Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Patient Safety, Quality and Experience Report

E

Governing Body meeting

3 September 2020

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Sponsor Director	On behalf of Alun Windle, Acting Chief Nurse

Purpose of Paper

To provide an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) quality assurance, patient safety and experience oversight.

Key Issues

Key messages:

- The national guidance from NHS England and Improvement (NHSEI) and the Coronavirus Act 2020 continues to impact on SCCG quality assurance activities. However, updated guidance has been received from NHSEI stating the NHS has passed the initial peak of COVID-19 and is now moving to Phase 2 and 3 of recovery planning. This will encompass standing back up critical services across the country and robust planning for the rest of this year.
- Further patient safety briefings have been issued from NHSEI.
- The Safeguarding team will be ending their temporary support to Primary Care on 31 August.
- The Local Authority has updated their practice standards for safeguarding.
- Serious incidents continue to be managed following NHSEI guidance.
- The National CHC Framework will be reinstated from 1 September 2020 for the completion of assessments for those individuals who were deemed “NHS Funded” as a result of the coronavirus pandemic. A deadline of six weeks has been given in terms of completion of those assessments. A recovery plan in terms of delivery is being completed.
- The Department of Health and Social Care require care homes to swab residents routinely every 28 days and staff every seven days. This has been raised as a concern regarding resource to do this and this has been escalated again for additional support to be provided.
- LeDeR Reviews continue to be undertaken with a target of 100% (48) to be completed by 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 and note the report

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?
2: Lead the Improvement of Quality of Care and Standards Principal Risk 2.1: There is a risk that organisations fail to meet quality standards, resultant in poor quality services, increased patient safety risks and lack of satisfaction in commissioned services.
Are there any Resource Implications (including Financial, Staffing etc)?
None
Have you carried out an Equality Impact Assessment and is it attached?
Not Required
Have you involved patients, carers and the public in the preparation of the report?
Not Required

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1. Introduction

1.1 The Covid-19 pandemic has resulted in significant disruption to services, NHS Sheffield Clinical Commissioning Group (SCCG), remains accountable and continues to have a responsibility to gain assurance where there are concerns relating to patient safety.

1.2 The purpose of this report is to provide Governing Body with an overview of, patient safety, quality assurance and patient experience.

2. Patient Safety

2.1 Updated guidance has been received from NHSEI stating the initial peak of COVID-19 has now passed and the NHS is well into phase 2 and 3 of recovery planning. NHS organisations are working to stand back up critical services across the country. Phase 3 of recovery planning, NHSEI will ask the NHS to put in place robust plans for the rest of this year and will include winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with any resurgence of COVID-19.

2.2 Patient Safety Covid-19 briefings continue to be published; further guidance was issued by NHSEI on 10 and 27 July 2020 with the following key messages:

Organisations should ensure they use the Surgical Safety Checklist as surgical services are re-instated.

Organisations should ensure risk assessments are undertaken for at-risk staff groups.

Directions published by The Department of Health and Social Care (DHSC) on 2 July 2020 indicate medical examiners at acute trusts will be made available to scrutinise the deaths of health and social care workers from COVID-19 in their trusts, as well as in trusts without medical examiners or in non-hospital settings, such as at home. In cases where medical examiners find coroners have opened investigations, medical examiner scrutiny will end.

Amanda Pritchard, Chief Operating Officer, NHS England and Improvement wrote to system leaders on 6 July setting out next steps on resuming some important reporting and management functions. These include reporting activities that relate to quality of care, including

safety. National clinical audit and outcome review programme providers will soon begin work to identify key data items for collection from national clinical audits and outcome review programmes.

Patient Safety Incident Response Framework - the national patient safety team – together with early adopters – are resuming the pilot of the PSIRF making this switch between September and December 2020. However, timeframes will be tailored to support their involvement during what continues to be a challenging period. The PSIRF early adopter phase will last around 12 months and all other systems and organisations should continue to use the Serious Incident Framework 2015 (SIF) during this period.

World Patient Safety Day – 17 September 2020 is the second WHO World Patient Safety Day (WPSD). The objectives of this are to enhance understanding of patient safety, increase public engagement in the safety of healthcare and promote actions to improve patient safety and reduce patient harm. In light of the COVID-19 pandemic, WHO has announced that this year the main theme is the importance of health worker safety and its links to patient safety. NHS providers are asked to consider how they can mark the day locally.

