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Public Session

PATIENT SAFETY/QUALITY

ASSURANCE REPORT

NHS ROTHERHAM CCG

1 SEPTEMBER 2021

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

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NHS ROTHERHAM

1. INFECTION PREVENTION AND CONTROL

Healthcare Associated Infection (HCAI)

RDaSH: There have been no cases of Health Care Associated Infection so far this year (21/22).

Hospice: there have been no cases of Health Care Associated Infection so far this year (21/22).

HCAI:	TRFT	NHSR
MRSA	0	2
MSSA	0	24
Clostridium Difficile	8	11
E Coli	0	79
Klebsiella spp	0	19
Pseudomonas aeruginosa	0	4



MRSA

There have been 2 MRSA cases. Initial investigation identifies that one is hospital acquired and one is community acquired. Further post infection review is taking place on these cases where any lapses in care and learning outcomes will be identified.

Clostridium Difficile Infections (CDI) Post infection reviews will be undertaken on all cases of Clostridium Difficile within Rotherham. This will be a continual and reviewed process, although is behind schedule due to the effects of Covid. The process will highlight any lapses in quality of care and any learning outcomes within both Community and Acute Trusts.

There have been no official targets published yet for 21/22, the targets documented in previous months reports had been based on previous years. There has been discussion that the target for CDI for 21/22 will be 1 less than the actual previous years figure. The below chart identifies this. Should this be different when the actual targets are published then this will be identified and amended in the next report.

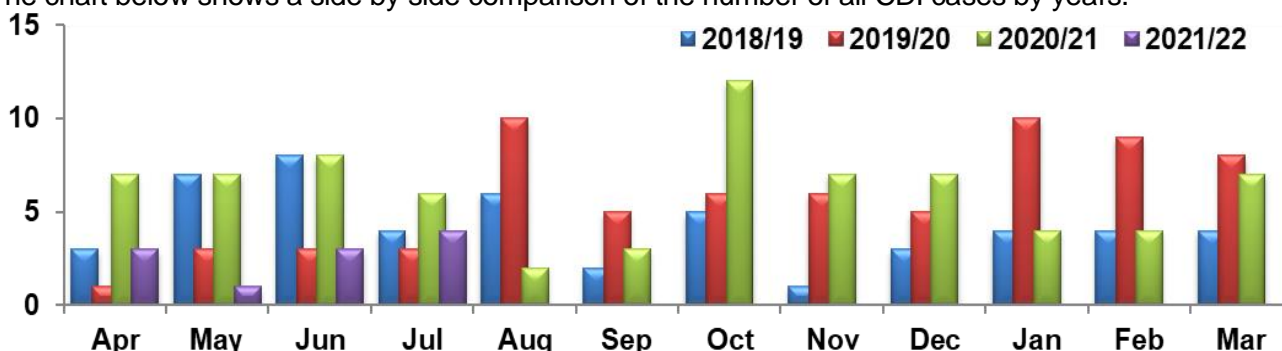
TRFT 2020/21 Target = TB for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	2	1	3	2								
Monthly Plan*	0	1	3	1	3	3	4	2	2	8	5	2
Year to Date	2	3	6	8								
Year to Date Plan*	0	1	4	5	8	11	15	17	19	27	32	34

RCCG 2020/21 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	3	1	3	4								
Monthly Plan	0	3	3	3	10	5	6	6	5	10	9	8
Year to Date	3	4	7	11								
Year to Date Plan	0	3	6	9	19	24	30	36	41	51	60	68

*Please note: Targets have been set locally and are subject to change once National targets are released

Figure comparison for NHS Rotherham CCG of CDI

The chart below shows a side by side comparison of the number of all CDI cases by years.



E Coli

E Coli bacteraemia rates are high and have nationally increased in the last 5 years. There is a national reduction priority and local initiatives are on-going. There have been no official targets set for 21/22, the targets below are based on discussion that the target will be 5% reduction on previous. Should this change when the official publication is released then this will be identified in the next report. There was some reduction during 20/21 although surveillance was limited due to the Covid pandemic. The aim now is to analyse in some part if possible the reduction and identify how this can be continued into 21/22, along with the surveillance and analysis for 21/22.

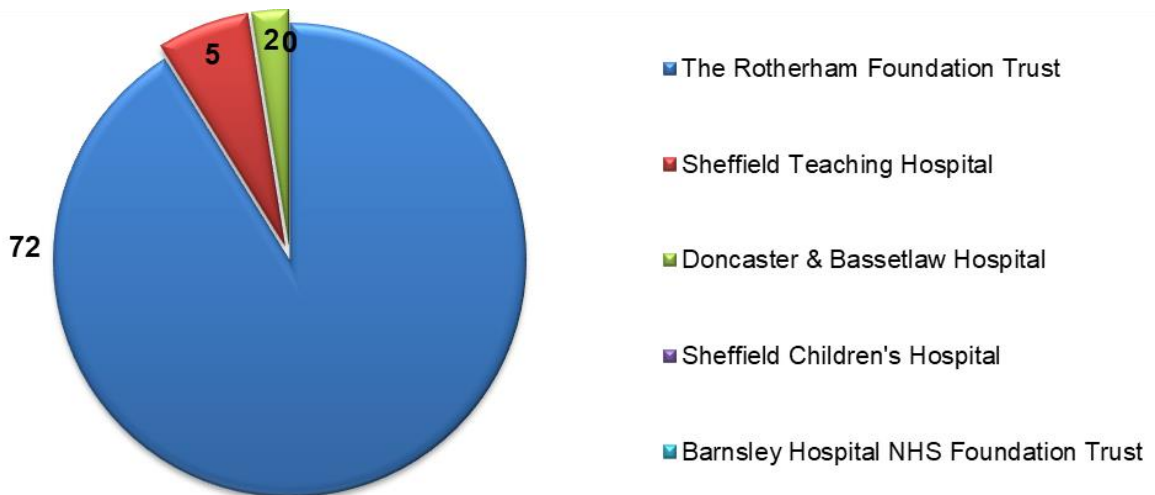
Based on the set trajectory monthly plans are formulated (see below)

TRFT 2020/21 Target = TB for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	0	0	0								
Monthly Plan	6	4	4	2	2	2	4	1	1	2	0	1
Year to Date	0	0	0	0								
Year to Date Plan	6	10	14	16	18	20	24	25	26	28	28	29

