

Patient Safety, Quality and Experience Report

Governing Body

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3 March 2022

Author(s)	Dani Hydes, Deputy Director of Quality, SCCG
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	
Key messages: <ul style="list-style-type: none">• CQC action plans with Providers continue to be actively monitored via Quality and Contracting Governance routes.• Oversight continues with Providers regards the capturing and reporting against Complaints and Patient Experience Standards.• Work continues at pace in response to the Booster Vaccination Programme	
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 Introduction

- 1.1 The purpose of this report is to provide Governing Body with an overview of Patient Safety, Quality and Experience and where available provide the Board with levels of assurance or mitigations (or not as the case maybe) regards risk.

2 Care Quality Commission (CQC)

- 2.1 Sheffield Health and Social Care NHS Foundation Trust (SHSC) continue to attend the CQC risk summit via the NHSEI Quality board. Although discussions are in place to determine an exit strategy following their move to Requires Improvement. SHSC are yet to receive the draft report from the unannounced CQC visit.
- 2.2 The CQC undertook an unannounced inspection at Sheffield Teaching Hospitals NHS Foundation Trust (STH) on the 5th to the 7th of October 2021 at the following areas: A&E, Medicine and Surgery, Maternity Services and Beechhill.

NHSE/I, SCCG and CQC have continued to hold stakeholders meeting to discuss quality concerns as part of CQC on going inspections. The last meeting was 12th January 2022. In anticipation of the CQC report it has been agreed to pause the NHSE Stakeholder Desktop Review until after the formal publication of the CQC report.

STH continue to be overseen and monitored via the NHSE/I Quality Board for Maternity services, which subject to the outcome of the CQC inspection may be expanded to include Trust wise services.

The CCG are still awaiting the STH inspection report to be published by CQC

3 Serious Incidents

- 3.1 SHSC continue to engage with SCCG and are attending the SI closure panel. The Trust have so far been able to provide the required assurance to the SI panel for incidents to be closed. The main type of incident reported relates to apparent self-inflicted harm which includes death by suicide. The second highest relates to infection control incidents- these incidents are related to COVID 19 outbreaks and deaths.

- 3.2** SCCG have raised concerns with STH with regards to the identification and reporting of incidents. Request have been made for the Trust to review the input from complaints and safeguarding departments to strengthen the SI process. The Trust have recognised that improvements are required in this area and triangulation of information is vital to ensure that patient safety incidents are identified and acted upon.
- 3.3** Sheffield Children's Hospital NHS Foundation Trust (SCH) have reported one serious incident in December 2022. This will be followed up in line with process.
- 3.4** Yorkshire Ambulance Service (YAS) – No serious incidents reported in December 2021.
- 3.5** Independent Sector Providers – No serious incidents reported in December 2021
- 3.6** Primary Care – No serious incidents reported as at the latest update for November 2021.

4 Infection Prevention and Control

- 4.1** SHSC - Steady progress has been made against the annual work plan of which there are 39 actions, whilst currently supporting the trust about their pandemic response, particularly with the materialisation of the Omicron Variant of Concern in late November 2021. There have been several outbreaks in December affecting all declared during early January 2022. This increase in outbreaks has been reflective of the rise in community cases and the increase in outbreaks/cases in the Acute Hospital. SHSC has been supporting these services and attending the daily sitreps held in relation to these. Updates have been provided to the CCG that provide assurance that the IPC team is supporting these services appropriately in line with national guidance.
- 4.2** STH - The Zero hospital onset MRSA Bacteraemia have been reported by STH between April and January (to date 25.1.22) The total number of C.difficile cases to the end of December (January data not closed yet due to UKHSA reporting) is 123 which is over the threshold for the month of 102 but is still under the newly revised (reduced) NHSE/I national annual target of 136. No current IPC concerns. An increase in the number of wards/bays are currently affected with outbreaks or covid positive patients or exposures to Covid, which is reflective of the rise in cases seen in the community for this period. The IPC Team having reinstated the E coli Blood Stream Infection (Bacteraemia) Steering Group (although on a smaller scale) held with STH, in November to support work towards the NHSEI Gram Negative BSI reduction thresholds and AMR work are continuing to look at this as the pandemic workload allows.
- 4.3** SCH - No further MRSA Bacteraemia reported since the May case. SCH has had five cases of C.difficile up to December which is under their target of nine cases for the time frame (11 cases annually).