Over the last three months Healthcare Safety Investigation Branch (HSIB) has been collating and analysing safety intelligence from issues arising during the COVID-19 pandemic. Some of its work programme over the next 6-12 months will be based on these findings, to help the NHS prepare for future safety challenges.

2.3 Through the continued quality meetings with providers, the CCG's quality team continue to seek assurance of additional developing guidance regarding phase 2 and 3 of Recovery Planning.

3. Safeguarding

3.1 The Safeguarding Team continue to support Primary Care to meet their safeguarding responsibilities, but this is now limited to Initial and Pre-birth conference reports only which will also end on 31 August in line with the exit strategy.

3.2 Quarter 1 Safeguarding Key Performance Indicators (KPIs) were received from Sheffield Teaching Hospitals NHS Foundation Trust (STH) which identified that due to COVID –19 no face to face safeguarding supervision was delivered, but training at Levels 1-3 have remained within expected compliance rates. Sheffield Health and Social Care NHS Foundation Trust (SHSC) has now submitted their KPI's for Q4 2019-20 and Q1 2020-21. SHSC have reported they are not delivering any Level 1 training and this has been escalated to the CCGs and Trusts, Quality Review Meeting. A Named Nurse for Safeguarding Children has now been appointed.

3.3 The majority of initial health assessments for looked after children continue to be conducted virtually. Due to the agreed reporting arrangements data is

submitted a quarter in arrears. For month 2 20-21 only 35% of consents were received within timescales but despite the delay 57% of children were offered an appointment within timescales and 52% of health assessments were completed. These figures relate to 25 children which means 12 children were delayed in receiving an initial health assessment when they entered care.

3.4 The action plans from the Family G Serious Case Review continue to progress. The CCG continue to monitor this for assurance. The report is due to be published on 28th August and there is likely to be national media interest. The independent chair of Sheffield Children Safeguarding Partnership will be issuing a statement for the media. There have been no new Safeguarding Child Practice Reviews initiated but there are six Safeguarding Adult Review and two Domestic Homicide Reviews still under the scoping process.

3.5 There remain 48 Re X Cases on hold 47 are now overdue review and CHC will be asked to complete them. There are three Section 21A challenges currently, five Deprivation of Liberty renewals in progress and two further awaiting court.

3.6 There have been four deaths of children since the last report, all of the deaths were neonates.

3.7 It was previously reported by a GP member that midwives were not being allowed into GP practices to hold clinics. Enquiries have been made and the current situation is that the majority of practices are now allowing midwives into their surgeries as per pre-COVID, however a small number of practices satellite practices remain closed. It is hoped they will all open before Christmas. One practice had requested midwives move out of their premises following a merger. Alternative arrangements have been made and women across the city have been receiving their community midwifery care as required.

4. Serious Incidents

4.1 The CCG continues to oversee reportable Serious Incidents (SI) and Never Events and agree completion of learning, overseen by NHS England and Improvement.

4.2 The SCCG closure panel continues to be held virtually via teams and close incidents without requesting further information unless there is a fundamental failing to address learning points and further assurance is required.

5. Infection, Prevention and Control

5.1 **Quality in Care Homes Team** are regularly contacting the care homes who currently have outbreaks as notified by the PHE daily outbreak reports. The team discuss PPE stock and staff issues. SCCG receives a daily outbreak

update, and a weekly report providing an overview of homes closed with outbreaks, including those that have had outbreaks and re-opened and those that have never had an outbreak.

5.2 **Training –** No further training has been undertaken although all care homes have been sent the link to the Infection Prevention Society COVID 19 Training video for care homes which is a 45-minute training video (Co-Authored by Lisa Renshaw IPCN).

5.3 **Guidance -** The Quality in Care Home team have developed a care home resource pack which is planned to be hosted on the CCG website. The IPC Team has developed an IPC package to be included in this. The Resource Pack was presented to Gold Command on 27 July 2020. CCG Comms are to review the document and confirm if it can be converted to a web based booklet that can be easily searched, used etc.

