

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

7th November 2017

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NHS ROTHERHAM

1. SUMMARY

The number of C Difficile cases continues to remain under trajectory for both the CCG and TRFT with Post Infection Reviews (PIR) taking place for all cases. The CCG is closely linked into this work and provides scrutiny to the process.

Discussions have taken place between the Chief Nurses from the CCG and TRFT re the outstanding Serious Incident (SI) reports, remedial plans have been agreed and reports are starting to flow through the system slowly.

There is little change to report on the progress of the Children's Serious Case Reviews (SCR) which are all at various stages of completion. Work continues on improving performance re completing Initial Health Assessments (IHA) for Looked After Children (LAC) within the mandated timescale. We continue to see an increase in achievement and TRFT are committed to ensuring Outline Health Action Plans are completed on the day of assessment. The National Crime Agency (NCA) investigation into historic Child Sexual Exploitation (CSE) cases continues with the CCG remaining an active partner. The CCG is holding a discussion session on the 30th November for GPs, NCA, RMBC and CCG to explore emerging issues. The independent investigation into the care and treatment of a mental health service user in Rotherham has been published and a link to the report has been included on the CCG and RDASH websites, the agreed action plan is being monitored via the contract quality process.

NHS England continues to scrutinise numbers of Continuing Healthcare (CHC) Decision Support Tools (DST) completed in an acute setting and those exceeding the 28 day process. RCCG working with TRFT and RMBC have action plans to actively work to reducing both of these.

A&E performance while improving remains under scrutiny with the recovery plan being monitored via performance meetings.

Contract review visits to GP practices commenced in September 2017, reviewing areas for improvement and areas of good practice. These are intended to be cooperative and supportive reviews include performance, quality, the quality contract and enhanced services.

2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

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 – 1
- MSSA – 2
- E Coli – 1
- C-Difficile:

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

NHSR:

- MRSA – 0
- MSSA – 22
- E Coli – 14
- C-Difficile:

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

MRSA

Against a 0 ‘no tolerance’ trajectory there has been 1 case of MRSA Blood Stream Infection (BSI) in September that was provisionally attributed to Rotherham CCG as the sample was taken on day 2 of admission. Subsequent review of the case identified that the case is containment. This was agreed by both The Rotherham NHS Foundation Trust and Rotherham Clinical Commissioning Group, and as a

result the attribution of the case is changed to reflect this in the TRFT data following the official sign off date.

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 five years. The Department of Health documented that 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 2018-19 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 three areas of focus for initial surveillance are: those with previous UTIs, those with urinary catheters, and those with a positive E-Coli urine culture. A review of the action plan is due with data from Q2.

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

IPCN 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						
	Monthly Plan	15	21	15	22	25	19	16	18	19	19	17	15
	YTD Actual	19	35	46	75	93	110						
	YTD Plan	15	36	51	73	98	117	133	151	170	189	206	221
2016/17 (comparison)	Monthly Actual	18	23	35	24	21	25						
	YTD Actual	18	41	58	82	103	128						

Of these cases:

85 are from samples taken at TRFT

14 are from samples taken at STH

6 are from samples taken at DBH

1 is from a sample taken at LGI

1 is from a sample taken at Torbay and South Devon NHS Foundation Trust

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

Clostridium Difficile Infections (CDI)

Post infection reviews are being undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process. The process will highlight any lapses in quality of care and

any learning outcomes within both community and acute trusts. Any common themes will be addressed as identified.

[NB A 'lapse of 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.]

Post Infection Review (PIR) Meeting – last held September 2017

The set trajectory for Clostridium Difficile for 2017-18 remains the same as 2016-17 and is set at 63. Rotherham has been attributed 30 cases of Clostridium Difficile against a year to date plan of 39 during Quarters one and two.

Of the 30 cases:

1 case relates to a patient treated as an inpatient at Leeds Teaching Hospitals (LTH),
4 cases relate to patients treated as inpatients at Sheffield Teaching Hospitals (STH),
1 case relates to a patient treated as an inpatient at Rotherham Hospice
1 case relates to a patient treated as an inpatient at Doncaster & Bassetlaw Hospitals (DBH),
1 case relates to a patient treated as an inpatient at Barnsley Hospital (BDGH),
4 cases relate to patients treated as inpatients at TRFT.

The remaining cases are from 15 GP practices.

1 case was previously positive during 2016/17.
4 cases are relapses from earlier in 2017/18.