Root Cause Analysis are in progress with joint data collection obtained for a community associated case in December. No current IPC concerns noted.

- 4.4 Care Homes / Home Care** - Further to the Omicron Variant of Concern identified in late November there has been an increase in the number and size of outbreaks experienced in care homes involving both staff and residents. Unfortunately, this can demonstrate poor IPC practices and therefore a lack of assurance in relation to IPC in many care homes.

Agreement has just been reached (to be formalised) regarding the responsibilities of both the CCG and SCC teams in ensuring the completion/escalation of any actions in a timely manner which should help improve IPC practices. The introduction of an electronic audit tool for use in care homes (small sample pilot required first) would have the greatest impact on IPC practice in care homes. Commissioners are currently exploring possibilities of the implementation of this.

The domiciliary care Infection Prevention and Control Nurse specialist has continued to deliver IPC training to Care Homes, this has been well received by Managers and staff and supports the case for the employment of a Band 6 IPC qualified, clinical educator role within the team. Exploration discussions are taking place with commissioners.

- 4.5 Primary Care** – Primary Care - Support continues to be provided to GP Practices as required, mainly this is focussed on pandemic support, including national IPC guidance interpretation and localised guidance where appropriate, for example localised guidance on management of HCW exposed staff. Two sets of guidance were written and sent and then withdrawn as national guidance was changing so fast, deemed by Coordination Group as better to have link to national guidance and IPC team in case of queries.

Localised Outbreak guidance written to support GP practices and agreed with SMT not to circulate but to use if GP Practices contact the team. Locality managers aware of this position and have advised GP Practices on this stance.

Support provided in relation to the FFP3/FFP2 mask wearing issue (as the DHSC has now decided that FFP3 masks can be given to GP Practices in limited (specified) circumstances). Localised guidance (IPC Hierarchy of Control Guidance) has also been written (and circulated recently) and includes information on this issue. This may generate further work and the IPC team is currently exploring a free fit testing training option for GP practices.

RSA Bacteraemia – the outcome of the community associated case in late November was that there was no lapse in care from any provider involved. The GP of the patient has been notified.

5 Patient Experience

- 5.1 STH** - Number of formal complaints received during November remains within expected range. STH responded to 85% of complaints within timeframe below target but not unexpected due carry over of complaints from October. The top themes remain consistent this includes communication (with patient/ with relative, carer); attitude; appropriateness of medical treatment and general nursing care.

STH continues to receive and resolve a high number of informal complaints internally.

- 5.2** During November 2021 positive FFT scores for Maternity, Inpatients (IP) and Emergency Department (ED) improved but continue to be below target. Maternity scored 80.7%, ED scored 75.5%, IP scored 91.1%. Outpatients narrowly missed the target this time round with 93.7%. Community met the target with 90.2%.

Following the publication of the National IP Survey, STH results plus Picker Improvement Maps have been used to develop and implement an Inpatient Patient Experience Improvement Action Plan. An update on progress is expected April/May.

- 5.3** SCH - In August 2021 75% complaints were closed within target timeframes. Between August and December 2021 performance decline each month, with just 36% being closed within target timeframes in December. We are working with the Trust to understand the reasons for this.
- 5.4** Primary Care - The main themes in patient feedback are access: difficulties getting through on the phone and getting an appointment. A secondary theme is communication with an increase in both negative and positive feedback.

