

Patient Safety, Quality and Experience Report

Governing Body

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13 January 2022

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Purpose of Paper	
To provide an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality, Patient Safety and Experience assurance oversight.	
Key Issues	
<p>Key messages:</p> <ul style="list-style-type: none"> • CQC action plans with Providers continue to be actively monitored via Quality and Contracting Governance routes. • Oversight continues with Providers regards the capturing and reporting against Complaints and Patient Experience Standards. • Work continues at pace in response to the Booster Vaccination Programme 	
Is your report for Approval / Consideration / Noting	
Consideration and noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to 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?	
None Required	

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

None Required

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1. Introduction

- 1.1** The purpose of this report is to provide Governing Body with an overview of Patient Safety, Quality and Experience.

2. Care Quality Commission (CQC)

- 2.1** Sheffield Health and Social Care NHS FT (SHSC) continue to attend the joint Care Quality Commission (CQC), Sheffield Clinical Commissioning Group (CCG) and NHS England Quality board. Although discussions are in place to determine an exit strategy following their move to Requires Improvement.
- 2.2** SHSC have been expecting a further unannounced CQC visit, this has taken place on the 7th and 8th November. The CCG is waiting for any feedback from the visit.
- 2.3** Scoping discussions continue with regards to the future of Firshill with SHSC and in collaboration with the Local Authority and South Yorkshire CCG partners. The Trust has established a project board co-chaired by the Director of Operations and an Expert-by-Experience and includes commissioners and Local Authority. The main risks for this service relate to recruitment and retention, leadership, environment, commissioning, delayed transfers of care and finance. A project initiation document has been developed including mitigations to address the risk.
- 2.4** The CQC undertook an unannounced inspection at Sheffield Teaching Hospitals NHS FT (STH) on the 5th to the 7th October 2021 at the following areas: A&E, Medicine and Surgery, Maternity Services and Beechhill. It is anticipated that the CQC inspection report will be shared with the Trust in the next few weeks and expected to be published early in the new year, 2022.
- 2.5** The former STH Maternity CQC action plan contained 94 actions with 10 must do and 2 should do actions. 79 Actions have been completed and work is ongoing to review the outcomes. The remaining 15 actions were due for completion in Autumn.

The key issues continue to be areas of concern for STHFT, these include:

- Staffing
- Governance
- Safe Care and Treatment
- Training and Competency

Some progress has been made against the Maternity CQC action plans. This continues to be monitored and overseen by both the CCG Quality Review Meetings and a joint CQC, CCG and NHSE/I Quality Board.

3 Serious Incidents (SI) / Never Events

- 3.1** SHSC are engaging with SCCG and are attending the CCG's SI closure panel. This has made a significant improvement in the communication and speedy resolution of issues that are raised as part of the incident process, The Trust have so far been able to provide the required assurance to the SI panel for incidents to be closed.
- 3.2** STH have continued to report Maternity obstetric incidents and is the second most common incident after Surgical /invasive procedure. All maternity serious incidents are additionally reported to the Health and Safety Investigations Branch (HSIB), additional monitoring of learning from investigation for improvement in patient safety continues.
- 3.3** Sheffield Children's NHS Foundation Trust (SCH), one serious incident reported in October and two in November 2021. A planned quality deep dive for serious incidents and framework compliance will be presented to Quality Assurance Committee (QAC).
- 3.4** Yorkshire Ambulance Services- One serious incident reported in November 2021, a final report received has been returned for further investigation due to not fully considering all possible learning.
- 3.5** Independent Sector Providers – No serious incidents reported in October and November 2021.
- 3.6** Primary Care – No serious incidents reported in November 2021.

4 Infection Prevention and Control (IPC)

- 4.1** Zero hospital onset MRSA Bacteraemia have been reported by STH between April and November. The total number of C.difficile cases to the end of October (November data not closed yet due to UKHSA reporting) is 96, which is over the threshold for the month of 79, monthly numbers do fluctuate and is still very much under the newly revised (reduced) NHSE/I national annual target of 136. A steady number of wards/bays are currently affected with covid positive patients or exposures to Covid. The IPC Team have reinstated the E coli Blood Stream Infection (Bacteraemia) Steering Group (although on a smaller scale) held with STH, in November to support work towards the NHSEI Gram Negative BSI reduction thresholds and AMR work.
- 4.2** No further MRSA Bacteraemia reported since the May case. SCH has had 3 cases of C.difficile up to November which is under their target of 8 cases for the time frame (11 cases annually). RCA has been received on the August case (2nd case) and further details in terms of antibiotic prescribing has been asked for. RCA in progress for the 3rd case. No current IPC concerns noted.

