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Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

2nd May 2018

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1. SUMMARY

The year-end position for C Difficile at TRFT is under trajectory at 15 cases against a plan of 26 though total CCG numbers are above trajectory at 70 against a plan of 63. All relapses/reinfection are being reviewed to establish actions to realise reduction in 2018/19. The work to address E Coli prevalence has resulted in a year-end position of 200 against a plan of 221 with further reductions planned for 2018/19.

There has been a decreasing trend in mortality nationally rates and this is replicated at TRFT, the Trust continues to have a structured focus on mortality.

Work is being undertaken, with partners, in preparation for the 2018 Safeguarding Awareness week in July, professional multi-agency sessions are available to book onto. Rotherham is ready to go live with the Child Protection Information System; this is the result of concentrated work by TRFT and RMBC and will result in all children who are Looked After or subject to a plan being electronically identified within the system when accessing unscheduled care. The challenges of increasing numbers of children becoming looked after continue to increase pressures on health and social care. Scoping and action planning is being undertaken to ensure capacity meets demand. Within the report there is an outline and update on the developing service being implemented for survivors of historic child sexual exploitation, which will focus mainly on the during the investigation and trial period.

RCCG continues to show an improved position against the CHC Quality Premium and the team continue to work together to achieve and maintain this.

Performance against the A&E 4 hour access standard continues to present a challenge with exception reporting to NHSE and weekly operational delivery meetings involving all partners taking place.

A recent Ofsted inspection of LSCB Complex Abuse cases received an “outstanding” rating, this includes the multi-agency commitment.

2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

(Signed off data up to end of March)

RDaSH: There have been no cases of Health Care Associated Infection so far this year.

Hospice:

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

TRFT :

- MRSA – 3
- MSSA – 7
- E Coli – 21
- C-Difficile:

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 26	Monthly Actual	0	0	0	2	0	2	2	0	3	2	1	3
	Monthly Plan	1	4	2	2	1	4	2	2	2	2	2	2
	YTD Actual	0	0	0	2	2	4	6	6	9	11	12	15
	YTD Plan	1	5	7	9	10	14	16	18	20	22	24	26

NHSR:

- MRSA – 0
 - (1 Rotherham resident provisionally allocated to DBTH with RCCG as assisting. Attributed to 'Third Party', this has been confirmed as final attribution of the case as determined and documented by PHE and NHSE.)
- MSSA – 45
- E Coli – 200
- C-Difficile:

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Target = 63	Monthly Actual	5	1	5	11	5	5	7	5	5	8	6	7
	Monthly Plan	6	7	6	7	7	6	4	4	4	4	4	4
	YTD Actual	5	6	11	22	27	32	39	44	49	57	63	70
	YTD Plan	6	13	19	26	33	39	43	47	51	55	59	63

The HCAIDCS currently shows March as having 9 cases however there are 2 cases of C Diff that are going through the process of removal from the system as they are not true C Diff cases. It appears a case has been entered 4 times instead of twice (initial and relapse). Following the removal, therefore, the C Diff actual cases will be 70 above.

MRSA

Against a 0 'no tolerance' trajectory there has been 1 case of MRSA Blood Stream Infection (BSI) in December that was provisionally attributed to Doncaster Teaching Hospitals Trust. Rotherham CCG was allocated as assisting organisation due to the patient being registered with a Rotherham GP. Subsequent review of the case was undertaken by DBHFT and RCCG, as a result the case went to an arbitration panel for confirmation of the review decision. A 'third party decision' was agreed and confirmed as final attribution.

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.

RCCG Infection Prevention and Control Nurse 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
2017/18 Target = 221	Monthly Actual	19	16	11	29	18	17	15	24	10	13	16	12
	Monthly Plan	15	21	15	22	25	19	16	18	19	19	17	15
	YTD Actual	19	35	46	75	93	110	124	148	158	171	188	200
	YTD Plan	15	36	51	73	98	117	133	151	170	189	206	221

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

Please note: Three additional samples were taken outside of South Yorkshire & Bassetlaw – these are not included in the chart below.