6 Care Homes

- 6.1** Quality Monitoring (Assured) – SCCG and the Sheffield City Council continue to support a joint process to deliver routine monitoring city-wide of nursing and residential care settings. A collaborative approach manages the escalation framework which determines when further action is required and how this is implemented. The joint SCC and SCCG Quality Assurance Framework has been updated (January 2022) and the Standard Operating Procedure is currently being redefined.
- 6.2** As of w/c 24th January 2021, four homes are in formal escalation, with several others receiving an ‘enhanced monitoring’ approach. The four homes in escalation are identified as ‘amber’/ medium risk status. No homes are currently in ‘red’/ high risk status. In-house visiting has again been delayed in some cases, due to COVID-19 outbreaks across the sector, however SCC/ CCG and the providers have worked in collaboration to meet remotely where appropriate and review all actions outstanding.
- 6.3** There are currently no restrictions in place on new packages of any Supported Living Framework Providers.
- 6.4** The SCC timetable for completing an annual onsite visit to all Care Homes has been extended until the end of March 2022. The SCCG Quality Team are completing a number of these visits to enable completion.
- 6.5** Of the CQC Inspected Care Homes, 87% in Sheffield are rated as ‘Good’, with 11% as ‘Requires Improvement’. Two Care Homes in the City are rated as ‘Inadequate’. The Quality and Performance Team are actively involved with the two homes and CQC, continuing to closely monitor overall quality improvements.
- 6.6** The legislation regarding full Covid-19 vaccination status of staff who work in CQC registered Care Homes came into effect on 11th November 2021. A full course of vaccination against COVID-19 is mandatory for staff to carry on working in these

settings, unless medically exempt. The Department of Health and Social Care provided information about the exemption process and the application system for people who are unable to be vaccinated against COVID-19.

The mandatory vaccination status also applies to professionals visiting Care Homes. As part of these regulations, it is the registered manager's duty to keep a record of the vaccination status or exemption status of professionals entering the care home. CQC monitor compliance with this new regulation.

95% of all Older People Care Home residents have received both doses of the vaccination, with 94% of all Care Home residents having received both doses of the vaccination. 84% of residents and 43% of care home staff have received their Covid-19 booster vaccination.

83% of residents and 23% of care home staff have received their Flu vaccination.

Sheffield ranks joint second highest of the eight Core Cities in the Country of Residents of Older Peoples Care Homes having both doses of the Covid-19 vaccine, and second highest of Older Peoples Residents having received their Covid-19 booster vaccination.

Recruitment to the Sector for a variety of roles, including carers, activity co-ordinators and domestic staff, are an issue which Care Home Managers have advised, with the use of agency staff fulfilling these roles seeing an increase.

Care Home Residents and Staff have been impacted with Covid-19 positive cases during December. Data between Christmas and New Year showed a significant increase of infections, resulting in a number of Care Homes closing due to Outbreaks. No resident or staff deaths have been reported

The Care Home Quality team are currently examining potential strategies on how to conduct clinical quality surveillance outside of the SCC's routine monitoring, to enable Improvement and adopt a pre-emptive approach to clinical standards

7 Primary Care Sheffield

- 7.1** PCS has submitted some annual data for their services. However, there is still some outstanding and contracting is dealing with this. They are currently reconciling all the services PCS provide and looking at the quality reporting requirements.
- 7.2** PCS are yet to send in Quality reporting data for their Sexual health and Mental Health contracts. The CCG contracting team are dealing with this. Quality meetings continue with the provider.
- 7.3** All practices will be invited to attend refresher eRS training sessions, to cover importance of timely attachment of referral letters, daily checking of worklists, attaching images, etc.

8 General Practice

- 8.1** The CQC announced that they will be undertaking unannounced focused visits on selected practices to understand problems relating to access. This is a national

programme of work and resulted from increase in concerns raised by the public. The CQC have reviewed information and identified risk with those associated with high A&E attendance, complaints, and patient survey.

However, these visits have been further delayed due to the requirement for Primary Care to focus resources into delivering the COVID 19 vaccine booster program. Once recommenced these visits will be between 1-3 hours and the reports will be published. It is not expected the findings will change the CQC rating of practices, unless in exceptional circumstances where the findings are of concern and action is required.

