

Patient Safety, Quality and Experience Report

Governing Body meeting

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6 May 2021

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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"> Recruitment processes for a Designated Nurse for safeguarding Children and Young People have now concluded Serious Incidents (SI) continue to be managed following NHSEI guidance. Additional Assurance has been sought from NHS Sheffield Teaching Hospital Foundation Trust (STHFT) and NHS Sheffield Health and Social Care Foundation Trust (SHSCFT) regarding recent SI reporting The Care Quality Commission (CQC) will begin to mobilise a transitional regulatory approach of site inspections. LeDeR Reviews continue although reviews are delayed due to the issues relating to restricted access to records as a result of COVID 19 	
Is your report for Approval / Consideration / Noting	
Consideration and noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to consider and 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. Introduction

1.1 The purpose of this report is to provide The Governing Body (GB), with an overview of Patient Safety, Quality and Experience

2. Sheffield Health and Social Care NHS Foundation Trust (SHSC)

2.1 SHSC continues to attend the NHSEI Quality board due to being a Care Quality Commission (CQC) registered inadequate provider. The Quality Board also includes SCCG, Sheffield City Council (SCC). Quality oversight continues through SCCG Quality Review Meeting with SHSC with SCC in attendance.

2.2 SHSC has a monitoring process of actions to address the CQC Inadequate Report called the 'Back to Good' programme. Areas of current scrutiny by the CCG are Safeguarding, Serious Incidents and Complaints processes after a number of noted issues. A process of undertaking quality visits is underway to seek assurance and that actions within the 'Back to Good', are actioned at a service level. The Chief Nurse has undertaken two clinical visits this month, one with the Clinical Director to a service due to a number of noted concerns under-investigation.

2.3 Safeguarding – Following escalations at Quality Review Group and subsequently Contract Management Board, jointly held between SHSC and SCCG, it was agreed that the CCG, at the Trusts request, provide some time limited support into SHSC in order to address issues and concerns raised around process and policies in this area. Progress has been positive over the last five weeks with a number of objectives completed and reasonable traction in remaining areas. This will continue to be closely monitored via the joint Quality Review group and appropriate governance forums.

2.4 Infection Prevention Control – Regular meeting with Senior Nurses are being undertaken to discuss any COVID management related concerns.

3. Sheffield Teaching Hospitals NHS Foundation Trust (STH)

3.1 Work has been ongoing with the Trust following a number of reported serious incidents. CQC undertook an unannounced visit to Maternity services on 9 March 2021. A number of actions were requested of STHFT which have resulted in a plan being developed and will form part of the initial improvement assurance through the CCGs process. The CQC full outcome report is awaited.

3.2 Serious Incidents continue to be monitored, the CCG's assurance process and a 'Deep Dive' into maternity services will be presented to Quality Assurance Committee shortly

3.3 Infection Prevention Control - STHFT has reported a hospital onset MRSA Bacteraemia on 11.2.21. Post Infection Review (PIR) currently in progress. To date including the February case, STH have had 3 hospital onset MRSA Bacteraemia, following PIR they have been attributed as follows: May 2020 attributed to STH, September 2020 - third party acquisition (sample taken at any time and the PIR indicates no lapse in care from either STH or a CCG).

3.4 Patient Experience – Assurance has been noted that although complaints and Friends and Family Tests (FFT) have been paused for periods of time during Covid-19, the Trust has continued to monitor experience data. Following an expected dip in performance in complaints handling, the proportion of complaints responded to within target has increased and is close to target.

4. Sheffield Children's NHS Foundation Trust (SCH)

4.2 Serious incident position continues to be monitored via the Quality Review Meetings currently there are no trends identified to indicate additional analysis above routine monitoring at this stage.

4.4 Patient Experience - The CCG is seeking further assurance regarding complaints management.

6. Care Homes

6.1 Quality Monitoring - SCCG/ SCC has continued to support care homes through remote monitoring, one home did receive a Quality Visit early in the pandemic due to a number of raised concerns, no additional actions were undertaken by the CCG or SCC. A joint process is in place with the commissioners to maintain oversight and this continues; where concerns have been raised visits to the homes and provider meetings have been continued with staff supported by the appropriate Personal Protective Equipment (PPE) and guidance in undertaking the visits. This process is currently being reviewed in collaboration with SCC and a Quality Assurance Framework is being developed.