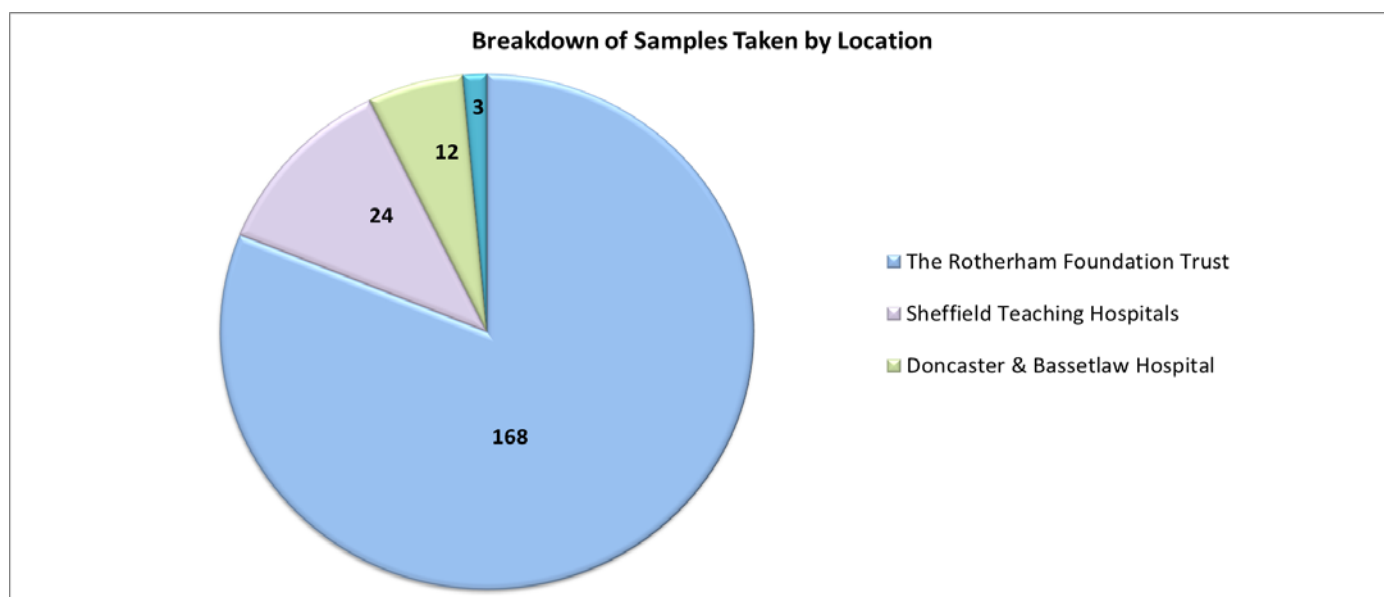
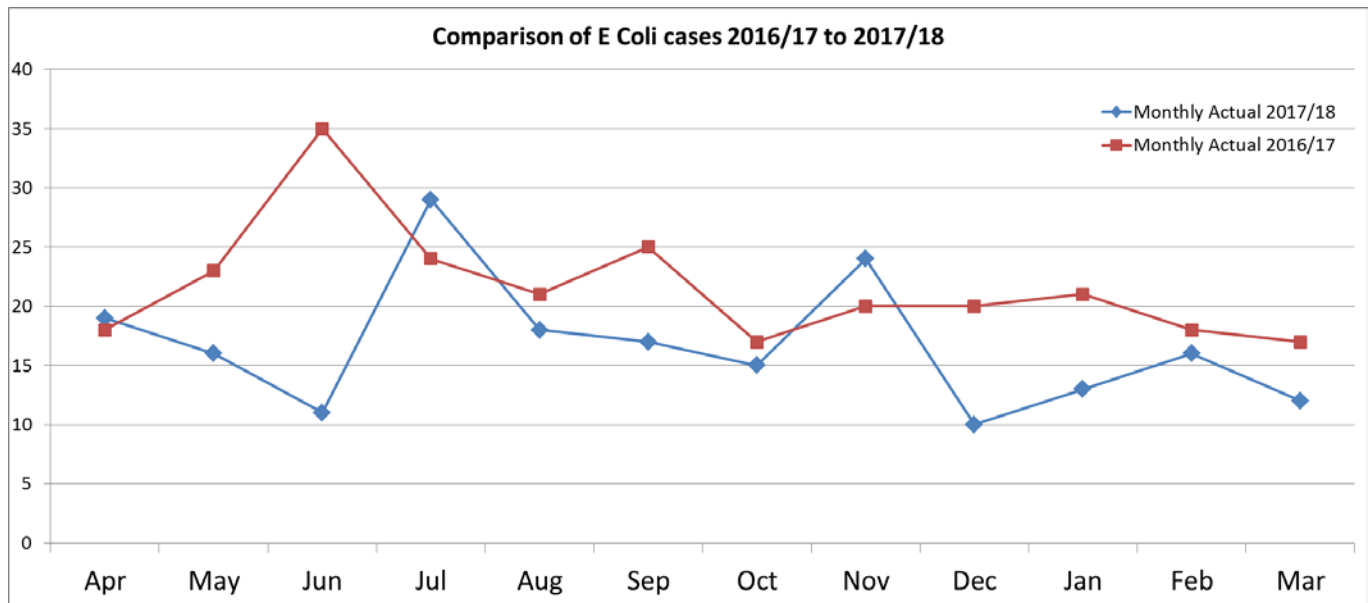


Chart 2 (Below) shows a comparison of E Coli cases in 2016/17 to 1017/18.



