

Quality Assurance, Patient Safety and Experience Report

Governing Body meeting

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6 August 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	
<p>Key messages:</p> <ul style="list-style-type: none"> • The national guidance from NHS England and Improvement (NHSEI) and the Coronavirus Act 2020 continues to impact on SCCG quality assurance activities. • Further patient safety briefings have been issued from NHSEI. • The Safeguarding team are now implementing their exit strategy from the additional work they have undertaken to support Primary Care. • The Local Authority has updated their practice standards for safeguarding. • Serious incidents continue to be managed following NHSEI guidance. There is a more detailed update paper submitted to the Quality Assurance Committee with the details of the Serious Incidents and Never Events reported in Quarter one. • Outstanding NHS Continuing Healthcare reviews are in a deteriorated position of 59%, this is against an agreed target of 20%, however remains in an improving position. • Following the identification of a number of patient safety issues in the 2019/20 Colorectal cancer LCS audit data submissions, a plan is in place to address the concerns. • 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. It has been escalated 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 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?

Strategic Objectives

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

Have you involved patients, carers and the public in the preparation of the report?

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 further NHSE continue to provide updates. 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. Patient Safety

2.1 Patient Safety Covid-19 briefings continue to be published, further guidance was issued by NHSEI on the 12th and 29th June 2020 with the following key messages:

- Providers are to continue to prioritise the review and investigation of patient safety incidents.
- Tools and guidance have been published on the patient safety incident investigation webpage to support organisations in their response to patient safety incidents. These include tools (such as safety huddles and hot debriefs) to generate insight and guide improvement where a full patient safety investigation is not required.
- Ensure that respiratory protective equipment (RPE) always fits correctly. Trusts must continue to follow Health and Safety Executive guidelines on fit testing, an important procedure in ensuring staff and patient safety is maintained.
- Ensure that pregnant women have access to relevant information as pregnant women with concerns have been fearful of attending hospital because of COVID-19.
- Medical examiner resumption of duties – Some organisations suspended scrutiny of deaths to support the coronavirus response. While recognising some trusts may still be affected by excess deaths, the National Medical Examiner recently advised that where feasible medical examiner scrutiny or implementation should recommence by 1 July 2020 or earlier.

- The recently published Operating framework for urgent and planned services in hospital settings during COVID-19 provides guidance to minimise the risk of nosocomial infections. As announced by the Secretary of State for Health and Social Care, from 15 June 2020, all hospital staff must wear a surgical face mask (type I/II) when not in PPE. This includes office-based staff and those in non-clinical areas. Trusts are asked to make the necessary changes to implement that advice and continue to work to reduce risk of transmission.
- The pause on complaints process is not planned to extend into July as long as circumstances don't change significantly. Trusts are advised to consider what resources and support their complaints teams need as they start to resume a normal service, and whether a phased approach is appropriate when re-introducing key performance measures.
- All providers should consider the impact COVID-19 can have on the mental health of both patients and staff. More people may be experiencing suicidal thoughts and be at higher risk of suicide. As per guidance for inpatient and community mental health, learning disabilities and autism services for all ages, providers should consider a patient's vulnerability and risk of suicide. Providers should review the provision of services from a patient safety perspective, to ensure strategies to minimise distress and interventions to support these patients are still accessible and appropriate.

2.2 Through the continued quality meeting with providers, the CCG's quality team continue to seek assurance of additional developing guidance.

3. Safeguarding

3.1 The Safeguarding Team continue to support Primary Care to meet their safeguarding responsibilities, including completing all pre-birth, initial, review case conference and Child Death Overview Panel reports for those practices wanting the support. However the Exit Strategy has now been agreed and a withdrawal has begun in order to end the support by 1st September.

3.2 Quarter 1 Safeguarding KPI's have been received for Sheffield Children's Hospital which indicate some drop in performance related to COVID 19 eg Sexual abuse medicals. Submissions from other Providers are expected shortly though we have still not received Q4 from SHSC NHS FT. This has been escalated and will be discussed at the next contract monitoring meeting this month.