5.4 **Government Infection Prevention and Control Fund** – the IPC Team has provided expert interpretation (within the specified criteria) to the SCC as to what this funding can be spent on. This was cascaded to all care homes by the SCC on 31 July 2020.

5.7 **Outbreak management in addition to PHE support -** Telephone support has been provided to a small number of homes where there may be concerns around IPC practices/PPE/Isolation precautions etc. Care home managers also access the IPC team on occasion for advice.

5.8 **GP Practices** – Work has been undertaken to develop guidance on identifying who is a contact in primary care with an FAQ list on PPE and the two metre rule. This has been sent out to GP Practices on 27 July 2020.

6. Clinical Audit and Effectiveness

6.2 The operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year.

6.3 In order to support NHS recovery, the Healthcare Quality Improvement Partnership (HQIP) will begin to work with national clinical audit and outcome review programme providers to identify key data items for collection from national clinical audits and outcome review programmes so learning from COVID continues. This is in addition to intensive care, child mortality database and maternity audits, which have continued to collect data throughout the surge period.

7. Care Quality Commission Reports

7.1 SCCG is having fortnightly meetings with NHS England/Improvement, CQC and the SHSCFT to monitor improvement against the Trust CQC action plan. SHSCFT is also meeting with the CQC weekly to monitor progress and provide support to the Trust. The Trust has completed a rapid improvement week to help drive the required changes.

7.2 Sheffield's 79 General Practices, CQC have rated 76 as 'Good', one practice is rated as 'Requires Improvement' and one practice is rated as Outstanding.

8. NHS Continuing Healthcare and Funded Nursing Care (CHC)

8.1 The CCG CHC Team are now planning for the reinstatement of the National CHC Framework. The framework was suspended on 19 March 2020 and will be reinstated on 1 September 2020. As a consequence of the suspension those individuals whom would normally have been assessed under the framework were deemed to be "NHS Covid Funded" until an assessment could take place and their eligibility for CHC determined. There is an expectation that CHC teams will commence the covid backlog assessments from 1 September with a completion deadline of no more than six weeks (however following a webinar update recently this may be extended further but is not yet confirmed). To date the CHC team have 220 individuals to assess (with a forecast of 250 to 31 August 2020). The wider context of the North region have a totality of 10,500 assessments to complete. It is assumed however in line with historic trends that only circa 20% will be fully CHC funded.

8.2 The number of outstanding reviews is reducing. However we continue to have a (excluding covid) of circa 59%. This is because those individuals require a full assessment and a further recovery plan is being drafted to address and respond to this following the completion of the Covid backlog in line with NHSEI instruction.. 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.

9. Patient/Staff Experience

9.1 Friends and Family Test (FFT) reporting continues to be suspended. Providers do not have to collect FFT data although they can continue to do so if they wish.

9.2 During Covid-19 the NHS paused the investigation of some new and existing complaints. All new complaints continued to be logged and complaints that raised concerns about patient safety were still investigated. The CCG did not pause its complaints process and continued to investigate and respond to complaints where possible. NHS England paused the complaints process for GP practices and asked the CCG to mediate in some situations where patient safety was a concern.

9.3 The results of the 2020 GP Patient Survey were published in July 2020. 8524 Sheffield patients completed the survey. 81% Sheffield respondents rated their GP practice as 'fairly good' or 'very good'. This is a reduction on 2019 (84%) and slightly below the national score of 82%. The survey tells us about people's experiences of the relational aspects of care (interactions with practice staff) and the functional aspects of care (systems and processes, such as appointment booking).

For questions relating to the relational aspects of care, results were the same or improved by 1% from 2019/2018 and were in line with or slightly above the national average. For example, 89% patients rated reception staff as helpful. 96% patients had confidence and trust in the last healthcare professional that they saw.

For questions relating to the functional aspects of care, results have worsened since 2019, and are below the national average. 64% rated their experience of making an appointment as good, reduced from 67% in 2019 and below the national average of 65%. 63% rated their experience getting through on the phone as good, reduced from 66% in 2019 and below the national average of 65%. There was a large range of results at practice level. For ease of getting through on the phone, practice-level results ranged from 15%-100%, for experience of making an appointment, practice-level results ranged from 25%-95%.