Following PIR meetings there are:

1 lapse in care
18 no lapses in care
6 deferred cases due to requiring further information/discussion relating to antibiotic prescribing
5 cases to discuss. 1 STH, 2 TRFT, 3 CCG.

Figure comparison of CDI

5 cases in April 17/18 compared to 1 case in April 16/17 and 4 cases in 15/16.
1 case in May 17/18 compared to 5 cases in May 16/17 and 9 cases in 15/16.
5 cases in June 17/18 compared to 4 cases in June 16/17 and 9 cases in 15/16.
11 cases in July 17/18 compared to 7 cases in July 16/17 and 12 cases in 15/16.
5 cases in August 17/18 compared to 6 cases in August 16/17 and 6 cases in 15/16.
3 cases in September 17/18 compared to 7 cases in September 16/17 and 10 cases in 15/16.

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

No reports of Norovirus/rotavirus at present from TRFT, however GI symptoms remain in the community. 3 care homes in September were affected.

3. MORTALITY RATES

The latest Hospital Standardised Mortality Ratio currently sits at 106.7 and represents a time period up to the end of June 2017 as this is when the latest Hospital Episode Statistics (HES) data has been received from NHS England. This is not a statistically significant number following review of the 95% confidence limits which is important to note as previously the HSMR had been significantly elevated.

The CCG and Trust have been notified that the trust are a mortality rate outlier for Acute myocardial infarction (emergency admissions) which the CQC are currently assessing using their own analysis and other information before deciding whether or not it needs to be followed up further.

Through the Contract Quality Meeting, RCCG has requested confirmation as to whether a review of the cases is being undertaken and whether there is a rational for being an outlier.

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

SI Position 20.09.2017 – 12.10.2017	TRFT	RDASH		RCCG	**Out of Area	YAS	Care UK GP
		CCG	*PH				
Open at start of period	65	18	2	0	5	1	2
Closed during period	0	5		0	0	0	0
De-logged during period	0	0		0	0	0	0
New during period	5	0		0	1	0	0
New Never Events during period	0	0		0	0	0	0
Total Open at end of period	70	13	2	0	6	1	2
Final Report Status							
Final Reports awaiting additional information	10	1	N/A	0	1	0	0
Investigations on "Hold"	1	3	N/A	0	2	0	0
CCG approved Investigations above 60 days	1	1	N/A	0	1	0	1
Investigations above 60 days without approval	26	0	N/A	0	0	0	0
Final Reports due at next SI Meeting	42	4	N/A	0	2	0	2

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

** Out of Area SI – Performance Managed by Relevant CCG

5. CHILDREN'S SAFEGUARDING

Date	Discussion	Outcome	Follow up/Next Steps
June 2017 Update	Serious Case Reviews Overview	Rotherham DHR involves 3 (possibly 4 children) being discussed between Safer Rotherham Partnership and LSCB.	3/4 children discussed at SCR January 2017 regarding their links to a DHR. Discussion with LSCB chair as to whether these children meet the

Date	Discussion	Outcome	Follow up/Next Steps
			<p>criteria for a SCR.</p> <p><i>LSCB September 2017 acknowledged excellent partnership working with LA and Youth offending around the young people charged with manslaughter.</i></p>
Jan 2017	Violent child death	LSCB Chair decided that the case will not be a SCR but discussions are being held with NHSE re a joint review to cover both the child and perpetrators circumstances.	<p>1 child death (15 yr old – Dinnington case) is to be discussed at the SCR on 28 February. This decision is for a lessons learnt approach as the criteria for a SCR are not met. NHS England are considering a serious complex case review.</p> <p>6.10.17 No further update</p>
August 2017	Child J	Child J SCR report complete. Presented to LSCB extraordinary meeting 11 May 2017. This case was led by Rotherham LSCB but majority of learning is for Sheffield organisations.	<p>The report will not be published until the outcome of the police and CPS investigation has concluded. Agencies are expected to develop the action plan associated with the case in readiness for the eventual publication. <i>No date yet provided from LSCBs for publication</i></p>
2014	Child R	LSCB report published on 12 September 2017.	TRFT and SCH have undertaken Individual management Reviews and all actions have been completed.
	Child LG – TRFT and RMBC very limited contact (Lancashire case)	Child LG – TRFT and RMBC very limited contact (Lancashire case). Report now finalised but publication not due as criminal investigation on-going.	<i>Awaiting Publication</i>
20.10.16	SCR – Learning Lessons review	<p>Child Attendance at ED accompanied by parents. A Lessons Learned Review was undertaken.</p> <p>Final report presented to SCR Panel 23.05.17</p>	<p>Significant agency involvement and learning identified from health visiting and GP records.</p> <p>Named GP and Named Nurse and Named Midwife TRFT to support the delivery of actions required.</p> <p><i>No indication of publication date as yet.</i></p>

