

Patient Safety, Quality and Experience Report

Governing Body meeting

2 September 2021

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Sponsor Director	Alun Windle, Chief Nurse
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"> • Additional Assurance has been sought from NHS Sheffield Teaching Hospital Foundation Trust (STH) and NHS Sheffield Health and Social Care Foundation Trust (SHSC) regarding CQC action / recovery plans following recent inspections • Work continues to secure Patient Experience data via the Providers in Sheffield and within Continuing Health Care. • Work continues to improve Physical Health Checks for those individuals' with MH SMI and Learning Disabilities.
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. CQC

- 1.1** Sheffield Health and Social Care NHS FT (SHSC) CQC rating has changed as at the 19th August 2021. The Trust formerly reported as Inadequate has now been rated as Requires Improvement. This is an increase in the Safe and Well Led Domains which is positive. Assurance work and oversight remains with the CCG and NHSE/I in collaboration with the Trust.
- 1.2** The CCG continues to work collaboratively with SHSC to address the concerns raised at Firshill in line with the CQC requirements and in collaboration with key stakeholders.
- 1.3** Maternity Services in Sheffield Teaching Hospitals (STH) continue to be overseen and monitored by the CCG, following CQC requirements, and in collaboration with NHSE/I. NHSE/I will instigate a Quality Board in line with the enhanced quality surveillance.

2. Serious Incidents / Never Events

- 2.1** SHSC are currently reviewing their serious incident processes and procedures and updates are being provided to the Quality Review Group (QRG) in the CCG monthly (standard agenda item). This is inclusive of how lessons learnt are reviewed in the Trust and next steps.
- 2.2** Sheffield Teaching Hospital NHS FT (STH) Maternity obstetric incidents remain the most common however this was expected as the Trust are now reporting all incidents that are reported to the Health & Safety Investigations Branch as serious incidents. Serious Incidents continue to be monitored via the monthly Quality Review Groups.
- 2.3** Sheffield Children's Hospital NHS FT (SCH) There were 3 serious incidents reported in July 2021. Oversight and lessons learnt continue through the CCG quality assurance forums.
- 2.4** Yorkshire Ambulance Service – One serious incident reported in July 2021.
- 2.5** Independent Sector Providers – One serious incident reported in July 2021.

2.6 The optometry service has continued throughout COVID 19. There have been no concerns identified regarding incidents or patient safety issues. The CCG is currently waiting for the provider submission of patient experience data

2.7 The interpreter service continues and currently there are no concerns with patient safety. The CCG is waiting for the service to submit patient experience data. As part of the contract review process the reporting of patient experience is being closely examined to ensure that more robust information can be provided by the provider.

2.8 There are no serious incidents reported in Primary Care in July 2021.

2.9 There have been no Never Events reported in June / July 2021.

3 Infection Prevention Control

3.1 Zero hospital onset MRSA Bacteraemias have been reported by STH between April and June. No current IPC concerns. Minimal wards/bays currently affected by the occasional case of Covid or patient exposure to Covid.

3.2 Care Homes - The IPC accreditation programme continues to progress. There has been one Covid outbreak amongst residents in a care home and a few sporadic cases in staff in separate care homes. The IPC team has been supporting Public Health with a care home with a cluster of 3 cases of Group A Invasive Streptococcus (iGAS) identified over a 9 month period and will be visiting the home in August, to provide support. Clinical support to care homes continues.

3.3 No GP Practice outbreaks have been reported since February 2021. Support to General Practice continues to be provided by email/phone, as required, and in some instances dictated by discharges from STH.

4. Patient Experience

4.1 The CCG continues to have concerns regarding the quality of Complaints handling within the Mental Health and Learning Disability Provider Trust.

At the CCGs Quality Review Group, it was agreed that the CCG's Patient Experience Lead and Trusts Director of Corporate Governance will agree revised trajectory targets (for timeliness of response to complaints) whilst recruitment is ongoing. These targets have not yet been agreed but a meeting to resolve this is being arranged by the CCGs Patient Experience Lead.

4.2 The number of formal complaints received in the Acute Hospital Sector remains within expected range. 92% of complaints were responded to within the required timeframe.

The Acute Hospital continues to not meet its internal target for Maternity, Inpatients (IP) and Emergency Department (ED) positive FFT scores. Maternity scored 75.4% this is a decrease of 13.9% since last quarter.

ED scored 76.3% this is a decrease of 1.5% since last quarter Score for A&E low at 71.7% (long waiting times continue to impact on positive scores). Eye Casualty remains good at 92.3%, Minor Injuries scored 87.2%.

