investor in excellence

disability confident EMPLOYER

NHS Rotherham Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

5th September 2018

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

Your life, Your health

CONTENTS

1. SUMMARY 3
2. HEALTHCARE ASSOCIATED INFECTION (HCAI) 4
3. MORTALITY RATES 7
4. SERIOUS INCIDENTS (SI) AND NEVER EVENTS (NE) 8
5. SAFEGUARDING VULNERABLE CLIENTS 9
6. DELAYS IN TRANSFER OF CARE (DTOC) 17
7. ADULT CONTINUING HEALTHCARE (CHC) 18
8. CHILDREN'S CONTINUING HEALTHCARE 19
9. PERSONAL HEALTH BUDGETS (PHB) FOR PATIENTS IN RECEIPT OF CONTINUING HEALTHCARE 19
10. PRIMARY CARE 20
11. FRACTURED NECK OF FEMUR INDICATOR 21
12. STROKE 21
13. CQUIN UPDATE 21
14. COMPLAINTS 21
15. ELIMINATING MIXED SEX ACCOMMODATION 22
16. CQC INSPECTIONS 22
17. ASSURANCE REPORTS 22
18. ASSOCIATE CONTRACTS 24
19. CARE AND TREATMENT REVIEWS 24
20. WINTERBOURNE SUBMISSION 24
21. AT RISK OF ADMISSION REGISTER 25
22. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR) 25

1. SUMMARY

The number of CDiff cases remains below trajectory for both TRFT and the overall CCG figures. The NHSR table within the report includes unconfirmed cases that are to be reported by another area relating to Rotherham registered patients. Multi-agency winter planning includes preparation for the next round of flu vaccinations.

"Safeguarding News" defines the roles of the Designated Professionals, training opportunities and updates from NHSE. The CCG PLTC Safeguarding event is taking place at Magna on the 13th September and approximately 700 delegates are booked to attend. This month "Focus On" concentrates on counter terrorism and work done nationally and locally across the Rotherham partnership.

There are links to the most recently published CQC reports for care homes in Rotherham are included with the report, together with a table showing CQC ratings for GP practices across Rotherham.

The CCG CHC team continue to achieve both elements of the quality premium related to assessments and decision making.

TRFT have developed their Compass Programme for newly qualified nurses to include qualified and return to practice nurses. This offers them the opportunity to gain experience several different clinical areas. It continues to be an example of good practice in recruitment.

2. HEALTHCARE ASSOCIATED INFECTION (HCAI)

(Signed off data up to end of July)

RDaSH: There have been no cases of Health Care Associated Infection so far this year (18/19).

Hospice: There have been no cases of Health Care Associated Infection so far this year (18/19).

TRFT :

MRSA – 1

MSSA – 3

E Coli – 12

C-Difficile:

TRFT	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19 Target = 25	Monthly Actual	0	1	0	2								
	Monthly Plan	1	4	2	2	1	3	2	2	2	2	2	2
	YTD Actual	0	1	1	3								
	YTD Plan	1	5	7	9	10	13	15	17	19	21	23	25

NHSR:

MRSA – 3

MSSA – 18

E Coli – 87

C-Difficile:

NHSR	C Diff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19 Target = 62	Monthly Actual	3	6/7	8	4								
	Monthly Plan	6	7	6	7	6	6	4	4	4	4	4	4
	YTD Actual	3	9/10	17/18	21/22								
	YTD Plan	6	13	19	26	32	38	42	46	50	54	58	62

The figures in red include unconfirmed cases that RCCG IPC are aware of. The reporting of the additional case should have been undertaken by Barnsley. Contact has been made with the Microbiologist to discuss. This subsequently may be added on to the confirmed numbers.

MRSA

New guidance for MRSA Blood Stream Infections (BSI) 2018/19.

Formal NHSE PIR process not required for most (RCCG and TRFT included), however this is under constant review depending on the number of MRSA BSI the organisation have. If the figure increases in organisations (per 100,000 pts) then the need for formal PIR may be required. The third party attribution is also disappearing so potentially any community ones that we have previously had attributed as third party due to lack of healthcare input will automatically be attributed to RCCG with no scope for arbitration – so in effect may lead to more MRSA BSIs attributed to RCCG.

There has been 1 case of MRSA Blood Stream Infection attributed to TRFT and 3 cases to RCCG.

TRFT:

The case has been found to be a contaminant and measures are in place to address this.

RCCG:

Case 1 has had minimal health care intervention prior to the sample being taken. Had the 3rd party option remained then following local review the case would have been taken to arbitration for a 3rd party decision. As this is no longer the case RCCG have to accept the case.

Case 2 has had health care intervention prior to the sample being taken at another acute provider and was registered with an external GP in another CCG area but with a Rotherham address. The patient sadly died - as the GP details were no longer on the spine system the case was then allocated on address. Had the patient not died and the details have remained on the spine system then the case would have been allocated to a different CCG. Discussions were had with PHE (who collate the results) and NHSE north HCAI lead and it was concluded that RCCG would have to accept the case. Local review was undertaken and no lapses in care were identified.

Case 3 has had both previous health and social care intervention prior to the sample being taken. The review has been completed with initial discussion. Formal PIR with Microbiologist presence to take place.

MSSA

Although a basic surveillance of these BSI's is undertaken there is no set target/ trajectory.

E Coli

It has been acknowledged that the E Coli bacteraemia rates are high and have nationally increased in the last 5 years. The Department of Health documented that the plans to reduce infections in the NHS has emphasis on E- Coli, with an aim of halving by 2021. There was a national set quality premium target for 2017-18 with a reduction expectation of 10%. NHS Rotherham CCG achieved above 10% reduction. For 2018-19 a further 10% reduction has been given as an ambition target for 2018-19, however extra milestones of 15% and 20% have also been added.

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

There is a Rotherham community wide working process to hopefully ensure the E Coli reduction continues as per the Quality contract.

NHSR	E Coli	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19 Target= 199	Monthly actual	22	24	19	22								
	Monthly Plan	15	18	14	20	22	17	14	16	17	17	15	14
	YTD Actual	22	46	65	87								
	YTD Plan	15	33	47	67	89	106	120	136	153	170	185	199

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

Please Note: There have also been samples taken at TRFT that are attributed to other CCGs however this data is not recorded in the below chart.