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 70 cases of Clostridium Difficile against a year to date plan of 63 as of the end of March. There have been 11 relapses/ reinfection – these are being reviewed collectively to establish an action plan in order to provide reductions in 2018/19.

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

Key Points:

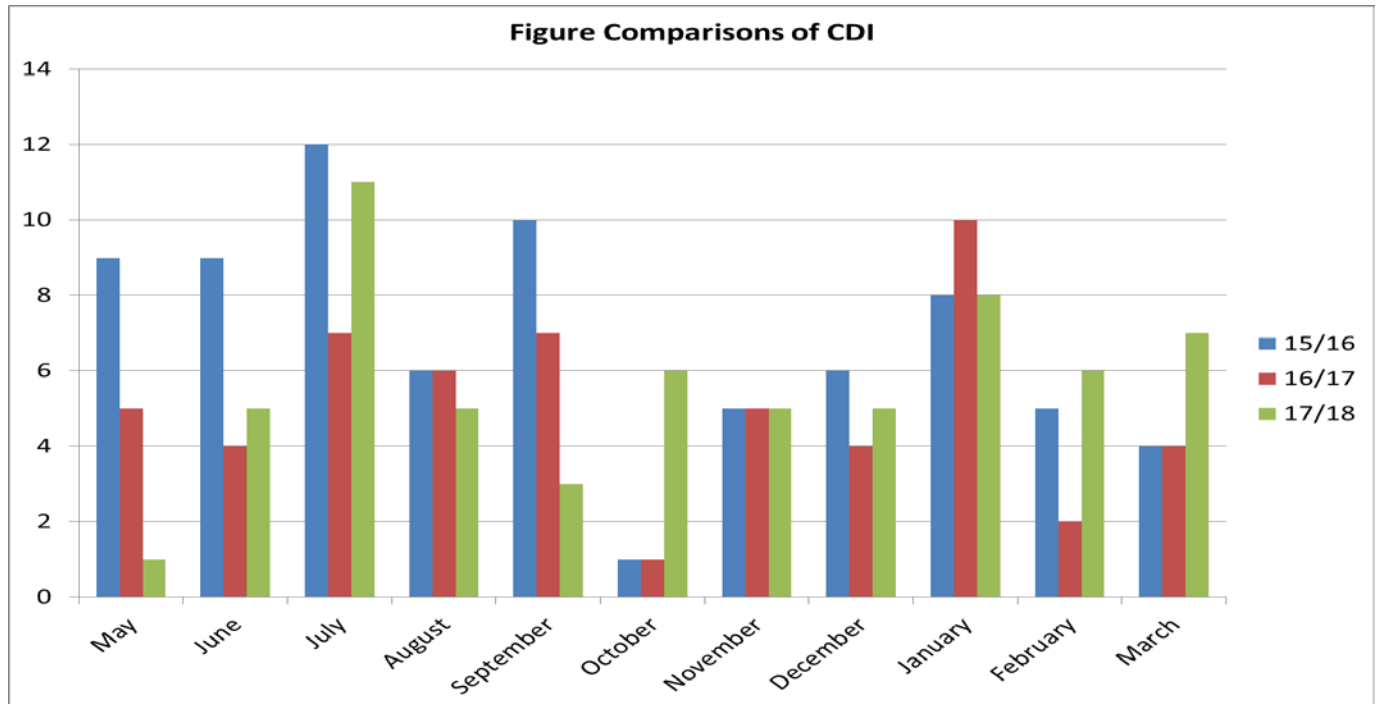
- 9 cases relate to patients treated as inpatients at TRFT.
- 19 cases are from GP Practices.
- 12 cases are relapses from earlier in 2017/18.
-

Following PIR meetings there are :

- 10 lapses in care
- 45 no lapses in care
- 13 cases to be discussed
- 2 cases deferred

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.



There has been additional data relating to CCGs added to the surveillance for 2017/18 by 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 not reported outbreaks of diarrhoeal illness since March 21st.

GI symptoms remain in small numbers in the community

FLU

Small numbers of Flu cases at TRFT have been present through March into April. In this time there has commonly been 1 inpatient at a time as an inpatient with testing taking place on reduced numbers daily.

TRFT remained reporting daily to NHSE and RCCG the number of cases who are inpatients, in critical care, and diagnosed within the last 24 hours, until 16th April when NHSE formally ended the reporting. .

No Flu has been present within care homes in Rotherham from 21st March to April 18th (date of writing).

3. MORTALITY RATES

TRFT has seen a decrease in the Hospital Standardised Mortality Ratio (HSMR) trend for many months and is currently 100. The decreasing trend and steady position must be taken in context of all other organisations making improvements and a decreasing trend nationally. The Trust still remains in the upper national quartile and will continue to have a structured focus on mortality.

