

Rotherham Place Board – Meeting 16th November 2022

**NHS SY ICB (Rotherham Place)
Quality, Patient Safety and Experience Dashboard Report October 2022**

Lead Executive	Sue Cassin, Chief Nurse
Lead Officer	Kirsty Leahy, Head of Quality

Purpose
To update Rotherham Place Executive Team on business activity covering the Rotherham Quality Agenda.
Background
Following integration, the quality team have looked at reporting systems resulting in the new NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report (attached). This report will feed directly into Rotherham Place Board. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.
Analysis of key issues and of risks
Analysis of key risks and issues are contained within the report.
Patient, Public and Stakeholder Involvement
None. Business reporting.
Financial Implications
None.
Approval history
NHS SYICB Rotherham Place Quality Team. NHS SYICB Rotherham Place Executive Team 3.11.2022.
Recommendations
Note and discuss content of report.

NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report

October 2022

This report will feed directly into Rotherham Place Board. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.

Tables contained in the first 2 sections of this report provide a position statement as at the month of October 2022

The following RAG ratings and descriptor have been applied

	Indicates a significant risk and/or concern to place and/or the wider SY ICB – Enhanced Surveillance and/or monitoring required at place and oversight by PLACE Board with escalation to the ICB Board.
	Indicates a risk or concern at place – Surveillance and/or monitoring to be maintained at place - lower-level risk but with impact to the wider SY ICB should be escalated to PLACE Board and escalated to the ICB Board.
	No risk or concerns are currently evident or have been identified at place and no current escalations are required.

Summary Table

Area	October 2022	November 2022	CQC Overall Rating
NHS Foundation Trusts			
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Requires Improvement
Non Foundation Trusts			
Yorkshire Ambulance Service (Sheffield Place ICB)	Routine	Routine	Good
Independent Providers/Specialised Mental Health Providers			
Bluebell Wood Children Hospice (Sheffield Place ICB)	Enhanced	Enhanced	Good
Rotherham Hospice	Routine	Routine	Good
Layden Court, Rotherham	Enhanced	Enhanced	Inadequate
Rother Valley View (Provider Christal Care Ltd) Rotherham	Enhanced	Enhanced	Inadequate – Special Measures
Primary Care			
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Last inspected May 22. RI overall (safe, effective and well-led). Breach Reg 12.
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Last inspected Oct 21. RI overall – all KLOEs. Breach of Regs 12, 15 & 17

SECTION 1 Rotherham Place Brief Overview

Key Status/ Risks / Concerns	Mitigating actions and escalation	Good practice
Main Provider Services		
<p>TRFT</p>	<p>TRFT have been on upper level 4 for last few months Covid numbers are increasing Safeguarding training compliance a concern, improvement slow given other pressures in the Trust Quality of SI reports improving and working groups are in place to manage the implementation of the Patient Safety Incident Response Framework (PSIRF). A PLACE PSIRF meeting will also be established and link into the Integrated Care Board. A retrospective review of ERCP services is being undertaken in response to issues raised – NHSE leading this with TRFT A CQC Assurance Report went to TRFT’s Patient Safety Committee 22 September 2022 providing an update on the Notice of the Decision imposing conditions on the Urgent and Emergency Care Centre UECC) received August 2022, specifically in relation to:</p> <ul style="list-style-type: none"> • Implementing systems and processes to ensure every patient receives safe care and treatment, including the completion of appropriate risk assessments for the most vulnerable • Ensuring the UECC is clean, free from clutter and staff adhere to infection control standards at all times • Compliance with MAST Training for Hand Hygiene, Safeguarding Adults Level 2 and Safeguarding Children level 3. 	<p>Work is on-going, positive feedback from CQC and progress demonstrated in implementing recommendations. Updates on the position for their CQC action plan are reported at Contract Quality meetings.</p> <p>CQC on-site visit week commencing 26 October 2022 to review against the above conditions and a formal report is awaited</p>
<p>TRFT Safeguarding/ Media Interest Cases</p>	<p>The Rotherham NHS Foundation Trust were charged by the CQC following a finding in 2019 that four safeguarding cases involving children under two months old should have been given greater consideration, as injuries may not have been accidental. All cases were declared Serious Incidents by the Trust and investigated. The timeliness of the investigations was poor and there was not effective learning or implementation of remedial actions. On the 26 Oct 2022, the Trust pled Guilty to the charge and the Judge subsequently issued a fine to the Trust.</p> <p>Since 2019, the Trust has made extensive changes to children’s safeguarding processes and has developed strong working arrangements with Rotherham partners. There have been no similar Serious Incidents since 2020. NHS England have</p>	

	independently reviewed children's safeguarding arrangements and the verbal feedback was extremely positive (a written report is awaited).	
RDaSH	<p>There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint). As at September 2022, 74 actions have been completed. The four open recommendations are 'Must Do', a summary of the 4 outstanding actions to be completed (taken from the RDaSH Sept CQC update):</p> <ul style="list-style-type: none"> • MCA Audit Trust wide (M4) - A full clinical audit process in place but not yet yielded improvement compliance with regards to MCA. Further communications planned to increase uptake of MCA audits. • Recording Seclusion within Acute Wards for adults of working age & PICU (M23) - A revised seclusion template has been developed within SystmOne. Training dates during October have been scheduled with an anticipated launch and implementation date of the 1 November 2022. • Best Interests Decisions within Long stay rehabilitation wards (M25) - Actions implemented, dip sample undertaken and propose to close • MCA within Community Health (M33) - Audit sample has been identified and an update will be provided at the next meeting. 	<p>Work is on-going, positive feedback from CQC and progress demonstrated in implementing recommendations.</p> <p>Updates on the position for their CQC action plan are reported at Contract Quality meetings and an update report against actions was submitted 20.09.2022.</p>
Independent Providers/Specialised Mental Health Providers		
Bluebell Wood Children Hospice	<i>This service has notified CQC that it is currently not providing regulated activities. The service has entered CQC's dormancy process which can be in place for up to 12 months. Work is progressing to mitigate issues regionally; this is being led by Sheffield.</i>	
Layden Court, Rotherham	<p>Rated Inadequate by CQC. All safe and well checks completed on the five CHC residents, team now working with Local Authority to complete reviews on 13 FNC residents and to communicate with residents and families. Remains in contract default and is currently under a special measures improvement plan (SMIP). The SMIP has an end date of 21/10/2022 and the Contract Compliance Officers of RMBC will then attend at the service to ensure compliance with the SMIP</p>	
Rother Valley View (Provider Christal Care Ltd) Rotherham	<p>NoP issued 5th May 2022. service submitted action plans to CQC to address the concerns raised and these are regularly updated. Audits are also in place by the senior management team to ensure that new practice and relevant training is being embedded. Cristal Care are actively recruiting into vacant posts and have an established agency staff team in place whilst recruitment is completed. The regular agency staff know the residents well and are also well known to the residents so continuity of care is maintained.</p>	<p>Regular meetings continue with the provider and the placing commissioners. No issues regarding individual placements have been raised by the placing commissioner. Regular safe and well visits are still being undertaken by the placing authority.</p>

There have been recent Safeguarding alerts received from the service and these are currently being investigated.

Primary Care		
Crown Street Surgery, Rotherham	Last inspected May 22. RI overall (safe, effective and well-led). Breach Reg 12.	Primary Care support continues along with national accelerated programme.
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12	Primary Care support continues along with national accelerated programme.
Swallownest Heath Centre, Rotherham	Last inspected Oct 21. RI overall – all KLOEs. Breach of Regs 12, 15 & 17	Primary Care support continues along with national accelerated programme.