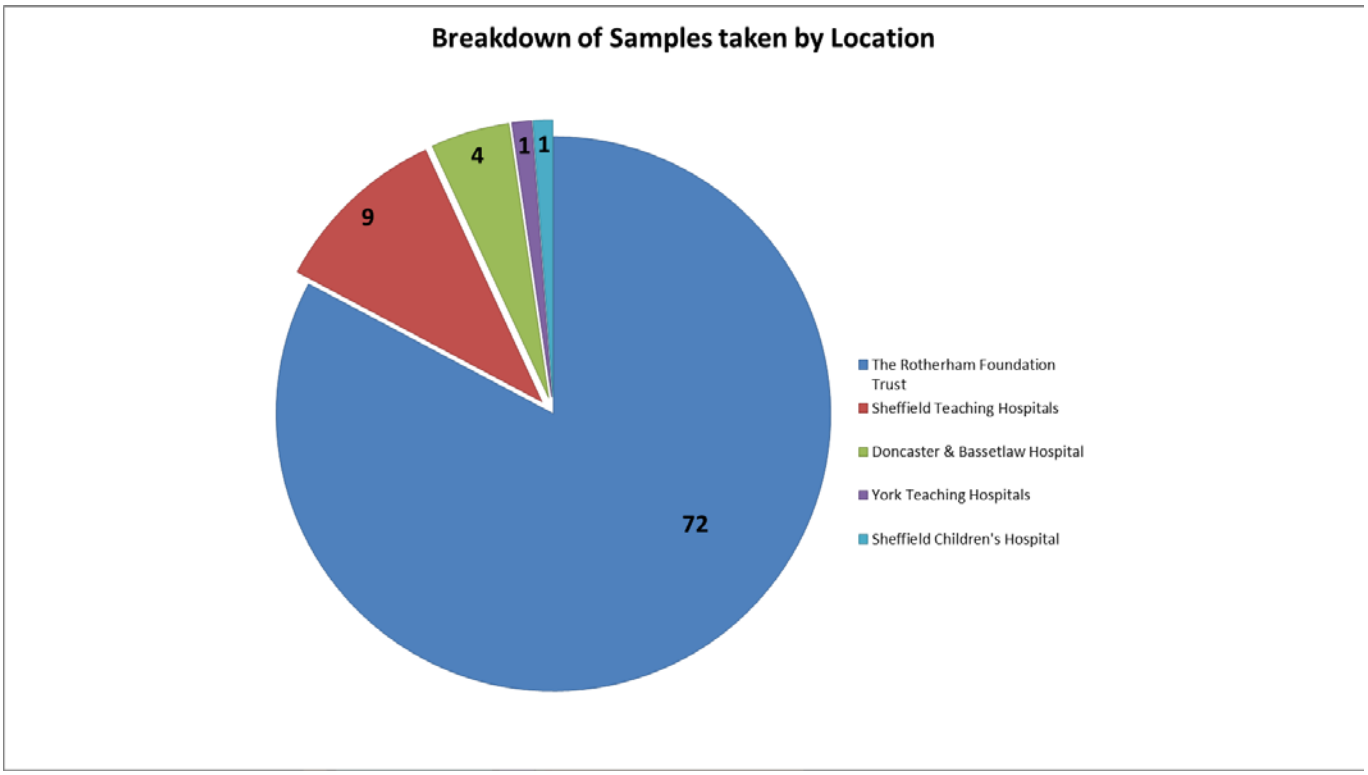
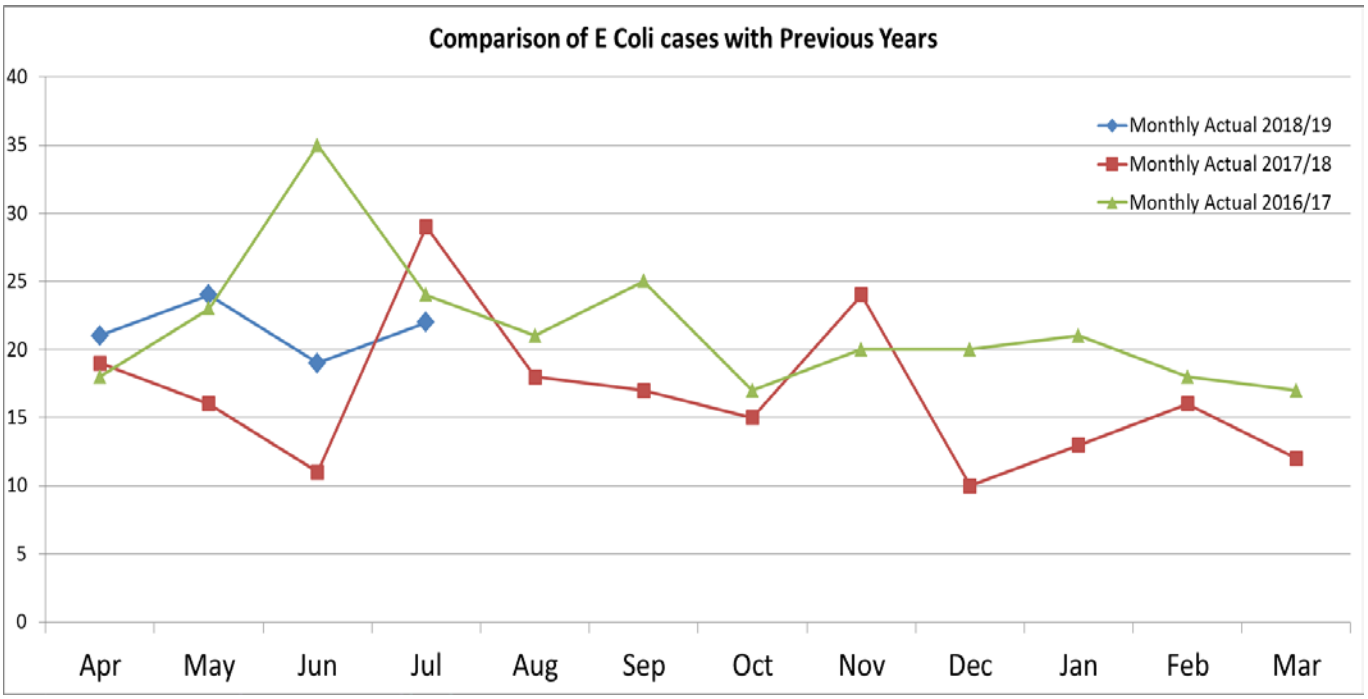