9.4 The results of the national Adult Inpatient Survey were published in July 2020. The survey provides information about the experiences of inpatients who were discharged during July 2019. STH benchmarked as 'better' for one question: that the specialist they saw in hospital had been given all the necessary information about their condition or illness from the person who referred them. For all other questions STH benchmarked as 'about the same'.

9.5 The 2019 Cancer Patient Experience Survey was published in June 2020. Sheffield performed above the expected range for five questions, including the average rating of care. Sheffield performed below the expected range for one question relating to privacy. There was a significant improvement in score in relation to three questions and no significant decrease in score.

9.6 Healthwatch Sheffield ran a survey to gather feedback from staff, relatives, residents and advocates in relation to care homes. Through the survey Healthwatch heard positive stories about many care homes who were supporting residents to be able to speak to their relatives and advocates. Some care homes reported not having the capacity for these initiatives. Many care homes were making proactive contact with advocates. In some instances however, advocates reported that care home staff were not sharing adequate information about their clients, and some care homes were difficult to contact. In some cases communication with relatives had been an issue, and there was concern that some Deprivation of Liberty Safeguards (DoLS) conditions could not be met, and not all care homes are considering alternative ways they could try to meet these conditions.

9.7 SHSCT's Service Users Experience Committee has continued to run throughout covid-19, meeting virtually with good engagement from staff and service users. SCH's and STH's Experience Committees were initially suspended, but have now resumed.

9.8 SHSC developed surveys to measure service user experience during this period. The Trust is currently developing engagement methods to enable it to co-produce a strategy for the 2021-2026 Service User Engagement and Experience Strategies and is revising its complaints policy.

9.9 SCH's Patient Advice and Liaison Service continued to be available to patients and families throughout covid-19 and STH continued to provide advice and support from their Patient Services Team.

10. Care Homes

10.1 Support for care has continued through a joint approach from SCCG and SCC. The care homes have begun a process of whole home testing. Since that we have seen an increase in the number of cases in residents and staff. All of these are asymptomatic and have been identified through this method.

10.2 The Department of Health and Social Care have announced that Care Homes are to swab residents routinely every 28 days and staff every seven days. This has been raised as a concern from the homes in terms of resource and time to do this. However, it appears that the care homes are managing this effectively currently and continues to be monitored jointly between SCC and SCCG.

10.3 St Luke's Hospice have discontinued the delivery of training and will resume the ECHO end of life sessions in the autumn. The weekly Care Home Managers Forum is continuing on a two week basis, these are now focusing on support with testing and also the safe re-opening of homes to residents' visitors.

10.4 The use of the Capacity tracker continues to be monitored on a daily basis. The Sheffield agreement is a weekly update, unless changes occur sooner.

10.5 As part of winter planning and anticipating the possibility of a second wave, FFP3 mask fitting train the trainer sessions are planned. This will enable the care homes to mage the fitting of FFP3 masks for their staff in the future. These will take place throughout August and September and all care homes have been invited to apply for a place.

10.6 The names of Nurses, AHPs and support workers wishing to return to practice through the Bring Back Scheme have been managed through the quality in care homes team. A process is in place for linking the individuals to care homes that have expressed an interest in employing these individuals.

11. General Practice

11.1 The requirement for the CCG to gain quality assurance data from General Practice has been suspended due to Covid-19. However where there are significant concerns the CCG will continue to monitor and support practices to gain assurance.

11.2 The Primary Care Quality Team are part of the 'Merger Group' which has now been established with the aim of; supporting practices work through the complex merger process; that quality issues can be identified and begin to

gain assurance regarding effectiveness, patient experience and patient safety.

Virtual discussions have now taken place with practices where their merger application had been put on hold due to COVID-19 to understand the current position.

As things begin to move into a new way of working systems and processes around quality assurance monitoring are being reviewed. This includes the Primary Care Dashboard and Risk assessment Dashboard. By working with Information intelligence and utilising Power BI this will help to triangulate information and improve report development.

11.3 The CCG has been closely working with Public Health in preparation for the upcoming flu season. The CCG has helped in the preparation of vaccine and Immunisation courses and updates for Health Care Assistants.