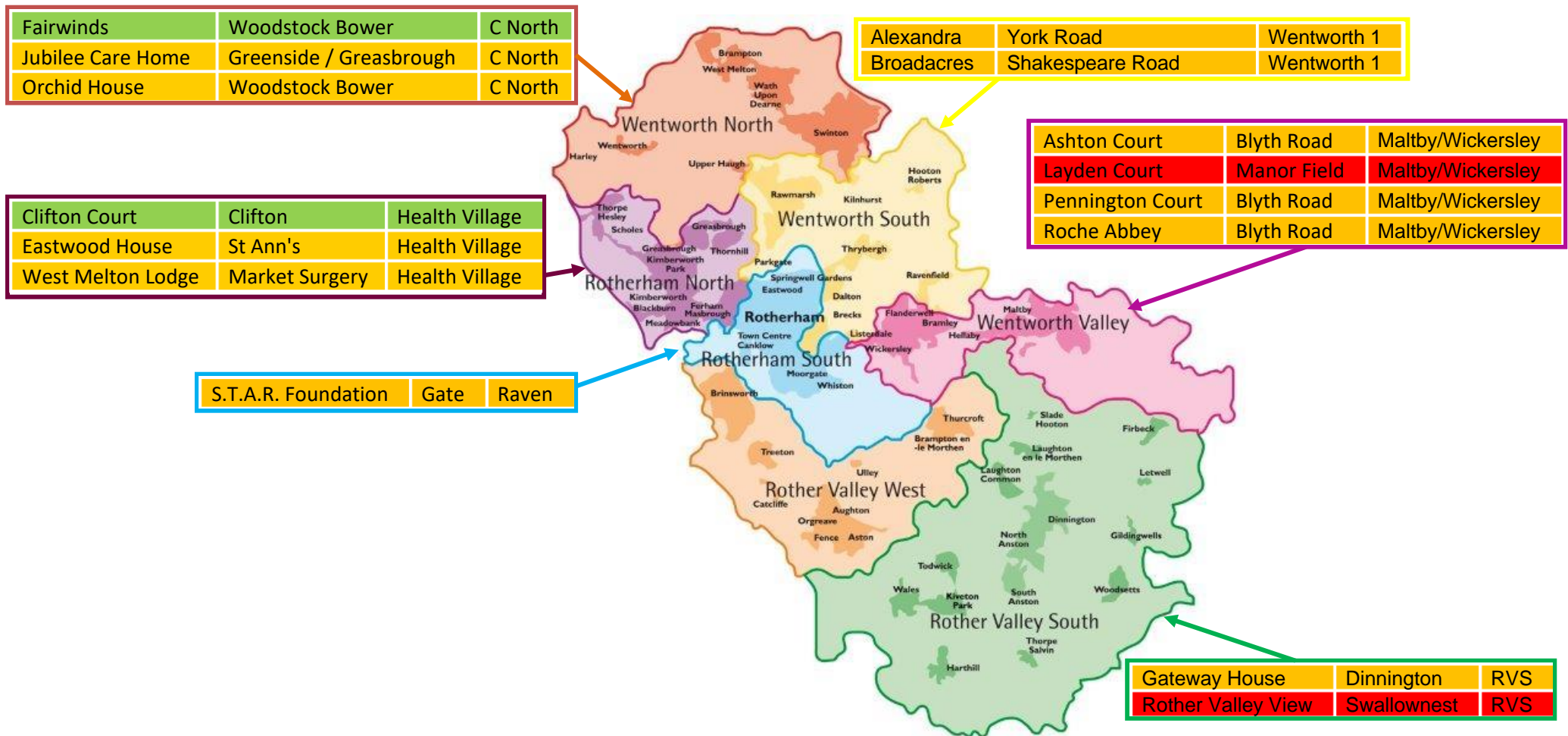
Primary Care CQC	Rotherham's 28 General Practices CQC ratings:		
	Outstanding	1	The Gate
	Good	24	
	Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
	Inadequate	0	

Care Homes CQC	Rotherham's Adult Residential/Nursing care home CQC ratings	
	 <p>A pie chart illustrating the distribution of CQC ratings for Rotherham's adult residential and nursing care homes. The largest segment is 'Good' with 26 homes, followed by 'Requires Improvement' with 12 homes. There are 2 homes each in the 'Inadequate' and 'Outstanding' categories.</p>	<p>Care Home Contract Concerns In September there were a total of 41 contract concerns raised against Adult Residential/Home Care/Nursing providers, involving 22 providers. 10 concerns have been substantiated, 3 unsubstantiated with the remaining 28 still being investigated. The 4 main themes for these concerns are: Finance, Medication, Quality of Care and Training.</p> <p>Contract Defaults Layden Court remains in contract default and is currently under a special measures improvement plan (SMIP). The SMIP has an end date of 21/10/2022 and the Contract Compliance Officers of RMBC will then attend at the service to ensure compliance with the SMIP</p>

New CQC Reports published in September 2022	Name	Provider	Rating	Publication	URL
	Amethyst Care & Support Group Ltd	Amethyst Care & Support Group Ltd	Good	29/09/2022	http://www.cqc.org.uk/location/1-10314620979
	Tempnur Care	Tempnur Ltd	Good	30/09/2022	http://www.cqc.org.uk/location/1-10710537206

CQC Ratings Care Homes		
Outstanding	2	Clifton Court, Fairwinds
Good	26	
Requires Improvement	12	Ashton Court, Alexandra Care Home, Broad Acres, Eastwood House, Gateway House, Jubilee, Orchid House, Pennington Court, Roche Abbey, S.T.A.R Foundation, West Melton Lodge, Kingdom House (Sheffield Place monitor)
Inadequate	2	Layden Court, Rother Valley View

Map below shows nursing homes aligned to GPs and PCNs, colour coded to show CQC ratings by exception.



SECTION 2 KEY UPDATES

This section includes any thematic concerns/issues, mitigating actions/escalation and include any good practice, improvements/opportunities and learning

Primary Care	The Primary Care Team continue to provide support to all practices at this time.
Rotherham Hospice	The Hospice provide a monthly Open and Honest report outlining performance and details of any issues such as falls, medication errors and complaints. These have been on hold for the last few months due to staffing issues and are to resume shortly.
Safeguarding Adults and children including LAC	<p>Safeguarding PLTC Event 15th September 2022 – initial feedback very positive – evaluation report to follow.</p> <p>Development of a draft 5-year strategy for Looked-after children and care leavers across SY ICB for health.</p> <p>Development of an assurance tool based on the learning from the national review of Star and Arthur for SY ICB (author Sam Davies). Working with providers to understand any gaps which need addressing. This should lead t the production of a SY ICB action plan</p> <p>A copy of the ‘True for Us’ – Solihull JTAI assurance report – completed for Rotherham MASH (health) in June 2022 has been requested from CQC as an example of good practice and completing assurances for MASH intervention</p> <p>A number of perplexing presentations have emerged. The Deputy Designated and Designated Nurse for safeguarding are supporting providers around this area.</p> <p>Local review being completed after the MASH received 5 referrals in the same week for babies with bruising – all cases involved young parents with ACEs</p>
Public Protection	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood cases are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.
Patient Experience	<p>Concerns over rising prices and cost of living continue to dominate most meetings with community groups and organisations. As community and public meetings re-start, people’s responses are quite mixed, with many people finding it hard to ‘get back out’.</p> <p>Healthwatch have published a report on defibrillators in Rotherham defib report final.pdf (healthwatchrotherham.org.uk)</p> <p>Positively developing community contacts - setting up a series of meetings with Rotherfed and community workers embedded in community across Rotherham, with the aim of developing contacts and exploring ways of working together in the future.</p>
CHC and Independent Placements	<ul style="list-style-type: none"> Capacity of EMI nursing placements across the Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge, we continue to work with RMBC colleagues to address the issues The limited number of LD placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children’s services to Adults, we continue to work with RMBC and ICB colleagues to address this issue and source appropriate care provisions
117/LD and Independent Placements	<ul style="list-style-type: none"> Limited hospital placements (three main providers) have led to a reactive policy where they let us know how much a bed will be. Passed to Kate Tuffnell who was looking into a strategic ICB framework. Given capacity, case management (unless reactive) has not been possible but clinical oversight is needed to ensure correct care in place with correct level of funding. Request made for feedback and communication around standard rate care homes and plans to look and review CQC status of all existing placements.