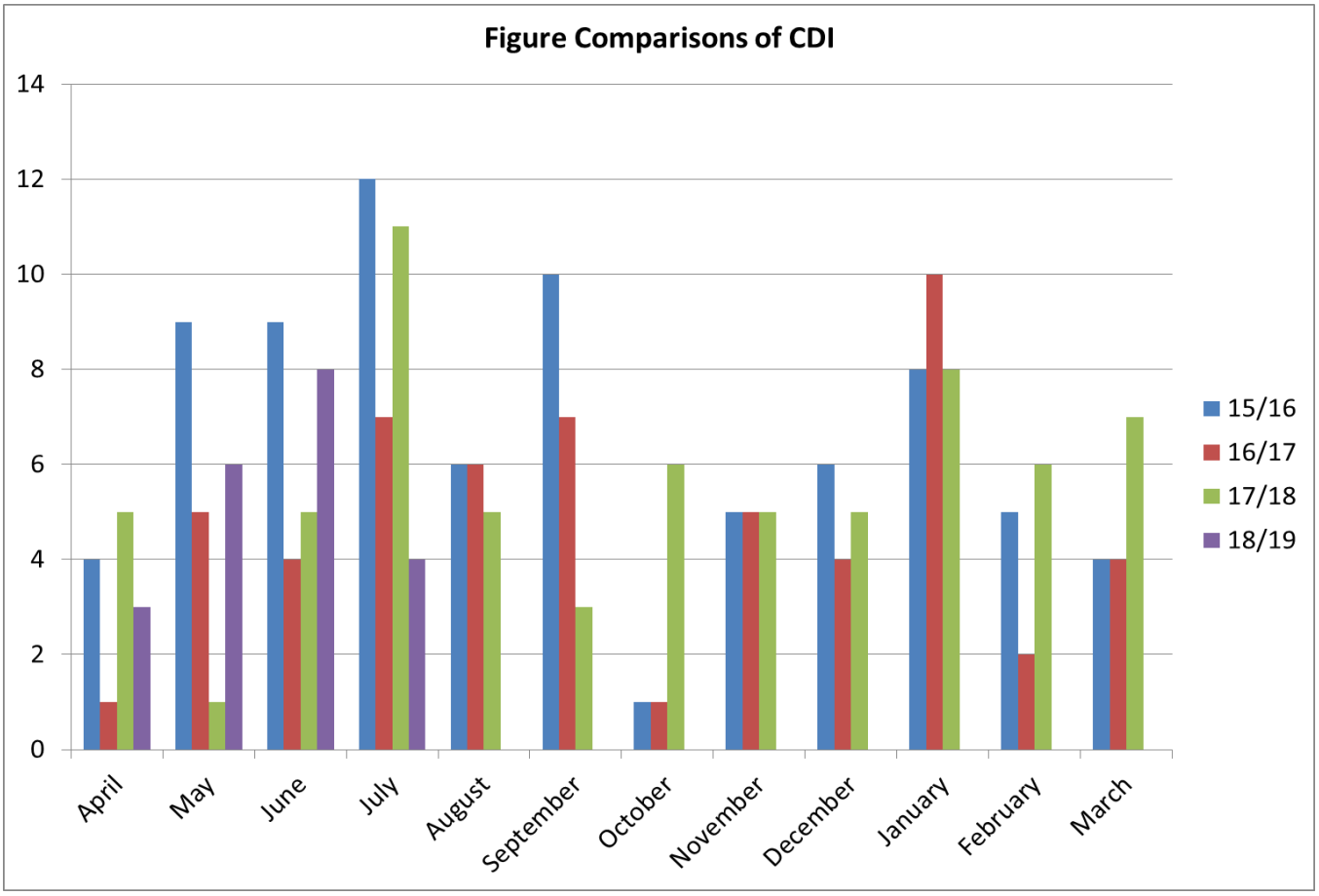
Chart 2 (below) shows a comparison of the number of E Coli cases this year (2018/19) with 2016/17 & 2017/18.



Clostridium Difficile Infections (CDI)

Figure comparison of CDI

Chart 3 (below) shows a side by side comparison of the number of CDI cases in 15/16, 16/17, 17/18 & 18/19.



Norovirus/ Rotavirus

TRFT have not reported outbreaks of diarrhoeal illness in June, July or the first half of August (up to 16th)

GI symptoms have been reported to PHE from the community:

X3 care homes have informed PHE, 1 defined as a gastrointestinal outbreak, and 2 defined as Norovirus confirmed outbreaks. These have been managed in the homes with PHE support.

FLU

No Flu has been present within TRFT or care homes in Rotherham. Planning has commenced for the next round of flu vaccinations.

3. MORTALITY RATES

The Hospital Standardised Mortality Ratio (HSMR) cannot be calculated at this time due to NHS Digital completing its year-end processes resulting in a delay in the availability of April data.

The Summary Hospital Mortality Indicator (SHMI) for the Trust is currently 106.7.

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

SI Position 23.06.2018 – 20.08.2018	TRFT	RDASH	RCCG	*Out of Area	YAS	CareUK/GP Hospice
Open at start of period	50	13	0	5	0	0
Closed during period	8	6	0	3	0	0
De-logged during period	5	2	0	0	0	0
New during period	3	3	0	0	0	0
New Never Events during period	0	0	0	0	0	0
Total Open at end of period	40	8	0	2	0	0
Final Report Status						
Final Reports awaiting additional information	2	2	0	1	0	0
Investigations on “Hold”	1	1	0	0	0	0
CCG approved Investigations above 60 days	12	1	0	0	0	0
Investigations above 60 days without approval	14	0	0	0	0	0
Final Reports due at next SI Meeting	28	3	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

Designated Professionals	Training Opportunities	Information Sharing (GP Newsletter/email/internet)
The term "Designated Professional" is interchangeable with Designated Doctor or Designated Nurse for Safeguarding Children and Looked After Children (LAC). The role of "Designated" denotes professionals with specific roles and responsibilities which are agreed across all Royal Colleges in Intercollegiate Documents 2014 and 2015 respectively. Their role covers provision of strategic advice and guidance to organisational boards across the health community. These are statutory roles highlighted in Working Together 2015 as '*clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the local authority and the LSCB, and of advice and support to other health professionals'.* The role has been further strengthened in Working Together 2018 with NHS commissioners being reminded that they should ensure that Designated Professionals are given sufficient time to be fully engaged, involved and included in the new safeguarding arrangements. In England all CCGs must have a Designated Doctor and Nurse. The Designated Doctor for safeguarding children is expected to be a paediatrician with substantial clinical experience and be clinically active. The Designated Dr for LAC is expected to be clinically active in community paediatrics.	**Say Something if you See Something - A toolkit to stop child sexual exploitation** Sexual exploitation of children is an abhorrent and despicable crime. It is also often an invisible crime that many would not be able to spot or feel confident reporting. It is also a crime we don't believe happens where we live or where we go for holidays or entertainment. Most children are first exposed to the abuse in their teens. Many are unaware of the exploitation because of the tactics employed by offenders which contributes to the drastic underreporting of CSE; it is estimated that the police only hear about 1 in 8 cases (NSPCC 2017). 'Say Something if you See Something' - which is available through the National CSE Working Group - equips organisations and communities with tools for identifying and responding to children who need protection, so that the next time a predatory individual targets vulnerable young people for sexual exploitation, someone will notice and act. Centre of Expertise on CSA - Infographics on what we know so far: CSA Scale and Nature infographics.pdf	**NHS England North - MCA Legal Literacy course for GPs** NHS England North has introduced a number of one day Masterclasses designed to enhance knowledge of the Mental Capacity Act 2005, to ensure GPs are equipped to make safe decisions in both routine and complex cases, where capacity and/or liberty is a presenting factor Consideration will include the Mental Health Act 1983, The Care Act 2014, The Children Act 1989 and common law all interface with the MCA. Dates and details are available here. This is a free event to attend, commissioned by NHS England North and to book a place please email england.northsafeguarding@nhs.net NHS England – have commissioned a Safeguarding App that can be saved to desktop, phone or tablet. Link below http://www.myguideapps.com/nhs_safeguarding/default/ NHS This app has been developed for staff who work in healthcare in England Safeguarding Adults Guide Safeguarding Children and Young Persons Guide Safeguarding Staff Guide