- 4.3** MRSA Bacteraemia – there has been one community associated case in late November. The GP practice to whom the patient is listed, has been contacted to provide information to support the Post Infection review process (PIR). Collaboration with STH Microbiology/IPC teams has been undertaken to support PIR and from the information received so far it does not appear there has been any lapses in care from any provider involved.
- 4.4** There is still a lack of assurance in relation to IPC in many Care Homes. The IPC team have reintroduced visits where concerns have been raised and an action plan provided to the home. The IPC team have continued to draft guidance to support care homes and have finalised a pack to reiterate the importance of remaining vigilant during the winter. Discussions are underway with the CCG and SCC as to who is responsible for ensuring completion/escalation of the actions, to gain a wider system and Sheffield place view around accountability.
- 4.5** To support the IPC team and Providers a request has been made for an IPC qualified clinical educator role. As well as ensuring that high quality IPC training is available it also supports the antimicrobial resistance agenda. This model has been undertaken in Leeds and has proved successful. This request is being taken forward by designated leads in the CCG and the LA. In the interim SCC has employed an Infection Prevention and Control Nurse (until March 2022) to support Domiciliary Care Providers. As part of this role training is being delivered to domiciliary care providers and it has been agreed that Care Homes can access this training if needed.
- 4.6** The IPC team are continuing to look at the introduction of an electronic audit tools to support care homes with their IPC audit requirements.

5 Patient Experience

- 5.1** SHSC – oversight and assurance of the Trust’s complaints processing and improvement plan continues The Patient Experience lead from the CCG will discuss with the Director of Quality at the Trust.
- 5.2** STH - Number of formal complaints received during October remains within expected range. STH responded to 91% of complaints within timeframe slightly above target. STH continues to receive and resolve a high number of informal complaints internally. In October 219 informal complaints were received and resolved internally.
- For October 2021 STH continues to not meet its internal targets for Maternity, Inpatients (IP) and Emergency Department (ED) positive FFT scores. Community and Outpatients narrowly missed the target this time round. Maternity scored 78%, ED scored 74%, IP scored 90%.
- 5.3** SCH - In August 2021 75% complaints were closed within target timeframes. The Patient Advice and Liaison Service handled 93 contacts during August. The most prevalent theme was communication.
- 5.4** GP - The main themes in patient feedback are access: difficulties getting through on the phone and getting an appointment. A secondary theme is communication with an increase in both negative and positive feedback.

5.5 At the last QAC meeting (11 November 2021) it was agreed that to ascertain what progress has been made by our providers in respect of their implementing the National Patient Safety Strategy, at each of the providers Quality Review Groups (QRGs) an update will be requested. NHS Sheffield CCGs Patient Safety Lead has drafted a template to support this provision of information. Responses are awaited from each of the providers QRGs and then the CCGs Patient Safety Lead will collate this information to provide a Sheffield picture.

6 Care Homes

6.1 SCCG and the Sheffield City Council continue to support a joint process to deliver routine monitoring city-wide of nursing and residential care settings. A collaborative approach manages the escalation framework which determines when further action is required and how this is implemented. The joint SCC and SCCG Quality Assurance Framework continues to be developed.

6.2 As of w/c 26th October 2021, 2 homes are in formal escalation, with several others receiving an 'enhanced monitoring' approach. The two homes in escalation are identified as 'amber'/ medium risk status. No homes are currently in 'red'/ high risk status.

6.3 There are currently no restrictions in place on new packages of any Supported Living Framework Providers.

6.4 The SCC timetable for completing an annual onsite visit to all Care Homes has been extended until the end of December 2021. The SCCG Quality Team is completing a number of these visits to enable completion.

6.5 The observational element of the visit includes - How staff support residents with their dignity; Opportunities for daily enjoyment of life; Support for a good quality of Life; Mealtime experience, including food and drink choice; Care home environment.

6.6 The quality assurance element of the visit includes looking at - Care Plans; Audits; Incident and accidents; Safeguarding alerts and CQC Notifications; Complaints and compliments; Staff training.

