

Quality Report, Patient Safety and Experience Report

Governing Body meeting

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18 June 2020

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Purpose of Paper	
To provide an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality Assurance, Patient Safety and Experience oversight.	
Key Issues	
<p>Key messages:</p> <ul style="list-style-type: none"> National guidance from NHS England and Improvement (NHSEI) and the Coronavirus Act 2020 continues to impact on SCCG quality assurance activities as previously enacted. The Safeguarding team continue to support primary care to meet safeguarding responsibilities and the Fostering and Adoption Team within the Local Authority to prevent any delay in vulnerable children being placed. Serious incidents and Never Events continue to be processed following national guidance. Two General Practices have a CQC rating as Requires Improvement, with one being rated as Outstanding. The Care Quality Commission (CQC) has rated Sheffield Health and Social Care Foundation Trust (SHSCFT) as Inadequate and have been placed into special measures. Sheffield Teaching Hospital Foundation Trust (STHFT) has not reported any further Never events this month and further assurance has been sought regarding the trusts action plan is due to be submitted to the CCGs Quality Assurance Committee. Outstanding NHS Continuing Healthcare reviews are in a deteriorated position of 58%, this is against an agreed target of 20% however continues to improve its position. Sheffield Children’s Hospital (SCH) have reported a MRSA Bacteraemia case that will be attributable to them, a full root cause analysis is being completed with the CCG Infection, Prevention and Control teams oversight. NICE has ceased regular publication of guidance unless it relates specifically to COVID-19. The amended date for publication of Quality Accounts is 15 December 2020. 	
Is your report for Approval / Consideration / Noting	
Consideration and Noting	

Recommendations / Action Required by Governing Body
The Governing Body is asked to consider the progress of actions and improvement
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?
<p>Strategic Objectives</p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield 3. Improve the quality and equality of healthcare in Sheffield
Are there any Resource Implications (including Financial, Staffing etc)?
None
Have you carried out an Equality Impact Assessment and is it attached?
Not required for this update report
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
Not required for this update report

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1 Introduction

- 1.1 The purpose of this report is to provide the Governing Body with an overview of quality assurance, patient safety and experience from an internal and provider perspective in response to and during the COVID 19 period.
- 1.2 In a step to reduce the burden on NHS organisations and to release capacity in the system in response to Covid 19, on 28 March 2020 the NHSEI informed CCGs of changes to Governance, Reporting and Assurance.
- 1.3 On 25 March 2020 NHSEI published Patient Safety Covid-19 Update draft guidance on anticipated changes affecting some quality and patient safety functions, and this was further updated on 1 May 2020. As a consequence both the NHSEI guidance and the recent Coronavirus Act 2020 has impacted on Sheffield CCG's quality assurance processes with some activities being changed and some being ceased.

2 Safeguarding

- 2.1 The CCG retains the responsibility to gain assurance where there are concerns relating to patient safety and safeguarding, although performance data by providers has been ceased. Therefore some functions of the team have changed while maintaining the CCGs duties.
- 2.2 In response to Covid-19 the Safeguarding Team are supporting Primary Care to meet their safeguarding responsibilities; including completing all pre-birth, initial, review case conference and CDOP reports for those practices wanting the support. Currently only 2 practices have declined the offer of support. Safeguarding Adult and Children Partnership Executive meetings have resumed via virtual means to gain assurance that partners are working together to prioritise those most vulnerable during the lockdown.
- 2.3 STHFT and SCHFT have both submitted safeguarding key performance Indicators for Q4 reporting; again this is not a requirement in the current Covid reporting requirements but allows the CCG to continue to monitor.
- 2.4 SHSCFT were unable to provide data for Q4, which is an historical issue being managed through the quality and safeguarding route. The main issue being the lack of a Named Professional for Safeguarding Children at the trust which was highlighted at the recent CQC inspection and being address as part of the improvement action plan.
- 2.5 Governmental guidance on safeguarding during the COVID requires that initial health assessments should continue within timescales wherever possible. Review health assessments can be delayed unless medical records show an urgent need. The safeguarding team are supporting the Fostering and Adoption Team within the Local Authority by reviewing the medical records against a self-declaration and medical and consent form completed by applicants wishing

to foster or adopt. This is to prevent any delay in vulnerable children being placed. Full medicals will be conducted once conditions allow.

- 2.6 A virtual panel meetings continue to be held for the Family G Serious Case Review to discuss the draft final report due to go to the Sheffield Children Safeguarding Partnership Executive meeting on 11 June' for sign off prior to publication.
- 2.4 A new review has commenced for Adult PS, the Overview author has initially requested chronologies from agencies.
- 2.5 No new Safeguarding Adult Reviews have begun and current reviews have not progressed due to the Covid-19 pandemic.
- 2.6 Deprivation of Liberty remains currently 47 Re X Cases on hold which are reviewed quarterly via a screening process in view of current changes to legislation. Due to the Covid 19 there has been no further progress on Liberty Protection Safeguard implementation.