	<ul style="list-style-type: none"> Lack of LD and Autism provision and placements for all ages, impacting of patients, other service uses, staff and family life. Resulting in poor quality of care and outcomes, Inappropriate placements/environments, potential increase in restrictive interventions, potential reputational damage, potential media interest. System/nationwide issues. The issues have been escalated to PLACE and the ICS for strategic oversight and leadership from the ICB and NHSE within the Transforming Care Agenda. 																												
C(e)TR	<p>From June 2022 to September 2022 the following reviews have been undertaken. From the data it can be seen there has been a rise in reviews for patients with autism and on the whole admissions were appropriate.</p> <table border="1" data-bbox="488 316 1883 659"> <tr> <td>June</td> <td>Autism</td> <td>Hospital</td> <td>admission could not have been avoided</td> </tr> <tr> <td>June</td> <td>Autism</td> <td>Hospital</td> <td>Discharged before ICB aware</td> </tr> <tr> <td>June</td> <td>Autism</td> <td>Community</td> <td>No admission needed</td> </tr> <tr> <td>July</td> <td>Autism</td> <td>Community</td> <td>No admission needed</td> </tr> <tr> <td>July</td> <td>LD</td> <td>Community</td> <td>No admission needed</td> </tr> <tr> <td>August</td> <td>Autism</td> <td>Hospital</td> <td>Admission could have been avoided</td> </tr> <tr> <td>August</td> <td>Autism and LD</td> <td>Community</td> <td>Hospital admission needed (appropriate)</td> </tr> </table>	June	Autism	Hospital	admission could not have been avoided	June	Autism	Hospital	Discharged before ICB aware	June	Autism	Community	No admission needed	July	Autism	Community	No admission needed	July	LD	Community	No admission needed	August	Autism	Hospital	Admission could have been avoided	August	Autism and LD	Community	Hospital admission needed (appropriate)
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LeDeR	<p>NHS SY ICB (Rotherham) have 23 active cases. 1 of 23 is a focussed review. 5 of 23 relate to CDOP. Resource at both PLACE and across NHS SY remains a challenge.</p>																												
Infection Prevention and Control	<ul style="list-style-type: none"> Covid increasing within TRFT and outbreaks within care homes and supported living in the community. Also seeing norovirus in the community and school/Nursery environments. Work ongoing around HCAI's, with plans in place around aiding reductions. Involvement in work supporting the review of IPC within Rotherham PLACE and the ICB. 																												
PSRIF including Patient Safety Specialist	<p>From the National Patient Safety Strategy: https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/#patient-safety-strategy Initiatives from the Strategy:</p> <p>Learn from patient safety events service (LFPSE) – (previously called the patient safety incident management system – PSIMS – during development) LFPSE will be a major upgrade to the existing National Reporting and Learning System (NRLS), creating a single national NHS system for recording patient safety events. Organisations with compatible local risk management systems are now able to record patient safety events on LFPSE instead of the NRLS. Organisations without a local risk management system, such as general practice, dental surgeries and opticians, are also able to record safety events directly to LFPSE by registering for an online account. See https://www.england.nhs.uk/patient-safety/learn-from-patient-safety-events-service/</p> <p>Involving patients in patient safety – Patients, families and carers involvement in their own safety as well as being partners, alongside staff, in improving patient safety in NHS organisations.</p> <p>Patient Safety Syllabus – The syllabus underpins the development of patient safety curricula for all NHS staff.</p> <p>Patient Safety Incident Response Framework (PSIRF) – Roll out now, by Autumn 2023. Will replace the current Serious Incident Framework with updated guidance on how NHS organisations should respond to patient safety incidents, and how and when a patient safety investigation should be conducted. See https://www.england.nhs.uk/patient-safety/incident-response-framework/</p>																												

	Rotherham PLACE across health and the wider ICS are working at pace to ensure implementation for the Autumn deadline via a network of Patient Safety Specialist.
Serious Incidents and Never Events	<p>SI's and Never Events continue to be logged and managed as per the Serious Incident Framework, which will be replaced with PSIRF by Autumn 2023. The top three themes for TRFT are Falls, Pressure Ulcers and Delayed treatment/diagnosis whilst RDaSH's is Unexpected death.</p> <p>The Healthcare Safety Investigation Branch (HSIB) is going through organisational transformation to become the Health Services Safety Investigations Body (HSSIB). At the same time its maternity investigations programme will be formed into a separate organisation, the Maternity and New-born Safety Investigations Special Health Authority (MNSI). Both organisations are expected to be operational in April 2023. You can read more about these changes and the new organisations on the HSIB website.</p>
SEND	<p>The Child Safeguarding Practice Review Panel national review - The Panel have identified 2 urgent actions for Directors of Children's Services (DCSs) to safeguard children with disabilities and complex health needs in residential settings Children and Young People's Services have identified the children and young people in Rotherham who meet the definition. 9 children/ young people meet the definition exactly. 3 young people (aged 17/18) receive similar packages of care in adult regulated services. Quality and Safety Reviews will also be completed for these young people.</p> <p>Children and Young People's Commissioning Service are coordinating the reviews which include a visit to the child and Health, Education and Social Care. The reviews will have all taken place by the end of October.</p> <p>A draft overview report will be presented to the Director of Children and Young People's Services and the Strategic Review Delivery Group. This will be submitted to the National Review by 23rd December.</p> <p>SEND Local Area Inspection Update - On Friday 7th October a Support and Challenge HR3 Meeting focused on Rotherham's progress towards the Local Area's Written Statement of Action (WSoA). The WSoA meeting included good representation from the SEND Partnership, including, the Parent Carer Forum (PCF). It considered the three priority areas for improvement.</p> <ul style="list-style-type: none"> • Area 1: The variability in the quality of EHC plans, including the contribution of health and social care partners. • Area 2: The effectiveness of the graduated response to identify and meet children and young people's needs, especially in key stages 1 and 2. • Area 3: The quality of provision for children and young people's preparation for, and transition to, adulthood. • Area 4: Communication with all parents and carers of children and young people with SEND about the Local Offer, and the accessibility of the very valuable information included within the Local Offer. <p>The meeting was positive, however further work was identified in relation to demonstrating and evidencing impact.</p> <p>Waiting times for neurodevelopmental assessment continue in response to increasing demand</p> <p>Current waits in CAMHS are not reducing in line with the trajectory (for children and young people aged 5 to 18 yrs) and continue to grow for those seen by the Child development centre CDC (0 to 5 yrs). A review of system wide support for CYP with neurodevelopmental difference is being initiated by Helen Sweaton to understand the drivers behind the increasing demand.</p> <p>Some Health contributions for Education, health and care plans are not being submitted on time. This reflects a lack of resilience in current arrangements (currently within TRFT) together with a sustained increase in demand. Commissioners/DCO are meeting with Rotherham Council and TRFT to plan the best way forward.</p> <p>Short Breaks Innovation Fund - Local Authority and NHS colleagues recognise the limitations of existing short breaks capacity (in-house and in the external health/ care and SEN markets) families with children with very complex needs are not always able to</p>

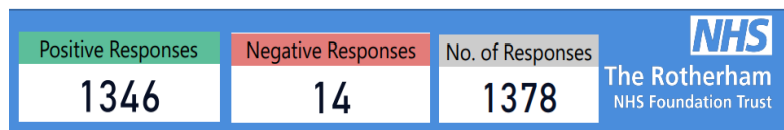
access respite provision and when behaviours reduce the ability of local education provision to meet need this can significantly increase the risk of family breakdown. This increases the risk of children requiring admission to care, 52/ 38 week placements and Tier 4/ Urgent and Emergency Care. At the end of September 2022, the DfE published an opportunity for local authorities to apply to the open application round of the Short Breaks Innovation Fund (previously called the Better Integrated Care Fund) for year two of the programme between April 2023 and March 2024. NHS South Yorkshire Rotherham Place have worked with Rotherham Council commissioning, social care, finance, and education/ SEN and the parent carer forum to align our respective thinking and feel this opportunity is worth progressing. An application to the fund is proposed to supplement our existing short breaks/ emergency residential provision to enable care and support to be provided for children with complex SEND needs e.g. children and young people with Intellectual Disability and/ or Social Emotional and Mental Health and/ or Autism.

Good practice/ improvements

- Health representation at EHCP panel
- CPD programme agreed with RISE – this includes being involved in South Yorkshire wide CPD offer
- New health section on Local offer to be launched
- The launch of the new health section on the Local offer website is imminent. This has been co-produced with Rotherham parent/carers forum and a wide range of local services.
- Fantastic multi-agency work has culminated in the development of a quality assurance framework for transitions to help us understand the quality of our practice preparing children for adulthood.
- Kooth digital counselling service continues to exceed reach targets and provides emotional wellbeing support to Rotherham children and young people 11-25 years old.

Complaints and Patient Experience

TRFT Friends and Family Test August Data



Complaints (Reported further in section 3) Quarter 2 : July to September

Complaints: 1 closed, 1 ongoing

MP Contacts: 3 closed, 1 ongoing, 1 pending.

SECTION 3 Patient Quality and Safety Report

1. INFECTION PREVENTION AND CONTROL

Figures up to date 11 10 2022

RDaSH: There have been no cases of Health Care Associated Infection so far this year (22/23).

Hospice: There have been no cases of Health Care Associated Infection so far this year (22/23).

HCAI:	TRFT	NHSR
MRSA	0	0
MSSA	4	29
Clostridium Difficile	10	22
E Coli	26	98
Klebsiella spp	6	22
Pseudomonas aeruginosa	5	8

MRSA

There is Zero tolerance on MRSA bloodstream infections, this was first set out in Everyone counts 2013/14, and has remained.

Clostridioides difficile (C. difficile) and Gram-negative bloodstream infections (E. coli, Klebsiella spp, P. aeruginosa)

The NHS Standard Contract 2022/23 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement, with thresholds also set for CCG's.

Post infection reviews/ Root Cause Analysis is undertaken on cases. This is a continual and reviewed process, although is behind schedule due to the effects of Covid. The process highlights any lapses in quality of care and any learning outcomes within both Community and the Acute Trust. The information can then be analysed to identify any potential themes, and reduction approaches can be planned and initiated.