5.1 Drivers for Change:

Date	Discussion	Outcome	Follow up
October 2014	Ofsted Inspection of Local Authority completed. Rotherham received an Inadequate Grade. Feedback –the government have appointed a number of independent commissioners to oversee improvements and a new DCS appointed.	LA has set up an improvement Board/panel to consider implications and drive up changes. NHS RCCG Chief Officer and Chief Nurse attending.	Rotherham health economy is fully committed to safeguarding (one of four priorities in the Commissioning Plan) Ofsted continue to visit regularly to monitor progress. <i>Rotherham MBC informed that they will not receive a fourth improvement inspection but will have a full Ofsted Inspection.</i>
UPDATE August 2017	Joint Targeted Area Inspections proposed by Ofsted, CQC and HMIP	Joint inspection expectations published. Themed deep dives to be undertaken, from January 2017 to consider the category of abuse/ Neglect	NHSR CCG to instigate a health economy meeting in June to update all health organisations commitment to safeguarding in readiness for any inspection.
May 2016	Paper presented to Local Safeguarding Children Board Performance and Quality Sub Group. This was an audit of LA LAC records and the timeliness of LAC Initial Health Assessments.	June 2017 data from both systems to be resynchronised as a matter of urgency. The LA, CCG and TRFT are actively seeking clarity on barriers that are preventing Rotherham from undertaking Initial Health Assessments in a timely fashion.	Progress continues to be challenging and extremely poor. NHSR CCG has raised these issues as significant challenges to TRFT via Quality and Performance group. TRFT are reviewing the whole system, including weekly reports to TRFT and LA senior managers. Some ‘blockages’ have been reduced but overall improvements are on-going. Significant concerns around the compliance with IHA continues. This is being impacted upon by increases in children being brought into care. Numbers of LAC remain over 500. CCG remain involved and driving forward improvements. This includes arranging a South Yorkshire and Bassetlaw network to consider how we

Date	Discussion	Outcome	Follow up
			<p>can work smarter together.</p> <p><i>November 2017 update improving compliance with IHAs being achieved especially by TRFT commitment to ensuring Outline Health Action Plans are completed on day of assessment.</i></p>

5.2 Learning Review

Area	Discussion	Outcome	Output
January 2017	The theme of Domestic Abuse DA) is to be utilised for this year's GP Self-Assessment tool	Safeguarding Team meet regularly with the Domestic and Sexual Abuse Co-ordinator RMBC. The D&S A Coordinator has offered bespoke GP training within GP Practices some have taken up this offer already.	<p>By April 2018 NHSR CCG will have assurance regarding GP Practices in Rotherham's competency in DA.</p> <p>The CCG Safeguarding Team CCG has worked with healthcare providers including GPs and the LSCB to audit our Domestic Abuse commitment.</p> <p><i>Update paper to SCE and Aqua, report will be shared with Safeguarding Boards as an excellent piece of partnership working.</i></p>

5.3 Safeguarding Challenges

Date	Challenge	Next Steps
5 April 2017	GPs in Rotherham highlighting concerns regarding the sharing of safeguarding (and routine) information between 0 -19 service and GP Practices.	<p>13 April Designated Nurse met with 0 – 19 service leads and TRFT Safeguarding leads to map current provision and offer solutions to the Challenges faced with 2 providers who utilise different IT systems.</p> <p><i>TRFT are in the process of publishing a ‘concerns/issues template’ for sharing information with colleagues.</i></p> <p><i>September 2017 No update from TRFT.</i></p>
March 2016	<p>National Crime Agency continues to submit names of young people requiring a review.</p> <p>Deputy Designated Nurse continues to provide sensitive information on behalf of the CCG/ Independent Providers. Home Office are still considering the need for a bespoke team to undertake the work referred to as Operation Stovewood.</p> <p>An array of Stovewood meetings are in the process of being developed, terms of reference and allocation of staff to attend is still being considered.</p>	<p>1,400 victims identified by Professor Alexis Jay will receive a service to meet their identified need including where appropriate justice, hence the police (NCA) leading on this work.</p> <p><i>October 2017 UPDATE: NCA meeting held – NHSR CCG continues to be active partners. No update on Home Office funding (known as Fusion bid)</i></p>
October 2017	Impact of Stovewood Investigations being seen by front line health staff, in particular GPs. Concerns raised around the health and welfare impact on perpetrators and their families.	A high level discussion to be held between agencies in order to highlight the challenges in moving forward with the NCA home office investigation. NHSR CCG to lead on the initial discussion – a meeting has been arranged for 30 November to bring colleagues together to look at the support networks required for professional, communities and individuals.

