

## Patient Safety, Quality and Experience Report

Governing Body meeting

**G**

5 November 2020

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<b>Purpose of Paper</b>	
To provide an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality, Patient Safety and Experience assurance oversight.	
<b>Key Issues</b>	
Key messages: <ul style="list-style-type: none"> <li>• The national guidance from NHS England and Improvement (NHSEI) and the Coronavirus Act 2020 continues to impact on SCCG quality assurance activities. Whilst, updated guidance has been received from NHSEI stating the NHS has passed the initial peak of COVID-19 and was now moving to Phase 2 and 3 of recovery planning, it is evident that Coronavirus transmission is increasing, and services will need to adapt to manage anticipated surge in demand.</li> <li>• The Safeguarding team have recommenced training via virtual means and a PLI is planned for 15<sup>th</sup> December 2020.</li> <li>• The Family G Serious Case Review has been published and action plans are progressing.</li> <li>• Recruitment processes for a new Designated Nurse Safeguarding Children have commenced with a potential gap in provision for a few months.</li> <li>• Serious incidents continue to be managed following NHSEI guidance. Assurance</li> </ul>	

has been sought from STHFT regarding the recent serious incidents that have been reported by the Maternity Directorate.

- The National NHS Continuing Healthcare Framework (CHC) was reinstated from the 1<sup>st</sup> September 2020. The Chief Nurse and Head of Continuing Healthcare attended Overview and Scrutiny Committee to present and be questioned regarding the progress of assessments.
- The Care Quality Commission will begin to rollout the transitional regulatory approach which is not a return to the pre COVID-19 approach of site inspections.
- The Department of Health and Social Care require Care Homes to swab residents routinely every 28 days and staff every 7 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 although reviews are delayed due to the issues relating to restricted access to records as a result of COVID 19

**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 contents of the paper.

**What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?**

**Which of the CCG's Objectives does this paper support?**

**Objective 2.** Lead the Improvement of Quality of Care and Standards

**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

# **Patient Safety, Quality and Experience Report**

## **Governing Body Meeting**

**5 November 2020**

### **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 the Governing Body with an overview of, patient safety, quality assurance and patient experience.

### **2. Patient Safety**

- 2.1 Whilst guidance had been received from NHSEI stating the initial peak of COVID-19 had now passed and the NHS was well into phase 2 of recovery planning, it is evident that transmission of the virus is currently increasing significantly nationally. NHS organisations are working to stand back up critical services across the country whilst also preparing for the anticipated influx of patients due to Covid-19. Phase 3 of recovery planning, where NHSEI has asked the NHS to put in place robust plans for the rest of this year has commenced and will include winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with anticipated resurgence of COVID-19.
- 2.2 Through continued quality review meetings with providers, the CCG's quality team continue to seek assurance of additional developing guidance regarding phase 2 and 3 of Recovery Planning, restoration of services, and preparation for the anticipated surge in patients due to Covid 19.

### **3. Safeguarding**

- 3.1 The Safeguarding Team are now monitoring all requests and submissions for child protection case conference reports by GP's in anticipation of possible future payments. Since 1 October 100 requests have been sent with only 1 report returned via the team.
- 3.2 Sheffield Health and Social Care NHS Foundation Trust (SHSC) cancelled their planned Safeguarding Steering Group meeting in September as the new Interim Director of Nursing is conducting a full review of the scope of the meeting and safeguarding team to ensure it functions appropriately.

- 3.3 There remain 48 Re X Cases on hold and all are now overdue review which Continuing Healthcare Team have been requested to complete. There are 3 Section 21A challenges currently, 5 Deprivation of Liberty renewals in progress and 2 further awaiting court. With the delay in the implementation of the Liberty Protection Safeguards a paper has been prepared for Governing Body to consider options
- 3.4 There has been 1 death of a child since the last report. This was a neonate who was born extremely prematurely.
- 3.5 Safeguarding Training has recommenced and a large virtual PLI is planned for 15<sup>th</sup> December covering adult self-neglect and contextual safeguarding. Support to facilitate this has been agreed with The Quadrant.
- 3.6 The options paper to introduce payments to GP's for safeguarding reports following a ruling in the High Court is being finalised before going to SMT.
- 3.7 The Head of Safeguarding and Designated Nurse for Children and Young People retires January 2021, recruitment for a replacement has commenced. There is an anticipated gap between retirement of the post holder and the recruitment process completing. The safeguarding team are considering how they prioritise work in order to complete its statutory obligations as a priority.