SAFEGUARDING ADULTS		
	The Mental Capacity (Amendment) Bill	**RSAB Training and Development Sub-Group**
What's working well	The Mental Capacity (Amendment) Bill was published in July. • the Bill abolishes the Deprivation of Liberty Safeguards and will be replaced by what will be known as the 'Liberty Protection Safeguards' • integration with the Mental Health Act is pending the ongoing review • the focus is on deprivation of liberty (DoL) / Liberty Protection Safeguards (LiPS) alone, rather than wider amendments to the MCA, • care home mangers will be responsible for arranging their assessments • hospitals (both NHS and independent sector) will become responsible for authorising their own LiPS • LPS in other settings will be the responsibility for authorisation of the CCG if CHC funded • for a LiPS to be authorised, it must be *"necessary and proportionate"*, as determined by the hospital or care home manager, after specified appropriate consultation • an Approved Mental Capacity Professional will bring independent scrutiny where appropriate • authorisations may last for up to 12 months initially, and can then be renewed for up to 12 months, but subsequent renewals can be for up to 3 years • the Court of Protection continues to have jurisdiction over any appeal against an authorisation of a LiPS It is expected that the new bill will come into force 2020/2021.	The Training and Development sub group have been tasked with completing a multi-agency training needs analysis across Health and Social Care. This will ensure that not only are organisations meeting their single agency requirements but that the RSAB is Care Act complaint with its offer for multi-agency training. The analysis is split into the three elements – Single agency survey monkey Multi-agency group interview Board and sub group questionnaire Final results will included in the feedback report to the October Safeguarding Board with recommendations
Challenges	Challenge has been raised nationally in regards to the implementation of the bill. The 3rd reading is due September 2018 and can only be changed via lobbying. The Code of Practice is still to be written and will be the underpinning of what is required in practice as this detail is not included in the bill. Comments will not be granted as this will be published in the first instance.	There is a risk that the response rates to the multi-agency training needs survey and engagement in the group interviews will be low. Data gathered may not be representative of the wider workforce and this may adversely impact on the production of a quality needs-led multi-agency training plan by September 2018.
What needs to Happen Now	Conversations are still taking place locally, regionally and nationally around the concerns highlighted.	A number of group interviews still need to be undertaken before the findings can be analysed and reported on with the recommendations.

SAFEGUARDING CHILDREN			
	Youth Offending Services (YOS)	**Looked After Children (LAC) and care Leavers (CL)**	**Pause Project**
What's working well	Children in contact with the youth justice system are a particularly vulnerable group. To improve their life chances and reduce the risks of offending/reoffending they need to receive, alongside a youth justice offer, the best available healthcare at the earliest opportunity. Since the introduction of YOTs, the government has continued to legislate to improve and refine criminal justice policy pertaining to young people. The commitment nationally is not solely focused on law enforcement; it depends on partnerships across a range of sectors including education, social services, housing, youth services, victim services and health. From June 2018 commissioners and provider health services in Rotherham have taken an active interest in reviewing the care delivered to this vulnerable cohort.	Commissioners and providers of healthcare continue to work together with the Local Authority to ensure that we have sight of all 646 Looked After Children. With our commitment to work with children in care NHSR CCG has commissioned the LAC Council 1st and 8th August 2018 to co-produce a healthcare model fit for purpose. Whilst this will need to meet our statutory obligations it also needs to meet the bespoke needs of children in care. In addition meeting with the LAC Council reinforces Promise 8 of the Rotherham Looked After Children Strategy 2017-20 which states: ***'We will help you to be happy and healthy'***	Pause is made up of a team of 5: A practice Lead, a coordinator and 3 practitioners with support from a Pause National Lead. Pause work with a maximum of 24 women per cohort. This means that the practitioners will have around 6-8 women each on their caseload as the women present with a number of challenging and intersecting issues, so having a low case load allows the practitioners to provide intense support. Pause only has one requirement - that the women agree to Long Acting Reversible Contraception (LARC) whilst on the programme. This enables them to 'pause' and take stock of their lives, without the intensity of social services/family courts/psychologists and the trauma which comes with this. At present the practitioners have a 4 month period to complete assertive outreach with the women and support them in accessing LARC. If they do not wish to go on contraception, we are unable to work with them.
Challenges	June 2018 RLSCB sought assurance from agencies in Rotherham that the health needs of children and young people known to YOT services were receiving appropriate healthcare. This request followed a report from the Youth Offending Team (YOT) Manager, Early Help & Family Engagement reporting that healthcare to children in the justice system would benefit from a review of service delivery.	The numbers of children coming in to care in July showed some stabilising in numbers. However overall the number of children in care remains statistically higher than neighbouring or comparator organisations. The Local Authority are currently reviewing their process and auditing their decision making processes. The hypothesis being that agencies in Rotherham, following historical Ofsted criticism, remain risk averse and this is significantly impacting on the front line staff decisions.	The main objective of Pause is to reduce the amount of children being taken into care. The aim is to break the dysfunctional cycle many of the women find themselves in. Research demonstrates that some women present with issues like domestic abuse, mental health, substance misuse, criminal history, street work and exchanges for sex, learning disability and childhood trauma. More importantly for NHSR CCG, one of the main issues identified is poor physical health.

	Youth Offending Services (YOS)	Looked After Children (LAC) and care Leavers (CL)	Pause Project
What needs to Happen Now	Nationally YOT partnerships are reported to be extremely diverse in their health provision, with the statutory requirement of having a health practitioner in a YOT now being seen more as a minimum requirement. Therefore a short term task and finish group has been set up to review healthcare delivery and will report back their findings to the LSCB 20 September 2018.	Agencies must work more effectively together to ensure that statutory service provision to these vulnerable children is in place and provided in a timely manner. The multi-agency task and finish group of commissioners and providers is to be reconvened to review the pathway for Initial Health Assessments. This will commence June 2018 and provide feedback to the LSCB 20 September 2018.	It has been ascertained that many of the women are not accessing health care provisions and this is something Pause would like to try to change. Pause are offering the opportunity to speak with health colleagues about their service and in particular how agencies can work together to help support and stabilise many of these women.

