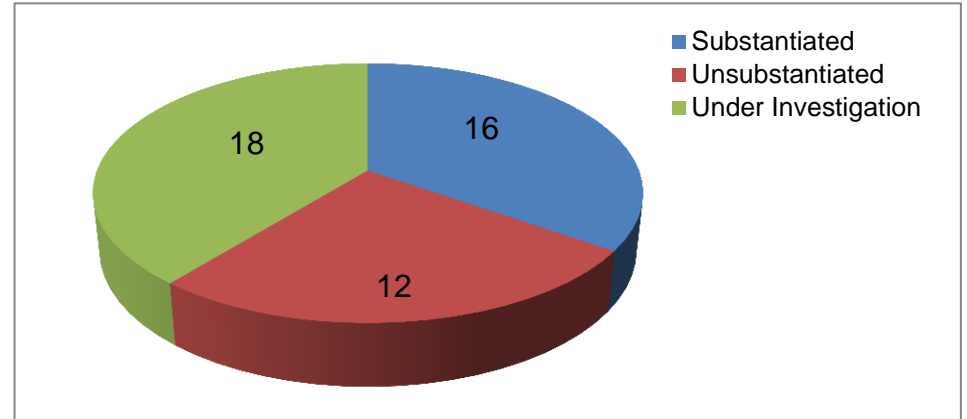
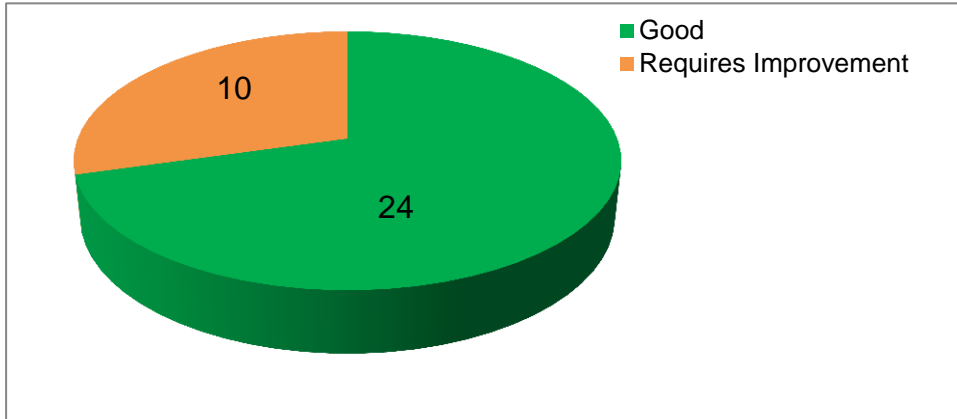
[Government response to the Health and Social Care Select Committee report on 'First 1000 days of life'](#)

For information - Paper published 6 June 2019 and sets out the government's response to the conclusions and recommendations made in the Health and Social Care Select Committee's report 'First 1000 days of life'.

CARE HOME CONCERNS

The chart below give a visual representation of the CQC ratings for RMBC Commissioned providers:

During the period 1/4/19-18/06/19 there have been 129 contract concerns raised against all providers: 46 (36%) relate to adult residential/nursing care, with 24 providers being identified. Of these:



CARE HOME AND CQC REPORTS

Organisation	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	Requires Improvement	2019 05 24	RI	RI	RI	RI	RI

Following the recent CQC inspection rating of “Inadequate”, TRFT were issued with actions **required** in order to improve areas of Safeguarding within the Trust. The Trust has developed action plans to address issues highlighted in the CQC report which is being closely monitored by the CCG.