6.7 The Care Home Quality team is currently examining potential strategies on how to conduct clinical quality surveillance outside of the SCC's routine monitoring, to enable improvement and adopt a pre-emptive approach to clinical standards

7 General Practice

7.1 The CQC announced that they will be undertaking unannounced focused visits on selected practices to understand problems relating to access. This is a national programme of work and resulted from increase in concerns raised by the public. The CQC have reviewed information and identified risk with those associated with high A&E attendance, complaints, and patient survey.

7.2 However, these visits will not take place during the December period as planned due to the requirement for Primary Care to focus resources into delivering the

COVID 19 vaccine booster programme. Once recommenced these visits will last between 1-3 hours and the reports will be published. It is not expected the findings will change the CQC rating of practices, unless in exceptional circumstances where the findings are of concern and action is required.

7.3 Breast Screening – We have been working with IT, Behaviour Science and Public Health England in amending the non-responders for breast screening, we are currently working on a video that will assist practices

7.4 Flu Update – Delays in vaccine delivery have been experienced at various points between September and the end of November. All Practice orders should now be receiving orders from the national stock are being delivered. Pharmacies who are awaiting stock are using Pharm outcomes to signpost patients to pharmacies with available vaccine. Sheffield have achieved over the target for over 65 year olds however, the targets for 2/3 year olds, pregnant women, 50-64 year olds and the under 65s 'at risk' are set at a higher rate than has ever been achieved. Flu vaccinations will continue and numbers will therefore increase. We are doing some dedicated work to look at areas where certain cohorts are artificially low to see if any extra support is needed (this includes LD, SMI and children).

7.5 Public Health England Screening and Immunisation Team, Sheffield CCG and SHSC are working together to improve bowel cancer and screening uptake amongst people with learning disabilities. The teams have set up of a bowel screening flagging pathway which will provide specialist help and support at the pre-invite stage. The go-live date was 1 August 2021. This has now been shared across the SYB and we are having regular meetings to share good practice. One of the outcomes of this work is that care staff in LD homes would benefit from some education regarding consent, patients best interest decisions, so the CCG is exploring the opportunity to produce a video that can be shared SYB wide.

7.6 Annual physical health checks for People with Severe Mental Illness

Due to a combination of lifestyle factors and side effects of antipsychotic medication, there is a high incidence of cardiovascular disease (CVD) causing premature death in people with SMI (15 years for bipolar disorder and 25 years for schizophrenia). The aim of the comprehensive annual physical health check is focused on identifying and addressing risk factors for CVD.

- Sheffield's 2020/21 SMI annual health check completion rate of 21% was below national, regional, and sub-regional comparators, as outlined below:
 - All England: 23.4%
 - North East and Yorkshire: 35.5%
 - Rotherham: 31%
 - Doncaster: 29.6%
 - Barnsley: 33.3%

Understandably the completion rates for annual health checks were particularly low across 2020-21. However - before the pandemic - in Sheffield during 2019-20 the completion rate was only 27%. Approx. 10% of health checks are expected to be carried out in secondary care but the rest are the responsibility of primary care. The national target is 60%.

Following a range of local initiatives, by the end of Quarter 1 2021/22 completion rates increased to 23.9%, with a further improvement to 27.6% by the end of Quarter 2 (1,421 patients with completed checks out of the 5,142 on SMI registers (excluding those in remission). This varies significantly across practices and localities/networks. For example, the completion rate by locality is:

- Central: 31.7%
- HASL: 32.8%
- North: 23%
- West: 23.6%

Local activity to improve performance and quality is ongoing and includes:

- Quarterly email contact with all practices regarding their completion rates and information about support available to them.
- Health Care assistant roles within the Primary Care Mental Health Transformation (PCMH) Service - 2 Health Coach posts started to deliver health checks/interventions in September 2021.
- Primary Care Sheffield has been commissioned to offer a small SMI and Learning Disability Health Check service, which will provide training/modelling on health checks to practices; work to improve information sharing between primary and secondary care on health checks; carrying out checks - initial work to support capacity issues in practice and then a focus on the most difficult to reach patients (e.g. home visits). The new service will run alongside the PCMH Transformation Service but will be offered citywide and will also include support for practices to carry out learning disability annual health checks in 2022. The first of three additional staff members has now joined the team, with further recruitment this month.
- Awareness raising with Locality Teams and via Practice Bulletin. Training video in development – to be launched end of Dec 2021/early January 2022.
- North Locality Pilot -10 practices now involved in the scheme.
- Sheffield Mind SMI health check outreach programme – information sharing agreements with Practices to enable Mind to support difficult to reach patients to attend their checks. This project was funded by the NHSEI 2020/21 SMI winter outreach funding, but we have extended it with CCG baseline funding until the end of March and then we are tendering for a 3-year service to start in April which will continue the work of this project. Awards will be made in December 2021. The project will support flu and covid vaccination as well.
- Engagement with people living with SMI, LD and autism, their carers, and local VCS organisations highlighted gaps in access to healthy living and wellbeing activities and support in the community – Sheffield has a vibrant VCS sector, but organisations would benefit from increased support to make their services more accessible and health and social care professionals often struggle to know which local offers will meet the often-complex needs of their patients. We have commissioned a 3 year “Community Capacity” physical activity/healthy living project with Disability Sheffield (one FTE post has now been recruited) to start to meet these gaps.