CARE HOME CONCERNS	
Care Home	RMBC and RCCG working together. August 18 - No further update.
Day care provider	All organisations are continuing with their internal investigations. Legal are actively involved August 18 – no change at present.
Care Home	August 18 – Home closure policy in place due to the significant finding from CQC and RMBC contracting and safeguarding teams. RCCG have 5 CHC residents and 1 section 117 patient and are working closely with RMBC.
Supported Living	(Supported living for up to fifty five 16-25 year olds), concerns expressed by RDaSH regarding significant dysfunctional behaviour. August 18 – Not aware of any updates.

CARE HOME CQC REPORTS

Organisation	Provider Name	Link to CQC Report	Overall Rating	Publication	Safe	Effective	Caring	Responsive	Well Led
Athorpe Lodge	Athorpe Health Care Limited	http://www.cqc.org.uk/location/1-146209007	Requires Improvement	18/06/2018	R I	R I	Good	R I	R I
Prem House Rotherham	Prem House Clinic Ltd	http://www.cqc.org.uk/location/1-2650710725	N/A	10/07/2018	CQC have no legal duty to rate cosmetic surgery services, where these services are provided as an independent healthcare single speciality service, however Rotherham patients may use this facility and should be aware of the CQC report.				
Station House	Emerald Care Services Limited	http://www.cqc.org.uk/location/1-111631428	Requires Improvement	10/07/2018	R I	R I	Good	Good	R I
Craegmoor Supporting You in the North East	Craegmoor Supporting You Limited	http://www.cqc.org.uk/location/1-172948379	Good	11/07/2018	Good	Good	Good	Good	Good
Rotherview	Independence For Life Limited	http://www.cqc.org.uk/location/1-187264957	Good	16/07/2018	Good	Good	Good	Good	R I
Rotherwood Care Home	Heltcorp Limited	http://www.cqc.org.uk/location/1-140147187	Requires Improvement	18/07/2018	R I	R I	Good	R I	R I
Greasbrough Residential and Nursing Home	Greasbrough Residential & Nursing Home Limited	http://www.cqc.org.uk/location/1-1123771448	Inadequate	26/07/2018	I	I	I	I	I

For information: CQC calls for action to address variation in radiology reporting timescales

A national review by the Care Quality Commission (CQC), has found significant variation in the timescales for reporting on radiology examinations and a wide range of arrangements in place to monitor and manage backlogs of unreported images at NHS hospital trusts across the country. This could mean a delay to patients' x-ray results being shared with the clinician responsible for their care, or x-rays being examined by clinicians without specialist training in this area.

In a report the quality regulator has raised concerns about the lack of agreed best practice and is calling for the development of national standards for reporting turnaround times, and improved guidance to support trusts in monitoring their own performance in order to protect patients from the potential risk of delayed or missed diagnoses.
As a result of its review, CQC has made the following recommendations aimed at reducing the risks to patients caused by increased demand and delays in reporting radiology examinations:

1) NHS trust boards should ensure that:
   - they have effective oversight of any backlog of radiology reports.
   - risks to patients are fully assessed and managed.
   - staffing and other resources are used effectively to ensure examinations are reported in an appropriate timeframe.
2) The National Imaging Optimisation Delivery Board should advise on national standards for report turnaround times, so that trusts can monitor and benchmark their performance.
3) The Royal College of Radiologists and the Society and College of Radiographers should make sure that clear frameworks are developed to support trusts in managing turnaround times safely.

Having inspected and rated every NHS trust in England, CQC's 'next phase' of regulation introduced in October last year includes a strengthened approach to assessing radiology services with new key lines of enquiry to help inspectors monitor the reporting of imaging examinations to ensure that radiology services are providing a safe, responsive, effective, caring and well-led service for patients. *For further information about CQC's Radiology Review: https://www.cqc.org.uk/RadiologyReview.*

FOCUS ON: "PREVENT AND CHANNEL"

BACKGROUND	WHAT'S WORKING?	CHALLENGES	NEXT STEPS
CONTEST – The United Kingdom's Strategy for Countering Terrorism June 2018 replaces the previous CONTEST and supersedes the Prevent Strategy – both 2011. The Strategy continues to set out how the UK Government will reduce the risk to the UK, it's citizens and overseas interest from terrorism. Prevent is the first of the four P's and defined for health providers as safeguarding people from becoming and supporting terrorism. The current UK National Threat Level from international terrorism is SEVERE, meaning an attack is highly likely. The Prevent Duty remains a statutory requirement for all NHS Trust and providers commissioned on the Standard NHS Contract.	Since March 2017 there have been 12 Islamist attacks and 4 Extreme Right Wing plots disrupted. A further 400 arrests for terrorism related offences and over 70 convictions in 2017 for those who had previously been under the security radar. Rotherham have had 4 referrals into the Channel process since April 2017 - intervention providers have been utilised. Prevent Training within the CCG is at 88% with commissioned providers siting either side of 85% mark as per NHS England requirements. GP practices are aware of the statutory requirement for training with appropriate packages shared. At present NHS England do not collect primary care data. Rotherham Channel panel is established meeting every month with appropriate core members. Cases discussed in line with the strategy and include risk management, action planning and reviews. Rotherham Partnership Silver multi-disciplinary group continues to meet to address the Prevent strategy.	Growing risk comes from the variety of attack methodologies which vary from complex and sophisticated to the very basic along with the rapid speed some individuals have moved from being radicalised to carrying out attacks. Wider Prevent training across social care to ensure that all staff have the basic awareness and those appropriate have the higher level (This is not for the CCG to complete however in terms of multi-agency working could poses a risk)	The Parsons Green recommendations to be reviewed and embedded into practice Letter to HASC Chair from Home Office.pdf To continue to be embedded into practice mandatory Prevent training. Develop a better understanding of those at risk of radicalisation to enable earlier intervention and a series of Multi-agency pilots to trail new ways of working. Have focus on the increasing threat from online radicalisation. Build stronger partnership with communities to improve Prevent delivery. Re-enforce that safeguarding is at the heart of Prevent to ensure communities and families are not exploited or groomed into following the path of violent extremism.