#### 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.
- 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.

#### 4.3 Serious incident Position September 2020

Trust	Number of serious incidents Opened	Never Events Reported September 2020	Number of Serious Incidents Closed /Delogged	Total Ongoing Serious Incidents
SCHFT	1	0	4	16
SHSCFT	2	0	3	43
STHFT	4	0	1	37
Yorkshire Ambulance Trust	0	0	0	3
Independent Sector	1	0	1	6
Primary Care	0	0	0	3

## 5. Infection, Prevention and Control

- 5.1 **Quality in Care Homes Team** is 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 a 45-minute is 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 27.7.20. 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 31.7.2020.
- 5.5 **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.
- 5.6 **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 2 metre rule. This has been sent out to GP Practices on 27.7.2020.

Resumption of normal IPC work

As the CCG Command and Control Structure has been stepped down and the Covid-19 activity has decreased the level of clinical queries and referrals has started to increase and the team has had a number of MRSA related referrals which is part of the normal workload.

## 6. Clinical Audit and Effectiveness

- 6.1 The operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year.
- 6.2 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 From 6 October 2020 the CQC will begin to roll out the transitional regulatory approach which is not a return to the pre COVID-19 approach.

7.2 The transitional regulatory approach builds on what the CQC learnt during the pandemic. The key components are:

To strengthen their approach to monitoring, with a focus based on existing Key Lines of Enquiry (KLOEs), which will enable the CQC to continually monitor risk in a service.

Use of technology and local relationships to have better direct contact with people who are using services, their families and staff in services.

Inspection activity that is more targeted and focused on where there are concerns, without returning to a routine programme of planned inspections.

The CQC will continue to adapt the transitional regulatory approach and remain responsive as the situation changes. They will also be considering longer-term changes to how they regulate.

7.3 Using the transitional regulatory approach, CQC will monitor and review information from all available sources and collect further information where necessary. The experience of those using services will become central to their approach. To promote this, CQC have launched a 12 month campaign with Healthwatch England, voluntary sector partners and others to encourage people to share their experience on services.

7.4 CQC will continue to use Provider Collaboration Reviews (PCRs), and information gathered through routine monitoring, and use information about local systems, building on the work as part of the PCRs to understand where there are barriers to good care and will target their activity to help break these down.

7.5 CQC will monitor risk and activity to prioritise services where there may be a greater level of risk responding proportionately. However, CQC inspection teams will continue to use judgement to act where there are indications of greater levels of risk.

7.6 However as the risks relating to COVID-19 remains CQC will not be returning to business as usual. The CQC will focus on services where there are concerns and will continue take appropriate action to protect people if necessary.

It is unlikely the CQC will return to their published frequency of inspections in the near future.

7.7 When an on-site inspection is undertaken, actions will be targeted and driven by the information held about the service focusing on areas where; collecting

information is difficult to obtain; or on services which need more visits, for example in secure settings.