In summary the CQC report dated 18 03 2019 highlighted:

- *Safeguarding adults and children was not always given sufficient priority and there was a lack of strategic oversight of the issues we identified. Quality of safeguarding referrals was poor in some services, looked after children did not receive initial health assessments in a timely manner, and safeguarding training did not comply with the Royal College of Paediatric and Child Health intercollegiate document.*
- *The looked after children (LAC) service did not meet the statutory initial health needs assessment target of 20 working days from the date of becoming looked after. This was also identified as an issue at our last inspection. There was an inter-agency action plan to address the timeliness of the assessments. Regular assurance reports were provided to the service manager and the quality assurance committee.*
- *In Rotherham, there have been historical high profile incidents and criminal activities in relation to safeguarding children. CQC found that since the last inspection significant multi-agency working had taken place to address and improve safeguarding arrangements. However, further improvement was still required in some areas. For example, the quality of safeguarding referrals was poor in some services, looked after children did not receive initial health assessments in a timely manner, and safeguarding training did not fully comply with the Royal College of Paediatric and Child Health intercollegiate document. In addition, there were no safeguarding alerts on the electronic patient record in the sexual health service, and there had been a reduction in the number of specialist midwives to support vulnerable women.*

As required by the CQC and as part of the governance and assurance process, TRFT produced a report showing progress against actions and stating what further actions are in place to meet requirements. The majority of actions are currently on track for completion within agreed timescales with additional scrutiny being shown where challenges have been identified to support delivery.

Of particular note, it is pleasing to see that TRFT are moving to a dedicated nursing team for Looked After Children (LAC) which will consist of 2 band 6 practitioners and one band 5 staff nurse. The interest from staff and the calibre of applicants was notable. For Rotherham children out of area, each practitioner will have a cohort of children on their caseload so closer links and oversight of children will be easier. This will mean children and families have the same practitioner throughout their journey.

On the 21st June paediatricians across the South Yorkshire & Bassetlaw footprint will meet to discuss Initial Health Assessment (IHA) forms which were piloted but implementation delayed due to risks which need to be addressed before “go live”.

TRFT have been open and transparent in sharing their action plans with Rotherham Safeguarding Children Partnership (formerly RLSCB), accepting of the need to drive up improvements and are working closely with agencies/colleagues internally and externally.

CQC Interim report: Review of restraint, prolonged seclusion and segregation (21 May 2019) [download the full report.](#)

This report gives the interim findings from CQC review of the use of restrictive interventions in places that provide care for people with mental health problems, a learning disability and/or autism. The Secretary of State for Health and Social Care, Matt Hancock, asked CQC at the end of 2018 to look at the use of restrictive interventions. In this interim report the CQC focus on the treatment of 39 people who are cared for in segregation on a learning disability ward or a mental health ward for children and young people. The interim report shares key findings from the visits undertaken and focuses exclusively on the experience of those people cared for in segregation on a mental health ward for children and young people or on a ward for people with a learning disability and/or autism. In the report a number of recommendations are made for the health and care system, as well as for CQC itself.

FOCUS ON: Safeguarding Self-Assessment Tool - Statutory Responsibilities Safeguarding Children And Adults

Background

NHSR CCG and GP Surgeries

The purpose of the safeguarding self-assessment is for GP practices to provide assurance, through evidence, that they have arrangements in place that reflect the importance of safeguarding and promoting the welfare of children and adults in their care.

Within the NHSR CCG Quality Contract, *Standard 10 Patient Safety, Safeguarding Deliverable 13*, there is a requirement for each GP surgery to publish an annual safeguarding self-assessment.

For the year 2018-19 the Safeguarding Self-Assessment tool was commissioned by the Safeguarding Adult and Children Boards for all agencies in Rotherham to self-assess their safeguarding compliance, this self-assessment met the needs of the Quality Contract standard and was circulated to Practices for completion. An excellent response rate to the self-assessment was achieved - 97%.

Three practices worked with the CCG Safeguarding Team, NHS England and the Virtual College to pilot an electronic safeguarding self-assessment tool. Going forward, it is anticipated that an electronic tool will become available for all GP surgeries for future self-assessments.