- 8.2** Severe combined immunodeficiency (SCID) is a group of rare disorders caused by mutations in different genes involved in the development and function of infection-fighting immune cells. Infants with SCID appear healthy at birth but are highly susceptible to severe infections. The condition is fatal, usually within the first year or two of life, unless infants receive immune-restoring treatments, such as transplants of blood-forming stem cells, gene therapy, or enzyme therapy. More than 80 percent of SCID infants do not have a family history of the condition. However, development of a newborn screening test has made it possible to detect SCID before symptoms appear, helping ensure that affected infants receive life-saving treatments. We are working with PHE, STH, CHIS, Health Visitors, Midwifery, and commissioners in piloting this within Sheffield. The pilot commenced on the 6th of September and will run for two years. We are currently working with Practices, IT and PHE in ensuring the smooth roll out across the city looking at Systems and processes, CRIB sheets. All practices are now live and EMIS practices all have access.
- 8.3** **Breast Screening** – We have been working with IT, Behaviour science and PHE in amending the non-responders for breast screening. A video has produced a video that will assist practices, and this will be advertised shortly.
- 8.4** **Blue Stream Training** – Blue Stream training are commissioned by the CCG to provide training sessions to primary care. Data shows that five practices have not accessed any training for their staff in the last 12 months. We have been in contact with these practices to establish how they are ensuring their staff are trained up in their mandatory requirements. Three of these practices have assured us that they will be prioritising this and we will be monitoring the data monthly.
- 8.5** Vaccinations for flu are still taking place although in smaller numbers. Data to the end of December 2021 shows that we are ahead of where we were currently last year for the over 65s. We are slightly under for all the other groups. A national letter has been sent to all parents of unvaccinated children to increase these numbers, signposting them to Intrahealth.

Data has been sent to Locality Managers to allow them to discuss with practices where vaccination rates are particularly low (with a particular focus on LD and SMI patients). Vaccine is still available in the system and can also be ordered from the national stock.

It is worth noting also that the early authorisation to use IM injections for children (rather than Nov/Dec as in previous years) has seen the number of children vaccinated in this way increase from 100 to 800, these are children who have not

been consented for vaccine in previous years due to procine content in the nasal spray.

A meeting is being planned with our Trust colleagues to identify ways to increase uptake for September 2022, allowing time for them to order additional vaccine where needed

8.6 National Screening Programmes

- **Bowel Cancer Screening:** Public Health England Screening and Immunisation Team, Sheffield CCG and Sheffield Health and Social Care Trust are working together to improve bowel cancer and screening uptake amongst people with learning disabilities. The teams have set up of a bowel screening flagging pathway which will provide specialist help and support at the pre-invite stage. The go-live date was 1 August 2021. This has now been shared across the SYB and we are having regular meetings to share good practice. One of the outcomes of this work is that care staff in LD homes would benefit from some education regarding consent, patients best interest decisions and how we can support from an interpreting point of view. Conversations are ongoing with contracting.
- **Breast Cancer Screening:** Several Sheffield LeDeR reviews recently completed highlight that many ladies over the age of 50 are not accessing national cancer screening programmes; that the full range of reasonable adjustments are not being explored; and that the Mental Capacity Act and Best Interests decision making process is not being applied to support these decisions.

Poorer uptake for the LD population is due to a number of barriers such as poor prior knowledge of screening, a lack of accessible information and reasonable adjustments. Carers or professionals may make assumptions that a person cannot tolerate screening without completing an assessment.

In response to these findings, Public Health England Screening and Immunisation Team, Sheffield CCG and Sheffield Teaching Hospital NHSFT Breast Screening Clinic are working together with LD providers across the city to improve breast screening uptake.

- **Diabetic Eye Screening** STH have made us aware of an incident that has took place in where patients have received significant delays for their eye screening. Part of this has been caused due to a member of staff from STH going on maternity leave and their role had not been clarified with the new member of staff. The other part is down to a delay in which GP Practices respond to validation queries sent by STH. Quality is working with both STH and Primary care to see the extent of the problem. At this present time we are unsure if harm has occurred to missing patients.