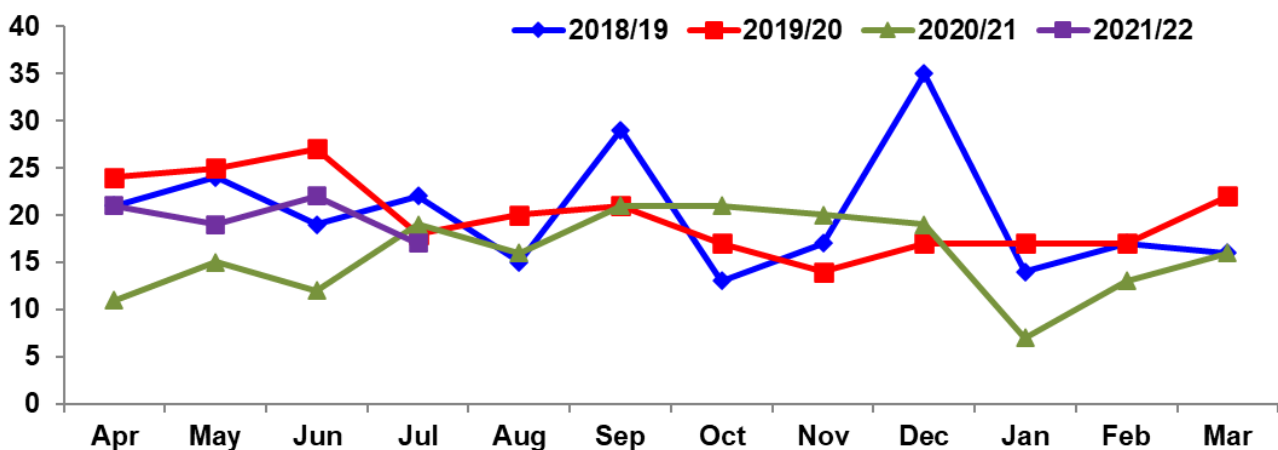
RCCG 2020/21 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	21	19	22	17								
Monthly Plan	22	24	26	17	19	20	16	13	16	17	16	21
Year to Date	21	40	62	79	79	79	79	79	79	79	79	79
Year to Date Plan	22	46	72	89	108	128	144	157	173	190	206	227

*Please note: Targets have been set locally and are subject to change once National targets are released

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



E Coli - The chart below shows a monthly comparison of the number of E Coli cases in years.



COVID-19

Support has been given and continues as below:

- There is intermittent contact from GP practices asking for advice regarding IPC and the guidance, National guidance has been received by them with additional communications being sent to support this as and when received/required.
- The Covid Hot Hub: IPC support was given with this with Standard Operating Procedures (SOPS), walk rounds and IPC support and advice remains on-going if required.
- Care home support and teaching was completed in line with the national request. This remained in place if requested or required by individual care homes. There have been a number of virtual update sessions that are continuing on a monthly basis going forward.
- There is a process in place regarding the management of local outbreaks in care homes, domiciliary care and supported living/LD with an Incident Management Team (IMT) with collaborative working between the care Homes, Local Authority, TRFT, PHE, and the CCG.
- Support with 'returning to Oak house' from an IPC perspective has been occurring based on current guidance.
- Support with Flu planning in primary care from an IPC perspective is occurring based on current guidance.
- Support with antibody testing for social care
- Support with Covid vaccine planning, and the commencement now of competency assessments and formulation of the template.
- There has been a virtual session for home care agencies given, there is now further sessions/ support planned.
- Support has been given with the 5 vaccination centres relating to IPC. Visits have taken place to each site with a walkthrough and advice given. Competency tools have been shared with the site clinical leads to undertake with staff and a compliance document has been formulated and sent to each site – support will be further given as required.

Outbreaks of Covid

- Outbreaks reported in care homes/ assisted living environments have increased in line with the community case rate increase. The majority have been from community transmission brought in by staff with no resident/ service user transmission. There has been one outbreak in a care home with staff and resident involved, an IMT has been held with PHE involvement and actions identified with a further planned IMT following the subsequent swabbing in line with guidance.
- TRFT outbreaks - There has been an outbreak identified on ward B5, learning has been identified and actions taken by the matron and IPC team. There is an IMT planned and there will be further discussion around a related Serious incident (SI) investigation.

CPE

No further cases or issues identified relating to the previous CPE outbreak at TRFT in the critical care area.

Serratia

A further case has been identified in one of a twin, totalling three cases. A further incident meeting was held. Further sampling and testing was undertaken with all reported as negative. Further future swabbing will continue two monthly as a means of checking and if remain negative each time will then stop after six months, or if any further positives/ cases then a further incident meeting will be called. Discussion with other areas taking place to identify how many cases are seen in these areas and any learning/ actions they have identified.

Norovirus

There has been one primary school with a reported outbreak of norovirus.
There have been three care homes with a reported outbreaks of norovirus.
TRFT have not reported any outbreaks of norovirus.

Flu

There have been zero Care Homes with confirmed Flu.

TRFT have not reported any outbreaks of Flu.

Flu planning in place.

2. MORTALITY RATES

The in-month HSMR rose to 161.8 in January 2021, the highest in-month value in 12 months. This has pushed up the 12-month rolling average to 125.6. This is the highest value it has been in the reporting window of Dr Foster (from Dec-18), although these values are much lower when Dr Foster have attempted to remove the impact of COVID. It is still unclear if this is capturing the full impact of COVID on our mortality indicator as mortality excluding COVID has still increased in line with the 'COVID waves'. This increase in mortality relative risk during COVID waves is also true across the regional peer group – though the impact has been greater at TRFT. There are 6 outlying groups attracting significantly higher than expected deaths (1 new alert this month in Congestive heart failure, non-hypertensive). Crude deaths in-month fell to normal levels for the first month in April 2021. In contrast, the SHMI (which excludes all Covid-19 activity) has fallen to 113.4, which is now within the 'as expected' band within Dr Foster benchmarking. This represents a significant and sustained fall from the peak of over 120 a few months ago. In addition, the Trusts SMR 12-month average (which excludes COVID activity) is also falling and is now at 107.6, with 7 of the last 9 months below 100.