6.2 Communication - Locally and nationally, the amount of information being communicated to the care home providers is overwhelming. The high volume of information runs the risk of being missed by managers, due to the amount being circulated, and in line with their current pressures and time constraints.

In order to mitigate the risk St Luke's have provided ECHO forums for discussion on current topics such as; IPC requirements, use of the capacity tracker, re-opening to visitors and associated guidance. This has included relevant professional guest speakers. A citywide meeting is being convened to streamline communications locally and COVID care home manager's network continues weekly.

7 Independent Sector

7.1 Assurance has been sought from Independent Providers regarding patients on their patient treatment list who are at risk of deteriorating whilst they are or were awaiting surgery. Providers have assured SCCG with assurance that their patient treatment list is being reviewed monthly by clinicians, ensuring patients who require treatment are treated first / priority. They have also advised the CCG that they have issued a letter to all their patient's with 'safety netting' advice, encouraging patients to contact them if their symptoms are changing.

We are assured of their response and actions because of their management of their patient treatment list, receipt of regular monthly position statements and ongoing quarterly quality in addition to quarterly incident and complaints reports being received.

7.3 Any Qualified Provider Contracts:

Reporting for any qualified provider contracts has continued. There are no concerns however there has not been the usual patient experience surveys conducted during this period. This is a low risk contract, with specialist companies being used for analysis.

7.5 Ongoing Trends in Serious Incidents Reported

There has only been one serious incident reported during the period analysed.

8. General Practice

SCCG is seeking additional assurance from three practices which include:-

8.1 Actions relating to serious incident reporting, CQC inspection's and risks relating to the completion of a Quality Risk Profile.

8.2 CQC re-inspections are expected to be reinstated but have been delayed as a result of the pandemic.

8.3 Infection Prevention Control - No GP Practice outbreaks have been reported in February. Support to General Practice continues to be provided by email/phone as required. PPE support -The Lead IPC Nurse continues to attend the fortnightly PPE meeting (frequency to be decreased to monthly from mid - March) attended by Primary Care, the Procurement lead, Locality managers and PCDNs.

9. Primary Care Development Nurse Team (PCDN) (Primary Care quality improvement)

9.1 Cardio Vascular Disease (CVD)

Much of the CVD work previously undertaken by the PCDNs with the CVD commissioning manager e.g. the DNNC work has remained on hold since the onset of Covid. The team are meeting with the commissioning manager to explore what projects could be restarted albeit undertaken in a different way.

One new project has commenced and that is to provide Home Blood Pressure Monitors (HBPM) to practices for them to then issue to patients. Expressions of interest from practices have been invited to then allocate the HBPMs equitably.

The HBPM project is available to any patients on the hypertension register who do not have access to a BP monitor. Prioritisation should be based on social deprivation, Black, Asian and Minority Ethnic demographics and those aged 65 years and over.

9.2 Learning Disability (LD) and Severe Mental Illness (SMI)

The team work closely with the LD and Mental Health (MH) portfolio to support them in increasing the update of both LD and SMI annual health checks (AHC).

Current work includes:

- Providing practices with their LD AHC and SMI data
- Updating the LD AHC template
- Providing training information for GPs about LD AHCs and physical health, contributing resources to the new LD webpages that Flourish are creating
- Creating training slides/content for the LD AHC training video for GPs/nurses/HCAs
- Supporting follow up with practices that have been sent completed pre-AHC questionnaires
- Delivering a 'learning lunch' on LD AHCs as requested by Locality Managers
- Being the contact for the new winter outreach funding being allocated to MIND/VCF providers to support SMI work
- Updating the dementia annual review template

9.3 Education sessions for General Practice Nurses

The team are either delivering or facilitating monthly virtual training sessions which are open to general practice nurse teams. A delivery plan is in place reflecting Commissioning, Quality, and Primary Care priorities. Topics being covered include: Nutrition in COPD, Infection control, Long Covid, Diabetes, Paediatric Asthma, Patient Safety and Anticoagulation. Further sessions are being provided linked to Public Health England campaigns: Oral Hygiene, Sleep/Stress, Bowel Cancer Awareness, Global Hand Hygiene Day, World Asthma Day and Mental Health Awareness. The team are also supporting the MOT team with annual prescribing updates.