The crude rate of mortality in proportion to discharges has seen a significant decrease over the last few months and although there has been a slight increase in this this month, this is not currently of concern. It is expected to be somewhat higher in the winter with the crude rate in percentage of discharges 1.57%. Overall this metric has seen a continued improvement for many months. This puts the three month rolling total at 1.44%.

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

SI Position 21.03.2018 – 17.04.2018	TRFT	RDASH	RCCG	*Out of Area	YAS	CareUK/GP Hospice
Open at start of period	44	10	0	3	1	0
Closed during period	1	1	0	0	0	0
De-logged during period	1	0	0	0	0	0
New during period	3	2	0	0	0	0
New Never Events during period	0	0	0	0	0	0
Total Open at end of period	45	11	0	3	1	0
Final Report Status						
Final Reports awaiting additional information	1	1	0	0	1	0
Investigations on "Hold"	1	1	0	1	0	0
CCG approved Investigations above 60 days	0	0	0	0	0	0
Investigations above 60 days without approval	37	0	0	0	0	0
Final Reports due at next SI Meeting	42	6	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

Improving services for the victims and survivors of sexual assault and abuse	Stovewood Trauma and Resilience Service - Update at PLTC 24/05/18	Information Sharing (GP Newsletter/email/internet)
<p>NHS England has published the strategic direction for sexual assault and abuse services, (14th April 2018) which sets out what is needed to improve services and patient experience for those who have experienced sexual assault and abuse. Co-designed with a range of partner organisations, as well as the victims and survivors of sexual assault and abuse, the strategic direction takes into account a lifelong pathway of care for survivors. It also outlines how services need to evolve and work together to ensure that as much as possible can be done to safeguard individuals and support them at times of crisis and at the point of disclosure. Further information to follow.</p>	<p>Psychoanalytic Psychotherapist and Lead Clinician for this new service will lead a keynote presentation around “A whole system approach”. Delegates will receive an outline of the new service which will support Stovewood witnesses and those who support them through the emotionally demanding journey of bearing witness, leading up to and during the court appearance. The service will need to be innovative in their methods of providing emotional and psychological advice and support in an accessible way. In addition they are available consultatively to the system around the survivor.</p>	<ul style="list-style-type: none"> • Not Cruising, Not Bruising – Survey circulated to Safeguarding Children Practice Leads and Practice Managers along with a self-assessment for practice staff which included answers to enhance knowledge. • Stalking Helpline Information shared. • NHS England North Learning Event Domestic Abuse in Primary Care shared. • Safeguarding Awareness Week 9th to 13th July 2018 – Save the date circulated to practices with booking forms for professional multi-agency sessions. Visit the RLSCB website for more information.

SAFEGUARDING CHILDREN					
<p>What's working well</p>	<p>Stovewood Trauma And Resilience Service – See “Focus On”.</p>	<p>Children & Young People CCG Meeting every 2 weeks. Focusing on strengths and barriers concerning children & Young Peoples Services.</p>	<p>MASH strong multi-agency team with excellent CCG input. Working on Missing Children.</p>	<p>Child Death Overview Panel (CDOP) LSCB have instigated a Working Together 2018 task and finish group to consider changes to process.</p>	<p>Child Protection-Information System (CP-IS) TRFT & RMBC have worked exceptionally well throughout March to ensure Rotherham is ready to go live with this national information sharing system.</p>
<p>Challenges</p>		<p>LAC increased by 617 (similar numbers to Sheffield). Complex abuse case 300+ SEND agenda in the media.</p>	<p>Horizon scanning leading to national concerns around “County Lines”. Consideration of links adults/children nationally (via MASH).</p>	<p>No additional funding but additional workload especially for TRFT.</p>	<p>Ensuring that every person subject to a child protection plan or in the care of the local authority has their NHS number attached to a attendances at TRFT.</p>
<p>What needs to Happen Now</p>		<p>Continuation of meetings with formalisation/transparency of actions required.</p>	<p>Keeping abreast of changes. RDASH worker in post will help this happen.</p>	<p>TRFT need to fully engage and present their commitment for discussion.</p>	<p>Go Live is Thursday 26th April 2018 from them agencies will automatically share information.</p>

SAFEGUARDING ADULTS				
What's working well	RSAB Training and Development sub-group continues to meet bi-monthly.	MCA & DoLs - RMBC Legal have offered to support CCG cases through COP (Court of Protection).	Channel Panel Dedicated multi-agency membership.	PREVENT
Challenges	Working on a Training Needs Analysis to identify gaps and address multi-agency safeguarding training as per Care Act requirements.	Self-assessment for organisations to be developed.	Varying challenges through the nature of discussions.	A number of issues highlighted.
What needs to Happen Now	Work plan monitored.	Discussions to take place to take forward.	Continue to meet monthly.	Referral pathways to be reviewed.