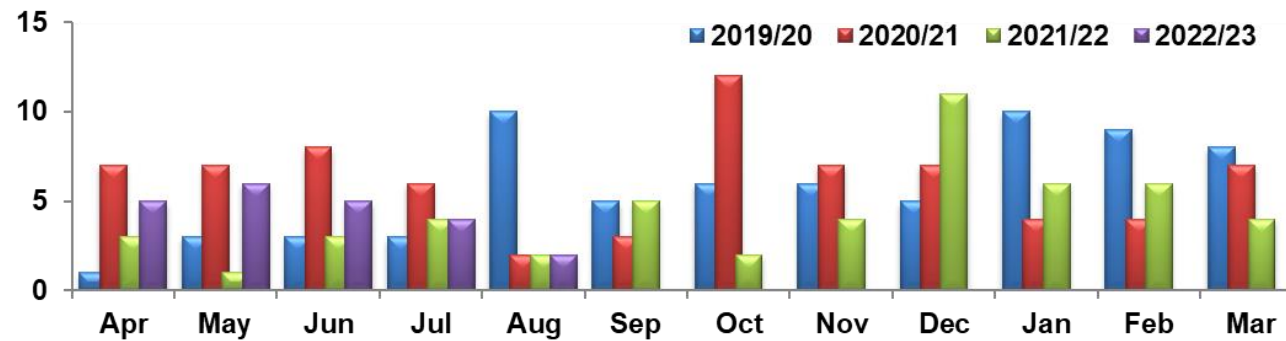


TRFT 2022/23 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	3	3	0							
Monthly Plan*	1	1	2	1	1	1	2	2	2	3	2	1
Year to Date	4	4	7	10	10							
Year to Date Plan*	1	2	4	5	6	7	9	11	13	16	18	19

NHS Rotherham CCG 2022/23 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	6	5	4	2							
Monthly Plan*	3	3	4	4	4	3	4	3	4	4	4	5
Year to Date	5	11	16	20	22							
Year to Date Plan*	3	6	10	14	18	21	25	28	32	36	40	45

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.



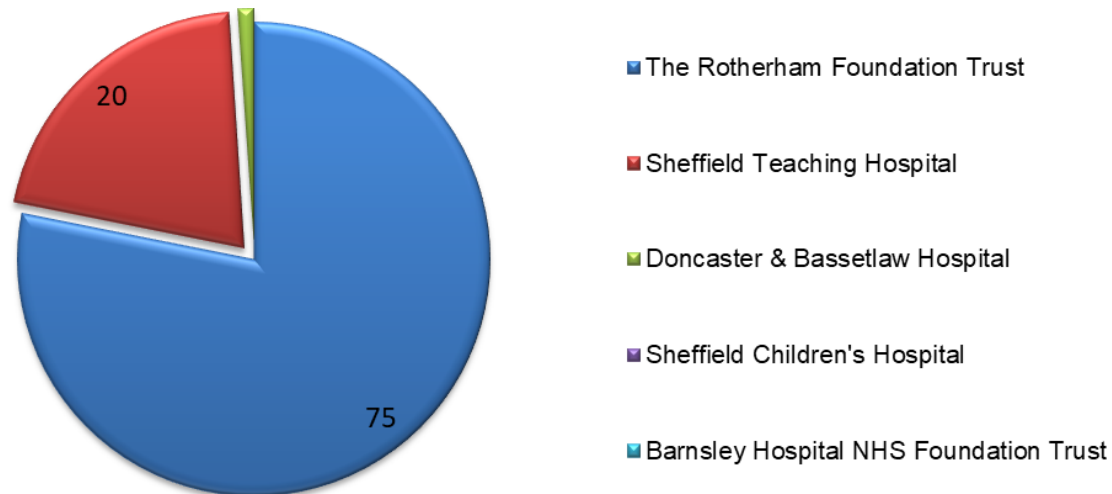
E Coli

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

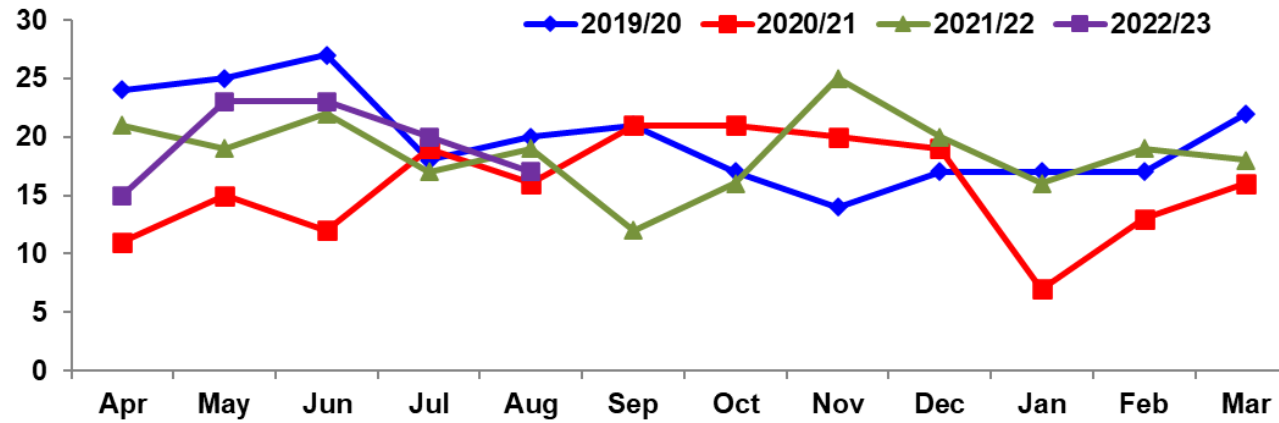
TRFT 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	6	5	5	7	3							
Monthly Plan*	4	3	5	5	4	5	8	5	5	3	5	5
Year to Date	6	11	16	23	26							
Year to Date Plan*	4	7	12	17	21	26	34	39	44	47	52	57

RCCG 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	15	23	23	20	17							
Monthly Plan*	17	18	16	19	16	18	15	18	16	12	15	15
Year to Date	15	38	61	81	98							
Year to Date Plan*	17	35	51	70	86	104	119	137	153	165	180	195

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.



Pseudomonas Aeruginosa

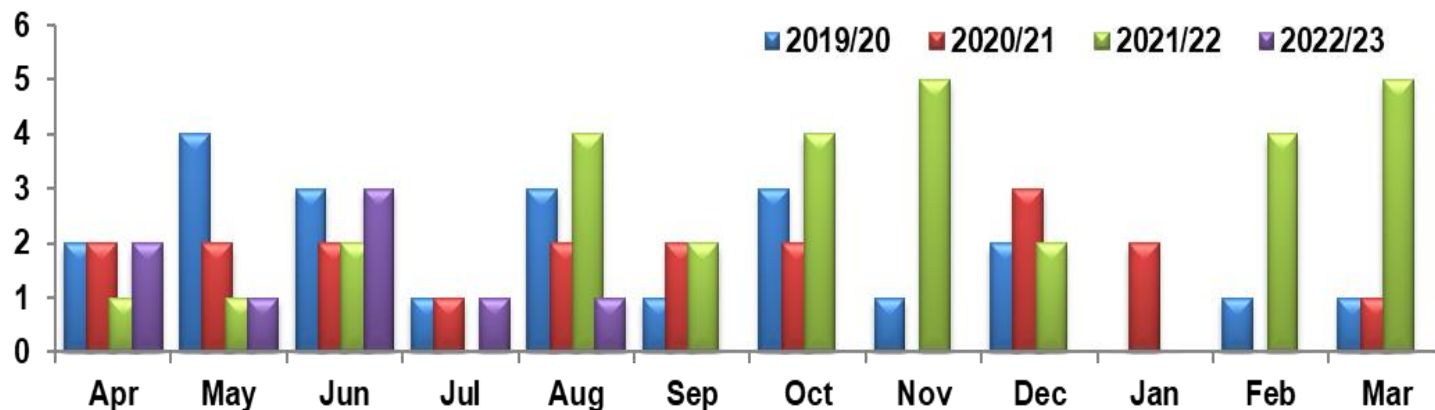
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	0	2	1	1							
Monthly Plan*	0	0	0	0	1	1	1	0	1	0	0	1
Year to Date	1	1	3	4	5							
Year to Date Plan*	0	0	0	0	1	2	3	3	4	4	4	5

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	2	1	3	1	1							
Monthly Plan*	2	2	2	1	3	2	2	2	2	1	2	2
Year to Date	2	3	6	7	8							
Year to Date Plan*	2	4	6	7	10	12	14	16	18	19	21	23

Figure comparison for NHS Rotherham CCG of Pseudomonas Aeruginosa

The chart below shows a comparison of the number of all Pseudomonas Aeruginosa cases by years.



