

## Patient Safety, Quality and Experience Report

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### Governing Body meeting

14 January 2021

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<b>Sponsor Director</b>	Alun Windle, Chief Nurse
<b>Purpose of Paper</b>	
To provide Governing Body with an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality, Patient Safety and Experience assurance oversight.	
<b>Key Issues</b>	
<p>Key messages:</p> <ul style="list-style-type: none"> <li>• The Safeguarding delivered a PLI training event through virtual presentation for 5 December 2020.</li> <li>• Family G Serious Case Review has been published and action plans are progressing for both commissioners and providers.</li> <li>• The number of referrals for Safeguarding Adult Reviews and Domestic Homicide Reviews continues to increase in Sheffield; the impact on the CCG's Safeguarding team continues to be monitored.</li> <li>• Serious incidents continue to be managed following NHS England and improvement (NHSEI) guidance.</li> <li>• SCCG has been selected to participate in a national Care Quality Commission (CQC) review of the use of DNACPR during COVID 19.</li> <li>• LeDeR Reviews continue although reviews are delayed due to the issues relating to restricted access to records as a result of COVID 19</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
<b>Consideration</b>	

<b>Recommendations / Action Required by Governing Body</b>
The Governing Body is asked to consider the contents of the paper and accept the level of assurance provided.
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>
<b>Which of the CCG's Objectives does this paper support?</b> Objective 2. Lead the Improvement of Quality of Care and Standards
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
None
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
None Required
<b>Have you involved patients, carers and the public in the preparation of the report?</b>
None Required

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

## **Governing Body meeting**

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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. Patient Safety**

- 2.1 The transmission of the Covid-19 virus is continuing to increase substantially and NHS organisations are working to increase critical services across the country and preparing for the anticipated influx of patients to acute hospitals. The CCG continues to seek and provide assurance of Patient Safety, Quality and Experience from providers and CCG services where possible without impacting direct care delivery and in line with national notifications.
- 2.2 Two national patient safety reports to be presented at QAC in January that require both commissioner and provider assurance, are the Ockenden report which is the Independent Maternity Review at the Shrewsbury and Telford Hospital NHS Trust, and the CQC Out of sight – who cares?: Restraint, segregation and seclusion review.

### **3. Safeguarding**

- 3.1 Audit of requests and submissions for child protection case conference reports from Primary Care continue. During November it was reported there were 135 requests for all types of reports to Primary Care. At Safeguarding Board it was noted that there were potential data discrepancies and a review is currently underway of data collection.
- 3.2 The Named Professional for Safeguarding Adults is currently reviewing all identified cases where SCCG is responsible for Deprivation of Liberty and court applications due to the delay in the implementation of the Liberty Protection Safeguards.
- 3.3 There has been one new Domestic Homicide Review Notification this month which is being progressed and is currently in the initial scoping stage. Early information gathering support that this case may also meet the criteria for a Safeguarding Adult Review (SAR). The CCG safeguarding team have therefore requested that it is considered at panel for the SAR process alongside the DHR.
- 3.4 There has also been a further two Safeguarding Adult Review (SAR) referrals which have been submitted to the Safeguarding Adult Partnership in the past four weeks. These are also currently at the initial scoping stage. The increase in

safeguarding activity in Sheffield is being monitored with regards to the impact on current services.

#### **4. Serious Incidents**

- 4.1 There have been no Never Events reported in November or October.. Following some recent serious incidents reported by STHFT, further assurance has been sought from the Trust.

#### **5. Care Quality Commission Reports**

- 5.1 In August 2020 CQC undertook unannounced focused visits on at Sheffield Health and Social Care Foundation Trust, the report was published 22/10/2020. Of the three areas discussed Acute wards for adults of working age and psychiatric intensive care units remain an area of concern.
- 5.2 The Department of Health and Social Care (DHSC) asked CQC to review how do not resuscitate orders were used during the COVID-19 pandemic, building on concerns that the CQC reported earlier in the year.
- 5.3 CQC have selected seven Clinical Commissioning Groups (CCG) to partake in the review of which Sheffield CCG is one, the review has now been completed and the final review paper is awaited. No specific feedback for Sheffield has been received so far.
- 5.4 The CQC have published 'Out of sight who cares'. The report focuses on the use of restraint, seclusion and segregation in services for people with a learning disability, autistic people and those with a mental health condition. Sheffield Health and Social Care Foundation Trust has advised that they have reviewed this document and are in the process of developing a plan to address the concerns and recommendations made in the report.