The workstream aims:

- To set up a breast screening flagging pathway which will provide specialist help and support at the pre-invite stage. While at the same time, work with

providers to identify those ladies 50+ who should be accessing screening services. Enabling the triangulation of data.

- To support care providers of LD services with knowledge and understanding of the national cancer screening programmes, the Mental Capacity Act and Best Interests decisions guidance.
- To share with provider staff, practical guidance on supporting access to screenings, person centred assessment/checklists and screening action plans.
- To ensure all identified ladies have a clear plan in place regarding accessing or not, breast screening services.

Sheffield will take the lead to pilot this work with a view to this being rolled out across the SYB.

8.7 Annual physical health checks for People with Severe Mental Illness

Due to a combination of lifestyle factors and side effects of antipsychotic medication, there is a high incidence of cardiovascular disease (CVD) causing premature death in people with SMI (15 years for bipolar disorder and 25 years for schizophrenia). The aim of the comprehensive annual physical health check is focused on identifying and addressing risk factors for CVD.

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 - in Sheffield during 2019-20 the completion rate was only 27%. Approx. 10% of health checks are expected to be carried out in secondary care but the rest are the responsibility of primary care. The national target is 60%.

Following a range of local initiatives, by the end of Quarter 3 2021/22 (December 2021) completion rates have now increased to 35%, (1,808 patients from the 5,162 on SMI registers (excluding those in remission)). This varies significantly across practices and localities/networks. For example, the completion rate by locality is:

Locality	Sum of SMI Register (excluding patients in remission) [1.2.1]	Sum of All six physical health checks [1.2.1]	Sum of Rates
Central	1455	555	38.1%
HASL	1082	429	39.6%
North	1357	441	32.5%
West	1268	383	30.2%
CCG	5162	1808	35.0%

To note, in relation to Omicron QOF suspension/reallocation to end of March 2022: Indicators without historic performance have been reallocated to the prescribing indicators – this includes the SMI health check indicators included in QOF in 2021/22.

Despite this, as outlined in the NHSE/NHSI letter from Amanda Pritchard and Stephen Powis (13 Dec 2021) regarding *Preparing the NHS for the potential impact of the Omicron variant and other winter pressures* (see end of page 7): *Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as access to COVID-19 and flu vaccination, in the context of stark health inequalities for these patients.* This was reiterated in the [12 January 2022 Claire Murdoch letter](#) regarding SMI/LD annual health checks.

However, despite the ongoing priority given to SMI health checks highlighted above, and the local improvement activity/commissioned services outlined below, it will still be extremely challenging for primary care to sustain the acceleration and progress seen this year to date for SMI health check completion rates. It is hoped that the improvement activity/commissioned services listed below will help to mitigate the reduction in primary care resource for this work, and to ensure we are in a robust position to make better progress next year.

8.8 Update on local activity to improve performance and quality, which is ongoing and includes:

- **CCG quarterly email contact** with all practices sharing health check completion rates and information about support available to them, regarding SMI health checks and other SMI physical health improvement support or information – e.g. specialised weight loss services, information resources about flu and covid vaccinations.
- **Commissioned services:** Starting from April 2021, Sheffield Mind has been commissioned by SCCG/NHSE to work closely with practices to ensure that patients who are currently finding it difficult to access their health checks and/or

their Covid-19 vaccinations can be offered practical support to do this. CCG has developed simple information sharing agreements that (once signed up to by the practice) allow practices to share patient contact details with the project (individual consent is not required). Sheffield Mind will then contact identified patients/carers for you and offer the individual support or encouragement that the person needs to attend. *As at end of December 2021, recruitment and set up is completed and to date the project worker has supported 387 people with SMI to receive their covid vaccinations (with in-depth support for 163 of these and additional follow up support of them, e.g. for boosters – these 163 all had confirmed attendance); and 164 people have been supported to with their health check (confirmed attendance).*