11.4 **Primary Care Development Nurse Team (PCDN)**

11.4.1 The advent of the COVID 19 pandemic saw the PCDN team being redeployed to support the Sheffield Community Testing Service. The team have supported the testing service through the delivery of the service from its inception, however are now withdrawing from it as alternative commissioning and provision arrangements are put into place. This is enabling the PCDN team to return to and pick up existing work streams.

11.4.2 One piece of work that did continue during the COVID 19 period was that of ensuring communications between Primary Care Nurses (PCNs) and the CCG, especially the Chief Nurse, were maintained. A weekly virtual meeting was set up between a number of PCNs and the Chief Nurse, facilitated by the PCDN team.

These meetings and the desire to share, or ask for support, led to the creation of Nurse Forums for each Primary Care Network within Microsoft Teams, and these forums have then led onto the reestablishment of virtual Neighbourhood Nurse Networks meetings for PCNs, that the PCDNs previously facilitated.

12. LeDeR

12.1 Below is an update on the previous month's activity for the local and national LeDeR Programme.

12.2 Annual Report Published

The LeDeR programme produces an annual report every year. The 2019 report was recently published and is available at

www.bristol.ac.uk/sps/leder/resources/annual-reports/

Professor Pauline Heslop said: “The disparity between people with learning disabilities and the general population in relation to average age at death, causes of death, and avoidable causes of death remains substantial and urgent action is needed”. An easy read copy of the report is available from http://www.bristol.ac.uk/sps/leder/easy-read-information/annual-reports/

The report uses data from deaths reported to the programme up to the end of 2019 and prior to the onset of the COVID-19 pandemic in the UK. It does not include any deaths related to Coronavirus.

NHS England’s action from learning report is available from https://www.england.nhs.uk/publication/leder-action-from-learning-report/

here. It includes:

- a University of Bristol analysis of COVID-19 deaths to help prevent infections and deaths.
- work to increase the uptake of Annual Health Checks to over 75%.
- training for 5000 paid and unpaid carers to help them spot the early signs of deterioration in people with a learning disability.
- work with the Race Equality Foundation and Learning Disability England to understand why people with a learning disability from BAME backgrounds face barriers in accessing services.

The Sheffield Annual LeDeR report is due to be submitted to the ICS Transforming Care Partnership for national submission and will be presented for sign off, in advance at the next Quality Assurance Committee meeting in September 2020.

12.3 Reviews of deaths related to Covid-19

The National LeDeR Programme identified a number of COVID-19 deaths prioritised to form part of a national study to extract early learning and inform any plans that need to be put in place to further protect people with a learning disability should a 2nd wave of COVID-19 take place.

NHSE has allocated Sheffield one Covid-19 review to be completed by the national deadline set of 14 August 2020. However, an initial review of this case has so far not identified that Covid-19 was the cause. The review will not be completed in time as access to patient records at STH is not currently possible, as they have not yet been processed into the Medical Records Department. The LeDeR Local Area Contact is raising this with the STH’s LeDeR senior officer to try to expedite access to the records.

12.4 **Deaths in Sheffield**

- Since April 2020 there have been 31 deaths reported of people with learning disability. These deaths have not yet been through the LeDeR review process to verify the factors involved in each case, but are already identified to the Local Area Coordinator (LAC) in Sheffield Health and Social Care NHS Foundation Trust (SHSC), for allocation to experienced LeDeR reviewers.

- The National LeDeR Programme requires CCGs to submit on a monthly basis to NHSE a position statement for each review and its expected completion date. Sheffield's submission is due 21 August.

12.5 LeDeR during lockdown

We have established a number of initiatives to ensure that support to the LeDeR process continues through the lockdown with minimal disruption. These include:

- **Delivery of 100% eligible reviews by deadline**

The LeDeR Quality Assurance Group led by SCCG is meeting on a bi-weekly basis to work through the current caseload. As of 13 August 2020 the group has reviewed eight cases identifying a number of recommendations. These recommendations are escalated to the LeDeR Steering Group to inform the learning from the deaths reviewed, and also to help to identify training needs and gaps across the system, and are also used to inform the work of the Physical Health Implementation Group.

The regional Quality Assurance Group has offered support to assist with the quality assurance of any completed reviews should we require this to meet the December deadline.