Rotherham Local Safeguarding Children Board (RLSCB) and Rotherham Safeguarding Adult Board (RSAB)

Both the RLSCB and the RSAB have a responsibility to ensure that all organisations in Rotherham have effective safeguarding arrangements. One of the mechanisms for achieving that assurance is through the regular self-assessment undertaken by organisations to evidence that they have strong arrangements in place to safeguard children and adults and to promote their welfare.

In the past each board has asked for a separate self-assessment. In recognition that it would be more efficient for organisations to complete one self-assessment, particularly as many have one safeguarding team covering both adults and children. To support a more comprehensive assessment, the two local safeguarding boards have worked collaboratively to develop one joint safeguarding self-assessment framework. More importantly this recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood. The new safeguarding self-assessment tool has been developed as an easy to use online tool. This will enable key stakeholders within organisations to have easy access to a central 'master' copy and will encourage the self-assessment process to be more dynamic rather than something only completed periodically.

NEXT STEPS

Self-assessment has now progressed and for the year 2019/20 the new safeguarding self-assessment tool will be available in the form of an online tool. This will enable key stakeholders within organisations to have easy access to a central 'master' copy and will encourage the self-assessment process to be more dynamic rather than something only completed periodically. NHSR CCG will take part in the pilot of the on-line tool ready for implementation as an organisation following the timetable set out below.


- Partners to nominate people to be registered to use the online system (by 18/06/2019), Training (by end of June 2019)
- Completion of online Safeguarding Self- Assessment (by 01/09/2019)
- Self-assessments analysed by Board business units (end Sept 2019)
- Challenge meetings (during October – December 2019)

THINGS TO CONSIDER

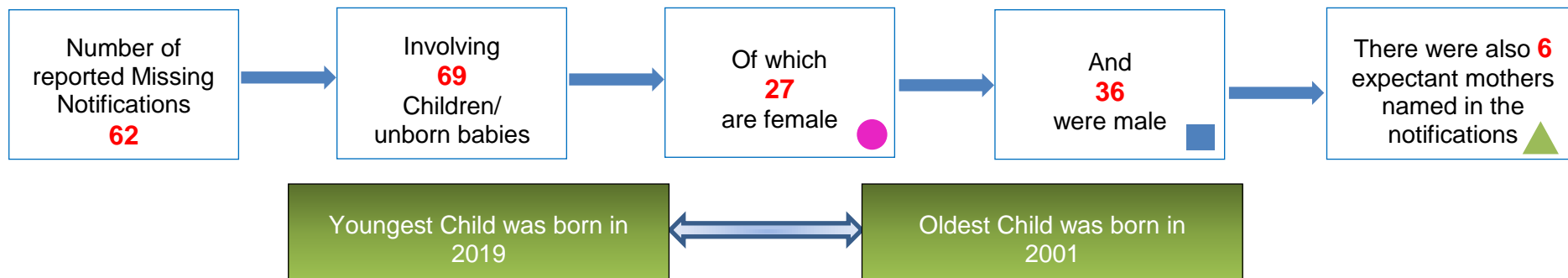
After the pilot NHSR CCG will need to consider options for gaining assurance from General Practice (Section 11). Available options will need to be considered towards the end of 2019, taking into account any direction received from the Safeguarding Boards and NHS England.

Current options for General Practices:

- Continue with a paper copy of the assessment (no cost implication, however not recommended for future sustainability)
- Use the RLSCB/RSAB on-line tool – (no cost implications, recommended as a multi-agency tool in Rotherham).
- NHS England / Virtual College may announce roll out of another version of the pilot from 2018/19 (which was discontinued) – costs may be associated with this option and it is not guaranteed at this moment in time.