5.4 Positive Messages

Date	Discussion
October 2017	<p>RDasH held a safeguarding week during which the NCA spoke at an event to discuss the on-going investigation. This was well received and publicised.</p> <p>GP Safeguarding Supervision continues to be delivered and positive outcomes are</p>

	<p>being reported.</p> <p>LAC Physical and Emotional health Work Stream continues to be proactive in ensuring that all organisations work together to support children in care. A LAC Health Needs Assessment is being considered by RMBC Public Health and should raise the profile of the health needs of this vulnerable cohort.</p> <p>Designated LAC Professionals across South Yorkshire are in the process of submitting a bid for funding from NHS England to consider outcomes and service standards for LAC in the area.</p>
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6. ADULT SAFEGUARDING

6.1 Headlines

RSAB - met on the 25th September 2017

Presentation given by the Vulnerable Persons Team (VPT) which are based within Riverside. This team leads on the Vulnerable Adult Risk Management (VARM) process which is a multi-agency response. The team also support the work on suicide and suicide prevention. The proposed changes from the review of safeguarding services in SYP are hoped to have a positive impact on how all the teams work together.

- Self-neglect – this came under the umbrella of safeguarding with The Care Act 2014, presentation from RDASH . Multi agency guidance to be developed
- Performance report – includes more service narrative from VPT
- Deprivation of Liberty Safeguards (DoLS) report – Since the Cheshire West case in 2014 requests have significantly increased. The Law Commission are still waiting a formal response from Government and no information regards the timescale. In 2016/17 1128 applications were received. Backlog data has been cleansed and this will now always be a live register. Improvements have been made in reducing backlog and improving quality. The process has also suffered from implementation of IR35 for Independent Assessors.
- RSAB communications strategy – Work continues.
- Annual Report 16/17 – awaiting final sign off
- Safeguarding week 9th – 14th July 2018 – proposed joint working with other areas
- Sub-groups;
 - **Training and Development** – last meeting not quorate, problems signing things off due to agencies not attending. RSAB Chair to write out to agencies asking that they review attendance. SYP feel that it's not possible for them to attend all SAB subgroups,
 - **Policy and Practice MSP** – work continues around the South Yorkshire producers
 - **Performance and Quality** – will be asking organisations to present to board following the self-assessments & peer challenge and will monitor and assure the board of the SAR action plans.

Safeguarding Adult Reviews (SAR)- Action plans continue to be monitored by the SAR sub group and report to board. No new cases at present however the SAR sub group continues to meet.

Domestic Abuse Homicide Review (DHR) – The sixth meeting took place as planned and the recommendations from the Safer Rotherham Partnership Board were considered and discussed. Clarification of detail was required around the first recommendation and the second amended within the report. The final copy will go back to board for sign off prior to submission to the Home Office.

The three potential DHR's were discussed at the Domestic Homicide Review panel as planned and only one case meet the threshold. The panel's recommendation will be considered by the Safer Rotherham Partnership (SRP) chair. If accepted than an independent chair/author will be sought and formal letters sent.

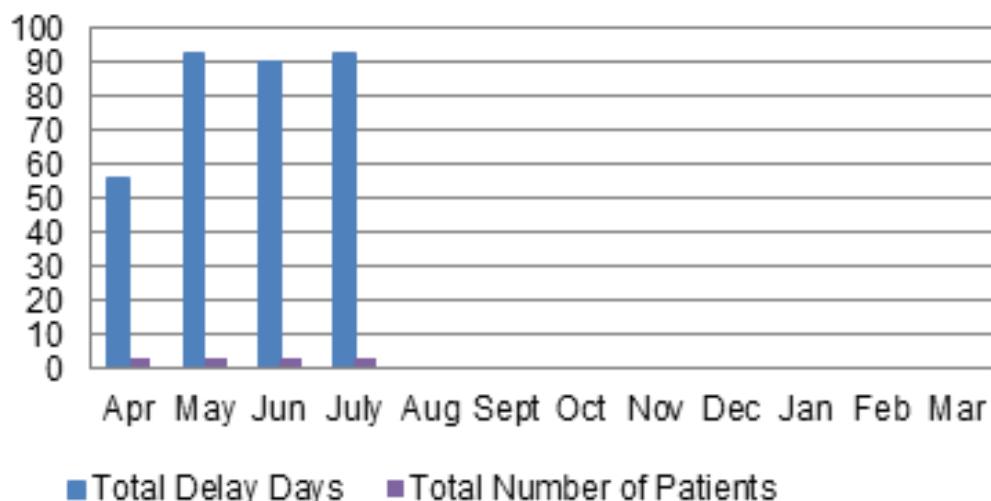
Prevent – Work continues on developing referral pathways across the Rotherham health economy with RCCG working closely with South Yorkshire Police.