The Mortality Task & Finish Group continues to meet to lead and oversee the Trust's programme of work around mortality, led by the Chief Executive and Executive Medical Director, with expert external guidance from Professor Chris Welsh. In addition, the Mortality Analytical Group Task & Finish Group has been extended to ensure appropriate insight and intelligence is drawn from our latest data. Both will complement the Trust's monthly Safe and Sound Mortality Group meeting, led by the Trust's Medical Director. David Black has been appointed as a Deputy Medical Director within the Trust and will lead on Mortality until a dedicated Mortality Lead is appointed. David will vice Chair the Safe and Sound Mortality Group and work with the Medical Examiner and Clinical Teams to support mortality improvement across the Trust. Mortality remains a standing agenda item at the Contract Quality Meeting.

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

SI Position 24.06.21 – 19.08.21	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	30	7	0	3	2	0
Closed during period	4	1	0	0	2	0
De-logged during period	1	0	0	0	0	0
New during period	14	5	0	1	0	0
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	39	11	0	4	0	0
Of the above the number that are NE	1	0	0	0	0	0
Final Report Status						
Final Reports awaiting additional information	2	0	0	0	0	0
**Investigations 'On Hold'	4	1	0	0	0	0
CCG approved Investigations above 60 days	0	3	0	2	0	0
Investigations above 60 days without approval	7	1	0	0	0	0
Final Reports due at next SI Meeting	13	5	0	N/A	0	0

*Out of Area: Performance Managed by responsible CCG. Final Reports are discussed by committee for comment/closure agreement upon receipt as response is time sensitive.

**'On Hold' pending investigation undertaken by Police or Healthcare Safety Investigation Branch (HSIB)

4. SAFEGUARDING VULNERABLE CLIENTS

SAFEGUARDING VULNERABLE CLIENTS

Policy paper

Tackling violence against women and girls strategy

Updated 26 July 2021

CCG's as one of the three Statutory Safeguarding Partners [received a letter 29 July 2021](#) drawing our attention to Ofsted's specific recommendation 'to review work to improve engagement with schools of all types in their local area' We will work with the Rotherham Metropolitan Borough Council and South Yorkshire Police to review how we work with all Rotherham schools and colleges, including academies and independent schools to safeguard our children. In addition the letter sets out new cross-Government [Tackling Violence against Women and Girls Strategy](#) to help ensure that women and girls are safe everywhere - at home, online and on the streets. Further complimentary information and a refreshed male victim position paper will be published in Autumn 2021. The CCG remains committed to safeguarding all Rotherham residents.

The Rotherham Learning Academy



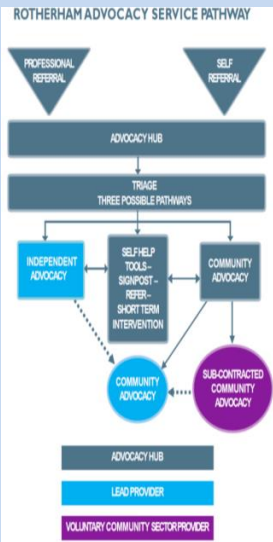
Exploitation Handbook

THE EVOLVE SERVICE - changes from 19th July 2021

Over the last 12 month we have seen a steady increase in young people at risk of Child Criminal Exploitation (CCE). Our current model sees young people that are at risk of CSE supported by the Evolve Service and those at risk of CCE supported by Youth Offending Service (YOS). We have recognised that separating the service provision gives young people the wrong message in that young people at risk of CSE are seen as victims with a wraparound safeguarding plan and young people at risk of CCE are seen as criminals in need of a youth offending package of support. Whilst we are aware that this is not how we see these young people it is imperative that we recognise the impact this may have in engaging and supporting young people, particularly when we are trying to engage and involve them in preventative work and safety planning.

Therefore in response to this increasing cohort of young people and following best practice from HMICFRS / Safeguarding practice review report publication ['Hard to Escape'](#) and ['Both sides of the coin'](#) DLT have agreed to commence a pilot to realign our Evolve Service to become a Child Exploitation Service, supporting our most vulnerable young people who are at risk of either CSE or CCE. Our partnership agency, SYP have also streamlined and become an Exploitation Team, covering both CSE and CCE and that we will continue to be co located with them alongside YOS which will support working together. Young people who have a YOS order will remain supported by YOS. We will be reporting back to DLT at regular intervals.

We are excited to embark on this pilot. CCE and CSE will be brought together under the umbrella of Child Exploitation with the same pathway. We are hopeful that throughout the next 6 months of the pilot this will provide a consistent approach to Child Exploitation and that will avoid delay in recognising concerns and allocating cases. [Child Exploitation pathway to support referrals](#) (Rotherham CCG internet)



Referral Pathway - Absolute Advocacy.doc

Following several enquiries related to Independent Mental Capacity Advocates (IMCA's), the following is provided for information.

The Statutory and Non-Statutory Advocacy service is delivered by Absolute Advocacy Rotherham (see pathway). The Advocacy Hub will provide a single gateway of administration for all referrals and offer information on advocacy services and links to other information and advice portals as appropriate. The service will provide support to health and social care professionals to make referrals for both Independent Advocacy (Statutory) and Community Advocacy (non-statutory) and to people who wish to self-refer for Community Advocacy (non-statutory) or make enquiries about available support.

Community Advocacy (non-statutory) referrals will be accepted from any source in situations where a risk to the person's health and wellbeing is identified and the person may benefit from an advocacy service. There will be an open referral process for people wishing to self-refer and unpaid carers wishing to refer themselves.

[Absolute Advocacy Referral Form](#) (Rotherham CCG internet)

If you would like the Absolute Advocacy Rotherham to visit a Team/service meeting the Contact for the service is Laura Tilston Laura.Tilston@cloverleaf-advocacy.co.uk

Absolute Advocacy carry out regular promotion of the service, more information can be found on their website: [Advocacy Service Rotherham - Absolute Advocacy](#)

Policy paper

Domestic Abuse Act 2021: overarching factsheet

Domestic Abuse Act 2021

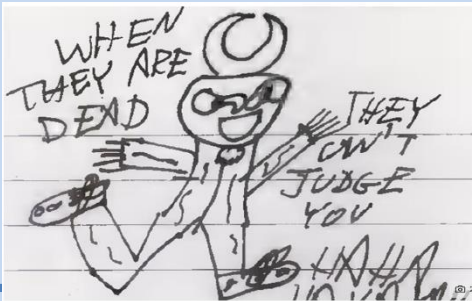
The Act raises awareness and understanding of Domestic Abuse and received Royal Assent on the 29th of April 2021. In total there are 7 parts to the act. They will not all come into force at once.