3.3 Governmental guidance on safeguarding during the COVID states that initial health assessments should continue within timescales wherever possible. Q4 data shows improvement in compliance for both initial and review health assessments though initials are still only at 45%

3.4 The action plans from the Family G Serious Case Review continue to progress. The CCG continue to monitor this for assurance. . There have been no new Safeguarding Child Practice Reviews initiated but initial scoping for one new Safeguarding Adult Review and Domestic Homicide Review have begun. No decision has been made on whether these will progress.

3.5 There remaining 48 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 the implementation of the Liberty Protection Safeguards, the government has now announced that full implementation will not be until Spring 2022.

3.6 There have been six deaths of children since the last report. Five of the deaths were neonates and expected, the other was an infant who died from probable sepsis but also tested positive for COVID 19. This was reported in the local and national media.

3.7 The Local Authority have updated their practice guidance on the management of children and young people on child protection plans, children in need and looked after children. The RAG rating of all cases has now ended and all children are now being visited face to face or contacted virtually on a rotation basis e.g. children on child protection plans will be visited every 10 working days.

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 meet virtually via teams and continues to close the incidents without requesting further information unless there is a fundamental failing to address learning points and further assurance is required. Details on serious incidents & never events that have been reported and the numbers of serious incidents reported and closed in quarter one are contained within the Serious Incident report.

5. Infection, Prevention & Control

5.1 SCCG receives a daily COVID 19 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. To note no care homes have reported an outbreak to PHE in the last 3 weeks. The CCG contacts those care homes where PHE have notified the CCG of COVID 19 outbreaks to discuss PPE and staff issues.

5.2 The CCG IPC Team continues to provide support to care homes through sign posting and making available; online training; PHE guidance; various resources; partaking in care home manager's forums and being an available resource for care home to access to discuss concerns.

5.3 The IPC Team have provided expert advice on the Government Infection Prevention and Control Fund for care home to SCC.

5.4 A programme of fit testing of staff for FFP3 mask in care homes has been undertaken where residents who require care that have aerosol generating procedure (AGP). 19 care homes and 4 agencies have now had fit test training which can be cascaded to other staff in the home. There are a further 92 care homes

who may admit residents requiring AGPs and will require training in preparation for a potential 2nd wave of coronavirus.

5.5 The Quality in Care Home Team is now responsible for managing the process for train the trainer for FFP3 fit testing.

6. Clinical Audit and Effectiveness

6.1 Following the identification of potential patient safety issues in the 2019/20 Colorectal cancer and prostatic cancer LCS audit data submissions SCCG have agreed to a number of actions which include a number of practices to be asked to provide further assurance and information to ensure patients are being monitored in line with the clinical protocols. Furthermore, a paper is to be presented at SMT on the future of monitoring of this cohort of patients.

6.2 The operation of CQUIN (both CCG and specialised) for Trusts remains suspended for the period from April to July 2020. No updated information or timelines are available at this point

6.3 Data collection for the child death database, PICANet and MBRRACE-UK-perinatal surveillance data are continuing as these are important in understanding the impact of COVID-19

6.4 NICE has now resumed publication of planned guidance but will continue to review rapid COVID-19 related guidance on a regular basis

6.5 The amended date for publication of Quality Accounts is now 15 December 2020.

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 At the request of SHSCFT, SCCG has recently undertaken a peer review on Infection Prevention and Control at SHSCFT. The draft report has been shared with the Trust to be presented to SHSCFT QAC in August.

7.3 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.

7.4 The CQC has now registered The Mathews Practice as a single-handed practice and therefore currently does not have a CQC rating. It is expected that the CQC will be undertaking a full inspection. It is unknown when or what the inspection may look like.

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

8.1 The CCG has a duty regarding the assessment; decision making and funding of CHC and SCCG are monitored against a set of indicators along with all other CCG's. Outstanding NHS Continuing Healthcare reviews are in a deteriorated position of 59%, this is against an agreed target of 20%.

8.2 The number of outstanding reviews is reducing. However, as a result of COVID-19 the CHC service has been suspended in line with national guidance. CHC staff are currently supporting the discharge hub in Sheffield Teaching Hospitals to avoid delays as well as ensuring and supporting hospital 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 have undertaken the training via NHSE for the IPC training for the Super Training for Care Homes and will continue to support care homes on an ad-hoc basis.