Klebsiella Spp

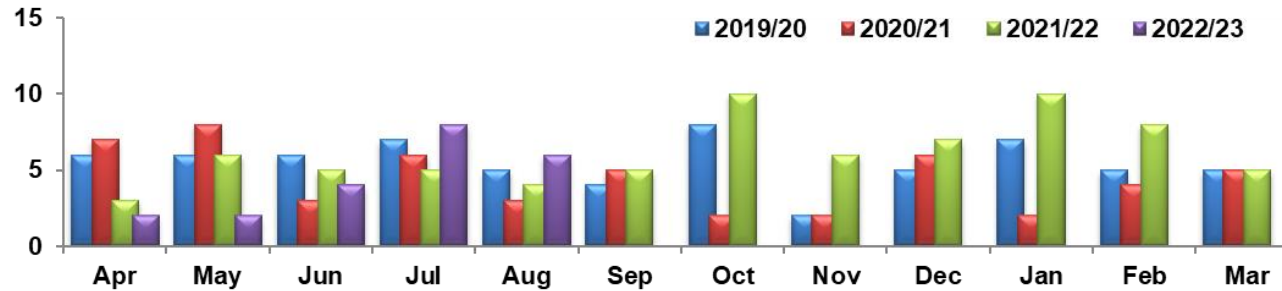
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	0	4	2	0							
Monthly Plan*	0	1	2	1	1	2	1	1	1	1	1	0
Year to Date	0	0	4	6	6							
Year to Date Plan*	0	1	3	4	5	7	8	9	10	11	12	12

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	2	2	4	8	6							
Monthly Plan*	5	5	5	5	6	6	4	3	5	4	4	5
Year to Date	2	4	8	16	22							
Year to Date Plan*	5	10	15	20	26	32	36	39	44	48	52	57

Figure comparison for NHS Rotherham CCG of Klebsiella Spp

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



2. MORTALITY RATES

The latest Dr Foster data has now been updated to February 2022 for the HSMR and January 2022 for the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. However, when all Covid19 activity is excluded from the HSMR, the figure falls to 94.3, well within the 'as expected' category. The in-month HSMR for February 2022 was 81.7, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust's HSMR is 5th of 21 acute, non-specialist NHS providers. For the 12-month period there were no HSMR diagnosis groups with a relative risk banded as statistically 'higher than expected'. This is the first time this has been the case since the Trust established the Mortality Improvement Group in 2020. Crude mortality was 3.4% over the 12-month period, compared to 3.2% regional average (acute, non-specialist Trusts).

3. SERIOUS INCIDENTS AND NEVER EVENTS

SI's and Never Events continue to be logged and managed as per the Serious Incident Framework, which will be replaced with PSIRF by Autumn 2023. The top three themes for TRFT are Falls, Pressure Ulcers and Delayed treatment/diagnosis whilst RDaSH's is Unexpected death.

The Healthcare Safety Investigation Branch (HSIB) is going through organisational transformation to become the Health Services Safety Investigations Body (HSSIB). At the same time its maternity investigations programme will be formed into a separate organisation, the Maternity and New-born Safety Investigations Special Health Authority (MNSI). Both organisations are expected to be operational in April 2023. You can read more about these changes and the new organisations on the [HSIB website](#).

SI Position 01.09.2022 to 06.10.2022	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	45	16	1	9	2	0
Closed during period	4	2	0	0	0	0
De-logged during period	0	0	0	0	0	0
New during period	6	1	0	1	0	0
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	47	15	1	10	2	0
Of the above the number that are NE	2	0	0	0	0	0
Final Report Status	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Final Reports awaiting additional information	5	6	0	0	0	0
**Investigations 'On Hold'	2	1	0	0	0	0
CCG approved Investigations above 60 days	0	0	0	N/A	N/A	0
Investigations above 60 days without approval	24	2	0	N/A	N/A	0
Final Reports due at next SI Meeting	0	2	0	N/A	N/A	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

Weekly Safeguarding hotspots report to NHS England. This information will be shared in this report.

SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:
Any pressures re safeguarding alerts/referrals	Information received that some Local Authorities are looking to implement a 'Harms outside the Home' protection plan, that is in relation to child protection, but that will not go onto CP-IS, which could lead to professionals being unaware of any risks associated with the child.
Initial Health Assessments – LAC	Nil to report October
High Profile Cases & Media Interest	18.10.22 - 1 new SAR with potential media interest. Death of young lady by suicide, has had previous media coverage.
Care Homes – Quality & Safeguarding Concerns Could link to discharges, access etc	8/34 Older people Care Homes closed due to outbreak (covid/norovirus) (2 of these are partially closed), staffing or embargo. 3/43 (1 partially closed) Specialist Residential and Nursing Home closed due to outbreak. Dom care provision under increasing pressure and lack of LD provision locally, regional and nationally.
Volume DHRs, SARs, learning reviews, CSPRs etc	18.10.22 - 1 new SAR, 1 new lessons learnt. Dom care provision under increasing pressure and lack of LD provision locally, regional and nationally.
Hidden Harms – any insight, emerging issues, concerns	A number of perplexing presentations have emerged. The Deputy Designated and Designated Nurse for safeguarding (NHS SY Rotherham Place) are supporting providers around this area.
Positive actions	Presentations to the National Safeguarding Workshop hosted by Cathy Winfield, NHS SY CN. Focus on looked-after children and care leavers and the NHS SY 5-year strategy developed by Nikki Shepherd and Julie Warren-Sykes. Sam Davies presented 'Our CSE Journey', over time, including the publication of the Jay Report 2014, to now and the positive strong partnerships of today and service design.

Safeguarding News/Information

Practice Standards group completed learning following a case that TRFT had to escalate a number of times and follow the practice resolution policy because of the concerns related to the decisions regarding risk by RMBC. Issues related to disguised compliance:

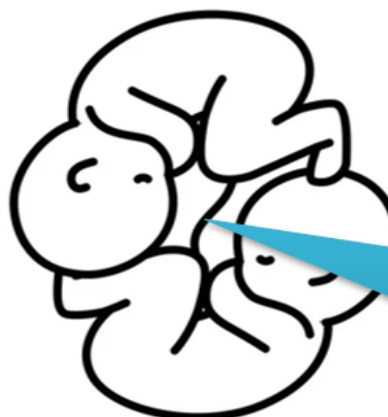


RSCP Partnership Learning Group – Working with Disguised Compliance and Splitting

Background

Referred by TRFT Midwife, the prospective mother of twins had relocated twice before coming to Rotherham. At her booking appointment she stated this was her first pregnancy. It was in fact her third: one older child is adopted, and another is in the care of her father. On one occasion mother had a 10-month-old child alone at home. She claimed her Health records were incorrect and repeatedly demanded they be amended to remove references to her previous pregnancies. The putative father had no knowledge of mother's history, including her traumatic childhood abuse, episodes of mental health difficulties and suicide attempts, two older children having been removed, and a custodial sentence for child neglect. Mother did not want father to be informed that she had Syphilis.

The twins were born in early February 2022. The Social Care case was open at S17.CA1989 Child in Need and Health professionals used the Practice Resolution Protocol, escalating to Stage 4, to progress to Child Protection Case Conference in April, when the children were made subject to CP Planning.



Methodology

Following initial discussion, a Working Group of representatives from the partner agencies involved met to compile a Chronology, identify the issues and potential learning, and produce this Learning on a Page.

We want to be safe in the care of our parents and we want them to work together with the people who are there to help and protect us

Participants

Rotherham Children's Social Care
The Rotherham Foundation Trust
South Yorkshire Police

What Were We Worried About?

Lack of information from agencies previously involved and poor communication between agencies.
Lack of honesty, disguised compliance, and splitting of professionals by parents, who were inconsistent with from the outset, contributing to a breakdown in communication.
Police Officers did not check when the parents said they had been visited by Social Care, which was not true.
Lack of professional curiosity, with professionals clinging to their working hypotheses and not considering pooled multiagency information.
Key safeguarding concerns were not fully explored. The rule of optimism and the role of Supervision.
Working relationships between Social Care and Health were fractious throughout the case. Health staff requested a Strategy Meeting, but this required a Stage 4 escalation. There was a delay in Case Conference being heard, which was out of timescale.
Lack of reference to policy and guidance, including Safeguarding Procedures and Working Together to Safeguard Children 2018.
Class and gender issues: Did mother's smart demeanour affect judgement, and would we have had the same approach if a father had a similar history?
Health disclosure for prosecution when mother was withholding about her own health and then the health of the twins

What Worked Well?

Good use of the Practice Resolution process between Health and Children's Social Care.
Good engagement with parents by Rotherham Social Care.
Good engagement on the surface, with mother attending Health appointments.
Health professionals were consistent and persistent in expressing their concerns and the children were escalated to Child Protection Planning.
Practice Resolution processes do work well.
Good use of virtual meetings, enabling professionals from Local Authorities that were previously involved to participate in the Strategy Meeting and share information that was vital to decision-making.

What Needs to Happen Next?