- 7.8 Pilots in adult social care and general practice to explore ways of gathering evidence without physically attending and be undertaken with the consent of the provider. This part of the transitional approach will help CQC test new ways of working.
- 7.9 CQC ratings are considered vital in providing a view of quality in a service. The CQC will continue to make a judgement after reviewing the information if it is considered the assessment indicates a low level of risk then no further action will be taken and CQC will inform providers of the outcome. The plan will be to publish a short statement on the CQC website and share a summary with the provider.
- 7.10 Where information leads CQC to inspecting a service, existing inspection methodologies will apply and adapted to the environment. However, as inspections will be more targeted and focused around areas of risk, CQC may not always cover all aspects of the five key questions and our KLOEs. As a result, inspections may not always lead to a change in rating for a service.
- 7.11 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 have now implemented their recovery plan with respect to the reinstatement of the National CHC Framework. The CHC teams are addressing two current workstreams; 1) The COVID backlog for all those individuals who require an assessment and were formally deemed "COVID NHS Funded", 2) Those individuals who are discharged from hospital and require an assessment under the discharge to assess pathway, so in effect back to business as usual. A third work stream will be those individuals who were previously needing an assessment post COVID (this will be addressed post December 2020). The recovery plan is being undertaken in conjunction with Sheffield City Council colleagues whereby a designated number of social workers have been identified to support the nurses with the backlog process and in line with best practice and multidisciplinary team working. Robust monitoring is being undertaken by NHSEI with respect to progress being made to undertake outstanding assessments and the move back to commissioned pathways and funding streams. The framework was suspended on the 19th March 2020 and was reinstated on the 1st September 2020.
- 8.2 The number of outstanding reviews is reducing. However we continue to have a backlog (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 but will resume in secondary care from 1 December 2020. 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. This pause has now ended and all providers and the CCG are investigating and responding to complaints.
- 9.3 Primary care: During the period July 2019-June 2020, 332 pieces of feedback about GP practices were posted online by patients, on sites such as Care Opinion, NHS Choices, and Healthwatch. The majority of the reviews (60%) were positive, 34% were negative and 6% were mixed. 51% of the feedback had received a response from the practice.
- 9.4 The results of the 2020 GP Patient Survey were published in July 2020. 8524 Sheffield patients completed the survey. High level results were reported at August Governing Body. We can now provide the following information about the experience of different groups.
- Ethnicity: Lower levels of satisfaction with both the functional and relational aspects of care were reported by people with 'Asian' and 'Other Ethnic Group' backgrounds. Higher levels of satisfaction were reported by people with 'Black/African/Caribbean' backgrounds.
  - Gender: 81% of both men and women rated their overall experience of their GP practice as 'good'. Men were less satisfied in relation to healthcare professionals giving them enough time and understanding and recognising mental health needs. Women were less satisfied with the functional aspects of care - ease of getting through on the phone, choice and type of appointment.
  - Sexuality: Gay/lesbian respondents rated their satisfaction as higher than or the same as the Sheffield score on the majority of questions. Bisexual respondents rated their satisfaction as lower on overall experience and on the majority of questions. The sample sizes for the 'gay or lesbian' and 'bisexual' groups were low (less than 100 for some questions), and therefore the answers of a small number of people can significantly alter the percentage. The voice of these groups is underrepresented in the survey.
  - Long term conditions: The experience of people with a long-term condition was poorer in relation to the functional aspects of care (ease of getting through on the phone, satisfaction with appointment booking). Further work to understand the experience of specific groups is needed. For example, just 71% of people with a learning disability rated their practice as good, and just

76% said that their healthcare professional was good at recognising and understanding their mental health needs.

- Working status: The experience of people working full time and part time was similar to the average score. The experience of people in full time education was poorer for several questions about the relational aspects of care and for the experience of booking appointments. 71% people in full time education rated their GP practice as good.
- Age: Lower levels of satisfaction with some of the functional aspects of care were found in the age groups '16-24', '45-54' and '55-64'. Respondents aged 16-24 had poorer experiences of the relational aspects of care. Experience of the relational aspects of care was similar to the average across all other age groups.
- Carers: 80% of carers rated their overall experience of their GP practice as good, compared to the Sheffield-wide score of 81%. Whilst the overall score was only slightly lower, carers had much poorer experiences of getting through on the phone and appointment booking, particularly in relation to being offered a choice of appointment. Compared to non-carers, carers' experiences were slightly poorer (one-two percentage points) for several questions about the relational aspects of care, and five points lower for recognising and understanding mental health needs.

- 9.5 STH have continued to use the FFT in inpatients, outpatients and emergency care. Results continued to be monitored, for example a reduction in the positive score for A&E was identified, including lower levels of satisfaction from BAME patients. Further work is being done to understand and address this. FFT in other areas community and maternity is restarting, using Covid-safe methods.
- 9.6 The number of formal complaints received by STH has risen over the past five months, but is nonetheless lower when compared to the same time last year; 87 complaints were received in August 2020, a reduction of 41% from August 2019. The Trust responded to 86% of complaints within the agreed timescale during August 2020, below the 90% target but an improvement from 78% in July 2020. The top themes from complaints over the past 12 months were communication, attitude, appropriateness of medical treatment, access to information.
- 9.7 STH ran a survey to collect feedback on the Attend Anywhere video calling system for outpatients. Overall the service evaluated well with 93% rating their overall experience of their outpatient appointment as good or very good. A number of positive and negative themes were identified in the feedback including technical issues, the appropriateness of a virtual consultation (particularly for physiotherapy consultations), problems with the booking

system, accessibility (video consultation improved accessibility for some and reduced it for others), and improved convenience.