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 homes has continued through a joint approach from SCCG and SCC. At present all homes do not have residents with a positive diagnosis of Covid-19. Two members of staff from different homes have been identified and the appropriate action has been taken.

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 7 days. This has been raised as a concern from the homes in terms of resource and time to do this. It has been escalated for a decision if support can be provided.

10.3 St Luke's Hospice have continued the delivery of training and the weekly Care Home Managers Forum. A further IPC training session has been delivered which increased the amount of homes trained in the city from 65 to 70. They also facilitated a session about "Moral Injury". It was a very powerful and emotional session where two staff from the care homes discussed their experience of having Covid-19. In particular, the thoughts and feelings expressed such as guilt- "lying in a hospital bed when I should have been at work". The SCCG COVID 19 Learning Group have been informed of this for consideration.

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 of COVID 19, FFP3 mask fitting train the trainer sessions are being planned. This will enable the care homes to make the fitting of FFP3 masks for their staff in the future.

10.6 A working party including Care Home Managers has been established to implement a standardised Risk Assessment tool for managers to assess staff. Some care homes already have these in place. A review of a number of tools will be conducted and key elements pulled into one document and shared with all of the care homes and home care providers as best practice.

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. There are three practices which have been identified as most at risk which are, The Mathews Practice, Manor / Park and Carrfield Medical Centre.

11.2 The CCG has begun to reinstate the Primary Care Intelligence Team meetings, to discuss the above and other practices. It has been agreed that the teams will review and update current risk assessments with the new intelligence for further discussion before planning next steps.

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 A number of GP Practices have been contacted in relation to their flu orders for 2020/21. Concerns have been raised that some practices have not ordered adequate number and type for their required populations.

12. Urgent Transport

12.1 YAS 999/EOC Exceptions -YAS 999 performance against national ARP standards has seen a significant increase in call volumes on the same month last year. A number of operational and corporate metrics have been impacted by the COVID 19 response. A full review of the performance metrics will be completed and appropriate recovery plans and trajectories agreed as part of the Trust's overarching covid-19 recovery plan.

12.2 YAS 999/EOC – Developments-The Card 36 triage tool continues to be used along with a revised national escalation level which has been in place since the end of Q4. There have been increased numbers of reported IPC/PPE related complaints and concerns from the public and care homes which are being managed and the CCG are working with lead 999 commissioners Wakefield CCG, YAS and the SCCG Care Homes Quality Team to fully understand the situation.

There is a move to create a single Covid-19 treatment site within South Yorkshire and YAS are concerned of the impact this will have on them in terms of conveying patients, this is being explored to understand any potential impact on the quality.

12.3 YAS 111/IUC - Performance in Q4 2019/20- As at the end of Q4 2019/20 – March 2020 – The increase of COVID-19 related calls and the national marketing campaign impacted on performance. This increase in demand and call lengths caused KPIs to fall below target. However, 2019-20 Core Clinical advice and Emergency Department Validation targets were met. Call backs within 1 hour remains a challenge due clinical staff shortage which is being mitigated by a recruitment strategy and a new advertising campaign.

12.4 From March 2020, the breakdown of calls from 111 to 999 includes a specific “COVID-19 / NHS Pathway Response” category. The volume of calls transferred to 999 - within this specific category - has fallen significantly. March recorded 193 COVID-19 related calls transferred to 999; this increased to 263 in April but a marked decrease to 87 in May.

12.5 YAS 111/IUC – Developments- The national NHS Pathways system continues to be upgraded throughout the year. The IUC workforce has been under significant pressures since the Covid-19 crisis began. Both clinical and non-clinical staff were utilised within the existing workforce to manage demand from both telephone and online referrals. Several of those groups have been kept on to continue to support IUC activity as well as developing other groups of staff.

12.7With many dental practices in Sheffield still not back working the demand on IUC continues to be challenging, YAS and Wakefield CCG are working with NHSE, to better understand any recurrent issues and how best to manage them.

12.8 Preliminary discussions are happening regarding the proposed introduction of new nationwide telephone healthcare provision. NHS 111 First (also known as Talk before You Walk) aims to encourage people seeking urgent medical care and advice to approach NHS111 or their own GP before attending the ED to reduce unnecessary ED attendance. YAS are engaging in the discussions but have

identified that further changes and considerations are required before NHS111 First will work across the whole region.