Two new sections under part 6 – *Offences involving violent and abusive behaviour* will go live from the 29th June 2021 for England and Wales

- *Threats to disclose a private sexual photo/film with intent to cause distress.*
This amends the “revenge porn” offence with the added phrase of “threats to disclose”.
- *Extends the circumstances in which certain sexual and violent offences committed abroad may be prosecuted in England and Wales, where the offences are committed by a UK national or person habitually resident in England and Wales.*

This has implications for the recording, investigation, and prosecution. Host countries are already at liberty to prosecute under their own jurisdictions.

The Domestic Abuse Act is set to provide further protections to the millions of people who experience domestic abuse, as well as strengthen measures to tackle perpetrators. [Detailed factsheets](#) on each new measure are available on gov.uk



One of the sketches made by a teenager who was jailed for planning terror attacks
(Counter Terrorism Policing North East)

Prevent

The Independent newspaper have reported on the 6th of July 2021 that three quarters of children arrested on suspicion of terror offences in Britain are far-right extremists with the police urging parents to be aware of online radicalisation. New figures show that of the 21 under-18s arrested in the year to April, 15 were linked to extreme right-wing terrorism. Statistics evidence that 13 per cent of all terror suspects detained are now children which is an increase of 5 per cent in a year. A Counter Terrorism Policing spokesperson said: “This worrying growth has been occurring since 2015, when young people under the age of 24 accounted for less than 20 per cent of extreme right-wing terrorism arrests – in 2020 they accounted for nearly 60 per cent.”

Police information and resources are being offered by the parenting website Netmums, including signs to look out for and tips on protecting children. The site will host a sponsored “drop-in clinic”, where parents can ask a Prevent officer questions and seek advice.

Anyone with concerns that someone is being radicalised is urged to visit www.actearly.uk or call the confidential Prevent advice line on 0800 011 3764.

More information regarding spotting the signs and referring can be found on the [CCG Prevent intranet page](#).



Child Protection – Information System (CP-IS) Deployment

On 22nd July 2021 NHS E and I announced a significant milestone, namely having **one hundred percent** CP-IS deployment across every local authority within England.

This is a testament to everyone’s dedication and professionalism. This has been a massive multi-agency effort spanning several years and one that we can celebrate together.

Agencies have worked together with the single aim to improve safeguarding for the paramountcy of the child. In Rotherham we consistently achieve a high percentage of information sharing (Circa 98/99%) week on week.

Learning Events – Evaluations

Results have been collated from the recent PLTC Safeguarding event and from the ICON three step challenge held in March 2021 – full reports below:



Safeguarding ICON Supported Learning E



Safeguarding PLTC Event Evaluation draft

CARE HOME CONCERNS

CQC Rating	No:	Provider Name
Outstanding	0	
Good	26	
Requires Improvement	9	Ashton Court Alexandra Care Home Emyvale Jubilee Care Home Layden Court Laureate Court Roche Abbey West Melton Lodge Whiston Hall

Of the 35 Adult Res/Nursing care homes 26 (74.3%) are Good, 9 (25.7%) are rated "Requires Improvement".

Cambron House has recently had its most recent inspection report published and it has been rated Good in all 5 domains and Good overall, this is a major achievement as they were previously rated inadequate in all 5 domains and Inadequate overall. RMBC have now formally removed the contract default that was put in place on the 12th February 2021. Jubilee Care home has received its first CQC inspection (5/7/21) and was rated as requires improvement. There is an improvement plan in place to address the necessary improvements.

CQC have established a plan for inspecting those services that are Requires Improvement, focussing on Safe & Well-led domains. Contract Compliance Officers continue visiting those services that are deemed high risk (all of the RI providers above are part of that programme). Since 1/5/21 there have been a total of 32 contract concerns raised against Adult Residential/

Nursing providers, involving 16 providers. 8 concerns have been substantiated, 11 unsubstantiated with the remaining 13 still being investigated. The 4 main themes for these concerns are: Safeguarding, Environment/equipment, Quality of care and Staff conduct.

Contract Defaults

Roche Abbey has been placed in contract default and the 6 week review is due to take place 13/8/21. The service has made significant improvements and is safe.

Jubilee care Home has currently got an outbreak of Covid-19 within the service affecting both residents and staff, all of whom live and work on the Dementia unit. The virus has been contained on this unit and has not spread to any of the other units within the home

CQC Care Home Reports

Name	Provider	Rating	publication date	URL
Lonnen Grove	Lonnen Health Care Limited	Good	07/08/2021	http://www.cqc.org.uk/location/1-138922695
Kinetic Nursing Services	Kinetic Nursing Services Limited	Good	06/08/2021	http://www.cqc.org.uk/location/1-7233586491
Jubilee Care Home	Jubilee Care Home Limited	Requires improvement	06/08/2021	http://www.cqc.org.uk/location/1-7886179077

Sheffield Health and Social Care NHS Foundation Trust.

In April and May 2021 CQC inspectors visited the trust to look at the Assessment and Treatment Service (ATS), known as Firshill Rise. The seven bedded unit provides assessment and support to individuals with a learning disability or autistic individuals who are experiencing mental health needs and difficulties with behaviour. The unannounced focused inspection took place following safeguarding concerns received from trust staff and other health and social care providers.

The unit was last inspected in October 2018 and was rated good overall. However, CQC did issue requirement notices regarding staff induction, training in managing aggression and violence and the review of incidents with sharing of lessons learnt. The recent inspection found that the service had not addressed all these issues. Findings included -

- Individuals request of basic needs of food and drink being ignored.
- Individuals experienced harm because of a lack of protection, experienced abusive incidents, restraint, and seclusion. Poor relationships with staff which were not therapeutic.

The service was not well led. Governance processes had not ensured the delivery of safe and high-quality care. There was no ward manager in the service and the modern matron and general manager were new to their role.

- The service could not show how they met the principles of '*Right Support, Right Care, Right Culture*' CQC's guidance on how all people with a learning disability or autistic people should expect to be treated when using services.

As a result of this inspection, CQC has now imposed conditions upon the trust which include preventing the trust from admitting individuals to the service without written agreement from CQC.

The trust's (Sheffield Health and Social Care) overall rating did not change because of this inspection and remains as rated inadequate. The ATS unit which had previously been rated as good is now inadequate overall. It is rated inadequate in all five areas, for being caring, effective, responsive, safe, and well-led.

CQC will continue the close monitoring of the service and will take further action to protect individuals if they are not assured that rapid improvements are being made.