Inpatients scored 91.7%, this is below target but a 0.9% since the previous quarter.

Outpatients scored 94.9% just below the target of 95% and an increase since the last quarter.

Community scored 90.9%, this is 2.6% increase since the last quarter and slightly above the target of 90%.

- 4.3** Primary care vaccination sites. The CCG runs a survey gathering feedback of people's experience of the vaccination programme. Over 1200 responses have been received and 98% of patients rated their overall experience as 'very good' or 'good'. 84% of the responses are based on 1st vaccination. We have received limited feedback on the pop-up clinics

5. Safeguarding

- 5.1** Dedicated work around the SHSC Safeguarding Rapid Development plan has been concluded but additional actions will be taken forward. The Trust have improved assurance on the oversight and day to day management and support of safeguarding, for their internal and delegated responsibilities; risk remain around staffing resource and the current funded establishment. This area continues to be monitored by the Quality Review Group.

6 Care Homes

- 6.1** A joint process is in place with the commissioners (Sheffield City Council, SCC and SCCG) to maintain oversight of quality across nursing and residential provision. Where concerns have been raised visits to the homes and provider meetings have continued with staff supported by the appropriate PPE and guidance in undertaking the visits. The joint SCC and SCCG Quality Assurance Framework continues to be developed.

7. General Practice

- 7.1** Although during the pandemic quality assurance monitoring within General Practice has reduced, the CCG is currently reviewing the monitoring and data collection processes to ensure that they reflect the changes that have occurred in the past 12 months and are in line with new ways of working, progress on this has yet to be made.

There are three practices which have been identified as most at risk.

7.2 Online feedback

There has been a big increase in online feedback about GP practices in Sheffield (454 pieces July 2020 - June 2021, increased from 210 in the previous 12 months). The main positive themes were staff attitude and efficient organisation of the covid vaccination programme. The main negative theme was access – phone and appointments.

7.3 GP Patient Survey

The survey was in the field Jan-March 2021. Results were published in July. Almost 10,000 people completed the survey. The results are statistically significant at city-wide level. Sheffield is the same as or below the England average for all key driver questions and compares at 6th or 7th out of the 8 core cities. Key areas for improvement in Sheffield relate to access – making appointments and getting through on the phone. In Sheffield, there is a correlation between deprivation and practices that consistently score poorly. However, there are also Sheffield practices in areas of high deprivation that score more positively.

7.4 Annual physical health checks for People with Severe Mental Illness

- Sheffield's 2020/21 SMI annual health check completion rate of 21% is 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%

The national target is 60%.

- Local activity to improve performance is ongoing and includes:
 - Quarterly email contact with all practices sharing their individual completion rates and information about support available to them.
 - Health Care assistant roles within the Primary Care Mental Health Transformation Programme.
 - Awareness raising with Locality Teams and via Practice Bulletin. Training video in development.
 - North Locality Pilot
 - 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.

- Other further development initiatives are in train.

7.5 Annual Health Checks for People with Learning Disabilities

- People with a LD often have poorer physical health than other people.
- 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.
- Local activity to improve performance is ongoing and includes:
 - Quarterly email contact with all practices sharing their individual completion rates and information about support available to them. In July, we have also introduced supportive follow up calls from the CCG LeDeR LD nurse to practices, which has been productive so far.
 - Awareness raising with Locality Teams and via Practice Bulletin. Training video in development.
 - 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.
 - Training / information resources – this has included 4 x well-attended training sessions for practices on reasonable adjustments/health inequalities supported by a local LD advocacy group and a detailed session run by CCG practice nurse development team and a local GP focusing on completing the annual health check. We have just 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.
 - Support to practices on the QOF Quality Improvement module for 2021/22 on LD care.
 - In development – commissioning activity to offer training/modelling to practices; improve information sharing between primary and secondary care on health checks; carry out checks on most difficult to reach patients (e.g. home visits).

8. Primary Care Development Nurse (PCDN) Team

8.1 The PCDN team have now returned to undertaking their existing workstreams following a period of 2 months (June & July 2021) supporting the Covid Vaccination programme.

8.2 Cardiovascular Disease (CVD)

The diabetes 3 treatment targets project team have met with the two clinic network trial sites in Sheffield, to discuss how the 'one stop shop' proposals may be implemented in their networks. A draft proposal has been received from one PCN, and an initial discussion has taken place with the project team. A proposal is still awaited from the other trial site. Discussions are expected to continue before implementation proposal(s) are agreed. The priority groups for identification of those at greatest risk have been agreed, and the clinical systems teams have translated the changes into searches. It is envisaged that the PCDN team will support the initial conversations, searches, monitoring, and resource development to support the project.