Channel – Two cases have been heard at the pre Channel panel. The first case was a child. The threshold was not met .Support will continue from school, Early help, 0-19 service and CAMHS. To be reviewed in three months to ensure appropriate support.

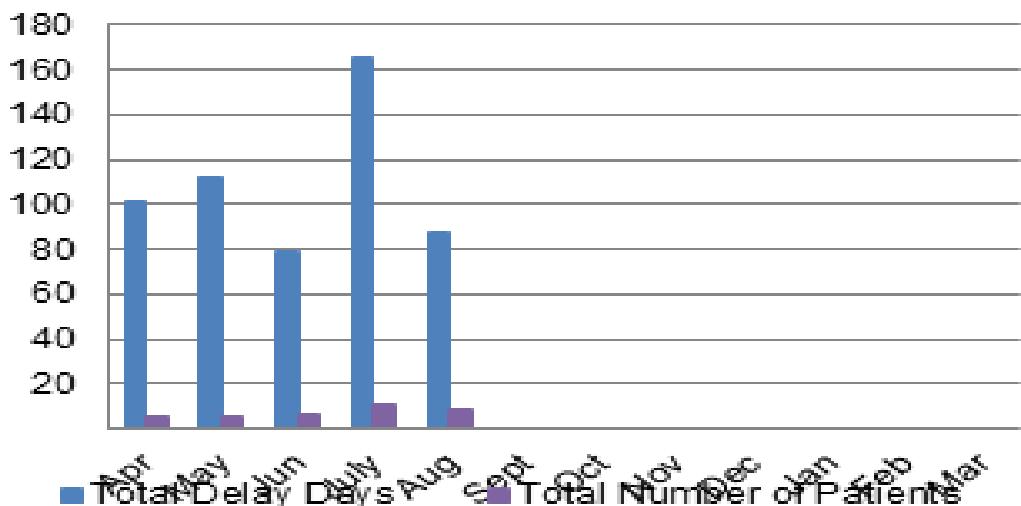
The second case met the threshold and the adult has given consent to engage in the Channel process. SRP are to request an Intervention worker for the Home Office and to offer support services to the individual from the Vulnerable Persons Team to support with housing, benefits etc. Action plans agreed and to be reviewed in three months.

7. DELAYS IN TRANSFER OF CARE (DTOC)

7.1 Adult Mental Health Services



7.2 Older People's Mental Health Services



8. ADULT CONTINUING HEALTHCARE (CHC)

8.1 Headlines

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

The Adult Continuing Healthcare team held their annual multi-agency CHC seminar. Improvements and new initiatives were shared and innovative ways of working to support and achieve local outcomes and improve patient care were proposed. Multi agency working parties will take this work forward throughout the coming months.

8.2 Reports

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

Month	June 17	July 17	Aug 17	Sept 17
Total Number Eligible Patients	575	588	602	606
Total % Outstanding 12mth Reviews	28.00	26.36	34.18	25.58
Total Number of 12mth Outstanding Reviews	161	155	160	155
Number of LD Team patients Eligible	113	114	130	130
Total % of LD Team outstanding 12mth reviews	33.85	33.08	30.77	30
Total Number of 12mth outstanding LD Team reviews	44	43	40	39

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

Month		Jun 17	Jul 17	Aug 17	Sep 17
Total number of referrals received	Acute	35	41	42	38
	D2A	9	5	2	4
	Community	55	54	58	78
Total number of referrals screened in to complete a full DST	Acute	9	16	20	13
	D2A	1	1	2	2
	Community	10	18	17	19
Total number of referrals screened out	Acute	12	14	15	16
	D2A	7	1	0	2
	Community	20	15	26	24
Total number of referrals returned for further information	Acute	14	10	7	9
	D2A	1	3	0	0
	Community	25	21	11	29

8.3 Referrals Exceeding 28 Day Process & Assessments completed in an acute setting

Table 3 - This table identifies the total number of referrals exceeding 28 days.