Child Death Review Process	
Background	Working Together 2018 set out new expectations on agencies. One of those expectations was with regard to the Child Death Review process. In order to adhere to statutory guidance CCGs and LAs across South Yorkshire have joined together to ensure that learning from the tragedy of a child death is shared.
What is Working Well	<p>Child death reviews in Rotherham are chaired by the Director of Public Health. There has been a strong partnership approach since the inception of Child Death Overview Process (CDOP) in 2008. This has included Police, LA and CCG. NHSR CCG Designated Nurse for Safeguarding is the Deputy Chair of the Panel.</p> <p>NHSR CCG commissions a Designated Doctor as lead Paediatrician in line with statutory expectations. Changes to that original guidance have included a change in name to the Child Death Review (CDR) process. More importantly the developments include a requirement that Rotherham works across South Yorkshire.</p> <p>CCGs and LA across South Yorkshire have worked together to publish their future offer.</p> <div style="text-align: center;">  <p>SY CDR Arrangements_for_ap</p> </div>
What Will Happen	<p>Each of the four local areas within South Yorkshire will retain local processes.</p> <p>For Rotherham the local CDR panel will be accountable to the Rotherham Safeguarding Children Partnership. Reporting and operational arrangements will be agreed at a local level. TRFT have been actively working with partner agencies to develop immediate Working Together (2018) compliant arrangements for children dying within the Trust.</p> <p>The key function and responsibilities of each CDR area are to:</p> <ul style="list-style-type: none"> • collect and collate information about each child death, seeking relevant information from professionals and, where appropriate, family members; • analyse the information obtained, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future child deaths; • make recommendations to prevent future child deaths or promote the health, safety and wellbeing of children; • provide specified data to NHS Digital and then, once established, to the National Child Mortality Database; this will be undertaken via the eCDOP software system as used on a South Yorkshire wide basis; • provide an annual report for the local Child Death Review Partners highlighting the effectiveness of the local child death review arrangements.

MISSING EPISODES REPORTED TO HEALTH MASH The information below has been collated by the Health MASH team and relates to notifications received 1st May to 31th May 2019



From the Missing Episode Notifications received:
22
Were reported as LAC Children

Source Of Notification	Number received
Police	42
TRFT	0
RMBC	20



5. DELAYS IN TRANSFER OF CARE (DTCO)

Adult Mental Health

Information not available

Older People's Mental Health

Information not available

6. ADULT CONTINUING HEALTHCARE (CHC)

The CHC team presented to the wider CCG workforce to raise knowledge and awareness of CHC and Personal Health Budgets and discussed how Regional and National priorities can be met.

6.1 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	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	April 19	May 19
Total Number Eligible Patients	607	605	615	615	618	610	618	618
Total % Outstanding 12mth Reviews	18.29	17.85	17.89	17.89	19.42	21.48	22.01	23.46
Total Number of 12mth Outstanding Reviews	111	108	110	110	120	131	136	145
Number of LD Team patients Eligible	143	141	143	138	140	138	140	138
Total % of LD Team outstanding 12mth reviews	30.07	26.95	24.48	26.81	25	26.81	20.71	21.74
Total Number of 12mth outstanding LD Team reviews	43	38	35	37	35	37	29	30

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	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May19
Total number of referrals received	97	50	72	73	64	104	94	78
Total number of referrals screened in for full assessment	45	34	30	38	26	46	41	30

6.2 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 2018/19

Quality Premium	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of cases meeting the 28 days metric	80%	73%	82%	81%
Percentage of cases completed in acute trust	10%	2%	0%	1%

7. CHILDREN'S CONTINUING HEALTHCARE

Headline

The CHC team presented at the RMBC children's whole service event to increase knowledge and awareness around children's CHC with the wider multi-agency team.