SERIOUS SAFEGUARDING INCIDENTS/CONCERNS

CYP = Children & Young People	A = Adults	DHR = Domestic Homicide Review	SCR = Serious Case Review	MHHR = Mental Health Homicide Review	LLR = Learning Lessons Review	SAR= Safeguarding Adult Review
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	Type	Summary	Dates/outcomes	Updates for Governing Body (Confidential shown in Red text)
CYP	SCR	2 year old brought in ED unconscious. Previously seen in ED with facial injuries. Links to STEIS	26.09.17 – taken to panel, agreed SCR. 24.10.17 – ToR agreed 12/04/18 – Draft Overview Report to be discussed.	First draft of overview report will be considered at Panel Meeting on 12th April.

CARE HOME CONCERNS

Care Home	12/4/18 - CQC and RMBC contracts team have noted a marked improvement within the service. RMBC are awaiting formal feedback from CQC re their latest inspection before considering next steps.
Day Care Provider	All organisations are continuing with their internal investigations. SYP still addressing criminal activity in regards to financial and physical/emotional abuse. Legal are actively involved.
Care Home	12/4/18 - RMBC have given contract notice to the home owners (no end date given). The home closure policy is in place with all residents in the process of moving to alternative care homes. RMBC staff remain in the home daily as significant risk remains until residents are moved. CQC remain involved as no registered manager in place as per requirements.

CARE HOME CQC REPORTS

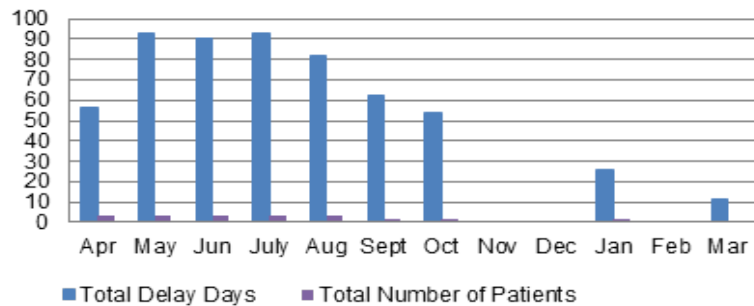
Organisation	Provider Name	Link to CQC Report	Overall Rating	Publication	Safe	Effective	Caring	Responsive	Well Led
Broadacres Care Home	Hill Care 3 Limited	http://www.cqc.org.uk/location/1-3783991268	Requires improvement	10/01/2018	RI	RI	RI	RI	RI