The full inspection can be found here: [Sheffield Health and Social Care NHS Foundation Wards for people with a learning disability or autism Inspection Report July 2021](#)

RDaSH Mental Health Homicide Review

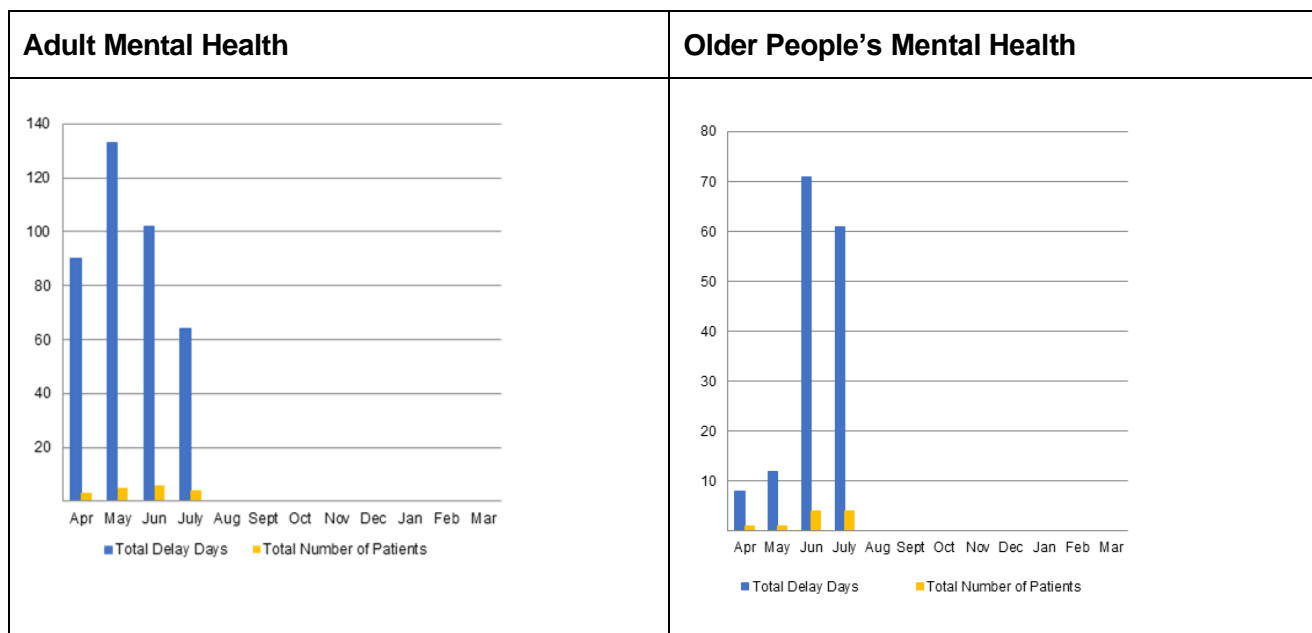
Sancus Solutions published on the 11th of August 2021 their independent quality assurance review following the 2017 RDaSH Mental Health Homicide Review.

This review finalises the review process with Sancus Solutions concluding that RDaSH have provided considerable evidence and assurance of the progress made in implementing and monitoring their action plans.

Please find below the link for the Quality Assurance Report

<https://www.england.nhs.uk/north-east-yorkshire/wp-content/uploads/sites/49/2021/08/R-Quality-Assurance-Report-11-Aug.pdf>

5. DELAYS IN TRANSFER OF CARE (DTOC)



6. ADULT CONTINUING HEALTHCARE (CHC)

The [Reintroduction of NHS Continuing Healthcare \(NHS CHC\) guidance](#) published on 21st August 2020 set out how NHS clinical commissioning groups (CCGs) will restart NHS continuing healthcare (NHS CHC) assessment processes from 1 September 2020. As a result of this CCGs and local authorities (LA) will have to manage 2 streams of work:

- NHS CHC work deferred between 19 March and 31 August 2020
- Routine NHS CHC referrals, starting from 1 September 2020

Individuals discharged from, or who would have been admitted to, hospital between 19 March and 31 August 2020 were funded through the Scheme 1 COVID-19 Discharge funding arrangement. These are patients who entered a care package between 19 March and 31 August 2020; relevant assessments for this cohort have now been completed and therefore there are no remaining patients funded via scheme 1 monies who required assessment by the CCG, these were completed by the 31/03/2021.

The Continuing Healthcare Service returned to business as usual from 1 September 2020, and have worked alongside partner organisations to embed a home first - discharge to assess model and improve patient flow.

The release of the [Hospital discharge service: policy and operating model](#) published on 21 August 2020, is a fully updated version of the Hospital Discharge Service Requirements document published on 19 March 2020. This updated document sets out that the government has agreed to provide additional funding, via the NHS, alongside existing use of local authority and Clinical Commissioning Group (CCG) budgets to help cover the cost of post-discharge recovery and support services, in addition to what was provided prior to admission, for up to a maximum of 6 weeks following discharge from hospital or any 'Pathway 2' facility. This funding will apply to all those needing support for the first time. Health and social care systems are expected to build upon the hospital discharge service developed during the COVID-19 response, incorporate learning from this phase, and ensure discharge to assess processes are fully embedded for all people aged 18+. The policy and operating model sets out 4 Discharge to assess pathways:

Discharge to assess model – pathways

Pathway 0 - 50% of people – simple discharge, no formal input from health or social care needed once home.

Pathway 1 - 45% of people – support to recover at home; able to return home with support from health and/or social care.

Pathway 2 - 4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3 - 1% of people – require on-going 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

Discharge to assess pathways 1 to 3, require NHS organisations to work closely with adult social care and housing colleagues, the care sector and the voluntary sector, to ensure that resources are used effectively across the system.

The CHC service has been working alongside partner organisations to ensure that appropriate processes are in place to implement and resource the discharge to assess model across Rotherham; including tracking, case management and assessment of eligibility for NHS CHC for individuals that are accessing pathway 2 and 3 alongside assessment of eligibility for NHS CHC for appropriate individuals accessing pathway 1.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/02/C1123-covid-19-hospital-discharge-and-support-care-funding-2021.pdf> published on 10th February 2021 confirmed that scheme 2 funding can be utilised for new packages of care (up to six weeks for persons with new or additional care needs) and payment for designated care settings that commence up to 31 March 2021. This means that new packages of care and designated care settings can be funded into the 2021/22 financial year for up to a maximum of six weeks from the point of discharge, as long as the package/placement starts between now and the end of March 2021.