Exceeding 28 days	Q 1	Q 2	
0 – 2 weeks	10	5	
2 – 4 weeks	11	8	
4-12 weeks	40	21	
12- 26 weeks	31	8	
Exceeding 26 weeks	41	3	
Total	133	45	

Current data for assessments completed in an acute setting for Quarter 2 is standing at 11% of all assessments undertaken. NHS England require <15% for this target. See additional enclosure for letter from NHS England.

9. CHILDREN'S CONTINUING HEALTHCARE

9.1 Headlines

The children's continuing care team continue to work collaboratively with our partners in Health, Social Care and Education to provide a quality streamlined service to Rotherham's children and young people that are eligible for NHS children's continuing care funding.

9.2 Reports

Table 5 - This table identifies the total number of children eligible for funding from NHS Rotherham Children's Continuing Health Care service, including outstanding annual reviews.

Children's Continuing Healthcare	Months 2017					
	May	June	July	August	Sept	
Total number of Eligible patients	32	29	29	29	29	
Total outstanding Reviews	12	14	14	12	14	

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

Table 3 – The table identifies the number of CHC patients eligible for a PHB and how many of these have a PHB.

Date	May 17	Jun 17	Jul 17	Aug 17	Sept 2017
Number RCCG CHC patients eligible for a PHB	592	582	588	602	606
Number of RCCG CHC patients in receipt of a PHB	88	78	65	84	83

11. FRACTURED NECK OF FEMUR INDICATOR

The latest position (December) showed that the Trust were not achieving the target with actual numbers seen at 214 and subsequently a predicted outturn of 285 against an annual target of 280. Further data is unavailable due to changes in the A&E IT System. This has been raised at the RCCG/TRFT Contract Performance Meeting.

12. STROKE

TIA

Target: 60%

Achieved Sep 2017: 81.82%

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

Target: 90%

Achieved Sep 2017: 62.5%

Reasons for under performance: Bed availability for 10 patients and 2 delay in diagnosis.

Stroke Stays

Target: 80%

Achieved Aug 2017: 78.13%

Reasons for under performance:

Bed Availability for 5 patients and there was a delay in diagnosis for 2 patients.

13. CQUIN UPDATE

13.1 RDaSH

The CCG has now assessed RDaSH compliance against the CQUIN requirements for Quarter 1 and queried one area - Indicator 9a - and specifically under item 2, as to how effective some specific training has been. The CCG is still awaiting further evidence relating to the training issues.

13.2 Hospice

Quarter 2 performance summary:

- All staff have access to healthy foods and have choices in relation to improved health and wellbeing.
- All staff have access to Schwartz rounds to improve emotional and psychological wellbeing.
- All staff have access to Organisational "Westfield Health" program for counselling support as required.
- All staff have supportive access to Occupational Health as required including full screening and immunisations. There is of course a national shortage of Hep B vaccine so some staff or "out of renewal date". This is of course a national problem and will be addressed by Occupational Health as soon as the vaccine becomes available.
- The staff survey will be asked in Q3 via Survey Monkey to provide a measure this year's performance.

13.3 TRFT

The Q2 submissions are due on 31st October 2017.

14. COMPLAINTS

14.1 TRFT

The trust received 19 formal complaints and 59 concerns. Complaints responded to within the agreed timescales of 30 working days has increased to 41% from 33% in July. There are no red complaints open. Currently there are five cases under investigation with the Parliamentary Health Services Ombudsman (PHSO).

14.2 Via RCCG

No complaints have been received.

15. ELIMINATING MIXED SEX ACCOMMODATION

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

TRFT – There were no breaches reported during August.

16. PRIMARY CARE

16.1 CQC Visits

The CQC has continued its programme of re-inspections throughout recent months and, with the exception of one practice, all that have been revisited have demonstrated improvement. See Appendix 2.

16.2 Contract & Quality Practice Visits

The Primary Care Team began a programme of Contract & Quality Visits in September. These visits are designed to review performance against the Primary Care Dashboard, the Quality Contract, Enhanced Services, and any other areas of core contract that require discussion. They are carried out by the SCE GP for Primary Care and the Senior Contract Manager for Co-Commissioning, and are intended to highlight good performance as well as areas for improvement. Those carried out so far have been well received, and a 3 year rolling programme is in place. A quarterly report on the visits will be taken to the Primary Care Committee to provide assurance.