SAFEGUARDING - FOCUS ON: STOVEWOOD TRAUMA AND RESILIENCE SERVICE

BACKGROUND	WHAT'S WORKING?	CHALLENGES	NEXT STEPS
<p>30th November 2017 – Letter received from the Director of Health and Justice, Armed Forces & SARCS, NHS England confirming support of a request for £250,000 for 2018/19 and again during 2019/20. The funding was to be utilised to support Stovewood victims/survivors pre and during the court process.</p> <p>Stovewood is the name given to the investigation by the National Crime Agency (NCA) into the historical sexual exploitation of children identified by Alexis Jay report. The funding is subject to review by Health and Justice Regional Commissioners at the end of year one; NHSR CCG propose to utilise this non recurrent funding to support the mental wellbeing of victims/survivors. Majority of the identified child victims of CSE are now adults; the first objective of operation Stovewood is to deliver a victims/survivor service, supporting them in taking forward prosecutions against the perpetrators of that abuse. The court process has begun and it is recognised that this re-traumatises victims/survivors. Conversely it is also recognised that for longer term mental wellbeing the victims/survivors need justice and therefore attendance at court is a necessary process. As of 1 April 2018 RDaSH have been commissioned to support the mental wellbeing of this cohort of victims/survivor. The £250k non-recurrent funding is to commission a bespoke wrap around psychological support service that will act with both individuals and the services supporting them before and during the trial period.</p>	<p>RDaSH colleagues have grasped this opportunity and worked with commissioners and providers (health and Local Authority) to ensure that the good practice identified in an earlier Police and Criminal Justice operation known as Clover are developed to meet the needs of Stovewood clients.</p> <p>Attending court and reliving the abuse that occurred in childhood must not be allowed to re-abuse victims/survivors. It is proposed that a specialist psychological service is place; the service will ensure that work undertaken supports long term mental and physical wellness. This may mean short term heightened anxiety and stress at pinch points in the court process but in the longer term direction to the right service, delivered at the right time will be delivered. Signposting and supporting the staff around the victim/survivor is crucial as it is not the intention to add additional staff into client's lives unnecessarily.</p> <p>This service will work closely with colleagues within mental and physical health, voluntary and statutory sector to ensure that services are ready and aware of what to anticipate and what needs to be delivered in order to contain the mental fragility of these victims/survivors.</p> <p>This service meets with the NCA's first of three objectives, namely to deliver a victim to survivor focused package of care.</p> <p>An Expert Reference Group inaugural meeting was held 9 April 2018. This is a multi-agency group chaired by the NCA and has been formed to hold RDaSH to account in its spending of public funds.</p>	<p>RDaSH are responsible for recruitment of staff to deliver the requirements of the service specification. They have decided to take the risk of having substantive post holders.</p> <p>Mobilisation of service – timeline being revised to accommodate the change in staffing.</p> <p>This is new and innovative trauma and resilience work and will be under immense local and national scrutiny. Client engagement is critical – RDaSH have identified a worker with a safeguarding background to lead this work, working in conjunction with the NCA.</p> <p>The CCG is to receive an initial 12 months funding totalling £250k from the Health and Justice Board, subject to successful evaluation, a second years funding will be made available.</p> <p>Demand and capacity of Commissioned Voluntary Service Sector is currently under review. Financial restraints nationally may have an impact on the voluntary sector which in turn potentially reduces the service available to clients.</p>	<p>The service will sit within a multi-agency and community setting designed to promote permeable boundaries between services such as mainstream mental health, the Voluntary Sector and the National Crime Agency, with the aim of developing a trauma sensitive whole system approach.</p> <p>Governance - Expert Reference Group has been established to support and provide expert challenge to the Stovewood Trauma and Resilience Service. The group has multi-agency representation, including National Crime Agency, Rotherham, Doncaster and South Humber NHS Trust (RDaSH); Rotherham Metropolitan Borough Council (RMBC), NHS Rotherham Clinical Commissioning Group (NHSR CCG) and South Yorkshire Police.</p> <p>The Expert Reference Group will manage traction of the service seeking assurance around delivery and where applicable reducing barriers. They will address any identified risks to the achievement of the project and ensure that all transferrable learning is shared appropriately.</p> <p>Promoting the service - An initial task for the Expert Reference Group is to advise on how best to promote the service politically.</p> <p>Promoting the service – within the health service - 20th May 2018</p> <p>The Psychotherapist leading the service together with members of the team will give a key note speech at May's PLTC event, outlining development of the service to support Stovewood witnesses and those who support them, through the emotionally demanding journey of bearing witness, leading up to and during the court appearance.</p>

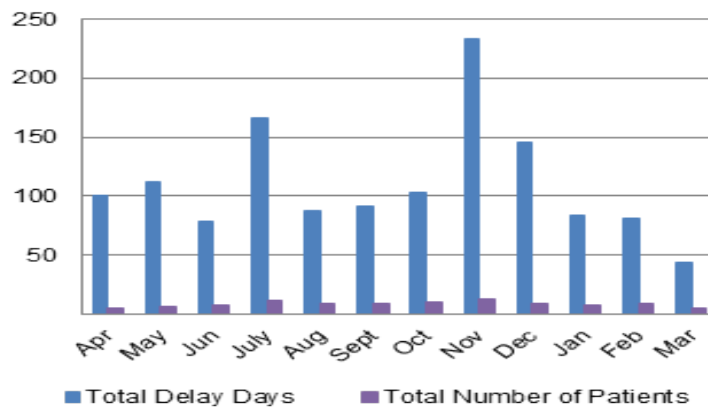
6. DELAYS IN TRANSFER OF CARE (DTC)

6.1 Adult Mental Health



There is one short-term delay in adult services related to limited specific housing. RDaSH are working with specialist housing support to minimise this delay.

6.2 Older People's Mental Health



Delays continue to be closely monitored by Rotherham CCG and Local Authority Colleagues. Delays are very limited in number and of short duration. There is only one current delay, which has been resolved and discharge is imminent.

7. ADULT CONTINUING HEALTHCARE (CHC)

7.1 Headlines

The Continuing Healthcare team have met all NHS England quality premiums for Quarter four.

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	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total Number Eligible Patients	615	620	624	603	605	602
Total % Outstanding 12mth Reviews	26.02	29.03	25.16	23.05	25.62	24.42
Total Number of 12mth Outstanding Reviews	160	180	157	139	155	147
Number of LD Team patients Eligible	130	130	130	133	135	134
Total % of LD Team outstanding 12mth reviews	27.69	29.23	25.38	21.80	29.63	31.34
Total Number of 12mth outstanding LD Team reviews	36	38	33	29	40	42

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 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total number of referrals received	157	157	115	175	138	141
Total number of referrals screened in for full assessment	52	35	26	41	29	38

7.3 Quality Premiums

“The Quality Premium (QP) scheme is about rewarding Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services”

<https://www.england.nhs.uk/wp-content/uploads/2016/09/annx-b-quality-premium-14-07-17.pdf>

In early 2017 NHS England introduced CHC QPs for both 2017/18 and 2018/19. There are two QPs for CHC.