A further document relating to [Hospital Discharge and Community Support: Funding Finance and flows](#) was published in May 2021 and demonstrates the funding and finance support available for discharges from 1st April 2021 to 30 September 2021. This details that people discharged from hospital in Q1 of 2021 continue to receive 6 weeks funding until eligibility assessments have taken place and they are signposted to the appropriate funding arrangements. People discharged in Q2 of 2021 will then receive 4 weeks funding until eligibility assessments have taken place and they are sign posted to the appropriate funding arrangements. If there is a delay in assessing CHC eligibility which is over the scheme 2 period specified in each quarter, the CCG will need to fund the cost of the placement until relevant CHC assessments have taken place and a decision has been made. The LA are responsible for the cost of placement / package where there are no CHC eligibility delays and social care assessments have yet to take place. There have been some slight changes in the way these schemes are funded and from 01/04/2021 these will be allocated using an Integrated Care System budget that is capped for each ICS. The budget for SYB ICS is £5,800,000.00. If the integrated Care System becomes overspent the system will need to accommodate the costs. The budgets have been allocated using a weighted approach to population and actual spend from 2020/21 in scheme 2.

[2021/22 priorities and operational planning guidance](#) published on 25th March 2021, stated the following: 'Systems have achieved significant reductions in long stays during 2020/21 equivalent to freeing up 6,000 beds and 11,000 staff across acute and community settings. All providers should continue to deliver timely and appropriate discharge from hospital inpatient settings and seek to deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days. To support this we will continue to fund the first six weeks of additional care after discharge from an NHS setting during the first quarter and first four weeks from the beginning of July. We will review the position with Government for the second half of the year.'

Together, these actions will enable more patients to be cared in the optimal setting and will reduce the pressure on our hospitals by improving flow through the emergency pathway and freeing up capacity to support the restoration of elective care.'

Table 1. Identifies the total number of individuals requiring a full assessment of eligibility following a positive checklist (exclusive of individuals funded via scheme 1 COVID 19 discharge funding)

Date	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021
Number of new referral's received requiring an assessment	22	34	27	18	31	54
Total Number of individuals requiring an assessment (including backlog)(excluding pathway 2 assessments)	41	66	64	67	57	51

From 1 September 2020, the government has decided that NHS CHC reviews in the community will restart

Table 2 - The table identifies the total number of patients eligible for CHC funding from NHS Rotherham Continuing Health Care service, and the number of 12 month reviews that are overdue

Date	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021
Total Number of individuals eligible for on-going full CHC funding	197	200	205	205	206	209
Total % of overdue 12mth Reviews	33%	30%	29%	29%	28%	27%

Quality Standards

NHS England has a responsibility to monitor assurance and compliance with the National Framework for NHS Continuing Healthcare. Quality Standards were introduced to monitor and reduce national variations and promote better outcomes, better experience and better use of resources

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).

Overall national level achieved for Q4 59%

Part b)

CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.

Overall national level achieved for Q4 0%

Part c)

CCG's must ensure that most referrals do not exceed 28 days and that where they do this does not exceed more than 12 weeks.

Overall national number of referral's exceeding 12 weeks - 1639

Table 3 - The table below identifies the quarterly quality standards achieved by NHS Rotherham CCG's CHC service for 2020/21

Quality Premium	Quarter 2 20/21	Quarter 3 20/21	Quarter 4 20/21	Quarter 1 21/22
Percentage of cases meeting the 28 days metric	Paused March to September 2020	68%	84%	Not yet published
Percentage of cases completed in acute trust	Paused March to September 2020	0%	0%	Not yet published
Number of incomplete referral's exceeding 28 days by > 12 weeks +	Paused March to September 2020	30	13	Not yet published

7. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 29 practices in Rotherham:

	Report Date	Insp Date	Overall
Blyth Road	12.09.16	21.07.16	Good
Braithwell Road	07.10.19	01.08.19	Req Imp
Brinsworth	09.05.17	14.03.17	Good
Broom Lane	29.09.17	09.08.17	Good
Clifton	24.03.17	20.02.17	Good
Crown St	18.02.16	02.12.15	Good
Dinnington	16.01.18	22.11.17	Good
The Gateway	22.06.17	17.03.17	Outstanding
Greasbrough	11.04.17	15.02.17	Good
Greenside	13.12.18	31.10.18	Good
High Street	17.08.17	17.07.17	Good
Kiveton	24.03.17	20.02.17	Good
Magna	06.09.17	27.07.17	Good
Manor Field	02.02.18	05.12.17	Good
Market	28.01.16	18.11.15	Good
Morthen Road	02.06.17	19.04.17	Good
Parkgate	13.08.20	13.07.20	Good
Queens	25.04.19	21.02.19	Good
Rawmarsh	01.12.16	21.09.16	Good
Shakespeare Road	17.08.17	06.07.17	Good
St Anns	04.05.20	10.03.20	Good
Stag	10.08.17	27.06.17	Good
Swallownest	11.08.17	21.06.17	Good
Thorpe Hesley	04.12.18	23.10.18	Good
Treeton	13.02.19	05.12.18	Good
Village	06.03.17	24.01.17	Good
Wickersley	18.10.18	13.09.18	Good
Woodstock	13.02.19	12.12.18	Good
York Rd	14.01.19	21.11.18	Good

There is nothing further to add this month. The Primary Care Team continue to provide support to all practices at this time.

8. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians Hip Fracture Database shows that there have been 75 people presenting at TRFT with hip fractures in April – June 2021. This gives a 2021/22 outturn of 300 against an annual target of 280.

9. CQUIN UPDATE

TRFT

The national guidance on finance and contracting arrangements for H1 2021/22 stipulates that there will be no 2021/22 CQUIN scheme (either CCG or specialised) published at this stage. National guidance for the second half of the financial year is awaited.

RDaSH

The national guidance on finance and contracting arrangements for H1 2021/22 stipulates that there will be no 2021/22 CQUIN scheme (either CCG or specialised) published at this stage. National guidance for the second half of the financial year is awaited.

10. COMPLAINTS AND COMPLIMENTS

Via TRFT

All complaints continue to be responded to within the agreed timescales

Via RCCG

A complaint was received regarding purchasing over the counter medication, in that the GP had recommended two products but refused a prescription citing local guidance. A response letter was provided but the patient remains dissatisfied, no further contact has been made by the patient.