#### **6. NHS Continuing Healthcare and Funded Nursing Care (CHC)**

- 6.1 The CCG CHC Team continue with their recovery plan with respect to the reinstatement of the National CHC Framework. The CHC teams continue to address the COVID backlog and those individuals who will be assessed under business as usual pathways. The current outstanding COVID assessments to be undertaken is 129.. This is out of an original 331 assessments which were required during the period 19 March to 31 August 2020. SCCG continue to work collaboratively with Sheffield city council and in meeting the needs of those individuals and their families who require and assessment. The COVID backlog is intending to be completed by the end of January 2021 if trajectories and plans continue as they are.
- 6.2 The CCG CHC Team continue with their recovery plan with respect to the reinstatement of the National CHC Framework. The CHC teams continue to address the COVID backlog and those individuals who will be assessed under business as usual pathways. The current outstanding COVID assessments to be undertaken is 129.. This is out of an original 331 assessments which were required during the period 19 March to 31 August 2020. SCCG continue to work collaboratively with Sheffield city council and in meeting the needs of those

individuals and their families who require and assessment. The COVID backlog is intending to be completed by the end of January 2021 if trajectories and plans continue as they are.

Pre-COVID Backlog	Existing patients awaiting a full DST to review their eligibility	51%
COVID Backlog	Assessments completed	115 assessments completed
	Remainder to complete	129 left to complete
	Alignment with trajectory submitted to NHSEI	Trajectory projected 136as at 23.11.2020so only a few behind current projection
Business As Usual, since 1/9/2020 resumption of National Framework	New DSTs completed	59
	Discharge Support Fund DSTs completed	29
	Care reviews of existing patients	20
	Fastracks approved (additional capacity has been commissioned to managed current demand and winter pressures).	240

## 7. Care Homes

- 7.1 Support continues through a joint approach from SCCG and SCC. Care home cases have risen again. As of 9 November 2020 there are 93 residents and 87 staff members who have tested positive. A large proportion of these are asymptomatic and have been picked up via proactive routine weekly testing for staff and monthly testing for residents.
- 7.2 St Luke's Hospice has re-established a weekly Care Home Managers Forum. They are also planning further support through education sessions and have requested that the managers inform them what they would like on the programme.
- 7.3 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 now includes Influenza Vaccination uptake.
- 7.4 DHSC are providing PPE for the social care providers including care homes. They have included FFP3 masks and long sleeved gowns for those providing care for those requiring Aerosol Generating Procedures.

- 7.5 A Sheffield response to support the care homes to enable visits has been developed and cascaded to the homes. This includes a personalised care plan including risk assessment to support decision making about “exceptional circumstances”. Some care home managers were involved in developing this.
- 7.6 Stocksbridge Neuro Rehabilitation Centre is making progress and currently remains in amber risk. An agreement has been made that they can accept two new admissions per month during this time. This is a joint process with SCC. The facility was relying on SCC support with staffing. They have undertaken a significant recruitment campaign and have staff completing induction. SCC staffing has significantly reduced and is currently supporting while new staff inductions are complete.
- 7.7 Work is currently being undertaken in collaboration with the Academic Health Science Network to understand outbreaks in care homes. This work was initially trialled in York and is now being rolled out across Sheffield. We are utilising this approach to understand outbreaks in Sheffield homes. Work has successfully begun in the home that has had the highest number of deaths.

## 8. General Practice

- 8.1 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.

### 8.2 Primary Care Development Nurse Team (PCDN)

8.2.1 Due to COVID 19 restrictions it was recognised that practices were required to run flu clinics differently. The Sheffield CCG Primary Care Development Nurse (PCDN) team invited Practice Nurses to provide information on how they had run flu clinics this year so that information and best practice could be shared amongst practices. This was discussed with practice nurses during the Autumn Nurse Network meetings held in each primary care network.