The PCDN team continue to lead on the NHSE BP@Home project, where monitors have been distributed to practices for them to then issue to patients. Expressions of interest were received, and all monitors were distributed equitably amongst the practices. Discussions are ongoing with NHSE and CCG clinical leads and manager, to agree whether Sheffield CCG will be involved in Phase 3 of the project. The practicalities of receiving feedback from practices, reporting and distribution are under discussion. The PCDN team have an ongoing bimonthly reporting requirement to NHSE on the HBPM Project.

The PCSK9 inhibitors project for treatment of primary hypercholesterolaemia and mixed dyslipidaemia, led by MOT is being supported by the PCDN's. The PCDNs are requested to help plan and design an education programme to upskill practices in identification and referral of persons eligible for PCSK9i treatment to lipid management clinic. Pilot practices have been identified and educators approached. It is anticipated that the educational element of the project will commence in September, with Consultants from STH providing educational overview.

The Academic Health Sciences Network (AHSN) supported project, looking at improving the management of Familial Hypercholesterolaemia on general practice, has been on hold due to the team supporting the COVID vaccination programme, however plans to restart the project are in place, with initial discussions being held with the project leads in August 2021.

8.3 Respiratory

Guidance on undertaking spirometry in Primary Care is being drafted to share with practices. If a practice then feels it can meet the requirements of the guidance it can then recommence spirometry testing. The guidance follows that of the Association for Respiratory Technology & Physiology (ARTP).

8.4 Virtual Education sessions for General Practice

The team have continued to facilitate monthly virtual training sessions for general practice nurse teams. Sessions this month included diabetes insulin management and end of life care, Cancer Alliance and APG. Sessions are currently being planned for the Autumn to support 'C the signs' cancer reviews.

9. Continuing Health Care (CHC)

The CCG has a duty regarding the assessment, decision making and funding of CHC. The CCG are monitored against a set of indicators along with all other CCG's.

Current figures as of July are:

Referral Type accepted by service	January 2021	February 2021 (to date)	March 2021 (to date)	April 2021 (to date)	May 2021	July 2021
Fastrack's	70	66	43	78	69	74
New Discharge Support Fund Assessments	16	22	8	21	21	23
New Assessments	16	22	14	19	20	14
Care Reviews / Review DSTs	40	59	50	67	84	40
Fastrack DSTs	0	2	0	2	3	3
POST COVID deferred assessments	38	17	1	0	0	0
Completed Outstanding Reviews (pre COVID)				11	22	37

10. Meds Optimisation

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

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.

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.

11. Covid Vaccination Update

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

11.1 Cohorts/Priority Groups

All cohorts are now eligible for vaccination (aged 18 upwards).

Cohort	1 st dose	2 nd dose
70 years and over	96.3%	95.0%
65 to 70	93.9%	92.6%
50 to 64	89%	86.5%
40-49	79.6%	72.3%
30 to 39	67.1%	47.6%
18 to 29	60%	23%

Second doses have been brought forward from 11 weeks to 8 for those aged 18 and over. As the younger cohorts opened up more recently, they are currently becoming eligible for a second vaccine over the next few weeks. PCS at Darnall are operating both booked appointments and walk ins to offer flexibility in appointments. The Octagon has now closed, along with the Arena, and the new venue based near the Northern General Hospital is working on both a booked and drop in facility.

Some additional pop up sites are being held over the summer to capture any outstanding vaccinations and to encourage uptake amongst some of our lowest patient cohorts.

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.

12. Other Updates

12.1 SCCG continues to meet and review the recommendations made in the CQC report Out of Sight –Who Cares?

From the meeting it was recommended that:

- 1) Providers need to be formally be approached via the current governance forums on how they are implementing the guidance with a follow up action plan:
- 2) Acknowledge that there are some recommendations which are explicit in the requirements for monitoring. Once the CCG agrees on the reporting requirement these will require negotiating with the providers. Further consideration is to be made about whether the CCG requires additional assurance from providers on the implementation of the recommendations which may be obtained through an audit.
- 3) The CCG provide a steer on how smaller providers, of which there are a significant number and where the CCG does not currently have regular quality assurance meetings; how would the CCG gain assurance that these providers are implementing the recommendations and agree any monitoring requirements.

The group will be meeting again to consider the above points and agree next steps.

13. Recommendations

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

In particular to note the areas which have no or limited assurance, acknowledging the mitigations plans or next steps in place to manage those risks

The Committee are asked to collectively make any further recommendations or request any follow up actions in order to seek the assurance needed beyond what has been detailed in the paper.

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