CLOSED

The family of a patient has complained that proper legal process has not been followed in relation to the patient's discharge from hospital and admission to a nursing home due to the Covid-19 pandemic. Personal details have been requested but to date non have been received. Investigation is therefore on hold until this information has been received. PENDING

A patient receiving mental health care was described as being in the wrong hospital setting, however, at the time of receipt of the complaint the patient was in the process of being moved. As consent from the patient was not provided and unlikely to be received, no further action will be taken to respond to the complaint. CLOSED

An issue regarding CHC has been raised firstly via a MP where the response letter is waiting sign-off, however the constituent has made a formal complaint stating that he has not received a response to date. A letter of response is being prepared. ONGOING

Compliment

The CCG has received a compliment about a member of the CHC team which has been sent on to Nicky, the compliment reads:

I am the daughter of XX and my father, mother and myself would just like to express our sincere thanks and inform the relevant people of the amazing support Nicky has been over the past months.

Her total professionalism and dedication goes beyond what is expected.

Nicky is always helpful and extremely knowledgeable on her subject and approaches her work with an extremely positive and cheerful attitude.

Thank you for the support this team have offered my father during this extremely difficult time.

11. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no recent breaches.

TRFT - there have been no breaches to date for 2020-21.

12. CQC INSPECTIONS

RDaSH

CQC Well Led Inspection Action Plan

In January 2021 there was a focus on the sustainability of the actions. Four themes have been identified and the actions have been put into the themes. Each theme has an Executive Director lead. An Improvement Board meets monthly to oversee the action plan and approve completed actions. All actions are tracked, and RAG rated. There are three red actions:

There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint).

As at July 2021:

4 actions had no clear plan & timescales / requiring re-plan/scope change. These relate to

- Long Stay Rehabilitation (2) – this involves the redesign of the pathway
- Service Specifications – related to Doncaster and North Lincs Community Adult Mental Health Teams
- Data Quality – Number of actions completed however there remains the need to define further work and proposed timescales

8 actions had a clear plan and timescale in place but off track for delivery

47 actions had a clear plan and within timescale

19 were complete

The three actions completed since the last report relate to:

- Seclusion rooms
- Admission of transgender patients
- Movement of inpatients

There have been no Mental Health Act Inspections during this period.

TRFT

An unannounced visit to the following core services was carried out during the week of 10 May:

- Urgent and Emergency Care
- Medical Care, including older people's care
- Children and Young People

No significant patient safety concerns were identified throughout the week; however there were some immediate learning points raised, which have been addressed and are included within the overall CQC Action Plan.

The Well-led Review was carried out between the 22-24 June and consisted of a number of individual interviews and focus groups. The organisation prepared well for the review and early indications are that this was a positive and productive experience for all concerned.

In addition to the well-led element inspectors revisited Urgent and Emergency Care and undertook a full inspection of Maternity Services. Some areas for further improvement have been identified within the Emergency Department; however encouraging feedback has been received in relation to the delivery of maternity care. This is particularly positive given the national concerns surrounding maternity services. Again, no immediate or significant concerns have been raised with a recognition of the significant improvements that have been made across the whole organisation over the previous 18 months or so. The Trust will receive the draft report for factual accuracy checking in August with the final report expected to be published on 18 September 2021.

A Section 31 Regulatory Notification was received on 01 October 2018 imposing conditions on the Trust Registration in relation to the Paediatric Emergency Department. The specific issues to be addressed were the provision of two registered children's nurses within the Emergency Department

covering the full 24 hour period and the use of an appropriate paediatric early warning tool to ensure that a child who was deteriorating would be quickly identified and immediate treatment initiated. An Action Plan is in place and is currently being updated. Any actions that are identified following the 2021 visit to the Emergency Department will be cross referenced and included where necessary. Significant work has been undertaken and the Trust is collating all supporting evidence to demonstrate compliance with a view to applying for the lifting of these conditions during Quarter Three.

Following receipt of the Section 29a Warning Notice, an action plan was submitted to the CQC on 19 February 2021, identifying all the actions required to address the issues raised, and with longer term actions identified to enhance these actions further. This plan continues to be reviewed and updated to identify the evidence and assurance level of the actions. The action plan is submitted to the CQC on the 5th of each month. Although a formal application for the lifting of this regulatory sanction does not need to be made the Trust will be working with CQC colleagues to agree at what point monthly reporting can cease.

13. ASSURANCE REPORTS

TRFT

A&E

Attendances in May were above the previous year, 43% above May 2020 volumes and 20% above May 2019 volumes. However, admissions were 10% below May 2020 volumes, although still 16% above 2019, so the trend of admissions reaching above 2019 volumes has continued. Site pressures remained high, despite the reduction in Covid-19 positive patients, given the ongoing challenges around ward capacity. Ambulance handover delays over 60 minutes increased slightly to 60 in-month, which was an increase on last year given the comparative month was May 2020 when volumes were radically reduced and there was significant bed capacity across the hospital. Despite this, the Trust remains the top performer in the SYB area for ambulance handovers. The number of patients waiting 12 hours in the department rose to 134, the highest volume since January, and a reflection on the site pressure that were experienced.

Cancer Standards

The size of the Cancer Patient Tracking List (PTL) increased in May, and despite being above the target, is almost a 30% reduction on the peak volumes several months ago, and has now fallen further since. Notably, within this, the number of patients referred by a GP waiting over 62 days has fallen by 85% since the peak of 259 patients in June, such that the Trust now has the lowest number and proportion of over 62-day patients on the PTL of any SYB Trust.

62-day performance was well below the national standard again, with 16 breaches in the month (of which 6.5 were in Lower GI cancers, 2.5 in Urological cancers and 2.5 in Gynaecological tumour sites).

There has been an increase recently in colleagues who are managing serious health issues themselves, including sadly a number of the Trust's colleagues being treated for cancer.

18wws

The size of the waiting list remained relatively static in May, although there were over 360 fewer patients waiting over 18 weeks within this month.

From a benchmarking perspective, the April national data shows that the Trust has seen a faster recovery around Referral to Treatment performance than many other Trusts (having seen a more significant impact initially), ranking now as the 5th best acute or combined Trust for delivery of the incomplete standard compared to a low of 66th in July 2020. This is a huge achievement given the impact the pandemic has had on the Trust's backlogs, and demonstrates the impact of the hard work the operational and clinical teams have put into ensuring they maximise the available capacity to treat patients as quickly as possible.