MISSING EPISODES REPORTED TO HEALTH MASH

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

Number of reported Missing Notifications **64**

Involving **77** Children/ unborn babies

Of which **17** are female

And **28** were male

There were also **32** expectant mothers named in the notifications

Youngest Child was born in 2018

Oldest Child was born in 2000

From the Missing Episode Notifications received:
11
Were reported as LAC Children

Source Of Notification	Number received
Police	7
TRFT	10
RMBC	47

Wentworth North
2 Missing Notifications

Rotherham North
2 Missing Notifications

Rotherham South
3 Missing Notifications

Rother Valley West
0 Missing Notifications

Wentworth South
1 Missing Notifications

Wentworth Valley
1 Missing Notifications

Rother Valley South
1 Missing Notifications

Out of Area Notifications
54

MISSING EPISODES REPORTED TO HEALTH MASH

The information below has been collated by the Health MASH team and relates to notifications received from 1st July 2018 to 31st July 2018.

Number of reported Missing Notifications **45**

Involving **55** Children/ unborn babies

Of which **20** are female

And **23** were male

There were also **12** expectant mothers named in the notifications

Youngest Child was born in 2018

Oldest Child was born in 2000

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

Source Of Notification	Number received
Police	25
TRFT	1
RMBC	19

Wentworth North
1 Missing Notification

Rotherham North
2 Missing Notifications

Rotherham South
7 Missing Notifications

Rother Valley West
0 Missing Notifications

Wentworth South
1 Missing Notification

Wentworth Valley
8 Missing Notifications

Rother Valley South
2 Missing Notifications

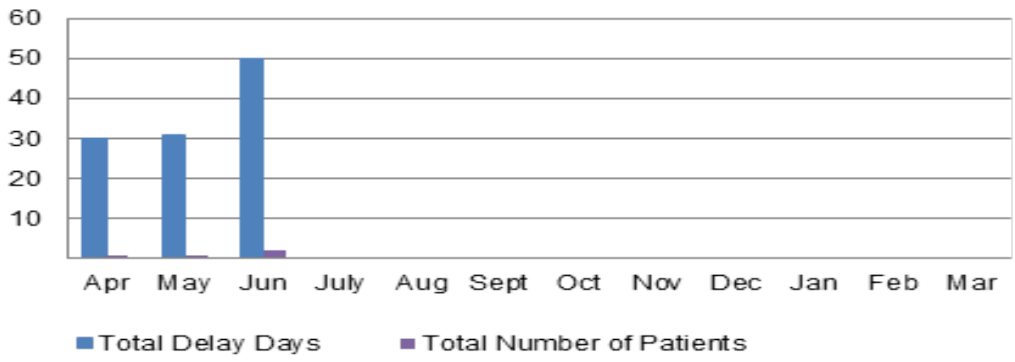
Out of Area Notifications
24

6. DELAYS IN TRANSFER OF CARE (DTOC)

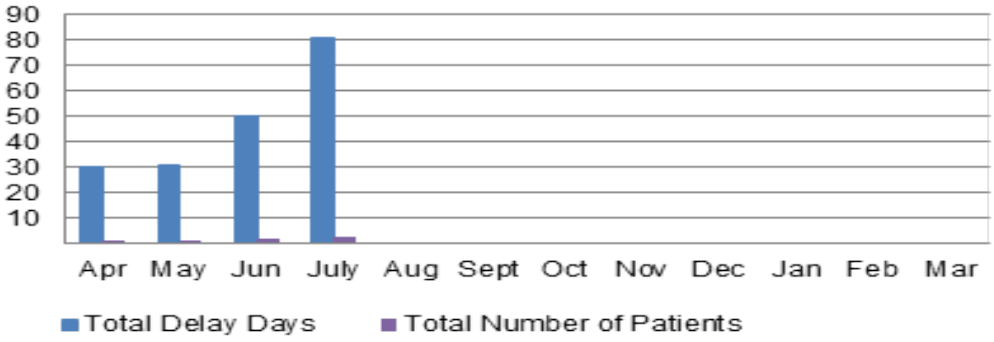
Adult Mental Health

There is one delay in adult services related to a specific housing need. Colleagues from RDaSH, RMBC and Rotherham CCG are continuing to work with specialist housing support to minimise this delay.

June 2018



July 2018

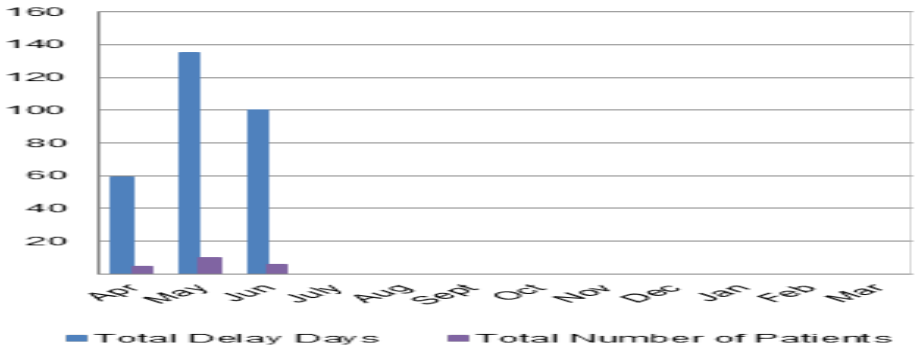


Older People's Mental Health

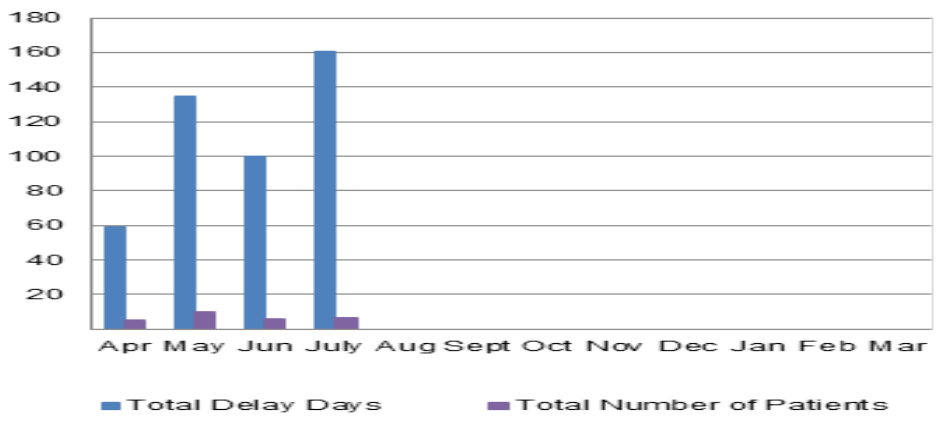
There are only two current delays in older people's services, one related to a specific housing need and one to allocation of a social worker.

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 an increasing trend related to the difficulty identifying placements for older people, which has been complicated by an increase in the number of providers falling into default and facing potential closure. Colleagues from the Local Authority and Rotherham CCG are working together to minimise the disruption caused, whilst maintaining safety for clients.