12.9 YAS Core PTS Developments - YAS are in the process of releasing a new patient transport booking system in Sheffield where patients will be encouraged to book their own PTS transport for Outpatient and Clinic appointments. YAS will also encourage the patient to make their own way, if possible, but recognises there are groups of patients where it will be inappropriate for these questions to be asked. Concerns have been raised regarding YAS plans that patients may be asked to share a journey. YAS have assured the CCG that this will only be in exceptional circumstances and after government guidelines have been released permitting this. The CCG continues to monitor the situation.

12.10 YAS PTS - GP Urgent Transport (Sheffield)- In Q4 2019/20 GP Urgent transport service continued to struggle to meet KPI targets. This is despite changes to KPI designed to facilitate achievement and service improvement. This contract variation meant YAS also received a financial package to facilitate the changes from Sheffield CCG. SCCG contracting team are reviewing the options available to them in terms of managing this failure to achieve the new targets.

12.11 YAS GP Urgent – Developments- The GPU service was identified as being critical during the COVID-19 crisis and therefore has been maintained as a standalone service apart from Core PTS. Work is underway to see how this service fits in the new post COVID first wave landscape, with consideration to changes within the acute trusts and with YAS's proposed changes in service delivery models. The CCG continue to work with all the stakeholders to maintain service standards, promote good communication and address concerns.

12.12 Premier Care Direct (Renal Transport) -PCD are contracted to provide transport for Renal patients within South Yorkshire, Doncaster CCG (DCCG) are the lead commissioner.

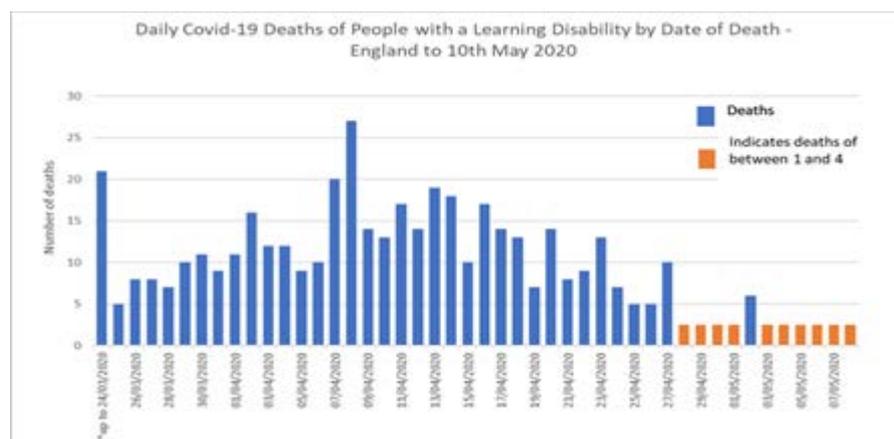
12.13 PCD had been in a period of "Turnaround status" instigated late 2019 after continued poor performance and outstanding actions not being addressed. Monthly contract and quality meetings hosted by DCCG are resolving many longstanding issues with this contract. Quality reporting has improved and are responsive to changes when asked.

12.14 PCD have been working closely with YAS when needed to transfer Covid-19 positive patients for dialysis to dedicated hot facilities at the receiving hospitals. PCD have worked hard to develop and improve the relationships with those units and they are working closely together to improve the patient experience.

12.15 There are currently plans with DCCG regarding PCD centralising their bookings team to their base in Lincoln meaning that their South Yorkshire booking team will become operational. Mitigations have been put in place to ensure that the change happens as smoothly as possible.

13.0 LeDeR

13.1 The Learning Disabilities Mortality Review Programme (LeDeR), is a national programme aimed at making improvements to the lives of people with a learning disabilities through reviews of deaths. The national picture of the deaths of people with LD as reported through the Learning Disability Mortality Review project, (LeDeR) led by Bristol University, is reported in the graph below. It is likely that there will have been more LD deaths across the country, but that these have not yet been reported and may never be identified, as the reporting rate across the country for LeDeR is variable.