3 Serious Incidents

- 3.1 The CCG has a responsibility to oversee reportable Serious Incidents (SI) and Never Events (NE) and agree completion of learning of providers. In response to COVID 19, NHSEI published guidance and made temporary changes to this process. Providers continue to report NE and SI where these have occurred, however professional judgement should be used in identifying serious incidents to ensure they are reported for those incidents where there is a greater potential for learning. The requirement to submit investigation reports within 60 days has been removed during the COVID 19 period.
- 3.2 The Patient Safety Covid-19 update by NHSE allows the closure of serious incidents without formal panel meetings. However, the SCCG closure panel has continued to be held virtually and has begun closing the incidents without requesting further information unless there is a fundamental failing to address learning points and further assurance is required.
- 3.3 STHFT has not reported any further NE and the total reported from the last financial year remains nine. An action plan is anticipated to be submitted in June 2020 to the CCG by the Trust. Assurance has been sought from the Trust regarding the delay in submission of the action plan and the Medical Director has assured us that the Trust has been working to improve the robustness of the action plan.

4 Infection, Prevention and Control

- 4.1 Sheffield Children's Hospital has reported a MRSA Bacteraemia case, The patient had scalded skin syndrome, and was a known MRSA positive since 31/03. An in house investigation post infection review (PIR) is being undertaken and details/outcome to be confirmed. Please be aware that SCH have not had an MRSA Bacteraemia for 14 years.
- 4.2 The CCG received a mandate to deliver Infection, Prevention and Control Super Training to all 111 care homes by the 29th June 2020 was issued by the Chief Nursing Officer for England, workforce and resources had to be reallocated to meet this requirement. The dedicated effort by the CCGs Continuing Healthcare Nurses, business support and infection Control Team

assisted in 100% of homes being offered training and meeting the requirement of the mandate.

5 Clinical Audit and Effectiveness

5.1 Key Points:-

- The operation of CQUIN (both CCG and specialised) for Trusts remains suspended for the period from April to July 2020
- All national clinical audits, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, remains suspended. Data collection for the child death database, PICANet and MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19
- NICE has now ceased regular publication of guidance unless it relates specifically to COVID-19
- The amended date for publication of Quality Accounts is now 15 December 2020

6 Care Quality Commission Reports

- 6.1 The CQC have introduced the Emergency Support Framework which is an interim measure to be used in all health and social care settings registered with CQC during the pandemic, and for a period afterwards. The CQC will assess the available information for risk. Those providers considered to be at risk will receive a telephone call, where CQC will gain assurance on processes and risk management. The aim is to be supportive, to identify whether there are any key issues and ensure that providers are managing. The CQC will inform the provider the outcome of the call in writing advising whether they are “Managing” or “require Support”, however this information will not be published. CQC will inform the provider where there are gaps and where the provider needs support. CQC will sign post to advice and support, including the CCG, if there are concerns this will be utilised in the CCG quality assurance process. However if significant concerns are raised then CQC will undertake an inspection or possibly enforcement action. The emergency support framework is not an inspection, and will not affect the ratings of the service.
- 6.2 Sheffield’s 79 General Practices, CQC have rated 76 as Good’, two practices are rated as ‘Requires Improvement’ and one practice is rated as Outstanding.
- 6.3 There are 111 Care Homes, CQC has rated one Care Home as Outstanding; 91 are rated as Good; 15 Requires Improvement and one is rated as Inadequate.
- 6.4 Sheffield Health and Social Care Foundation Trust (SHSCFT) were inspected by CQC in October 2018 and were found to be Requires Improvement overall. A Well Led CQC inspection was conducted between the 7th January 2020 and 5th February 2020 on 5 core services. The CQC published the inspection report on 30th April 2020 and rated SHSCFT as ‘Inadequate’ overall. Consequently, the Trust has been placed into special measures. In response to the inadequate rating and subsequent special measures and in light of Covid-19, Interim quality governance arrangements have been established

7 NHS Continuing Healthcare and Funded Nursing Care (CHC)

- 7.1 The CCG had a duty regarding the assessment, decision making and funding of CHC which SCCG were monitored along with all other CCG's. The main duty for CHC assessment and decision making has been suspended and transferred to community services and Decision Support Tools that determine the funding responsibility of assessments have also been suspended other than for FastTrack assessments.
- 7.2 For already funded patients there remains a requirement that the CCG undertake annual reviews which Governing Body have previously been informed is in a deteriorated position the current position continues to reduce however remains at 58%, this is against an agreed target of 20%
- 7.3 To note the majority of CHC staff have been redeployed to support the discharge hub in Sheffield Teaching Hospitals to avoid discharge delays as well as ensuring and supporting hospital admission avoidance in the community. Care managers in CHC continue to have daily and weekly discussion with Providers, both nursing homes and home care providers, inclusive of individuals in receipt of care and their families. This is to ensure that those who are high risk remain safe and that individuals care packages and service provision is maintained under the current condition. The situation as outlined above continues, 9 CHC staff are undertaking the training via NHSE for the IPC training for the Super Training for Care Homes.