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	Oct 18	Nov 18	Dec 18	Jan 19	Feb19	Mar 19	April 19	May 19
Total number of Eligible patients	26	25	25	22	20	20	23	22
Total outstanding Reviews	6	5	5	3	2	4	4	2

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

Personal Health Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of CHC fully funded patients who are in receipt of a home care package	80	83	81	84
Number of fully funded patients in receipt of a PHB	39	43	54	57
The percentage of fully funded patients in receipt of a PHB	48.8	51.8	66.7	67.9

PHBs are also offered via the Rotherham Social Prescribing Service; these are made up from Long Term Conditions (LTC), Mental Health (MH) and Integrated Locality Team (ILT) referrals. The total number offered up to 31 March 2019 is 943. Currently monthly figures are shown below:

	April	May
LTC	118	101
MH	13	13
ILT	0	6
TOTAL	131	120

9. 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
Blyth	12.09.16	21.07.16	Good
Braithwell Road	04.02.19	17.12.18	Requires Improvement
Brinsworth	09.05.17	14.03.17	Good
Broom Lane	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	16.01.18	22.11.17	Good
Gateway	22.06.17	17.03.17	***Outstanding***
Greasbrough	11.04.17	15.02.17	Good
Greenside	13.12.18	31.10.18	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	02.02.18	05.12.17	Good
Market	28.01.16	18.11.15	Good
Morthen	02.06.17	19.04.17	Good
Parkgate	23.05.19	27.03.19	Requires Improvement
Queens	25.04.19	21.02.19	Good
Rawmarsh	01.12.16	21.09.16	Good
Shakespeare Rd	17.08.17	06.07.17	Good
St Ann's	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	04.12.18	23.10.18	Good
Treeton	13.02.19	05.12.18	Good
Village	06.03.17	24.01.17	Good
Wickersley	18.10.18	13.09.18	Good
Woodstock	13.02.19	12.12.18	Good
York Road	14.01.19	21.11.18	Good

Practices are visited on a three year rolling programme unless a CQC rating of 'requires improvement' or less is received, or the Team has other concerns, in which case they are prioritised for the forthcoming year. On average one practice is visited per month.

Manor Field – March 2019

Services were found to be safe and satisfactory.

The visit took place with Dr Anne Mellor – Lead GP, Julie Small – Practice Manager, and Agneta Hopkin – Assistant Practice Manager.

The practice has struggled with staffing in recent years but has recently recruited a new GP partner. Considering this, access appeared to be good and a spot check revealed no issues; A&E attends were all below average, which is excellent. First outpatient referrals were also low which, again, considering the level of locum usage is excellent. Patient experience measures score higher than average, as do screening rates at the practice. Vaccination and immunisation rates were lower than expected and the practice agreed to review its process of call and recall. Achievement against the Quality Contract was generally very good, with only a few areas where improvements could be made. Overall, the practice has been performing very well under challenging conditions.

Morthen Road – March 2019

Services were found to be safe and satisfactory.

The visit took place with Dr Fullbrook – Lead GP, Lynda Blakesley – Practice Manager, Denise Burge – Performance Manager, and Carol Hood – Nurse Practitioner.

All A&E attendance figures were below average and access appeared good, though patient experience measures do not reflect this; the practice are aware and taking measures to address it. First outpatient referrals were found to be consistently high, but the practice has been visited as part of the peer review process for referrals and has undertaken significant work in this area. The practice shared some Significant Event Analysis relating to two-week wait, as per the Quality Contract. The percentage of patients discharged at first appointment is also high, but a review demonstrated the practice is referring appropriately. Screening rates appear good but vaccination and immunisation data was found to be below average, though the practice has a robust system in place. There were areas of under achievement in the Quality Contract, and these were pointed out to the practice. Year on year appointment numbers are increasing – from 61,130 in 2015 to 73,466 in 2018.

Braithwell Road – April 2019

Services were found to be safe and satisfactory.

The visit took place with Dr Raolu – Lead GP, Colleen Elliott – Practice Manager, and Kim Rogers – ANP.