Improve communication between professionals.
Raise the profile of the Practice Resolution process across agencies.
Promote professional curiosity across agencies to ensure information presented to them by parents is substantiated and triangulated.
We work in the here-and-now, but relevant historical concerns should contribute to analysis and safety planning.
Professionals need to work closely together in the sharing of information and if communication is poor, consider why this may be.
Ensure that Supervision is reflective and effective across and between agencies, including consideration of multiagency, case-centred models.
Develop professional understanding of issues such as disguised compliance, invisible men, splitting professionals, and the rule of optimism.



www.be-the-one.co.uk .

As part of world mental health day, health and care partners across Rotherham have launched a new video for the be the one campaign to help prevent suicides in Rotherham. You can watch the video using the link below and also visit the website for more information.. The video is powerful one that is designed to raise awareness and support people in Rotherham. However, we are aware that it covers a sensitive issue that some may find distressing. Please bear this mind if you are watching the video.

<https://www.youtube.com/watch?v=2Pp8tQYgf3I>

We have promoted the video using the 'health and care in Rotherham' social media accounts (Facebook and Twitter) and would appreciate it if you could share with your family, friends and followers.

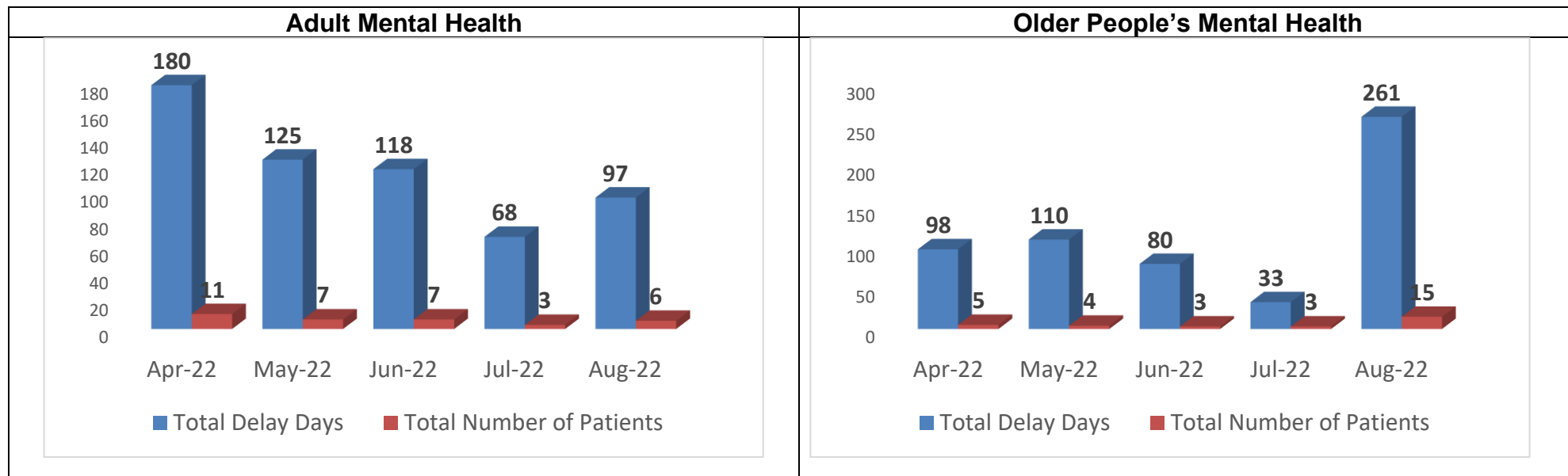


The Children's Society's latest [#Look Closer campaign](#)

[#Look Closer](#) is our national partnership campaign with the National County Lines Co-ordination Centre and the British Transport Police aiming to raise awareness of child exploitation and abuse, with a particular focus on public spaces. The campaign also seeks to challenge assumptions and stereotypes of victimhood and highlights that child exploitation can happen anywhere, and any young person can be a victim. October had a particular focus on gender and how our assumptions can impact the way we safeguard and support young victims of exploitation. This includes a new resource for professionals and a new session on our Programme of Learning and includes asking professionals to consider how they can be more inclusive of trans and non-binary young people, to better protect them from harm.

Our updated content includes guidance and advice and free resources [#Look Closer website](#). To access these you simply need to scroll to the bottom of the page and provide your Job Title, Organisation and Region. Once completed you will be provided with a link to access and download everything. If you have any questions please contact Prevention@childrenssociety.org.uk

5. DELAYS IN TRANSFER OF CARE (DTC)



DTOC meetings held weekly. Chair now changed so that we can get more 'buy in' from the wards in order to progress discharges and identify issues earlier. Impact of lack of care home agencies and nursing placements have resulted in greater waiting times for older adults. For younger people, lack of and complexities around housing and out of area social workers appear to lead to the longest delays. These issues are raised at the DTOC meetings and escalated. Also noted complexity of current patient cohort has increased.

6. ADULT CONTINUING HEALTH CARE

Quality Standards

The table below identifies that we have continued to significantly increase the number of assessments completed in 28 days. A small number of referrals continue to exceed 28 days by more than 12 weeks an action plan remains in place and we continue to monitor our progress as we strive to ensure all standards are achieved.

Quality CHC Standards	Quarter 1 2022/23	Quarter 2 Draft
Percentage of cases meeting the 28 days metric > 80%	72%	85%
No incomplete referral's exceeding 28 days by > 12 weeks +	4	3

7. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 28 practices in Rotherham as at 01.10.22.

	Report	Inspection	Overall	Safe	Effective	Caring	Responsive	Well Led
Blyth	12.09.16	21.07.16	Good	Good	Good	Good	Good	Good
Braithwell Road	19.08.22	12.07.22	Good	Good	Good	Good	Good	Good
Brinsworth	09.05.17	14.03.17	Good	Good *	Good	Good	Good	Good
Broom Lane	29.09.17	09.08.17	Good	Good *	Good	Good	Good	Good
Clifton	24.03.17	20.02.17	Good	Good *	Outstanding	Good	Good	Good
Crown Street	04.07.22	16.05.22	Req Imp	Req Imp	Req Imp	Good	Good	Req Imp
Dinnington	16.01.18	22.11.17	Good	Good	Good	Good	Good	Good
The Gate	22.06.17	17.03.17	Outstanding	Good *	Good	Outstanding	Outstanding	Good
Greasbrough	11.04.17	15.02.17	Good	Good *	Good	Good	Good	Good
Greenside	13.12.18	31.10.18	Good	Good	Good	Good	Good	Good
High Street	17.08.17	17.07.17	Good	Good *	Good	Good	Good	Good
Kiveton	24.03.17	20.02.17	Good	Good *	Good	Good	Outstanding	Good
Magna	06.09.17	27.07.17	Good *	Good *	Good	Good	Good	Good *
Manor Field	02.02.18	05.12.17	Good	Good *	Good	Good	Outstanding	Good
Market	28.01.16	18.11.15	Good	Good	Good	Good	Good	Good
Morthen Road	02.06.17	19.04.17	Good	Good *	Good	Good	Good	Good
Parkgate	13.08.20	13.07.20	Good	Good	Good	Good	Good	Good
Rawmarsh	01.12.16	21.09.16	Good	Good	Good	Good	Good	Good
Shakespeare Road	10.06.22	28.04.22	Req Imp	Req Imp	Req Imp	Good	Good	Req Imp
St Ann's	04.05.20	10.03.20	Good	Good	Good	Good	Good	Good
Stag	10.08.17	27.06.17	Good	Good *	Good	Good	Good	Good
Swallownest	02.12.21	15.10.21	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp
Thorpe Hesley	04.12.18	23.10.18	Good	Good	Good	Good	Good	Good
Treeton	13.02.19	05.12.18	Good	Good	Good	Good	Good	Good
Village	06.03.17	24.01.17	Good	Good *	Good	Good	Good	Good
Wickersley	18.10.18	13.09.18	Good	Good	Good	Good	Good	Good
Woodstock	13.02.19	12.12.18	Good	Good	Good	Good	Good	Good
York Road	07.07.21	11.06.21	Good	Good	Good	Good	Good	Good

8. FRACTURED NECK OF FEMUR INDICATOR

The Royal College of Physicians National Hip Fracture Database shows that there were 92 people presenting at TRFT with hip fractures between April to August 2022 (inclusive). This gives a 2022/23 outturn of 221 against an annual target of 280.

9. CQUIN UPDATE

TRFT - Five indicators linked to payment have been agreed by TRFT and SY ICB – Rotherham Place. TRFT will also be reporting against all other relevant indicators. The deadline for Quarter 2 submissions is 27 November 2022.

RDaSH - Q2 RDaSH CQUIN report has not been received by NHS SY Rotherham Place. The Q2 report is currently progressing through RDaSH internal governance.