- 9.8 SHSCT's Service Users Experience Committee has continued to run throughout covid-19, meeting virtually with good engagement from staff and service users. SHSC's Quality Improvement Team is assisting services to evaluate the impact of Covid-19 using the perspectives of staff, of service users, and available data. An evaluation of the impact on the South Recovery Service found that 77% knew who to contact if they required support and 67% had been able to access the support they required, 68% of respondents reported a very good/good overall experience. Key themes for improvement were identified relating to increasing telephone accessibility, continuity in care, consistent reliable communication; a return to face-to-face appointments but flexibility to have the choice.
- 9.9 SCH's Patient Advice and Liaison Service continued to be available to patients and families throughout covid-19. For example during September 2020 the service handled 63 contacts of which 4 were compliments and suggestions, 29 were for advice and support, and 30 were concerns. The top themes of the concerns were communication, facilities, values and behaviours of staff, and patient care.
- 9.10 SCH received 54 formal complaints during Qs1 and 2. This was a reduction of 21% and 50% compared to the same periods in 2019/2020 and 2018/19 respectively.

## **10. Care Homes**

- 10.1 Support continues through a joint approach from SCCG and SCC. One care home experienced a significant outbreak with a large number of residents and staff affected. The care home is now 28 days clear of positive cases in both residents and staff. Two further homes have encountered a similar situation. Both have been supported through the Local Outbreak Control Team (LOCT) meeting which provides support not already been implemented by the care home.
- 10.2 St Luke's Hospice is continuing Care Home Managers Forum on a fortnightly basis. They have also commenced Syringe Driver Training for Nurses within care homes. The planning for this commenced prior to the pandemic.
- 10.3 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. It is expected that additions to the information currently gathered will be added. This will include Influenza Vaccination uptake.
- 10.4 As part of winter planning and anticipating the possibility of a second wave, FFP3 mask fitting train the trainer sessions are now completed. Resource is still available for fit testing for exceptions such as Personal Assistants for those receiving a Personal Health Budget.

- 10.5 The Risk Assessment tool for managers to assess staff risk of contracting Covid-19, e.g. BAME has been shared with all of the care homes and home care providers as best practice.
- 10.6 Support has continued for the care homes to open for visitors. A draft risk assessment tool is being devised to support decision making for individual need and risk. This will be circulated to the managers for comment before being finalised and circulated.

## **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 although quality and patient safety assurance continues to be monitored.
- 11.2 The CCG has been closely working with Public Health in preparation for the upcoming flu season. Use of alternative workforce is being offered to practices to support the delivery of the flu campaign.

### **11.3 Primary Care Development Nurse Team (PCDN)**

- 11.3.1 The advent of the COVID 19 pandemic saw the PCDN team being redeployed to support the Sheffield Community Testing Service. At this point all other work previously undertaken by the PCDN team to improve patient care and outcomes and reduce unwarranted variation through upskilling and developing quality and capacity within primary care was paused.

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.

- 11.3.2 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. Initially during COVID 19 there were some reports from PCNs that they were not receiving the daily bulletin from the command structure and therefore were not as informed about changes as they needed to be. To this end a weekly virtual meeting was set up between a number of PCNs and the Chief Nurse and facilitated by the PCDN team. Initially many of the PCNs needed to come up to speed with such issues as PPE and share concerns, but then very quickly the meetings developed into a forum whereby the PCNs could share good practice or ask for support and advice from each other.

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.

Three Networks have held a virtual nurse meeting for their Network and these have been supported and indeed driven by the Clinical Director (CD) for these Networks. The PCDNs are actively working with the CDs for all the Networks to re-establish nurse meetings across the city. The content of the meetings is driven by the nurses within the Networks and understandably remains very much around how to work practically, but the aspiration is that these meetings as they mature will enable nurse leaders to grow and drive care within Networks from a nursing expertise perspective.