- **South Yorkshire and Bassetlaw LeDeR ECHO Project -**
  Intended outcomes of this project are:
  - Increase competence and confidence levels for care staff around Learning disabilities and autism
  - Raise awareness of key themes from LeDeR ensuring learning into action and best practice is shared and embedded across the ICS
  - Raise awareness about learning disabilities and autism
  - Educate and support people on how to use reasonable adjustments in their day to day roles
  - Create a culture focused on reducing health inequalities
  - Drive improvement in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities in this population.

12.6 Current risks and Issues

- **Access to onsite records** – reviewers are facing and on-going issue in that it is not possible for all of the records that are usually scrutinised in fine detail to be accessed in, for example care homes, and Medical Records, due to lockdown restrictions, and therefore some of the review outcomes will inevitably be delayed. We are completing Individual Employee Risk Assessments for CCG staff in this position.
- **Reviewer capacity to achieve December target** - To ensure completion of reviews to timescale we would require the continued

funding of current temporary arrangements to be extended to December 2020. In addition, increased reviewer capacity to be secured through use of current bank staff until December 2020.

12.7 Lessons learned

- The Sheffield Annual LeDeR Report will provide a full breakdown of themes, included lessons learned and recommendations.
- Structured Judgement Reviews - STHFT Medical Reviewer has asked to collaborate with Sheffield CCG and SHSC to contribute to a regional and national ask for completion of Structured Judgement Reviews of a number of deaths of people with learning disability within STH. We aim to connect this work to the work of the LeDeR process in a collaborative partnership.

13. Physical Health Checks for Serious Mental Health (SMI) and Learning Disability (LD)

13.1 The Physical Health Group acknowledged that due to COVID 19 that service users with SMI and LD were at risk of not receiving their annual physical health checks. It was acknowledged that:

- Face to face contact remains a challenge for both community MH teams and primary care.
- That whatever approaches are suggested for SMI health checks that social distancing needs to be recognised.
- That information sharing between primary and secondary and vice versa is a longstanding challenge and progress needs to be made especially during COVID 19.

13.2 Consequently a number of actions have been taken to address the above concerns:

- Resume SMI health check training.
- Commissioning plans for citywide health checks team dependent upon post COVID 19 allocation.
- Resume primary care / SHSC data sharing actions.
- To work with SHSCFT to support the development of Physical Health Group with the Trust.
- To work with SHSCFT to support Physical Health Strategy.

13.3 Furthermore a SMI Annual Health Check (AHC) COVID ‘toolkit’ will be developed that that will consist of:

- A plain language pre-AHC questionnaire for patients
- The existing SMI AHC template on S1/EMIS to be redeveloped and relaunched.
- A protocol/guidance document for GPs, working with secondary care (new – based on national good practice/local expertise).
- A risk stratification tool to help GPs prioritise patients and determine a ‘blended’ approach towards the AHC review.

13.4 This work is taking place at pace and it is anticipated that it should be completed by the end of September.

14 Sheffield Health and Social Care Trust Update

14.1 The trust continues to implement there 'Back to Good' rapid improvement plan overseen by NHS England and Improvement, The Care Quality Commission and SCCG Chief Nurse.

14.2 Key progress indicators against the Section 29a warning notice, week ending 28 June:

- All services are over 80% compliant with mandatory training requirements (92% overall)
- Compliance with Supervision policy remains at 90% in Clinical Services
- Inaugural Back to Good Board successfully met
- Second round of Board 'virtual visits' to services implemented
- No under 18 year olds admitted
- More challenging staffing position on acute wards
- Safeguarding Nurse – named nurse recruited and in employment
- All Safeguarding referrals being monitored
- 100% compliance with Fit and Proper persons regulation
- Continued Evidence of robust incident reporting at all levels (SCCG Chief Nurse update regarding possible serious incidents
- Rapid Improvement week completed include outcomes are daily safety board rounds.

