

## Patient Safety, Quality and Experience Report

Governing Body meeting

Item 1

3 June 2021

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<b>Sponsor Director</b>	Alun Windle, Chief Nurse
<b>Purpose of Paper</b>	
To provide an overview of NHS Sheffield Clinical Commissioning Group's (SCCG) Quality, Patient Safety and Experience assurance oversight.	
<b>Key Issues</b>	
<p>Key messages:</p> <ul style="list-style-type: none"> <li>• Serious Incidents (SI) continue to be managed following NHS England (NHSEI) guidance. Additional Assurance has been sought from Sheffield Teaching Hospital Foundation Trust (STHFT) and NHS Sheffield Health and Social Care Foundation Trust (SHSCFT) regarding recent SI reporting and Never Events</li> <li>• Learning Disabilities Mortality Reviews (LeDeR) continue although reviews are delayed due to the issues relating to restricted access to records as a result of COVID 19.</li> <li>• Infection Prevention and Control Audits and Root Cause Analysis are being undertaken with providers.</li> <li>• Primary Care Development Nurses (PCDNs) receive a national award from the Chief Nursing Officer.</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to <b>note</b> the contents of the paper	
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	
<p><b>Which of the CCG's Objectives does this paper support?</b>  <b>Objective 2.</b> Lead the Improvement of Quality of Care and Standards</p>	

<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**

**3 June 2021**

### **1. Introduction**

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

### **2. Care Quality Commission (CQC)**

**2.1** CQC is recommencing visits / inspections with NHS Providers / GP Practices and the Independent Sector.

**2.2** Inspections both announced and unannounced have taken place in our acute trusts recently and will conclude by the end of May, Primary Care inspections are anticipated to commence in the next month.

### **3. Serious Incidents and Never Events**

**3.1** In the last 12 months there has been seven Never Events reported. One was declassified following discussions with the CCG and NHS England / Improvement (NHSE/I) but will remain a Serious Incident.

**3.2** Additional assurance has been sought from providers reporting Never Events, these relate to actions that are being taken to mitigate the risk of further Never Events. A review of previous actions against reported incidents is underway to identify any additional urgent actions. Action plans will continue to be monitored through the CCGs quality assurance governance forums and processes.

### **4. Infection Prevention and Control (IPC)**

**4.1** Infection Prevention Control (IPC) – The IPC Lead Nurse attended the Sheffield Health and Social Care Trust’s Infection Control Committee (ICC) in late April. No current outbreaks noted. For the audit programme 15 inpatient areas have had unannounced IPC audit visits undertaken. No IPC issues (audit score was 95%) have been identified.

**4.2** Sheffield Teaching Hospitals NHS Foundation Trust (STH) reported one hospital onset MRSA Bacteraemia in February which is subject to a Post Infection Review. The CCG awaits an update from the review and continues to be monitored by the CCG IPC team.

A review of the Clostridium Difficile, Root Cause Analysis (RCA) process has been undertaken by the STH IPC Team and microbiology with the focus now on wards where there are linked cases or failed antibiotic or IPC audits, there remains no current Covid outbreaks.

**4.3** The Clostridium Difficile, Root Cause Analysis (RCA) cases for 2020-21 were discussed with Sheffield Children's Hospital leads, it was agreed that due to the Covid pandemic workload, that a formal review of the RCAs would be undertaken from Q3 cases onwards in line with other providers.

**4.4** Infection Prevention Control - No GP practice outbreaks have been reported since February 2021. Support to General Practice continues to be supported by the IPC team as needed.

## **5. Patient Experience**

**5.1** Patient experience measures are being actively reviewed by the CCG with providers to ensure they are meeting contractual and quality requirements relative to patient experience measures and reporting. This includes discussions with Legal and Governance leads, triangulation of processes inclusive of Safeguarding, Serious Incidents and Complaints (where appropriate and necessary) and increased and improved reporting standards. This continues to be monitored through Patient Experience Committees, Healthcare Governance Groups, Quality Assurance Committees and Quality Review Groups.

**5.2** Patient Experience: primary care vaccination sites. The CCG runs a survey gathering feedback of people's experience of the vaccination programme. Over 1100 responses have been received and 98% of patients rated their overall experience as 'very good' or 'good'. However, four sites have received very limited numbers of responses (less than 10) work continues to improve the uptake of responses.

## **6. Care Homes**

**6.1** Sheffield CCG and Sheffield City Council (SCC) continue to support homes through remote monitoring, where concerns are raised quality visits to the homes and provider meetings take place. This process is currently being reviewed in collaboration with the Local Authority and a Quality Assurance Framework is being developed.

Additional assurance is being sought through the development and testing of the Framework.

## **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.

## **8. Primary Care Development Nurse (PCDN) Team**

**8.1** The team continue to support a range of initiatives in primary care long term conditions including respiratory, Diabetes but also Learning Disability, Severe Mental Illness monitoring uptake, educational sessions and communication and networking sessions with General Practice nurses.

The team have also received a National Silver Award from the Chief Nursing Officer for innovative work they do supporting Primary Care.

## 9. NHS Continuing Health Care / Funded Nursing Care (CHC)

**9.1** The CCG has a duty regarding the assessment, decision making and funding of CHC. The CCG is monitored against a set of indicators along with all other CCG's. Outstanding CHC reviews are currently being monitored on a weekly basis and a recovery plan has been implemented for completion or at the very least' a significant reduction in the number of outstanding reviews, by March 2022. Individuals continue to be assessed for risk through our care management processes and in collaboration with the Local Authority.

**9.2** The team did successfully meet the compliance against the national quality premiums within the Q4 national reporting of:  
 DST location (< 15% assessments undertaken in hospital) = 0% and  
 DST completed in 28 days (>80% completed in 28 days) = 99%

Referral Type accepted by service	January 2021	February 2021 (to date)	March 2021 (to date)	April 2021 (to date)
Fastracks	70	66	43	78
New Discharge Support Fund Assessments	16	22	8	21
New Assessments	16	22	14	19
Care Reviews / Review DSTs	40	59	50	67
Fastrack DSTs	0	2	0	2
POST COVID deferred assessments	38	17	1	0

## 10. Medicines Optimisation

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

**10.2** Hosting the bi-monthly 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.

## **11. LeDeR Initiatives**

**11.1** This provides an update on the previous month's activity for the local and national LeDeR Programme.

**11.2** Key Performance Data - Allocation and progress of reviews against regional target.

As of 21 April 2021, Sheffield has a total caseload of 34 LeDeR reviews, broken down this comprises of:

- Eight Reviews awaiting sign-off
- Twenty one Reviews unallocated
- One Multi-agency Review awaiting sign-off
- Four Reviews awaiting progression of other statutory processes (CDOP, Coroner)

**11.3** National Changes to LeDeR - New LeDeR Web-based Platform.

The LeDeR system and review process is undergoing significant change in 2021. This includes development and transfer over to a new NHS IT system from the University of Bristol web-based platform and a change to the way reviews are completed. The proposed timeline for transition and completion is up to and including June 2021. The Regional team will continue to support as much as possible and will continue to hold regional QA panels to assist with this process where needed.

**11.4** Sessions have been arranged with each ICS (via the Local Area Co-ordinators) to talk through the policy, changes and implementation of the new policy over the next year. South Yorkshire and Bassetlaw's session was held on 21 April 2021.

## **12. Other Updates**

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

Recommendations are that:

- 1) Providers need to be formally be approached via QRG 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 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.

**Paper prepared and authored by;**

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Written On behalf of Alun Windle, Chief Nurse

May 2021