The practice were prioritised for a visit following receipt of a CQC rating of 'requires improvement' in February 2019; action is required in the areas of 'safe', 'effective', and well-led'. Patient experience of access was found to be very good; all A&E indicators were below average and experience measures were excellent – the practice was commended on this. The practice had high referral rates, and as a single-handed GP peer discussion is very difficult, but an audit of the practice has been undertaken in the past and the referrals were found to be appropriate. Vaccination and immunisation rates were lower than average, but not far away from target, and screening rates were good. Although the practice scores low on clinical workforce, they were happy that levels were acceptable and they could cope with demand, and this was reflected in the data and the spot checks undertaken on the day. Achievement of the Quality Contract was discussed at length, and a comparison was made to last years figures when performance was better; the practice agreed this was something they would work on in year. The practice is currently the fifth highest prescriber of antibiotics in Rotherham, and therefore the offer for

TRFT Consultant Microbiologist to visit and deliver some training was reiterated. There were also issues the practice needs to address regarding practice management; the assistance of the CCG was offered.

The CCG will continue to provide support and closely monitor the performance of the practice.

Upcoming visits

- Brinsworth
- Clifton
- Broom Lane
- York Road (prioritised as performance is not improving)
- Parkgate (dropped to 'requires improvement')

10. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 23 people presenting at TRFT with hip fractures in April 2019.

11. STROKE

April 2019 - 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 = 34% against a target of >90%;
- Percentage of stroke patients scanned within one hour of hospital arrival = 42% against a target of 50%
- Percentage of stroke patients scanned within 24 hrs of hospital arrival = 97% against a target of 100%
- Percentage of stroke patients that are reviewed six months after leaving hospital= 83% against a target of 95%
- Percentage of patients supported by a stroke skilled ESD team= 24% against a target of 40%

To support safe staffing levels on the Stroke Unit, the inpatient bed base has been further reduced to 18 beds. This has been done to ensure safe nurse staffing levels can be maintained. Weekly reporting on Stroke staffing levels has ceased, as the CQC is assured on the quality of care across the unit, and the staffing in place.

Plans are in place to best utilise the staff to help alleviate the pressure on the service with a review of beds in line with the reconfiguration of the Hyper Acute Stroke Units (HASU) within South Yorkshire and Bassetlaw. Implementation of the new model and close of the HASU element of the stroke pathway at TRFT is on track for the agreed date of 1st July.

12. CQUIN UPDATE

TRFT

Evidence has been received from TRFT for Quarter 4 and this is being reviewed by RCCG

RDaSH

Evidence has been received from RDaSH for Quarter 4 and this is being reviewed by RCCG.

13. COMPLAINTS

Via TRFT

The Trust received 85 concerns (130 in March) and 18 formal complaints (34 in March) in the month of April. 22 complaints were closed, of which 5 were local resolutions meetings. Complaints responded to within the agreed timescale reduced to 86% (94% in March). This deterioration is linked to changes within UECC management, with all other Divisions reporting 100% compliance. One case remains under consideration with the Parliamentary and Health Service Ombudsman.

Via RCCG

A complaint has been received regarding the length of time it is taking to resolve a CHC claim. Investigation is ongoing.

Concern has been raised regarding access/referral to the Rotherham Sexual Abuse service; the patient is registered with a Rotherham GP, Rotherham could not accept this patient due to residing outside the area. Investigation is ongoing.

A complaint has been received regarding the lack of GP information on our website. A response has been provided indicating where the information is on the website. CLOSED

14. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no recent breaches

TRFT - there have been no breaches to date for 2019/20.

15. CQC INSPECTIONS

TRFT

Following the CQC inspection in 2018, an action plan was created. Progress against this is being monitored monthly and reported through Divisional and Trust wide steering groups. The majority of actions are currently on track for completion within agreed timescales with additional scrutiny being shown where challenges have been identified to support delivery.

The Rotherham Hospice

CQC conducted an inspection in March 2019, the report that was published on 24 June 2019 gives an overall rating of Good. The Hospice are pleased with this and are developing an action plan to address areas of improvement.

16. ASSURANCE REPORTS

TRFT

A&E

Performance against the 4-hour access target for April is 81.2%. This shows deterioration in the last month, TRFT's position nationally is 61 out of 137 which shows they have improved nationally and that performance nationally has deteriorated.