9.4 Communication and Networking sessions with General Practice Nurses

The team are facilitating bi-monthly virtual sessions between the Chief Nurse and Primary Care Nurses where updates are provided, issues can be raised and actions taken. The team also hold virtual nurse network meetings three times per year. The latest round of these has just completed, with attendance at some impacted by the vaccination programme and pressures on primary care. The team will reflect on this before arranging future meetings which are planned for June 2021.

9.5 Microsoft Teams/SharePoint

As part of the strategy for facilitating improved communication with General Practice Nurses (GPNs), a working group has been created by the PCDNs with GPNs from across the city. This group is looking at ways of providing relevant information about COVID, training and resources in a searchable, easy to access place on Microsoft Teams. Two “go to places” for Practice Nurses have subsequently been proposed. The COVID information page has been launched and is in wide use across the city with nearly 9000 site visits since launching in mid-January '21. The PCDN team is working with Practice Nurses to populate and launch the Practice Nurse Hub in the next few weeks.

9.6 Support to the Covid 19 Vaccination Programme

Within the last quarter the team supported the set-up of the Primary Care Network (PCN) vaccination sites by firstly supporting the assessment of the PCN site submissions and then secondly providing assurance visits to the sites.

Additionally the team undertook a project for a month which supported front line health care staff to request and be nominated to receive their Covid vaccination. Since health care staff have been able to self-refer for a vaccination this service has now been stood down.

Most recently four members of the team have undertaken the training to vaccinate and are now supporting PCNs vaccination clinics. This is being undertaken as part of the CCGs volunteering programme around the pandemic.

COVID hub – this initiative has been developed using the capabilities of SharePoint and Microsoft Teams. It is a “go to” place for COVID information has been developed and updated by the PCDN team in conjunction with IT. It is being used to showcase the potential use of Microsoft 365 across the organisation.

9.7 Supporting Leadership with General Practice Nurses

At the start of the pandemic the PCDN team set up bi-weekly then monthly meetings between the CCGs Chief Nurse (CN) and practice nurses. These have been maintained and continue to be well attended. The meetings are an opportunity for the CN to share updates around Covid, most recently the vaccination programme, but also an opportunity for general practice nurses to share with the CN (as the CCGs lead for the vaccination programme) issues being experienced by nurses within general practice.

The meetings also provide a forum for general practice nurses to share good practice or ask for support and advice from each other.

9.8 General Practice Nursing Leadership

The team have led for the Integrated Care System (ICS) a ‘Nurse Ambassador Programme’ for general practice nurses. The programme is designed as an introduction to leadership to in turn support the development of nurse leaders. Attendees have had the opportunity to explore some of the theories of leadership, consider themselves as leaders (including undertaking a 360 assessment) and

undertake a small quality improvement project that has required them to make a bid for monies. To support the programme the team have created a Hub on Microsoft Teams as a go to/one stop shop for all the materials related to the programme.

10. NHS Continuing Healthcare and Funded Nursing Care (CHC)

10.1 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. Outstanding NHS Continuing Healthcare reviews are in a deteriorated position of 52%, how a recovery plan regards how this will be addressed during 2021/22 is being developed for implementation from April 2021.

The team did successfully meet the compliance against the national quality premiums within the Q3 national reporting of:
DST location (< 15% assessments undertaken in hospital).

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

DST completed in 28 days (>80% completed in 28 days) = 94%

10.2 The team has successfully and in collaboration with colleagues in the Local Authority completed the COVID backlog of deferred assessments following the suspension of the framework from March to August 2020. All deferred assessments were completed and the final data return was submitted on 15/03/2021.

11. Meds Optimisation

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

11.2 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.

11.3 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 message the MOT take action to support this process. The use of prescribing data and local intelligence helps to support such decisions.