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.

Quality Premium	Dec 17	Jan 18	Feb 18	Mar 18
Percentage of cases meeting the 28 days metric	56%	83%	82%	83%
Percentage of cases completed in acute trust	6%	5%	0%	3%

8. CHILDREN'S CONTINUING HEALTHCARE

8.1 Headlines

The Children's Continuing Care team continue to work collaboratively with our partners in Health, Social Care and Education. The number of outstanding reviews continues to reduce.

8.2 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	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Total number of Eligible patients	29	28	27	29	29	29
Total outstanding Reviews	15	15	14	16	9	8

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

The Adult Continuing Healthcare team are offering Personal Health Budgets (PHB) in line with NHS mandate to all fully funded patients in the community. The number of PHBs is increasing. Our PHB advisor is currently working closely with the learning disability nursing team to promote PHBs and increase knowledge and understanding.

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

Date	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Number RCCG CHC patients eligible for a PHB	615	620	624	603	605	602
Number of RCCG CHC patients in receipt of a PHB	86	86	91	87	82	99

10. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 239 people presenting at TRFT with hip fractures from April 2017 to January 2018. This gives a 2017-18 projected outturn of 287 against an annual target of 280.

11. STROKE

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

- Percentage of stroke patients who spend at least 90% of their time on a stroke unit = 75% (ytd) against a target of $\geq 80\%$ target;
- Percentage of people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital = 44% (ytd) against a target of $\geq 90\%$;
- Proportion of stroke patients who scanned within 24 hours of hospital arrival = 99% (ytd) against a target of $\geq 100\%$;
- Percentage of patients who receive thrombolysis following an acute stroke = 5.0% (ytd) against a target of $\geq 11\%$.

12. CQUIN UPDATE

TRFT - Evidence submissions for Q3 have been received at RCCG and have been reviewed. A position statement has been sent to TRFT to agree final achievement and payment. Q4 evidence is expected at the end of April 2018.

13. COMPLAINTS

Via RCCG

- Dissatisfaction regarding the numerous requests for additional information required by the Individual Funding Request (IFR) panel in order to make a decision about funding, rather than all the information being requested at once. Closed
- Dissatisfaction regarding the attitude of a CHC member of staff in relation to care provision for a patient and the length of time it is taking to complete a DST. Investigation ongoing
- Diabetes eye screening issues which has been signposted to Public Health England as this is a national screening programme. Closed
- Relative of an elderly patient is dissatisfied with the handling of several calls to NHS111. Investigation ongoing.
- Dissatisfaction raised by the parent of a child receiving CHC services. Investigation ongoing.

Via TRFT

TRFT received 97 concerns and 16 formal complaints in the month of February 2018. Twenty seven complaints were closed. Of the formal complaints, 63% (10) were risk rated as yellow 31% (5) risk rated as amber and 6% (1) rated red. Twelve of the 97 concerns related to car parking compared to 22 in January.

Complaints responded to within the agreed timescale of 30 working days remained at 100% for the third consecutive month.

There is one case currently under investigation by the Parliamentary Health Service Ombudsman (PHSO).

14. ELIMINATING MIXED SEX ACCOMMODATION

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

TRFT - there were no breaches in February.

15. ASSURANCE REPORTS

The current position as 18 April 2018 is as follows:

- 2017-18 Year End – concluded at 86.89%
- Month and Year to date (1 April) – 78.97% against a target of 95.0%.

Performance against the A&E four hour access standard remains difficult with challenges relating to acuity of patients, bed capacity and gaps in medical staffing rotas in the UECC.

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

Cancer Standards

The Rotherham only 62-day cancer position for February 2018 is 80.5% against the 85% compliance target.

The current forecast position against the 62-day cancer pathway is that Quarter 4 will not achieve the 85% compliance target due to the recent deterioration in performance. Some of the reasons for non-achievement are as follows:

- Increase in 2 week wait referrals up by 50% over the last 8 years
- Up by 23% over the last 6 months i.e. 3800 previous 6 months, 4667 in the last 6 months (there is always a seasonal variation but not usually this high).
- Increase in demand for diagnostic support with the CT MRI hours of usage extended to meet demand and now offering 7 day services.

The key areas of concern are Urology and Lower GI which are high volume areas and responsible for 75% of the total number of allocated breaches. Action plans are in place for both areas and recovery is forecast to achieve Q1 2018-19.