15 Action / Recommendations for Governing Body

The Governing Body is asked to consider and note the paper

Paper prepared by Janet Beardsley, Senior Quality Manager

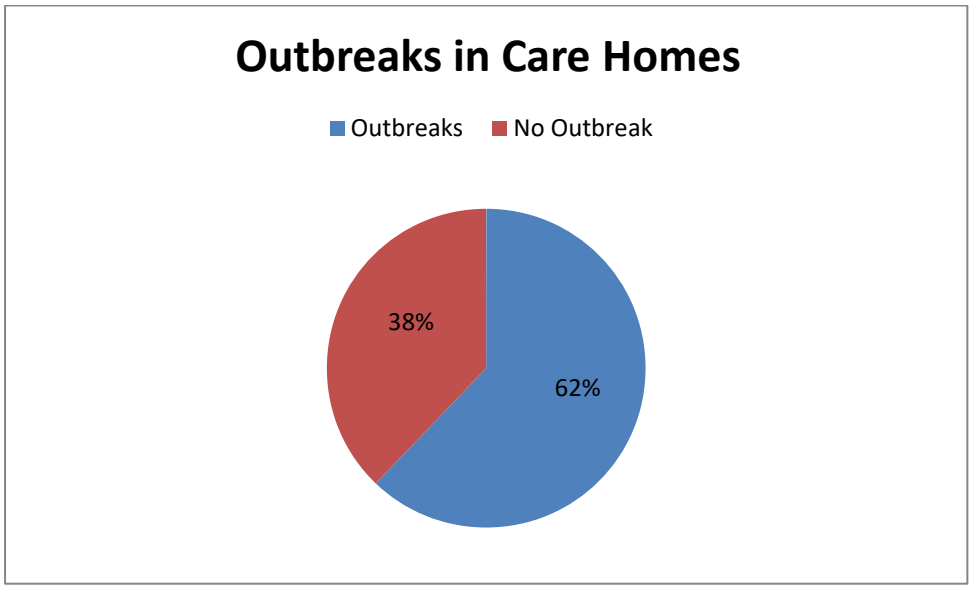
On behalf of Alun Windle, Acting Chief Nurse

August 2020

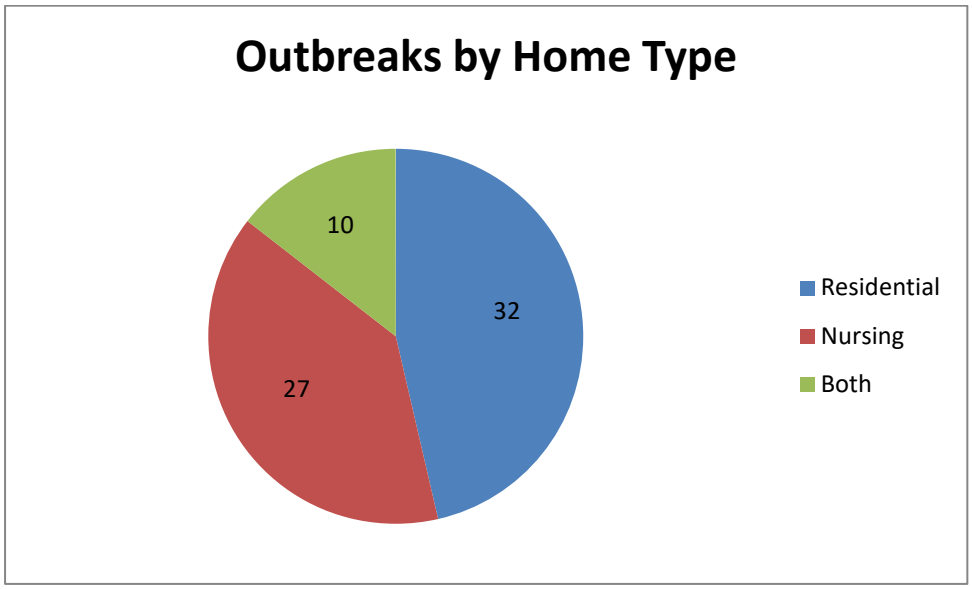
Appendix 1

Outbreak Information in Care Homes

There are 111 care homes in Sheffield. Of these 69 (62%) have reported an outbreak of COVID-19 in residents, staff or both since the 1st March 2020.



Of the 69 outbreaks 32 were in residential homes, 27 in nursing homes and 10 in homes that provide both nursing and residential care.



Of the 69 homes who have reported an outbreak, deaths occurred in 52 of them. 21 residential homes, 22 nursing homes and 9 homes that provide both nursing and residential care had at least 1 resident pass away.