June 2018



July 2018



7. ADULT CONTINUING HEALTHCARE (CHC)

Headlines

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	Feb 18	Mar 18	April18	May 18	June 18	July 18
Total Number Eligible Patients	605	602	647	620	625	613
Total % Outstanding 12mth Reviews	25.62	24.42	22.41	24.84	23.36	21.53
Total Number of 12mth Outstanding Reviews	155	147	145	154	146	132
Number of LD Team patients Eligible	135	134	141	135	140	141
Total % of LD Team outstanding 12mth reviews	29.63	31.34	30.5	33.33	33.57	28.37
Total Number of 12mth outstanding LD Team reviews	40	42	43	45	47	40

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	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18
Total number of referrals received	175	138	168	121	140	110
Total number of referrals screened in for full assessment	41	29	26	17	22	16

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 2018/2019.

Quality Premium	Quarter 4	Quarter 1
Percentage of cases meeting the 28 days metric	84%	80%
Percentage of cases completed in acute trust	3%	10%

8. CHILDREN'S CONTINUING HEALTHCARE

Reports

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

Children's Continuing Healthcare	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18
Total number of Eligible patients	29	29	30	28	26	25
Total outstanding Reviews	9	8	6	9	8	6

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

Date	Feb 18	Mar 18	Apr 18	May 18	June 18	July 18
Number RCCG CHC patients eligible for a PHB	605	602	647	620	625	613
Number of RCCG CHC patients in receipt of a PHB	82	99	79	90	84	99

10. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 30 practices in Rotherham:

	Report Date	Inspection Date	Overall rating
Blyth	12.09.16	21.07.16	Good
Braithwell Road	04.05.17	23.02.17	Good
Brinsworth	09.05.17	14.03.17	Good
Broom L	29.09.17	09.08.17	Good
Broom Valley	11.04.17	09.03.17	Good
Clifton	24.03.17	20.02.17	Good
Crown St	18.02.16	02.12.15	Good
Dinnington	29.06.17	10.04.17	Good
Gateway Primary Care	22.06.17	17.03.17 ★	**Outstanding**
Greasbrough	11.04.17	15.02.17	Good
Greenside	23.04.18	22.02.18	**Requires Improvement**
High St	17.08.17	17.07.17	Good
Kiveton	24.03.17	20.02.17	Good
Magna	06.09.17	27.07.17	Good *
Manor Field	24.03.17	24.01.17	Good
Market	28.01.16	18.11.15	Good
Morthen	02.06.17	19.04.17	Good
Parkgate	06.08.15	09.06.15	Good
Queens	01.11.17	06.09.17	Good
Rawmarsh	01.12.16	21.09.16	Good
Shakespeare Rd	17.08.17	06.07.17	Good *
St Anns	09.02.18	12.12.17	Good
Stag	10.08.17	27.06.17	Good
Swallownest	11.08.17	21.06.17	Good
Thorpe Hesley	02.02.18	07.12.17	**Requires Improvement**
Treeton	15.10.15	16.06.15	Good
Village	06.03.17	24.01.17	Good
Wickersley	23.02.18	24.01.18	Good
Woodstock	20.03.18	25.05.18	Good
York Rd	16.05.18	14.03.18	**Requires Imp**
Good *	**Indicates an area which was previously 'requires improvement'**		

The CCG are aware that a CQC inspection took place at Queens Medical Centre in late July, but as yet the report is unavailable and the outcome unknown. The CCG Primary CareTeam typically undertakes one Contract & Quality visit per month however in response to deteriorating CQC ratings and reprioritisation will be visiting two practices per month for the remainder of 2018.

In the last month the Team has undertaken peer review visits to Stag Medical Centre and Wickersley Health Centre, with the support of Dr Sophie Holden. The visits were triggered by high referrals in comparison to the Rotherham average. Priorities for discussion included workforce i.e. any gaps in

existing staffing, use of locums etc., in addition to the deliverables in the Demand Management standard of the Quality Contract. In both cases the practices were able to demonstrate adherence to the Quality Contract and reviews of referrals indicated they were appropriate. Several more practices have been scheduled for peer review in the coming months.

Following submissions to the NHS England General Practice Resilience Programme for 2018/19, the CCG has been successful in securing funding for a number of practices; in recent months the Primary Care Team has been working to identify the practices we believe are in a position where they would benefit from additional support from the menu offered by NHS England. The purpose of the fund is to deliver support that will help practices to become more sustainable, resilient and better placed to tackle the challenges they face now and into the future and secure continuing high quality care for patients.

11. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 67 people presenting at TRFT with hip fractures from April 2018 to June 2018. This gives a 2018-19 out-turn of 268 against an annual target of 280.

12. STROKE

Stroke Stays

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

Percentage of people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital = 61% against a target of >=90%;

Percentage of patients who receive thrombolysis following an acute stroke = 5% against a target of >=11%. There is work underway at the Trust to look at the possible under-reporting of Thrombolysis treatment in the Emergency Department which could be portraying false underachievement.

Overall performance against the stroke indicators in June has improved and there has been a significant improvement for Stroke for the indicators i) % of stroke patients who spend 90% of their time on a stroke unit and ii) % of people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital. This improvement had been supported by the Trust ring-fencing 2 beds on the Stroke Unit.

13. CQUIN UPDATE

TRFT - Quarter 1 evidence has been submitted by TRFT and is being reviewed by RCCG.

RDaSH – Quarter 1 evidence has been submitted by RDaSH and is being reviewed by RCCG.

14. COMPLAINTS

Via CCG

- A complaint was received regarding Speech and Language Therapy in relation to a patient with an autism spectrum disorder – signposted to TRFT for investigation and response. CLOSED
- Complaint regarding misdiagnosis of an injury – signposted to TRFT for investigation and response. CLOSED
- Complaint regarding the CAMHS service – investigation ongoing via RDaSH.
- Complaint received regarding a complex care case – investigation ongoing.
- Complaint regarding the pathway for knee replacement surgery, a response has been provided explaining the pathway. CLOSED
- Contact was made with the CCG regarding its policy regarding vitamin B12 injections. A member of the Medicine Management Team consulted with the patient and the GP practice, resolution of the issues was agreed between the two parties. CLOSED
- Complaint raised regarding the NHS 111 services – signposted to the service for investigation and response. Ongoing

- Complaint received regarding a GP practice – signposted to NHS England for investigation and response. CLOSED

15. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no breaches of mixed sex accommodation during June and July 2018.

TRFT - there have been no breaches to date for 2018-19.

