

Patient Safety, Quality and Experience Report

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Governing Body meeting

4 November 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 in Continuing Health Care to support recovery against the pre COVID outstanding reviews with improvements against target trajectories. • Oversight continues with Providers regards the capturing and reporting against Complaints and Patient Experience Standards. • Work continues in city in response to the Annual Health Checks for People with Learning Disabilities and SMI.
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?	<p>Which of the CCG's Objectives does this paper support?</p> <p>Objective 2. Lead the Improvement of Quality of Care and Standards</p>

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. Care Quality Commission

- 1.1** Sheffield Health and Social Care NHS FT (SHSC) continue with their Back to Good Improvement programme. The Trust, formerly reported as Inadequate, has now been rated as Requires Improvement. 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 in the development of the Firshill service offer, this is in line with the Care Quality Commission (CQC) recommendations and in collaboration with key stakeholders inclusive of service user views.
- 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 have instigated a Quality Board in line with the enhanced quality surveillance. A further unannounced inspection was also undertaken in October in STH; however, the outcome is yet to be determined.

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). SHSC are engaging with SCCG regards updates and process improvements.
- 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.
- 2.3** Sheffield Children's Hospital NHS FT (SCH) - There was one serious incident reported in August 2021. Oversight and lessons learnt continue through the CCG quality assurance forums.
- 2.4** Yorkshire Ambulance Service – One serious incident reported in August 2021.
- 2.5** Independent Sector Providers – One serious incident reported in August 2021.
- 2.6** Primary Care – One serious incident reported in August 2021.

3. Infection Prevention Control

- 3.1** Zero hospital onset MRSA Bacteraemias have been reported by STH between the start of April and August. No current IPC concerns.
- 3.2** Care Homes - The Infection, Prevention and Control (IPC) accreditation programme has currently been delayed due to IT issues and this has been escalated. There have been several Covid outbreaks amongst residents and staff in care homes and the IPC and Care Home Quality teams in SCCG and the Local Authority have been supporting recovery and oversight. Clinical support to care homes continues.
- 3.3** No GP Practice outbreaks have been reported to date.

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 and this will be picked up by the CCG Patient Experience Lead to ensure regular reporting and agree specific timeframes.
- 4.2** The number of formal complaints received in the Acute Hospital Sector remains within expected range. 89% of complaints were responded to within the required timeframe; a key theme was communication.

For August 2020, the Acute Hospital continues to not meet its internal target for Maternity, Inpatients (IP) and Emergency Department (ED). Positive FFT scores and outpatients narrowly missed this target this time around. Maternity scored 77% which was an improvement on last month. All three areas which make up maternity scored below target.

ED scored 76.%. Score for A&E low at 70% but this is a 6.5% improvement in July (long waiting times continue to impact on positive scores). Eye Casualty and Minor Injuries continue to meet their targets.

Inpatients scored 90%, this is below target.

Outpatients scored 94.3%, just below the target of 95%.

Community scored 95.2%, this exceeds the 90% target.

There are plans to restart the use of FFT cards on wards and in the community from October.

5. Safeguarding

- 5.1** The CCG Designated Nurse / Professional has requested an update from SHSC on the progression of the Trust's Complex Case Management Policy which the CCG requested was developed to demonstrate internal governance of the process. Further updates will be provided following response to this.
- 5.2** The internal safeguarding committee has resumed in STH. The Trust has developed a safeguarding dashboard which it shared at the August meeting. This

has provided a level of assurance and will support future internal and external scrutiny of safeguarding information and address areas of concern.

- 5.3** SCH are currently reviewing their processes with regards safeguarding supervision and this will be monitored and addressed via future safeguarding committees.

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.
- 6.2** The joint SCC and SCCG Quality Assurance Framework continues to be developed, progress had been delayed, but the project will now be reinstated with meetings scheduled for October around further developing the joint plan. A progress update will be provided in December.