17. ASSURANCE REPORTS

A&E

The current position as at 9th October is as follows:

- September – concluded at 81.79% (Sustainability and Transformation Fund (STF) September 94.8%)
- Q2 – concluded at 81.76%
- Month to date (October) - 84.9% against an STF target of 91.7%
- Year to Date – 85.02%

The Trust has developed a 4 Hour Recovery Plan which has been shared with RCCG and will be monitored through the A&E Extraordinary Performance Meetings and monthly RCCG/TRFT Contract Performance Meetings. The next extraordinary meeting is planned for 20 October 2017.

Following discussion between NHSE and RCCG, RCCG and TRFT have completed and submitted a recovery plan to NHSE which focuses on actions to improve performance on the four hour target to 90% by the end of November. The plan focuses on the following areas:

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

The Trust continues to hold a weekly 4 hour access meeting to review both retrospective performance and agree strategies to improve the day to day operational delivery of urgent and emergency care – this

includes consideration of likely impact on the elective care pathways. RCCG colleagues have been invited to attend these meetings from mid-October.

Cancer Standards

First definitive treatment within 62 days to treatment from GP referral was achieved (July - 87%).

There are a number of challenges in relation to complex pathways involving multiple providers and the re-allocation or sharing of breaches. Agreement across the South Yorkshire and Bassetlaw Cancer Alliance on the inter-provider transfer policy has reached conclusion and the final version has been circulated for inclusion in contracts with all providers.

TRFT have developed a local recovery plan based on the 10 high impact innovations which will be monitored through the RCCG/TRFT monthly Contract Performance Meetings.

18wws

- TRFT performance - 95.24% against the 92% target, compliant with National target and above the Trust's STF trajectory (92.0%). All specialties with the exception of Thoracic Medicine and Gynaecology met the 92% target during August.
 - The breaches relating to Gynaecology were due to theatre closures for refurbishment and the breaches for Thoracic Medicine related to very low numbers; neither of the above 2 specialties was an on-going concern.

52wws

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

6 Week Diagnostics

- TRFT total performance – 0.03% against a <1% target.
- A comprehensive Patient Tracking List process has been put in place to manage this target.
- There is no requirement in 2017/19 for a 6ww performance trajectory to be submitted to NHSI, however TRFT have provided an assurance statement that the Provider undertakes to use all reasonable endeavours to achieve in full the associated Operational Standards on an on-going basis during 2017/18 and 2018/19

Other TRFT Operational/Performance Areas to Note

Delayed Transfers of Care (DTOC) (July)

Current performance:

- TRFT total performance – 6.1% against a 3.5% target.

The DTOC process has been reviewed and as a result of improved communications with RMBC, more patients are being identified as meeting the criteria for a DTOC. The Trust expect they have reached the peak in terms of the impact of this improved reporting and therefore the expectation is that any further increases will be as a result of delivery issues. The report undertaken by external experts has been

completed and subsequently an action plan has been developed between key partners, this includes 5 key areas for action with the Trust's main focus being:

- Full integration of discharge planning.
- Ensure a universal home first approach is offered.

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

Workforce

Nursing

The headlines for August 2017 are that Registered Nurse (RN) shift fill rates (daytime) were 80.4% compared to 86.2% in July and 90.6% on nights compared with 93%.

Ten areas Care Hours per Patient Day (CHpPD) are lower than the national best practice wards, this is due to the lower fill rate as a result of vacancies in these areas. Challenges to nursing staffing continued however the Trust had been successful in recruiting 94 nurses over the last few months and 40 of these have started in post. Fill rates had been affected by the opening of surge beds due to recent bed pressures with the need to flex nursing staff to cover these additional beds.

Medical

Staffing remains a concern, with a number of gaps as a result of vacant posts, sickness absence and less than full-time working. TRFT have a recruitment plan in place and the Trust will have a stand this year at the BMJ Careers Fair on 20 & 21 October 2017. Medical Workforce will attend both days as will Dr Wareham along with Dr Miles and Service Managers from Medicine as this is the key area for recruitment in the Trust.

18. ASSOCIATE CONTRACTS

18.1 Sheffield Teaching Hospitals NHS Foundation Trust

- RTT 18ww Incomplete Pathways – August – 95.7% against a 92% target. Incompletes – the services showing issues are Vascular Surgery and Cardiac Surgery.
- A&E – Four Hour Access Standard – August – 91.88% against a 95% target. Sheffield Walk in Centre figures is included in this percentage.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – July – 75.8% against an 85% target
- 6 Week Diagnostics – August - 92.74% against a 99% target. There is also a wider issue of regional co-operation around this issue which has been raised at the Accountable Care Partnership Executive Delivery Group meeting.