Rotherham Place Deep Dive meeting with the SYB & ND Cancer Alliance took place on 28th March with the focus being on the recovery of the 62 day target and the achievement of the high impact actions. An action plan is being finalised for discussion and management through the joint Cancer Board.

18wws

The final validated position for February 2018 is 93.4% against the 92% 18 week RTT Incomplete target. This represents a continued strong operational performance against this performance metric overall. Performance in Gynaecology remains a concern consistently failing to achieve 92% over the last few months. Gynaecology is working to secure additional theatre capacity.

52wws

- February 2018 = 0 and YTD = 0.

6 Week Diagnostics

- TRFT total performance (February) – 0.12% against a = or <1% target which shows 5 people waited 6 weeks or longer for diagnostic tests.
- The forecast position for March 2018 suggests that DMO1 will continue to be achieved in month.

Other TRFT Operational/Performance Areas to Note

Delayed Transfers of Care (DTC)

Delayed Transfers of Care (DTC) (February)

Current performance:

- TRFT total performance – 1.9% against a 3.5% target.

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 – TRFT

During February, there has been a slight increase in Registered Nurse fill rates on days and a small reduction on nights when compared to those for January. There has been a marginal increase in Healthcare Support Worker shift fill rates on days and an increase on nights in February.

Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 85.0% in February 2018 compared to 83.7% in January 2018 and 92.0% on nights compared with 94.6%. Healthcare Support Worker (HCSW) fill rates were 111.2% on days compared with 111.1% in January and for nights were 105.7% compared with 95.6%.

The overall vacancy rate has increased during February, with the largest number being in the Division of Medicine. Eighteen newly qualified nurses are due to commence employment in the Trust in March and a further recruitment open day took place on 24 March 2018.

Additional capacity for inpatients remains open on Ward A3. This has mainly been operating as a 26 bed ward meaning that there is no discharge lounge capacity. Provision of these beds is currently being reviewed.

On a shift by shift basis senior nurses redeploy staff to ensure that wards and additional capacity areas are appropriately staffed, including moving staff from areas which have actual staffing higher than required for the actual occupancy and case mix.

NHS Safety Thermometer – TRFT

The Classic 'Harm Free' Care score for the Trust was 93% for February 2018. The score demonstrates a slight decrease from January when the score was 94%. The breakdown for this month is 94% for acute areas, a decrease from 97% last month. This appears to be due to an increase in recoded Grade 2 pressure ulcers on the day of the survey compared to January where an unusually low score number were reported.

In the community there has been no change in the Harm Free Care score at 92% in January.

Dementia Assessments

As at January 2018, the position was 73.5% against a target of 90%. The rate of dementia assessment has been fluctuating over the past few months with variable results. The Trust has taken several actions to improve compliance with the assessment which included the appointment of dementia lead consultant, dementia nurse lead, allocation of dementia champion in each ward and increasing awareness of dementia across all the Trust. Ward manager and consultant colleagues have been requested to monitor dementia screening on their wards on a daily basis during their ward rounds.

Work is currently underway to review the process of hospital admission and assessment addressing different issues impacting on dementia and delirium assessments.

16. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard	RTT 18ww Incomplete	Cancer 62 day wait from urgent GP referral to first	6 Week Diagnostic
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		Pathways	definitive treatment	
	Standard = 95%	Standard = 92%	Standard = 85%	Standard = < or = 1%
Sheffield Teaching Hospitals NHS Foundation Trust	83.4% (March)	95.4% (Feb)	83.6% (Feb)	9.82% (Feb) – main concerns are Dexa and Echocardiography.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	93.3% (March)	90.0% (Feb) – there are a number of Specialties failing or close to failing.	85.0% (Feb)	0.65% (Feb)
Barnsley Hospital NHS Foundation Trust	91.1% (March)	92.4% (Feb)	91.1% (Feb)	0.83% (Feb)
Sheffield Children's Hospital NHS Foundation Trust	97.3% (March)	93.1% (Feb)	NA	0.26% (Feb)

17. CARE AND TREATMENT REVIEWS

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

18. 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
19 th March	0	0	0	4
26 th March	0	0	0	4
2 nd April	1	1	0	4
9 th April	0	0	0	4

The one admission identified above involves a person who had been supported in the community by both Continuing Healthcare and the Local Authority.

19. AT RISK OF ADMISSION REGISTER

There remain six people considered at risk of admission, however, the risk for all has reduced. All have active contingency plans in place and are being closely monitored by colleagues in RDaSH and the Local Authority.

20. 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.

Rotherham has seven active cases in review. With such limited numbers, no themes have been identified. RCCG have developed a spread sheet to keep track of all Rotherham cases to ensure prompt response to the need for investigation.

***Sue Cassin – Chief Nurse
May 2018***