Recovery trajectories have been developed for all specialties by the divisional teams around the critical elective care metrics, with fortnightly meetings taking place to help drive the Trust's Recovery programme and our delivery of the national Accelerator programme ambition. Activity in the Independent Sector continues, although the planned activity is unlikely to be fully delivered due to the

extent of the exclusions and allowable procedures in the independent sector sites, as well as patient choice. Additional activity in outpatient and inpatient settings continued in May to support recovery efforts, with weekend clinics taking place in several specialties. Weekend theatre lists have been running since Q4, depending on the availability of theatre staff.

52wws

The Trust delivered an 18% reduction in-month of 52+ week wait patients, which is a significant achievement given some of the challenges around theatre staffing, HDU capacity, and the complexity of some of these patients. Approximately 130 of patients are choosing not to be treated currently (either for Covid-19 reasons, or for other reasons).

6 Week Diagnostics

Diagnostic Waiting Times (DM01) is 27.5% for April 2021.

Other TRFT Operational/Performance Areas to Note

Nurse Staffing

There has been a reduction in registered staff fill rates on days and an increase on nights when compared to those for May. Non-Registered shift fill rates reduced on both days and nights in June 2021.

Increased sickness and the number of vacancies poses a daily challenge in ensuring safe and effective staffing across the divisions. Nurse staffing is currently on the Trust risk register (5442), with a score of 20. However, considering the agreed plans to recruit to all registered nurse vacancies, this is planned to be closed and a new more focused risk, considering area specific issues will be opened.

The overall nursing and midwifery vacancies are -60.43 wte (-62.31 last month) as of 30 June 2021. The overall registered nurse/midwife and healthcare support worker vacancy rate is -10.89 wte (-12.79 last month) with external recruitment plans included as at 30 June 2021.

A number of initiatives continue to progress with an aim of reducing registered and non-registered nursing vacancies. A process to enable over offering of Registered Nurse posts based on anticipated future turnover has been approved by the Executive Team.

Pressure Ulcers

The Trust continue to see high numbers of category 2 pressure ulcers and there have also been two category 3 pressure ulcers reported. Key areas of concern are within the acute site, particularly ward A5, AMU and ASU. There has been an improvement in month within Community settings.

Work continues with Locality Leads and their teams to address areas of concern and raise awareness. It should be noted that Maltby (200 day certificate), Rother Valley North, (200 day certificate) Kiveton (150 day certificate) and Wentworth South (50 day certificate) have all received certificates for no lapses in care pressure ulcer free days this month. Teams are awarded certificates by caseload to encourage accountability

50 % of all trust acquired pressure ulcers are on the feet and heels. Awareness posters are now in use. Enhancing Patient Care through Improvements in Quality programme (EPIQ) continues to focus on main areas of concern including pressure ulcers. To date this has taken place on AMU.

Bespoke training continues to be provided monthly face to face for international nurses

14. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard	RTT 18ww Incomplete Pathways	Cancer 62 day wait from urgent GP referral to first definitive treatment	6 Week Diagnostic
Sheffield Teaching Hospitals NHS Foundation Trust	87.3%	83.0%	65.2%	14.16%
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	85.4%	71.6%	83.1%	45.69%
Barnsley Hospital NHS Foundation Trust	91.2%	87.7%	84.2%	38.34%
Sheffield Children's Hospital NHS Foundation Trust	97.2%	74.0%	N/A	32.40%

15. CARE AND TREATMENT REVIEWS

C(E)TRs - There was one LAEP held for a young person during this reporting period, this did not result in a recommendation for an admission to Tier 4: A number of actions were agreed to support the young person in the community, which involved good cross area engagement and support with the local CAMHS team. The DSR process within children's services are beginning to gain some momentum, with a couple of meetings having been held. The Section 117 and C(E)TR Case Manager will be attending in an observer capacity the Doncaster DSR meeting to determine whether there's any learning from an already developed model. A closure CTR was held for an individual who was recently discharged from a learning disability independent hospital to a community placement. This was facilitated as a good practice marker six weeks post discharge, the outcome of which concluded that the discharge was timely and that the individual is thriving in their new home.

16. WINTERBOURNE SUBMISSION

Winterbourne - during this reporting period there haven't been any admissions nor discharges of individuals with a learning disability and/or autism. RCCG is working with appropriate national providers to identify a robust alternative independent hospital placement for one of its patients, given that the current provider has served 28 days' notice as they have stated they are unable to safely meet the patient's needs. RCCG continue to undertake eight week out of area commissioner oversight visits as appropriate in the context of patient safety, health and wellbeing and in accordance with current Covid-19 legislation.

17. DYNAMIC SUPPORT REGISTER

DToCs - There are currently two working age patients who are DToCs, one is due to housing and the other is awaiting a care package. There are currently no older people who are DToCs. We continue to work closely with patients coming towards readiness for discharge in order to prevent DToCs, there are currently three patients that we are working proactively with prior to discharge.

18. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

LeDeR – we are beginning to work as an ICS model in respect of LeDeR to ensure compliance with the recently published national LeDeR policy. The 2020/21 LeDeR annual report has been coproduced with the TRFT Matron in learning disability and autism and will now be submitted to RCGG for approval and ratification prior to publication. The report focusses in the main on 17 reviews: three between January 1 and March 31 2020 and 14 between April 1 and March 31 2021. The three 2020 reviews were not included in the 2019 RCGG annual report as it covered a calendar year in line with the timeframe of the national LeDeR report. Briefly, 12 of the 17 deaths pertained to respiratory causes, four of which were Covid-19 positive. Unlike the national picture three of the four deaths were female, none were individuals who had Down's Syndrome and all were in their 70s at the time of their death. 94% of the reviews concluded that care met or exceeded good, which is significantly higher than the national 63%. In Rotherham most deaths occurred during October 2020 whilst nationally the highest deaths were during April 2020. Locally 47% of individuals were prescribed antipsychotics which are known to negatively impact on long term health so increased focus will be placed on the STOMP initiative.

The NHSR CCG Chief Nurse has taken over the SY Executive lead for LeDeR and will be ensuring continuity of all existing processes.

19. INDIVIDUAL FUNDING REQUESTS (IFR)

The one person receiving Neuro rehab support through IFR has now completed the six-week support in the community. This has enabled them to regain some independence and engage in some activities that it is hoped they will continue with. There is no more support to be provided through IFR.

***Sue Cassin – Chief Nurse
September 2021***