13.2 Sheffield uses the Sheffield Case Register to identify its LD population of all ages, and to cross reference the deaths of this group of people. This is reported to be the most comprehensive register of the LD population in the country, and therefore Sheffield is generally able to identify a higher number of deaths.

13.3 LeDeR During COVID 19 -Since April 2020 there have been 21 deaths reported of people with learning disability where COVID-19 has been a factor (as of 10/07/20).

13.4 These will not yet have 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 (SHSCFT) for allocation to individual experienced LeDeR reviewers, including an employee within Sheffield CCG MHLD Commissioning Team, and SHSC employees.

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

- Continuation of reviews – SCCG is continuing to conduct the LeDeR reviews of deaths in line with the national requirements for the LeDeR project, and unlike some other areas, have not deprioritised these reviews, or moved staff into other areas of work.
- Delivery of 100% eligible reviews by deadline - A LeDeR Quality Review Group led by SCCG has been established so that 100% of eligible LeDeR reviews are completed within 6 months by December 2020. The group is meeting fortnightly to work through the current caseload (48 reviews).

- Increased reviewer capacity to clear existing backlog - extended a temporary assessor post beyond April up to September, and funding has been sought through ICS/TCP to extend assessor capacity further.
- SCCG has established a multi-agency task and finish group which is providing assurance to the system that the needs of the LD population of Sheffield are being met. Through this work the LeDeR programme has been linked into the MHLD Rapid Impact Assessment workstream being led by Public Health to ensure any learning from LeDeR (and vice versa) informs outcomes.
- Training to care settings (pre-lockdown) - A comprehensive training programme has been delivered by the SHSC Community Learning Disability Service to improve practice in care settings across the city in relation to some of the themes that have been identified as part of the LeDeR reviews, such as work on eating and swallowing (dysphagia) led by SHSC's Speech and Language Therapists.
- Prioritisation of Annual Health Checks through the Physical Health Implementation Group - Sheffield CCG and partner organisations are working together through the Physical Health Improvement Group, led by Dr Steve Thomas, Clinical Director, to address a number of barriers, and improve access to physical health care services in the city for people with learning disabilities, and have a number of work streams in progress, such as improving the uptake of Annual Health Checks; improving access to screening; as well as targeted work through the Sheffield Community Learning Disability Service on Health Action Planning and the uptake and use of "Health Passports" developed by national Mencap, but adapted for use across Sheffield

13.6 Current risks and Issues

- Due to lockdown restrictions reviewers have had limited access to onsite records that are usually scrutinised, for example care homes, and Medical Records, , and therefore some of the review outcomes will be delayed. We are completing Individual Employee Risk Assessments for SCCG staff in this position.

To ensure completion of reviews to timescale we would require the continued funding of current temporary arrangements to be extended to December 2020. Additionally increased reviewer capacity to be secured through use of current bank staff until December 2020.

13.9 Lessons learned

- One of the biggest causes of death of people with LD nationally is through pneumonia, particularly brought dysphagia. It is therefore likely that a condition that impacts on the lungs, such as COVID 19 will adversely affect this population, given the incidence of underlying issues with respiratory conditions associated with musculo-skeletal abnormalities, and dysphagia, which give rise to secondary bacterial infections, such as pneumonia as stated.
- SHSC's Community Learning Disability Service Speech and Language Therapists have offered additional targeted support and dysphagia assessments throughout the pandemic. Multi-disciplinary reviews for all

deaths identified as Covid-19 related to fully understand the impact will be undertaken.

- The Programme would like to provide an enhanced training offer around dysphagia to help community providers reduce respiratory disease linked to premature deaths across all care service areas.. Funding options are currently being explored through regional Transformation funds.

14. Sheffield Health and Care Trust Update

- a. The trust continues to implement there 'Back to Good' rapid improvement plan overseen by NHS England & Improvement, The Care Quality Commission and SCCG Chief Nurse.
- b. Key progress indicators against the Section 29a warning notice, week ending 28th 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
- c. Risks
 - Serious Incident on Burbage Ward
 - Staffing Challenges particularly nursing vacancies

15. Recommendations

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

Paper prepared by Maggie Sherlock, Senior Quality Manager

On behalf of Alun Windle, Acting Chief Nurse

July 2020