- Starting from September 2021, Primary Care Sheffield has been commissioned to develop a small team to offer modelling, training, and support to practices/PCNs to deliver on their SMI annual physical health checks and health action plans. This service is embedded within the Primary Care Transformation Service but will offer a phased delivery citywide. Due to current pressures on primary care, ‘modelling’ to date has been hands on with the health coaches completing the core elements of the health check and then handing over care to the practice and linking with the Primary Care Transformation Service where appropriate (e.g. community connectors; occupational health offer). *As at end of December 2021, recruitment and set up is well underway and 98 SMI health checks have been completed.* Phase 2 of delivery will include support for LD health checks.
- We have three time-limited projects with Mental Health Recovery Framework providers, through which small grants are enabling providers to offer some additional hours to support SMI clients to attend health checks and covid vaccinations and carry out more physical activity or other health related activity. As part of the integrated CCG/SCC Mental Health arrangements, we are reviewing what is included in the Mental Health Recovery Framework regarding physical health to help to ‘mainstream’ these arrangements.
- In development: Spending Review SMI additional funding – recruitment ongoing for three SMI physical health posts within the Community Mental Health Recovery teams (secondary care). These posts will work closely with the primary care offer.
- Launched December 2021, there are some new physical health web resources on the Sheffield Mental Health Guide, commissioned by Sheffield CCG:
 - Pages for people living with SMI and their families/carers: See link [here](#).
 - Page for health and social care staff who work with people living with SMI: See link [here](#).
- North Locality Pilot (lead: Nicky Normington) – Ten practices now involved in the scheme.

8.9 Annual Health Checks for People with Learning Disabilities

People with a LD often have poorer physical health than other people – on average men with a LD die 23 years earlier and for women it is even worse at 27 years earlier - mostly from preventable illnesses and in part due to physical health needs being overlooked.

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, approximately 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 equates to 2,318 people out of the 4,062 people on GP registers. Completion rates vary between localities and practices. This is an improvement compared to 2019/2020, during which we completed 1,672 checks (approx. 41%). However, it is significantly lower than the 2020/21 uptake across the North East and Yorkshire, which was 75%. In South Yorkshire, Barnsley achieved 57%; Doncaster 61%; and Rotherham 70%.

There are some issues with reliability of data at practice level, which BBS IT and CCG Intelligence Team are supporting the resolution of, but so far this year (April-December 2021), data extracted from practice systems shows that 35% of annual health checks have been completed to date (1,480 out of 4,273). This is approx. 500 more health checks completed than in the same period in 2020/21. However as historically in Sheffield more than half of all checks completed tend to occur in the final quarter of the year, due to Omicron this means that there is a significant risk that we will end up at a worse position at the end of the year for 2021/22 compared to 2020/21.

The increase in register sizes from 4,062 to 4,273 since 2020/21. This is a positive demonstration of the work being carried out locally to identify people with LD who are not recorded on QOF LD registers. This was a key focus of the QOF Quality Improvement module for 2021/22 on LD care.

To note, in relation to Omicron IIF suspension to end of March 2022: Suspended IIF indicators 2021/22 include: *Percentage of patients on the Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan* (note the LD DES has not been suspended, and this is separate to IIF – i.e. the £140 payment per completed LD health check)

Despite this, as outlined in the NHSE/NHSI letter from Amanda Pritchard and Stephen Powis (13 Dec 2021) regarding *Preparing the NHS for the potential impact of the Omicron variant and other winter pressures* (see end of page 7): *Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as access to COVID-19 and flu vaccination, in the context of stark health inequalities for these patients.* This was reiterated in the [12 January 2022 Claire Murdoch letter](#) regarding SMI/LD annual health checks.

However, despite the ongoing priority given to LD health checks highlighted above, and the local improvement activity/commissioned services outlined below, it will still be extremely challenging for primary care to sustain the acceleration and progress seen this year to date for LD health check completion rates. It is hoped that the improvement activity/commissioned services listed below will help to mitigate the reduction in primary care resource for this work, and to ensure we are in a robust position to make better progress next year.