8 Patient/Staff Experience

- 8.1 During Covid-19 Friends and Family Test (FFT) reporting is suspended. Providers do not have to collect FFT data although they can continue to do so if they wish. During Covid-19 the NHS has paused the investigation of some new and existing complaints. All new complaints are logged and any complaints that raise concerns about patient safety are still investigated immediately.
- 8.2 The results of 2019 National NHS Staff Survey were published in February 2020. The survey focusses on the experience of staff, but includes questions that are relevant to patient experience, such as "I am satisfied with the quality of care I give to patients / service users" and "My organisation acts on concerns raised by patients / service users".
- 8.3 The CCG's Experience lead is working with Sheffield City Council and Healthwatch to identify a process of seeing care home user experience during in the Covid-19 period.

9 Care Homes

- 9.1 There are currently no homes in the escalation process, however a number of quality issues have been raised within the sector. SCCG and SCC are providing regular support to the homes through telephone calls to maintain oversight. This includes; PPE, staffing and deaths. These phone calls also provide further insight into issues such as the psychological effects on the care home staff.
- 9.2 The RESTORE2 tool for identifying deteriorating patients has extended wider than the pilots in response to the Covid-19. The Clinical Educator has responded to identified need and has also provided training for FFP3 Mask fit test training. Also, the verification of death for those homes that identified a need.

Furthermore, equipment to be able to undertake this has been purchased by the CCG.

- 9.3 Through ECHO St Luke's Hospice have supported the delivery of training such as the verification of death; Infection Prevention and Control including PPE and psychological support. They also facilitate the delivery of a weekly Care Home Managers Forum, and clinic sessions for individual home issues. These have been supported by SCCG, SCC, STH and CQC as a resource for the care home managers to ask questions.
- 9.4 Capacity tracker is being used to identify the vacancy status. However, it is poorly used in gathering information such as; staffing, PPE and resident Covid status. Feedback has been that they are informing the SCCG and SCC during calls and that they are recording it for their own organisations and therefore have not focussed on it. The current use by care homes is 52% in the last 24 hours, 30% in the last 7 days and 16% in the last 8-14 days. It is worth noting that there have been community providers added to the capacity tracker which is an increase from 87 to 243. Therefore, if these were included it will reduce the use significantly, which is why only care homes are captured within this report.
- 9.5 The CCG is considering ways to influence the uptake of the tracker system including building into future contracts, it is anticipated as with the IPC there will be a national push to engage with the independent sector to utilise this resource.
- 9.6 The current number of care homes with NHS mail 95/111. Again as per the capacity tracker, community providers have been required to access an NHS mail account. Currently there are 54/105 outstanding community providers.
- 9.7 A programme is in place to support the care homes with IT. Information has been gathered from the homes to identify needs and gaps. Engagement with Primary Care has verified the gaps and encouraged a discussion on the best options available to meet immediate need while considering future requirement.
- 9.8 A mandate from NHSEI National team has been issued with regards to Infection control training.

10 General Practice

- 10.1 The requirement for the CCG to gain quality assurance data from General Practice has been suspended due to Covid-19 However, through the primary care team who are maintaining oversight regular communication with the quality team is imperative to identify issues, where there are significant concerns the CCG will continue to monitor and support practices to gain assurance
- 10.2 Although during the pandemic there has been reduced quality assurance, the CCG is reviewing this position and developing plans to address key areas of concern, which includes continuing to meet with the CQC to share intelligence.

11 Urgent Transport

- 11.1 Yorkshire Ambulance Service NHS Trust has been and continues to be a critical partner in Sheffield CCG's response to the current Covid-19 pandemic.
- 11.2 Their three service lines - 999, 111(IUC) and PTS - have been at the forefront in terms of demand on services, having had to adapt rapidly after government guidance releases whilst maintaining service provision and ensuring patients remain safe. YAS are currently operating at REAP level 4 which facilitates

systemic changes in approach to response across their whole portfolio of services. These include

- Changes to staffing such as redeployment within YAS to business-critical clinical areas
- Suspension of development activity
- Provision of increased homeworking capacity / remote patient assessment;
- Re-training of staff not within business-critical areas to assist with call handling, vehicle cleaning and other critical business support functions.

11.3 Recent governmental releases have brought about changes in the way that providers and commissioners report and manage Serious Incidents and complaints (4C's). Quality remains high on the agenda for YAS and the Sheffield CCG Quality team and we are ensuring that our expectations and requirements are matched to our providers'. The following updates provide a high-level position statement for performance of each service line:

- 999- Despite pressures, performance against KPI metrics has been maintained and now is showing improvement
- IUC (111) Whilst this service has been under increased pressure, they have had to adapt the way that they do business including re-deploying clinical staff to the front line and moving across from YAS to 111, new Covid help line and reduced calls is assisting performance against KPIs which are continuing to improve.
- Patient Transport Services- The process of performance management has been suspended as a result of Covid 19. In March 2020, government guidance was introduced with immediate effect asking for national PTS providers to dramatically change the way they work to support patient movement
- .PTS – Premier Care Direct (PCD) - Renal transport is deemed as essential so continued despite changes to PTS core business.