TRFT have been asked to pilot the national Urgent and Emergency Care standards with TRFT being one of 14 trusts asked to field test the approach. NHSE and NHS Digital are agreeing standards and approaches with TRFT.

A&E position as at 21 May 2019 – month and Q1 – 80.81%, Year to Date – 81.01%. From Wednesday 22 May the Trust commenced as a pilot site for testing the new proposed urgent care standards and as part of this the 4 hour performance will no longer be measured or reported during the pilot.

TRFT is working with the emergency care intensive support team (ECIST) on an improvement program in the UECC and an urgent care transformation action plan and reporting mechanisms have been agreed with RCCG.

Weekly A&E Operational Delivery Meetings remain in place involving all Rotherham Place partners.

Cancer Standards

The Cancer recovery plan has started to deliver an improved performance on 62 day performance from 73% (March 2019) to 85.0% (April 2019) with quarter to date at 82.7% (un-validated).

Challenges remain around specific pathways and recovery actions are underway to ensure we are back to delivering compliance for Q2 2019/20.

18wws

The validated position for April 2019 is 92.6% against the 92% 18 week RTT Incomplete target. This represents a continued good operational performance against this performance metric. The performance has been challenged by reductions in electives over winter and cancellations due to additional non elective activity the 18-week position is complex and challenging and is now being managed via a weekly recovery plan

This puts TRFT in the upper quartile performance in the country (14th out of 131). The Rotherham NHS Foundation Trust continues to achieve the national referral to treatment (RTT) incomplete pathways target of 92%.

52wws

April 2019 = 0 and YTD = 0.

6 Week Diagnostics

The validated position for DMO1 for March 2019 is 99.4%, 2 patients have breached. This puts TRFT back on track with the national target.

Other TRFT Operational/Performance Areas to Note

Workforce

There has been an increase in Registered Nurse/Midwife shift fill rates on days and a decrease on nights when compared to those in March.

There has been an increase in Healthcare Support Worker shift fill rates on days and on nights in April.

NHS Safety Thermometer – TRFT

There has been a slight decrease in the overall harm free score for April 2019 to 94.24% from 95.56% in March 2019. This score is still above the national score of 93.76%. The acute areas achieved 94.56% (95.48% in March) with the community scoring 93.96% (94.04% in March). A small increase in reported pressure ulcers accounts for the slight deterioration in scores.

Looked After Children

The number of Initial Health Assessments (IHA) completed within 20 working days (statutory) increased for April to 76% after a decrease in March (62%). 17 IHAs were completed in April, of which 13 were within 20 working days.

Clinically Led Visits

The Learning Disability and Maternity services reports are on the July Contract Quality meeting agenda for an update against the actions.

17. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (May 2019)	RTT 18ww Incomplete Pathways (April 2019)	Cancer 62 day wait from urgent GP referral to first definitive treatment (April 2019)	6 Week Diagnostic (April 2019)
Sheffield Teaching Hospitals NHS Foundation Trust	86.0%	92.6%	72.7%	0.02%
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	92.4%	87.7%	87.1%	6.07%
Barnsley Hospital NHS Foundation Trust	95.6%	94.8%	93.2%	0.13%
Sheffield Children's Hospital NHS Foundation Trust	97.8%	90.7%	N/A	0.71%

18. CARE AND TREATMENT REVIEWS

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

19. WINTERBOURNE SUBMISSION

Week Commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
6 May 2019			1	4

20. AT RISK OF ADMISSION REGISTER

There are no patients on the at risk register.

21. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

There are six LeDeR reviews awaiting allocation: We continue to be unable to allocate LeDeR reviews in a timely manner, and therefore continue find the requirement to complete the reviews within six months of the notification of the death challenging. This is due to the need for more reviewers. There are currently no local authority reviewers or therapist reviewers, with the reviewers all coming from nursing/health.

**Sue Cassin – Chief Nurse
July 2019**