- 2021/22 Spending Review SMI funding – to be used to establish three SMI physical health posts within the Community Mental Health Recovery teams (secondary care). These posts will work closely with the primary care offer. To be offered as recurrent funding. Recruitment December 2021.

7.7 Annual Health Checks for People with Learning Disabilities (LD)

People with a LD often have poorer physical health than other people – on average men with a LD die 23 years earlier and for women it is even worse at 27 years earlier - mostly from preventable illnesses and in part due to physical health needs being overlooked.

Evidence suggests that providing health checks to people with learning disabilities in primary care is effective in identifying previously unrecognised health needs, including those associated with life-threatening illnesses.

As at the end of March 2021, approximately 57% of those aged 14+ on the learning disability QOF registers in Sheffield had received an annual health check in the previous 12 months. This equates to 2,318 people out of the 4,062 people on GP registers at that point. This is an improvement compared to 2019/2020, during which we completed 1,672 checks (approx. 41%).

However, it is significantly lower than the 2020/21 uptake across the North East and Yorkshire, which was 75%. In South Yorkshire, Barnsley achieved 57%; Doncaster 61%; and Rotherham 70%.

Approx. 793 LD health checks were completed in primary care during Q1 and Q2 this year – this compares to about 508 by end of Q2 last year. The completion rate for April - November 2021 is approx. 31% (1,306 people from the current register of 4,238 people aged 14 and above on GP registers). There are however some issues with reliability of data, which BBS IT and CCG Intelligence Team are supporting the resolution of.

Local activity to improve performance and quality is ongoing and includes:

- Quarterly individual email contact with all practices regarding completion rates and information about support available to them. In July, we also introduced supportive follow up calls from the CCG LeDeR LD nurse to practices, which has been productive so far and has enabled practices to receive bespoke advice on issues around reasonable adjustments, systems, and support available in the community.
- Awareness raising with Locality Teams and via Practice Bulletin.
- Sheffield Mencap LD health check outreach programme – information sharing agreements with Practices to enable Mencap to support difficult to reach patients to attend their checks. 15 practices have now signed up to the project, with eight surgeries having started to share data.
- Training / information resources – this has included eight x well-attended training sessions for practices on reasonable adjustments/health inequalities supported by a local LD/autism advocacy group and a detailed

session run by CCG practice nurse development team and a local GP focusing on completing the annual health check. Two further reasonable adjustments/health inequalities sessions are planned early next year. We have launched some local co-designed learning disability and autism health check/health living pages (which include a health professionals' section). We are also in the process of producing some videos for training and awareness raising, as part of our LD exemplar/ "Champion" project.

- During September 2021, the redesigned new LD health check template was published for S1 and Emis, which is based on the national template that is recommended by NHSE. We have also added referral information/links that are relevant to Sheffield only.
- Primary Care Sheffield has been commissioned to offer a small SMI and Learning Disability Health Check service, which will provide training/modelling on health checks to practices; work to improve information sharing between primary and secondary care on health checks; carrying out checks - initial work to support capacity issues in practice and then a focus on the most difficult to reach patients (e.g. home visits). In phase one, SMI health checks will be prioritised due to this being a more under-developed scheme locally, with support for LD health checks in phase two (Feb/March 2022).
- LD Quality Outcomes Framework improvement domain – as at end of November 2021, the majority of practices have submitted their interim report ('plans and progress'). CCG is in the process of reviewing reports and will offer support where required. Final reports are due in March 2022. Areas of good practice evidenced include a stronger focus on annual health checks and flu vaccinations and good engagement with PCNs to share good practice. However, awareness and understanding of the learning form LeDeR and STOMP is not well evidenced; and in addition, there are limited examples of action/progress regarding Reasonable Adjustments. The information from the reports will enable CCG to provide targeted information to practices to help fill any gaps.
- The contract variation for an additional Physical Health lead post has been completed with SHSC Community Learning Disability Team and a Band 6 Nurse has recently been recruited to the role. The post will support work on annual health checks, LeDeR improvement projects and other physical health work. An initial focus will be flu and covid vaccinations, and support to STH for frequent A&E attenders. For example, data extracted by practice systems from November 2021, highlighted approx. 440 people aged 18 and above with LD who had not yet received a covid vaccination.
- See under SMI section above regarding the "Community Capacity" physical activity/healthy living project.