10. COMPLAINTS AND COMPLIMENTS

Via TRFT - Quarter 1 2022-23. There were 76 formal complaints received in Q1 giving a rolling average of 23.17 complaints a month using Statistical Process Control (SPC). Seventeen of the complaints were upheld and 46 partly upheld. 18 were not upheld and nil had no outcome recorded. One Divisional presentation was heard through the Patient Experience Group (PEG) this quarter from Family Health. Complaint response times this quarter were 100%. No complaints this year have gone to the Parliamentary and Health Service Ombudsman. There were 3,692 responses for the Friends and Family Test (FFT) in Quarter 1. Of these responses, 3553 were positive and 78 were negative. The detail of the FFT data is shared at the Patient Experience Group. There were 776 Compliments received in Quarter 1. Themes from compliments collected manually include: Nursing care, being treated with privacy and dignity, district nurses giving excellent end of life care and student nurses recognised as going above and beyond.

Via Rotherham Place

Complaints Qtr 2 July to September

- Repeat prescriptions a patient is dissatisfied that their repeat prescription was reduced to 28-day intervals without advance notice. A response letter was provided with advice on an alternative arrangement. CLOSED
- DST a complaint is being investigated around the completion of a DST which the complainant reports that the scoring was downplayed and not in the patient's best interest. ONGOING

MP Contacts

- A patient has expressed their concern via their MP about the lack of lymphedema nurses in Rotherham and has been told that there are only two nurses covering 500 patients. A response was provided stating that patients are usually seen on a 4/12 monthly basis depending on the stability of their condition. Since January 2020, with the exception of a pause in seeing patients face-to-face during the pandemic the patient had eight appointments with the service. CLOSED
- Maternity services; a patient complained that the services offered following recurrent miscarriage and still birth need to change. Upon contacting this patient to discuss their complaint our colleague was informed that at the moment all was well and that she was 15 weeks pregnant, therefore, did not wish to pursue the issues at this time. The patient was advised that if in the future they wished to revisit their complaint she can do so. CLOSED
- Individual Funding Request (IFR); a patient contacted the ICB regarding their ongoing issue with the service and their delay in decision making. Additional information has been requested by the deciding panel to receive private neurological rehabilitation following the removal of a brain tumour. A response letter was provided requesting that the awaited supporting information be sought and sent to the IFR service to enable a sound decision to be made. Upon receipt of this letter, the constituent contacted Rotherham direct including several clinically based information from various NHS bodies. Further investigation has commenced into the issues the patient has raised. ONGOING

- Wound dressings; following a surgical procedure at The Rotherham Foundation NHS Trust (TRFT) as patient was told that as they could drive, they should arrange for dressings to be changed via their GP practice. While the GP practice obliged, they were unable to offer weekend appointments which was a concern for the patient. Investigation has revealed the post-operative wound dressings should be performed by TRFT rather than the GP practice. Contact has been made with TRFT asking that this issue is rectified. The patient has been asked to provide feedback if they encounter the issue again. CLOSED
- Wound dressings; a diabetic patient who has a debilitating foot problem find themselves making a 12-mile round trip to obtain intravenous antibiotics and dressing to their foot. Contact was made with TRFT who were able to say that a conversation with the patient had taken place and it was felt that resolution had been found. A letter is being prepared recommending that the patient, via their MP, raises this issue with TRFT direct. PENDING

11. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no recent breaches.	TRFT - there have been no breaches to date for 2022-23.
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12. ASSURANCE REPORTS

UECC	<p>Site pressures remained high in June and peaked again in July with an increase in numbers of Covid-19 patients occupying acute beds to up to just over 50 at the end of the month. UECC Attendances over the reported two-month period were 7% below 2021 levels, with admissions just slightly below the levels from last year for the same period. Related to this, the number of super-stranded patients (21 day+ length of stay) increased in the second half of July to 75 patients, following significant improvements in the position earlier in the period. The increased challenges with flow through the organisation led to another difficult two months regarding ambulance handover delays over 60 minutes, with approximately 50 such breaches in most weeks. Handover delays led to just under 450 hours of time lost in each month, and although TRFT benchmark relatively well in SYB (the 2nd best adult acute trust in the system), the SYB system is the poorest performing in NE&Y on this metric, so it is a priority for the ICB. The Trust continues to utilise our Referral Assessment and Triage (RAT) area in UECC to minimise these delays and has collectively agreed to implementing cohorting where YAS request it, following the pilot earlier in the year. In addition, TRFT has now increased the visibility of the YAS handover screen internally to support escalation and planning, with further access to YAS system being rolled out to the site team and senior colleagues. The proportion of patients waiting 12 hours in department was still well above the national targets that have now been set for 2022/23 (2%), with 10% of patients spending at least 12 hours in the UECC in both months. It is worth noting that on occasion these long-wait challenges were due to the Trust accepting diverts from a neighbouring trust, which subsequently led to demand which could not be easily accommodated. In more recent weeks, we have been unable to repatriate these patients to their own areas, which has created further challenges at the back end of the patient pathway. These figures demonstrate the intense challenges experienced in the Trust over the last two months, through this combination of high demand and high levels of staff sickness. With the changes in IPC guidance implemented within the Trust in late April, we had expected to see some pressures ease given the reduced need for additional cohorting and therefore reduced ward moves, but in reality, these have not been sufficient enough to change the core performance metrics.</p>
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Cancer Standards	The size of the Cancer Patient Tracking List (PTL) increased during June and July, by almost 25%. This has been driven by increases in the Lower GI PTL in particular, with an increase in referrals in July to a record high of almost 300 patients, likely driven by media activity around Dame Deborah James. 62-day performance continued to significantly under-deliver against the national constitutional standard and the increasing numbers of patients on the PTL will likely mean the pressure on this metric continues. TRFT continues to see more patients waiting longer for their treatment due to being unfit, or due to poor engagement in their pathway, as well as high numbers of patients now wanting to wait for their appointments or diagnostics due to holidays. The Faster Diagnosis Standard (FDS) was not met in June. driven by challenges in Lower GI, Urology and Skin. This will be the primary area of focus for the new Cancer Service Improvement Programme Lead when they are appointed.
18wws	July 2022. The RTT position has deteriorated again to 72.7%, driven in part by capacity challenges within a few of the larger specialties and the constraints on TRFT's elective capacity. Sickness levels and workforce shortages in Anaesthetics and Theatres have led to a need to proactively reduce our theatre lists by 20- 25% a day, to minimise the need for last minute cancellations. This deterioration is expected to continue for the next couple of months until TRFT increases its outpatient activity through the additional activities that have been approved through the recovery schemes and until theatre schedules are back to normal levels.
52wws	July 2022. TRFT saw an increase in the number of 52+ week waiters, which grew to over 150. Teams continue to put plans in place to ensure as many as possible of these long-waiting patients are treated as quickly as possible, including utilising the Independent Sector from September again to free up capacity at the Trust.
6 wk diagnostics	Diagnostic Waiting Times (DM01) is 7.8% for July 2022.
Nurse Staff	Overall vacancies for Nursing & Midwifery and support to Nursing & Midwifery was 141 WTE for the month of July. This is reduced to 72 WTE when taking into consideration the 70 candidates going through the external recruitment process. There are currently 35 WTE newly qualified nurses/midwives who are currently awaiting confirmation of registration which have been included in the above figures.

13. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (August 2022)	RTT 18ww Incomplete Pathways (June 2022)	Cancer 62 wait from urgent GP referral to first definitive treatment (June 2022)	Six Week Diagnostic (June 2022)
Sheffield Teaching Hospitals NHS Foundation Trust	75.3%	70.6%	43.0%	30.29%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	68.4%	69.1%	68.5%	46.59%
Barnsley Hospital NHS Foundation Trust	71.9%	81.7%	72.3%	17.52%
Sheffield Children's Hospital NHS Foundation Trust	95.1%	64.0%	NA	30.26%

14. CARE AND TREATMENT REVIEWS

There have been Six C(E)TRs and one emergency LAEP since the last update in May. NHSE have challenged the lack of independence in the clinical review process panel. This has been addressed and covered. Conversation noted around cost, strong and decisive panels needed to prevent hospital admission and clear guidance to support transition all of which will reduce cost of placements. Voluntary sector experts by experience have also increased.

Last year we had eleven reviews (LD and/or Autism). This year to date we have had sixteen reviews with another six planned by the end of the year. We have seen an increase in Autism only reviews. This is mirrored by an increase in admission to the acute wards due to the lack of professional community support other than the crisis team. Discussions are currently underway to look at support/training for the wards in addition to Oliver McGowan training around practical application and support for people with Autism who are admitted. Further work needs to be done around hospital avoidance and community support. Impact of increased ask is significant given arranging, chairing, minuting, completing associated statutory reports and then monthly chase on actions.