18.2 Doncaster and Bassetlaw Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – August – 93.6%
- RTT 18ww Incomplete Pathways – July – 90.3% against a 92% target.
- Cancer 62 day waits from urgent GP referral to first definitive treatment – July – 84.9% against an 85% target.
- 6 Week Diagnostics – July - 98.67% against a 99% target.

18.3 Barnsley Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – August – 92.5%
- RTT 18ww Incomplete Pathways – August – 92.1% against a 92% target.

- Cancer 62 day waits from urgent GP referral to first definitive treatment – August – 92.9% against an 85% target
- 6 Week Diagnostics – August - 100% against a 99% target.

18.4 Sheffield Children's Hospitals NHS Foundation Trust

- A&E – Four Hour Access Standard – August – 98.9%
- RTT 18ww Incomplete Pathways – August – 92.6% against a 92% target.
- 6 Week Diagnostics – August - 99.2% against a 99% target.

19. CARE AND TREATMENT REVIEWS

There have been no urgent CTRs within the reporting period.

One further routine CTR has been conducted which supports the current hospital placement.

20. AT RISK OF ADMISSION REGISTER

In the period, there are four people on the register who have action plans to minimise the risk of admission.

Sue Cassin – Chief Nurse
November 2017

Appendix 1

OVERVIEW OF CQC VISITS IN ROTHERHAM						LAST UPDATED:			19/10/2017
	Report Date	Insp Date	Overall	Safe	Effective	Caring	Responsive	Well Led	Review Date
Shakespeare Rd	17.08.17	06.07.17	Good *	Good *	Good	Good	Good	Good *	Re-inspection
Gate	22.06.17	17.03.17	Outstanding	Good *	Good	Outstanding	Outstanding	Good	Re-inspection
York Rd	15.10.15	03.06.15	Good	Good	Good	Good	Good	Good	
Brookfield	29.09.17	16.08.17	Good *	Good *	Good *	Good	Good	Good *	Re-inspection
Broom Valley	11.04.17	09.03.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Woodstock	30.07.15	09.06.15	Good	Good	Good	Good	Good	Good	
St Anns	07.07.17	27.04.17	Good	Good	Good	Good	Good	Good *	Re-inspection
Greasbrough	11.04.17	15.02.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Queens	30.01.17	08.11.16	Good	Req Imp	Good	Good	Good	Good *	Re-inspection
Magna	06.09.17	27.07.17	Good *	Good *	Good	Good	Good	Good *	Re-inspection
Clifton	24.03.17	20.02.17	Good	Good *	Outstanding	Good	Good	Good	Re-inspection
Greenside	23.07.15	24.06.15	Good	Good	Good	Good	Good	Good	
Parkgate	06.08.15	09.06.15	Good	Good	Good	Good	Good	Good	
Rawmarsh	01.12.16	21.09.16	Good	Good	Good	Good	Good	Good	
Village	06.03.17	24.01.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Manor Field	24.03.17	24.01.17	Good	Good *	Good	Good	Outstanding	Good	Re-inspection
Braithwell Rd	04.05.17	23.02.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Crown St	18.02.16	02.12.15	Good	Good	Good	Good	Good	Good	
Broom Lane	29.09.17	09.08.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Blyth	12.09.16	21.07.16	Good	Good	Good	Good	Good	Good	
Market	28.01.16	18.11.15	Good	Good	Good	Good	Good	Good	
High St	17.08.17	17.07.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Thorpe Hesley	16.02.17	07.12.16	Req Imp	Req Imp	Good	Req Imp	Good	Req Imp	
Dinnington	29.06.17	10.04.17	Good	Req Imp	Good	Good	Good	Good	
Treeton	15.10.15	16.06.15	Good	Good	Good	Good	Good	Good	
Brinsworth	09.05.17	14.03.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Swallownest	11.08.17	21.06.17	Good	Good *	Good	Outstanding	Good	Good	Re-inspection
Stag	10.08.17	27.06.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Wickersley	28.04.17	09.03.17	Good	Good	Good	Good	Good	Req Imp	Re-inspection
Morthen	02.06.17	19.04.17	Good	Good *	Good	Good	Good	Good	Re-inspection
Kiveton	24.03.17	20.02.17	Good	Good *	Good	Good	Outstanding	Good	Re-inspection
Good *	Indicates an area which was previously 'requires improvement'								