8. Primary Care Development Nurse (PCDN) Team

8.1 Cardiovascular Disease (CVD) and Diabetes

FH Project

The PCDN's plan to resume work on this project with minimal disruption to primary care services by early January 2022. UCL searches are currently being reviewed for accuracy in identifying appropriate patients. Once the searches have been approved, the PCDN's will approach practices to obtain consent for PCDN's to access clinical records and refer identified patients directly to lipid clinic for further investigation. Discussion with STH have revealed that they currently have capacity to review around 20 patients per week.

Diabetes Resolved Code

It has been identified that a number of patients with diabetes have been wrongly coded as pre diabetic or resolved. This has resulted in essential care processes being missed including annual retinal checks. The PCDN's will be working with other Quality team members to identify these patients and ensure that appropriate coding is applied to ensure patient safety is not compromised. In addition, a programme of education and clinical system searches will be undertaken to prevent and help to identify any future coding errors.

BP@Home

The project continues to be supported by the PCDN's. However, we are aware that there are still significant numbers of monitors which are yet to be distributed to patients. Following discussions with Commissioning Managers and the MOT pharmacists, it is suggested that the PCDN's will work collaboratively with the clinical pharmacists to enable distribution through the pharmacy case finding service. The PCDN's will continue to provide bi – monthly updates on distribution to NHSE & I and will provide resources to support the project and the service.

PCSK9i and Inclisiran

The MOT clinical champion and lipid management lead pharmacists is currently updating the pathway for lipid management to include PCSK9i and the recent addition of Inclisiran. This is currently awaiting Area Prescribing Group (APG) approval. Once approved, the PCDN's will support a programme of education to facilitate upstream prescribing.

8.2 Respiratory

The Infection control guidance previously published on recommencing spirometry in Primary Care has now been shared with the wider ICS. There continues to be issues relating to equipment, accommodation (suitable rooms), extra time needed to undertake (impacting on current pressures within primary care) and staff confidence. This is likely to continue with the current demands on Primary Care. There are ongoing discussions around those staff undertaking spirometry being provided and fitted with FFP3 face masks. Three virtual spirometry training updates have taken place through October and November to support healthcare staff looking to recommence testing in primary care and these have evaluated well.

Discussions continue looking at the current provision of spirometry across the city as there does appear to be a significant backlog of people awaiting confirmation of

diagnosis with spirometry (from when spirometry was suspended during the pandemic) as well as the need to confirm diagnosis in those with new presentations of illness. Alternatives to the usual primary and secondary care options are being explored.

Feedback is still awaited about the bid for the development of a wider Community Diagnostic Hub within the ICS which would potentially include access to spirometry as well as other diagnostic tests. However even if successful this is unlikely to come into effect in time to help with current situation.

8.3 Virtual Education sessions for General Practice

The team have continued to facilitate monthly virtual training sessions for primary care. This month updates are on diabetes, immunisations, menopause and reflux. The PCDN team work cross-functionally with the workforce and training hub in providing updates for advanced nurse practitioners.

9. Continuing Health Care (CHC)

9.1 Outstanding NHS Continuing Healthcare outstanding reviews (pre COVID) are in an improving position with the current percentage standing at 40%, the recovery plan will continue to address this during 2021/22 is being developed for implementation from April 2021. SCCG is in a similar position currently to its ICS partners. The team is considering use of agency to help support the compliance around the 28-day process, this is utilising slippage in the CHC clinical budget due to vacancies.

9.2 The team was not able to successfully meet the compliance against the national quality premiums in one area within the Q2 national reporting of:
 DST location (< 15% assessments undertaken in hospital) = 0% and
 DST completed in 28 days (>80% completed in 28 days) = 72%
 This was due to capacity issues within the team and unplanned sickness absence.