15. WINTERBOURNE SUBMISSION

Six patients currently in hospital. This is an increase from previous submissions. These individuals are historic. The oversight has now been addressed.

One recent failed hospital discharge into the community. Learning identified and currently exploring a capital bid. This is expected to take over a year. Our other long stay patient has plans in place to transition into their own home January / February next year. Both these people have been in hospital for several years and discharge has been complicated by a lack of suitable placements.

Three people are expected to be discharged to community provisions over the next 3-6 months. Our final person hopes to progress to rehab in the next three months.

Oversight visits continue for all this cohort. Concerns noted at one provision / provider and are being addressed. Noted NHSE also have concerns. The patient has now been repatriated to Doncaster.

16. DYNAMIC SUPPORT REGISTER (DSR)

The DSR process has been adapted for the LD, children and young person's and Autism DSRs and is in the process of being agreed. The CYP DSR is weekly given the amount of young people currently being discussed. Services appear under resourced and there is difficulty when transitioning to adult services. Keyworkers have proved invaluable in trying to pull together services and meetings to better support young people and their families.

The LD and Autism DSRs are both fortnightly. There is embedded community support for the LD cohort which mostly deals with concerns for placement breakdown rather than hospital admission. However, due to the lack of professional community teams to support those with Autism it is evident that this cohort are going into crisis and being admitted. There are currently discussions happening around 'safe space' which will allow access to a bed with support not in a hospital setting. Challenges are ongoing and include a lack of community provision.

The Children & Young People's Keyworkers have now been in post for a year and are attending and picking up working with the young people referred to the DSR. They attend all three DSRs but work only with those under 25.

17. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

Work continues as an ICS to produce a potential structure for how LeDeR could best service the population of South Yorkshire to ensure that frameworks and guidance are adhered to as per the Learning from Deaths agenda. A working group has formed to look at how each PLACE manages the internal process, areas of good practice, challenges/risk, and how to embed learning and quality improvement from reviews.

Resource across PLACE remains a challenge due to work commitments with several reviewers unable to take on further work as their employers' sanctions.

The LeDeR Annual Report 2021-2022 for what was the CCG will be completed and escalated per the governance structure within the next month.

18. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

Engagement activity

Concerns over rising prices and cost of living continue to dominate most meetings with community groups and organisations, as is inevitable at the moment. As community and public meetings re-start, people's responses are quite mixed, with many people finding it hard to 'get back out'.

A simple comment to the engagement manager at the September event sums this up; *'I knew I would be ok here, because you were organising this, so I'd be safe'*. Its easy for those of us that have worked throughout to forget the impact of the last few years on people who are isolated and experience anxiety.

Also demonstrating this:

- Healthwatch have experienced mixed results with re-starting face to face meetings, having run the same session on breastfeeding both face to face and virtually; 14 people attended online, and no-one attended in person.
- Another community group had planned a face to face meeting, which was then cancelled when no-one booked to attend
- Other events (for example the Older People's Day at Rotherham Minster) went ahead, but a number of people cancelled at the last minute, and attendance was much more sparse than prior to covid

PPG Network meeting 23rd September – well attended meeting; and an animated meeting. Gavin Boyle attended and took many questions from the meeting. Chris Edwards attended and discussed the impact of cost of living with the meeting. Full minutes are available from the engagement manager

Rotherham Older people's Day Tuesday 4th October -engagement manager attended, and used the opportunity to promote Rotherhive and share

some resources

Healthwatch newsletter – September Newsletter will be available on the website shortly [Healthwatch Rotherham](#). Healthwatch have also published a report on defibrillators in Rotherham [defib report final.pdf \(healthwatchrotherham.org.uk\)](#)

Desktop exercise to inform the ICP strategy. All engagement leads have undertaken a desktop exercise, and submitting any engagement reports undertaken by CCGs and place partners. Bearing in mind the very tight timescale these will be used to ensure that the ICP strategy reflects what is important to people across South Yorkshire, and makes good use of information we hold already.

Support to TRFT in completing audit questions on wards. TRFT have set up a programme of additional survey work around areas where the national patient survey deemed improvements could be made.

Developing community contacts - setting up a series of meetings with Rotherfed and community workers embedded in community across Rotherham, with the aim of developing contacts and exploring ways of working together in the future

Liaison with and support to the emerging VAR mental health forum

19. FRIENDS AND FAMILY TEST

August summary data

			Responses by Positivity				Positivity Rate				
			Survey	Negative	Neutral	Positive	Total	Survey	Negative	Neutral	Positive
			0-19 Service	1	2	42	45	0-19 Service	2.22%	4.44%	93.33%
			Community	1	1	150	152	Community	0.66%	0.66%	98.68%
			Day Case (Adult)			111	111	Day Case (Adult)			100.00%
			Day Surgery			113	113	Day Surgery			100.00%
			Inpatients (0-18)			13	13	Inpatients (0-18)			100.00%
			Inpatients (Adult)	7	11	352	370	Inpatients (Adult)	1.89%	2.97%	95.14%
			Long Covid Service			154	154	Long Covid Service			100.00%
			Maternity	2		48	50	Maternity	4.00%		96.00%
			Outpatients (0-18)			25	25	Outpatients (0-18)			100.00%
			Outpatients (Adult)	1	2	220	223	Outpatients (Adult)	0.45%	0.90%	98.65%
			Parent/Carer	1	2	112	115	Parent/Carer	0.87%	1.74%	97.39%
			UECC (Adult)	1		6	7	UECC (Adult)	14.29%		85.71%
			Total	14	18	1346	1378	Total	1.02%	1.31%	97.68%

Positive Responses	Negative Responses	No. of Responses	NHS The Rotherham NHS Foundation Trust	
1346	14	1378		

Child Exploitation (CE) Reported to Health MASH

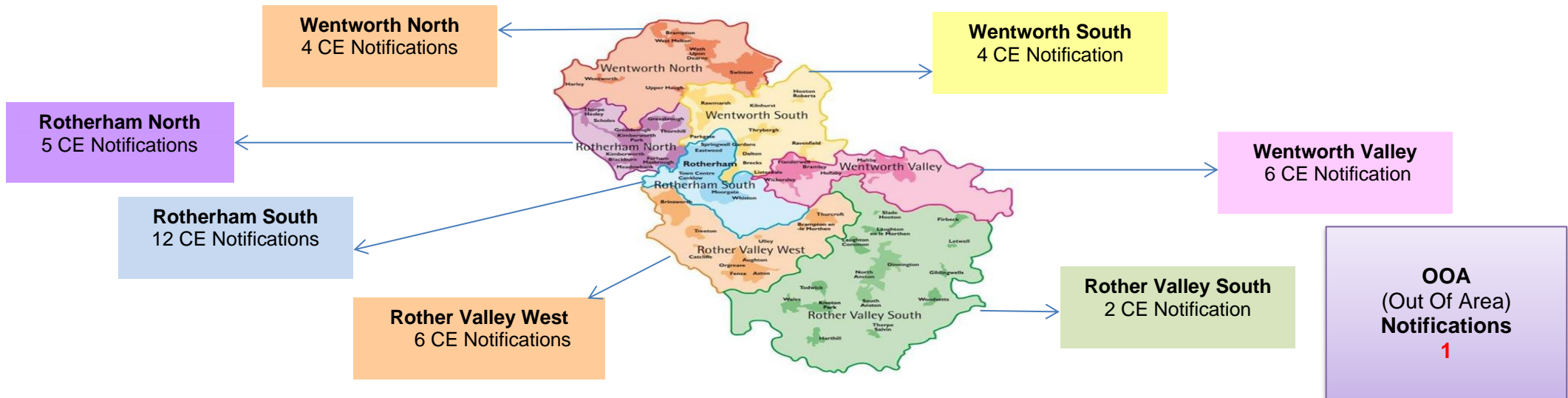
The information below has been collated by the Health MASH team and relates to notifications received from 1st July 2022 to 31st August 2022.

Number of reported CE Notifications 40	Involving 81 Children/ Unborn babies	Of which 36 are female	And 43 were male	There was also 2 expectant mothers named in the notifications
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Type of CE Referral
 Child Sexual Exploitation (CSE) Notifications: 15
 Child Criminal Exploitation (CCE) Notifications: 25

Source of Referral	Number of Referrals
Police	20
MASH	10
Education	1
Strategy Meeting	3
Early Help	3
Barnados	1
RMBC	1
TRFT	1



GLOSSARY

CTR	Care and Treatment Review
CETR	Care, Education and Treatment Reviews
DSR	Dynamic Support Register
DToC	Delayed Transfer of Care
ICB	Integrated Care Board
ICS	Integrated Care System
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review Programme
MASH	Multi-Agency Safeguarding Hub
TRFT	The Rotherham Foundation NHS Trust
RDaSH	Rotherham Doncaster and South Humber NHS Trust
LAEP	Local Area Emergency Protocol