11.4 The MOT carry out citywide audits, this promotes and helps to embed medicines safety and quality priorities.

12. LeDeR Initiatives

12.1 The following is an update on the previous month's activity for the local and national LeDeR Programme.

As of the 11 March 2021, Sheffield has a total caseload of 41 LeDeR reviews, this comprises of:

- 23 initial reviews in progress
- 12 cases unallocated
- 1 Multi-agency Review
- 5 reviews awaiting progression of other statutory processes (CDOP, Coroner).

12.2 New LeDeR Web-based Platform

There are some National changes to LeDeR. One is the changes to the 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. Next steps are being undertaken in order to achieve this.

12.3 Surveying Data Requirements

As part of the development of the new web-based platform, LeDeR want to provide local areas with greater access to the data that is collected from LeDeR reviews. There is a huge amount of data potentially available so to help ensure that this meets our needs and is as user friendly as possible, LeDeR developed a short survey to gather the views, the survey closed 8 March 2021. This will help LeDeR to ensure that:

- Access to the most important information is prioritised
- The correct people have access to the information
- That the data is used and interpreted correctly

12.4 CCG Priorities

- LeDeR Annual Report: Annual reports will be expected to be published by 30 June every year going forward. Reports will need to have been through local governance processes, board sign-off and be published by this date.

- LeDeR to be included in the 3-year strategy (Phase 4 planning) demonstrating action taken in response to the issues identified in LeDeR reviews and national findings.
- The LeDeR National Policy will detail the above in respect of requirements for Integrated Care Systems. The ratification of this policy is likely to be sometime depending upon NHSE CEO and Ministerial sign off.
- Health Inequalities Senior leads, Learning Disability and Autism Programme (North East and Yorkshire) are working on collating previous CCG Annual Reports learning and actions.

12.5 ICS Leeder Steering Group

The Y&H Leeder LACs have been reviewing the governance arrangements for Leeder Steering Groups going forward. This has included consulting self-advocates and parent carers. The decision was to move to more local Steering Groups, the footprint of which will be decided locally, along with guidance on membership, governance and inclusion.

The discussion about how this might look in South Yorkshire focused on Doncaster, Rotherham and Sheffield. Each has a separate Leeder Steering Group, that there have been some discussions about whether to amalgamate these groups or if not, what scope there would be for working together.

13. Covid Vaccination Programme Update

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

13.1 Cohorts/Priority Groups

- 1 Residents in a care home for older adults Staff working in care homes for older adults
- 2 All those 80 years of age and over Frontline Health and social care workers
- 3 All those 75 years of age and over
- 4 All those 70 years of age and over clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
- 5 All those 65 years of age and over
- 6 Adults aged 16 to 65 years in an at-risk group (Table 3)
- 7 All those 60 years of age and over
- 8 All those 55 years of age and over
- 9 All those 50 years of age and over

At the time of reporting there had been zero care home deaths related to Covid in the past two months.

Current data

267,000 1st vaccines delivered to the population of Sheffield with a breakdown of population by age range.

	1 st Vaccine	2 nd Vaccine
>70 year old	96%	76%

Clinical Extremely Vulnerable.	90%	53%
65 – 69 Yr Olds	93%	19%
Clinically Vulnerable	82%	17%
50 – 64 Yr Olds	87%	16%
40 - 49 Yr Olds	59%	12%
30 – 39 Yr Olds	26%	9%
18 – 29 Yr Olds	16%	6.1%

14. Other Updates

14.1 CCG Response to CQC Out of Sight –Who Cares?

After reviewing the recommendations from the CQC report Out of Sight –Who Cares? It was considered that the CCG is taking action to address some of the recommendations through existing work-streams and that some recommendations can be met through contracting and reporting functions. However, it was considered that this work required a wider audience as some recommendations may require more time and are more complex. Therefore this will be mitigated against by the establishment of a task and finish group who will have delegated responsibility to take action on the relevant recommendations.

15. Recommendations

Governing Body considers and accepts the paper as assurance of the Quality Team, and Quality Assurance Committee's oversight.

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On behalf of Alun Windle, Chief Nurse

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