Referral Type accepted by service	March 2021 (to date)	April 2021 (to date)	May 2021	July 2021	Aug 2021	Sept 2021	Oct 2021
Fastrack's	43	78	69	74	93	92	71
New Discharge Support Fund Assessments	8	21	21	23	32	26	26
New Assessments	14	19	20	14	30	27	20
Care Reviews / Review DSTs	50	67	84	40	74	61	49
Fastrack DSTs	0	2	3	3	2	4	8
POST COVID deferred assessments	1	0	0	0	0	0	0

Completed Outstanding DST/ Reviews (pre COVID)		11	22	37	73	41	40
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10. Medicine Optimisation

10.1 The Medicines Optimisation Team (MOT) have several processes in place to support the safety and quality of prescribing and use of medication. These include:

10.2 Hosting the bimonthly Medicines Safety Group that has attendance from all key partners in the city. National and local medicines safety issues are discussed and actions to mitigate risks agreed and reported back on. The group reports into the Sheffield Area Prescribing Group.

10.3 Practices are required to sign up to receive safety alerts directly from national bodies, where it is felt additional support is needed to implement or cascade these messages the MOT take action to support this process. The use of prescribing data and local intelligence helps to support such decisions.

10.5 The MOT controlled drug (CD) team is committed to working collaboratively with SYB colleagues and on behalf of NHSE Yorkshire & Humber Controlled Drugs Accountable Officer, to deliver a comprehensive programme of controlled drug monitoring across the city. Strategies focus on national initiatives and local issues as identified at the Controlled Drugs Local Intelligence Network. During covid times this work has been paused but the team is currently working up a programme for January 2022. Current work will include the monitoring of patients prescribed pregabalin and the risk of respiratory depression, as per the [Feb 2021 MHRA alert](#)

10.6 The CD team also continue to support community pharmacy in terms of witnessing the destruction of expired CDs, and work on behalf of NHSE Controlled Drug Accountable Officer (CDAO) to investigate all community pharmacy and care home CD incidents reported through the [portal](#)

11. Covid Vaccination Update

Please find below an overview of the Covid-19 Vaccination Programme

11.1 Cohorts/Priority Groups

Cohort	Two doses	Fully vaccinated plus booster
70 years and over	95.9%	83%
65 to 70	93.5%	65.97%
50 to 64	88.1%	37.4%

40-49	77.5%	14.9%
30 to 39	64.8%	8.2%
18 to 29	58.0%	4.25%
16 to 17*	17.7%	0.9%
12 to 15*	0.82%	0%

All cohorts are now eligible for vaccination (aged 12 upwards).

*No boosters undertaken for this age unless there are underlying health conditions.

All PCNs (except the University Health Service) continue to vaccinate those over 50 and those at risk. PCNs were given the option to opt in or opt out of providing vaccination to the healthy 49 years and under cohort. There are currently nine opted in and six opted out.

The arrival of the new strain Omicron, the Government have asked for the booster campaign to be delivered more quickly and to more cohorts. Boosters will be at three months rather than six months (although awaiting NHSE guidance that this can begin and for the national booking service to be updated). Those aged 12-15 will be given a second dose and severely immunocompromised will get a booster 3/12 after their third primary dose.

With the Government announcement of everyone over 18 to receive a booster, booster doses being brought forward to three months (from six months) and second vaccines for 12-15 year olds we are currently reassessing our capacity to complete 80% of these vaccinations by the Government target of the end of January.

All Sheffield schools have now been visited for vaccination. For those pupils who missed this visit or were unable to be vaccinated, additional capacity is available at the Longley Lane and there are also three PCNs offering vaccination to healthy 12-15 year olds, two of which can currently be booked through the national booking service opening these appointments up to the wider community.

Sheffield remains the most vaccinated core city in England for first and second doses. We continue to work with our communities to actively address health inequalities through vaccination. We targeted delivery in those areas with high deprivation and low uptake.

11.2 Pharmacy

Pharmacies are very popular for vaccinations and are routinely fully booked and we have therefore allocated them additional vaccine to increase their available appointments. Further pharmacies have been approved as vaccination sites by NHSE which takes Sheffield's total to 14.

12. Recommendations

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

To note the areas which have no or limited assurance, acknowledging the mitigations plans or next steps in place to manage those and to collectively make any further recommendations or request any follow up actions to seek the assurance needed beyond what has been detailed in the paper.

Paper prepared and authored by.

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