11.3.3 Arising from the communication meetings with the Chief Nurse was the request from PCNs for operational guidance on how to restart face to face reviews for patients with long term conditions. To this end the PCDNs have set up respiratory and diabetes working groups with interested PCNs to develop and write this guidance.

11.3.4 A further request from PCNs has been for education sessions 'post Covid-19', so around managing long term conditions for someone who has perhaps had COVID 19 or is at high risk if they contracted it. The PCDN team is in the process of setting these up for PCNs with a first session booked for October on COPD.

11.3.5 A piece of work that commenced before COVID but that was put on hold was an ICS wide Nurse Ambassador Programme for PCNs. This programme is designed to support PCNs to develop as nurse leaders within their Network and hopefully beyond. Work is underway to restart this in October.

11.3.6 Other workstreams the PCDNs have previously been involved with include those around diabetes, especially to support the three treatment targets. Conversations with the CVD commissioners within the CCG are being had to look at what needs to be restarted and when.

11.3.7 The PCDN team have recently changed their line management arrangements to sit with the other teams within the Nursing and Quality Directorate, as opposed to within the Medicines Optimisations Team, where they have previously sat. This move creates an exciting opportunity for the whole of the quality team to develop both its service development and assurance responsibilities within Primary Care. The PCDN team is excited to be working more closely with the other quality teams and progress on joint working will be reported in future papers.

## **12. Learning Disabilities Mortality Review (LeDeR)**

12.1 **COVID-19** A short summary of the national findings from the first 50 completed LeDeR reviews relating to COVID19 is now available. This short paper describes key information relating to 50 people with learning disabilities whose death has been attributed to COVID19. Each of the people have had their death reviewed as part of the Learning Disabilities Mortality Review (LeDeR) programme. The aim of the paper is to highlight those aspects of the condition itself, or the care provided to those who have died, that can inform a

better understanding of COVID-19 as relevant to people with learning disabilities.

[Review of deaths related to COVID-19 - Summary of findings \(PDF, 229kB\)](#)

[Easy read - 50 deaths \(PDF, 895kB\)](#)

**12.2 Deaths in Sheffield** - Sheffield has a current caseload of 66 LeDeR reviews, broken down this comprises:

- 51 active initial reviews in progress
- 4 CDOP reviews awaiting progression through statutory processes
- 3 reviews on hold awaiting progression of other statutory processes (Coroner, SI investigation)
- 8 reviews complete and scheduled for discussion at the LeDeR Quality Assurance Panels in October.
- The National LeDeR Programme now requires CCGs to submit on fortnightly basis to NHSE a position statement for each review and its expected completion date. Sheffield's most recent submission was made on 14 October 2020.

**12.3 LeDeR Initiatives** - There is an established number of initiatives to ensure that support the LeDeR process continues through the COVID-19 period. These include:

**12.4 Delivery of 100% eligible reviews by deadline** - The LeDeR Quality Assurance Group led by SCCG is meets fortnightly to work through the current caseload. As of the 15 October 2020 the group has reviewed 19 cases (8 pending) 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.

**12.5 Current risks and Issues**

- **Access to onsite records** – Sheffield is now seeing an increased number of COVID-19 confirmed cases in provider services and with this brings further restrictions for reviewers where providers continue to limit access to records. The LAC will continue to monitor the impact of this.

**12.6 Lessons learned**

- The Sheffield Annual LeDeR Report is scheduled for discussion at the October 2020 Quality Assurance Committee. This report will look at key actions and learning for the city.

### **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 from Kate Dale.
- 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 Care Trust Update**

14.1 The Trust continues to implement their 'Back to Good' rapid improvement plan overseen by NHS England & 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.

#### 14.3 Risks

- Serious Incident on Burbage Ward
- Staffing Challenges particularly nursing vacancies

### 15. Recommendations

The Governing Body is asked to consider and note the paper.

#### **Paper prepared by:-**

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Grace Mhora – Quality Manager

Nikki Littlewood Lead - Infection Prevention & Control Nurse

Bev Ryton - Clinical Auditor & Effectiveness Manager

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On behalf of Alun Windle, Chief Nurse

October 2020