16. CQC INSPECTIONS

RDaSH - After recently being re-assessed by CQC inspectors, RDaSH has maintained its 'good' rating. The inspectors visited four mental health services, one community health service and three adult social care locations during the re-assessment. The overall rating is made up from scores in five areas i.e. safe, effective, caring, responsive and well-led. The Trust received a 'good' rating in four of the five, with the safe rating slipping to 'requires improvement.' An action plan is already in place to rectify the areas highlighted for improvement.

17. ASSURANCE REPORTS

TRFT

A&E

Performance for July concluded at 86.37%. The current position as at 13 August 2018 is:

Month to date 88.54% and Year to date 88.06% against a target of 95.0%.

Performance against the A&E four hour access standard improved during June with challenges relating to medical staff rota compliance which has been compromised since the last week in June. Junior doctor availability has been reduced from 14 to 7 staff on the rota. This has compromised the ability of the team to maintain a sustainable daily performance. Analysis has shown an increase in activity throughout June and the first week in July along with a large increase in breaches.

A joint review of the UECC is currently underway to review the current service model and workforce model against the original models.

The Trust continues in its "Action on AE" programme with a focus on Home First "why not today why not now". The Trust held an Urgent Care and Winter Planning summit on 17 July 2018 which:

Focussed on the improvement work around patient flow and improving discharge

Recruiting to Advanced Practitioner Physician's assistant roles

The new Associate Medical Director, Rod Kirsch, has been appointed into a six-month post with a specific remit to improve patient safety and the quality of care

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 Cancer 62-day position for June and Q1 2018 is 85.1% (June) and 83.7% (Q1) after reallocations (yet to be finalised). This is below the 85% compliance target for Q1.

Recovery of the 62 day target and the achievement of the high impact actions set out in the recovery plan are a priority for the CCG and TRFT and delivery is being managed through the Joint Cancer Board. It is expected that these actions will deliver a return to the national performance during Q2.

18wws

The un-validated position for June 2018 is showing 94.3% against the 92% target. This puts TRFT in the upper quartile performance in the country. Over 60% of Trusts are failing the standard nationally and represents a continued strong operational performance against this performance metric.

52wws

June 2018 = 0 and YTD = 0.

6 Week Diagnostics

TRFT un-validated position for June performance – 0.2% against a = or <1% target. This equates to 1 person waiting 6 weeks or longer for diagnostic tests.

Other TRFT Operational/Performance Areas to Note

Delayed Transfers of Care (DTOC)

June 2018 - Current performance:

- TRFT total performance – 1.8% against a 3.5% target.

Workforce

Nursing – TRFT

During June, there has been a slight increase in Registered Nurse fill rates on days and nights compared to those for May. There has been an increase in Healthcare Support Worker shift fill rates on days and an improvement on nights in June.

Registered Nurse/Midwife (RN/M) shift fill rates (daytime) were 83.8% in June 2018 compared to 83.6% in May 2018, and 94.0% on nights compared with 95.1%. Healthcare Support Worker (HCSW) fill rates were 111.2% on days compared with 108.3% in May and for nights were 108.0% compared with 104.2%.

The overall vacancy rate has increased during June; the largest number of vacancies continues to be in the Division of Medicine.

52 newly qualified nurses are due to start at the Trust in September and 1 is due to qualify and start in March 2019.

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. These moves aim to consider seniority of staff and avoid moving newly qualified nurses if at all possible.

The Compass Programme continues to be an example of good practice in recruiting newly qualified nurses to the Trust, giving them the opportunity to gain experience in several different clinical areas. The Adapted Compass Programme offers a similar opportunity to qualified and return to practice nurses.

NHS Safety Thermometer – TRFT

The Classic 'Harm Free' Care score for the Trust has decreased this month to 91.7% from 92.9%. The breakdown for this month is 90.3% for the acute areas (93% in May). The lower score for acute areas is due to a reported increase in incidents of Venous Thromboembolism. This has been identified as a data validation error and amended data has since been resubmitted. The revised figure for the acute areas is 93.6% (subject to external confirmation). Additional training has been instigated for internal validators to improve data quality prior to final sign off by the Assistant Chief Nurse.

Dementia Assessments

As at May 2018, the position was 82.1% against a target of 90%. Dementia and person-centred care will be delivered collectively by the Frailty Service for which substantive funding has now been approved which will include the appointment of an additional team member.

Looked After Children

As at June 2018, assessments reporting <20 days - 47% against a target of 95%. Whilst there has been an improvement in completion of Initial Health Assessments for Looked After Children, this remains an area of key concern. Actions to address this level of performance are being implemented and have been discussed at the Trust's Quality Assurance Committee and detailed discussion and challenge continues to take place through the joint Contract Quality meetings with the Trust.

18. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (July 2018)	RTT 18ww Incomplete Pathways (June 2018)	Cancer 62 day wait from urgent GP referral to first definitive treatment (June 2018)	6 Week Diagnostic (June 2018)
Sheffield Teaching Hospitals NHS Foundation Trust	89.8%	95.2%	72.6%	1.46%
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	92.2%	89.6%	86.5%	0.65%
Barnsley Hospital NHS Foundation Trust	92.1%	93.6%	87.6%	0.54%
Sheffield Children's Hospital NHS Foundation Trust	98.6%	93.4%	na	0.58%

19. CARE AND TREATMENT REVIEWS

There have been two community and two hospital Care and Treatment Reviews in the period:

- One community review has supported a community package (and avoided admission), and one recommended a hospital admission. The latter has highlighted significant difficulties in securing a hospital bed. This will be resolved by expediting discharge from hospital for another patient.
- One hospital review has supported further treatment, and one recommended the identification of a community package.

Rotherham CCG are working with colleagues in the Local Authority to develop joint plans and processes to support the earlier discharge of patients, which should also facilitate better alternatives to hospital admission in the future.

20. WINTERBOURNE SUBMISSION

Week commencing	Admission	Discharge	Number in ATU	Total number currently subject to Winterbourne
28th May	0	0	0	5
4th June	0	0	0	5
11th June	0	0	0	5
18th June	0	0	0	5
25th June	0	0	0	5

2nd July	0	0	0	5
9th July	0	0	0	5
16th July	0	0	0	5
23rd July	0	0	0	5
30th July	0	0	0	5

Of the five patients identified above, one has commenced transition towards a hospital discharge, two have commenced discharge planning and one involves the procurement of a community service.

21. AT RISK OF ADMISSION REGISTER

There are currently five people identified as at-risk of hospital admission. This includes one person awaiting hospital admission (see 19 – above). Active plans are in place for the remaining four and no admission is expected.

22. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

Referrals to the LeDeR system have increased over the reporting period as understanding of them has increased. Reviews are now taking place as a matter of routine. We are working with colleagues across the Transforming Care Partnership area to develop a regional steering group to support the dissemination of findings and, ultimately, support any changes in practice identified in LeDeR reviews.

Sue Cassin – Chief Nurse
September 2018