- i) **Venues** -The clinics have successfully been held in a number of settings including clinical settings, in surgery car parks, in a church, as a drive through at a local school and as a walk through.
- ii) **Patient Preparation** -The smooth running of clinics was enhanced by effective communication with patients, who were informed in advance and knew what to expect; with information provided on what to expect including social distancing measures; use of face coverings, appropriate clothing, and appointment times.
- iii) **Organisation**- To maintain social distance measures and reduce patient traffic, specific clinics were set up for flu vaccinations – some of these were further sub-divided into clinics for specific age groups. Clinics were held when no other patient traffic was in the surgery eg on specific days / weekends. Having specific clinics also assisted vaccine stock control. Documentation in patient’s records was either added at the end of the session or at the appointment time by the clinician or an administrator alongside the clinician.

- iv) **Patient flow-** Practices reported using one-way systems to minimise social interactions and to minimise contact times. Non –clinical staff were utilised used to check patients current symptoms / temperature on arrival and to marshal patients with clear directions, directional arrows marked on the ground and exits and one way systems clearly signposted.
- v) **Patient Feedback-**Nurses fed back the positive comments received from patients about the flu clinics. One nurse provided the following examples:
  - ‘Just been in and out in 5 minutes. Really good service, Thank you’;
  - ‘Just had mine: easy simple to follow instructions, done in under 5 minutes’;
  - ‘Much better system than last year where old folk had to stand in a queue in the cold at the surgery. Would be a good idea post COVID’.

8.3 There have been further examples of patient feedback on Care Opinion:

- “I felt very safe today with the covid safe measures in place and everything took very little time .... the staff were very efficient and cheerful under difficult circumstances and very calm and professional”
- “Extremely efficient all went very smoothly . Staff very professional but also friendly, I wouldn’t be frightened in attending my doctors surgery....”
- “Visited for flu jab Saturday 10th October and it was really well managed, appointment was on time”
- “Phoned Friday, got my flu jab next day Saturday. Very well organised and safe. Staff very friendly, clear , well thought out route to maintain social distancing. Very efficient, quality service. I am impressed”

8.4 The nurses were asked what they would change about how they organised their clinics and what they had learned, as follows;

- Allowing plenty of time for early set up prior to the arrival of patients
- Making provision for bad weather if held outside
- Allowed longer appointments lengths, and know now that appointment lengths can be reduced, accommodating greater numbers safely
- Explore increasing the number of staff available to deliver clinics in this way
- Promote staff welfare, and allow time for breaks

8.5 The practice teams and practice nurses in Sheffield have demonstrated an adaptable and flexible approach to administering the flu vaccination programme this year, with positive staff and patient experience detailed .

8.6 The PCDN will ensure that this information is fed back to the PCN meetings also into the flu and COVID groups.

## 9. LeDeR Initiatives

We have established a number of initiatives to ensure that support to the LeDeR process continues through the COVID-19 period. These include:

- The LeDeR ECHO Project

Utilising the ECHO platform, we will be delivering a series of ECHO modules to Learning Disability and Autism care settings including residential and supported living which will increase the knowledge, competency, and confidence of families/carers/services across the ICS. Focussing on the key findings and

recommendations from the LeDeR reports including the following which will be phase 1 of the project:

- Dysphasia/Posture
- Sepsis awareness
- Epilepsy and Seizure control
- Constipation

These sessions will also be available to GP practices, other Clinicians and family carers. Sheffield are active participants in this regional work.

- Annual Physical Health Checks (AHC) for people living with SMI and LD

GP Surgeries have been advised by NHSE that there is a national expectation that Learning Disability (LD) and Severe Mental Illness (SMI) annual physical health checks (AHC) should still be completed during this time of COVID. However, completing AHCs in primary care is undoubtedly a challenging ask due to current pressures.

The city has been successful in being selected as an Exemplar Site with increased investment to develop new ways of supporting the uptake of Annual Health Checks. SHSC in partnership with GP practices will shortly be sending out a pre AHC survey to all people with a learning disability over the age of 14 years.

#### 9.1. Current Risks and Issues

- Access to onsite records – Sheffield continues to see 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.

#### 9.2 Lessons learned

- The Sheffield Annual LeDeR Report was presented at the Quality Assurance Committee on 29 October 2020. This report looks at key actions and learning for the city and will be published shortly.

#### **Paper prepared by;**

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On behalf of Alun Windle, Chief Nurse

December 2020