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.
- 7.2** Public Health England Screening and Immunisation Team - SCCG and SHSC are working together to improve bowel cancer and screening uptake amongst people with Learning Disabilities. The teams have set up a bowel screening flagging pathway which will provide specialist help and support at the pre-invite stage. The go live date was the 1 August 2021.
- 7.3** Breast Cancer – SCCG have been working with IT, Behaviour Science and Public Health England in amending the non-responders for breast screening. A video is being developed to support and assist practices.
- 7.4** Flu Uptake – Stock is now finding its way to GPs and Pharmacies; however, shortages are still apparent. The CCG is working with the national team to look at further supplies. There are no concerns with children's vaccines.
- 7.5** 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%
- Understandably the completion rates for annual health checks were particularly low across 2020/21. However, before the pandemic, the completion rate was only 27%. Approximately 10% of health checks are expected to be carried out in secondary care but the remaining are the responsibility of primary care – the national target is 60%.
- Following a range of local initiatives, Quarter 1 2021/22 completion rates have increased to 23.9%. This varies significantly across practices and localities / networks. For example, the completion rate by locality is:
 - Central 27.9%
 - HASL 27.6%
 - North 20.7%
 - West 19.8%
- 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 (PCMH) 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.
 - In development – SMI LCS Comprehensive health check to compliment the new QOF SMI points.
 - In development – commissioning activity to offer training/ modelling to practices: improve information sharing between primary and secondary care on health checks.

7.6 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.
 - As at the end of March 2021 57% of those aged 14+ on the learning disability QOF register in Sheffield had received an annual health check in the previous 12 months. This equated to 2318 people out of the 4062

people on GP registers. Completion rates vary between localities and practices. This is an improvement compared to 2019/20. However, it is significantly lower than the 2020/21 update across the North East and Yorkshire, which was 75%. In South Yorkshire Barnsley achieved 57%, Doncaster 61% and Rotherham 70%.

- 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 Cardiovascular Disease (CVD)

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 with uncontrolled hypertension. Discussions are ongoing with NHSE/I and CCG clinical leads to agree whether Sheffield CCG will be involved in Phase 3 of the project, which would enable a further 1800 monitors to be issued and distributed to practices.

NHSE/I have set out their priorities for CVD prevention in the long-term plan; this is to prevent 150,000 MIs strokes, and dementia cases by 2029. Reduce the gap

in avoidable CVD deaths between the most and least deprived by 2029 and increased detection of FH to 25% by 2024. The PCDNs plan to work in collaboration with clinical leads and Integrated Care System colleagues to identify, actively support and implement initiatives to achieve the long-term plan goals.

8.2 Respiratory

The Infection control guidance previously published on recommencing spirometry in Primary Care has now been shared across the wider ICS. Feedback is being sort from practices about how feasible it is to resume in practice. There appears to be issues relating to equipment, accommodation (suitable rooms), extra time needed to undertake (impacting on current pressures within primary care) and staff confidence. Some Primary Care Networks are looking to potential solutions. Three virtual spirometry training updates have been arranged through October and November to support healthcare staff looking to recommence testing in primary care.

Discussions continue between secondary and primary care colleagues 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.

Feedback is 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.

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 41%, the recovery plan will continue to address this during 2021/22. 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	January 2021	February 2021 (to date)	March 2021 (to date)	April 2021 (to date)	May 2021	July 2021	Aug 2021	Sept 2021
Fastrack's	70	66	43	78	69	74	93	92
New Discharge Support	16	22	8	21	21	23	32	26

Fund Assessments								
New Assessments	16	22	14	19	20	14	30	27
Care Reviews / Review DSTs	40	59	50	67	84	40	74	61
Fastrack DSTs	0	2	0	2	3	3	2	4
POST COVID deferred assessments	38	17	1	0	0	0	0	0
Completed Outstanding DST/ Reviews (pre COVID)				11	22	37	73	41

10. Medicine Optimisation

10.1 The Medicine Optimisation Team (MOT) has 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.

10.2 The MOT controlled drug (CD) team is committed to working collaboratively with SYB colleagues and on behalf of NHSE/I 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](#)

The CD team also continue to support community pharmacy in terms of witnessing the destruction of expired CDs, and work on behalf of NHSE 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

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

Cohort	Two doses	Fully vaccinated plus booster
70 years and over	96.4%	32.9%
65 to 70	94.3%	7.25%
50 to 64	89.5%	7.9%
40-49	80.3%	4.5%
30 to 39	69%	2.65%
18 to 29	63.6%	1.2%
16 to 17	51.2%	0.12%
12 to 15	21.1%	0%

The School Vaccination Programme is underway with most Sheffield schools to be visited before October half term. Sixteen schools will remain outstanding and will be visited during November. Sheffield Special Schools will be visited during October half term.

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 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 is 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.

Paper prepared and authored by;

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October 2021