8.10 Update on local activity to improve performance and quality, which 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.
- Sheffield Mencap LD health check outreach programme (CCG Commissioned) – information sharing agreements with Practices to enable Mencap to support difficult to reach patients to attend their annual health checks. In December, the support was extended to support covid and flu vaccinations.
- Support to practices on the QOF Quality Improvement module for 2021/22 on LD care:
 - Further CCG assurance on this is not planned as national QOF guidance due to omicron states that the module is to be awarded to practices.
 - However in the autumn, practices were asked for a one-page summary of their progress and plans towards the module. The format of the return is the same as for the final monitoring and verification, so completion would help practices and PCNs meet the final end of year requirements.
 - The majority of practices submitted the reports, and there is a high level of engagement in the improvement process and in engaging in PCN activity.
 - Annual health checks, followed by flu vaccinations, are being prioritised in most practices, with some excellent examples of good practice and reasonable adjustments.
 - Areas for further support from CCG include raising awareness of issues evidenced by LeDeR and STOMP. Practices have now each received a brief but individualised response to their report, with additional information/support offered.

The contract variation for an additional Physical Health lead post has been completed with SHSC Community Learning Disability Team and a Band 6 Nurse has been recruited to the role. The post will support work on annual health checks, LeDeR improvement projects and other physical health work. The initial focus is currently supporting flu and covid vaccinations.

8.11 Cancer – C the Signs

C The Signs is a software tool to accelerate the early identification and management of patients at risk of cancer. The tool is designed to help doctors to make early referrals and diagnosis of suspected cancer. C The Signs has been commissioned by the Cancer Alliance and has been made available for all General Practice across SY& Bassetlaw to optimise GP consultations and smooth the referral process as well as the ongoing management of patients with a cancer.

The tool will support practices with cancer risk assessments, 2-week-wait referrals, safety-netting, patient information leaflets and provide your practice with cancer performance data.

The following information has been provided by the C the Signs service of the current position on uptake and use across Sheffield. As of December 2021,

- One practice in Sheffield is yet to install C The Signs, the CCG has been working with the practice to encourage uptake.
- C the Signs offers online training for practice on how to use and best optimise the system. 52 practices had completed the training and 25 practices have yet to access training.
- A total of 909 users have signed up in Sheffield, the table below provides a breakdown of the staff who have access to C the Signs.

9 Primary Care Development Nurse (PCDN) Team

9.1 Cardiovascular Disease (CVD) and Diabetes

FH Project

The PCDN's planned to resume work on this project with minimal disruption to primary care services by early January 2022. However, requirement of the PCDN team to support the vaccination and swabbing service has again delayed the restart until beginning February 2022 at the earliest.

UCL searches are currently being reviewed for accuracy in identifying appropriate patients. Once the searches have been approved, the PCDN's will approach practices to obtain consent for PCDN's to access clinical records and refer identified patients directly to lipid clinic for further investigation. Recent discussions with STH have revealed that they currently have limited capacity to review patients and have failed to meet their 6-week target. Capacity will be reviewed on an ongoing basis before the project is resumed.

IIF DES and QOF

Following the recent announcement by NHSE E and I, most of the IIF DES and QOF indicators have been placed on hold to facilitate the booster vaccination programme. Plans and scoping working are still ongoing to ensure that the team is ready to support the implementation of IIF DES and QOF once recommenced April 2022.

Diabetes Resolved Code

It has been identified that several patients with diabetes have been wrongly coded as pre diabetic or resolved. This has resulted in essential care processes being missed including annual retinal checks. The PCDN's will be working with other Quality team members to identify these patients and ensure that appropriate coding is applied to ensure patient safety is not compromised. In addition, a programme of education and clinical system searches will be undertaken to prevent and help to identify any future coding errors.

BP@Home

The project continues to be supported by the PCDN's. However, we are aware that there are still significant numbers of monitors which are yet to be distributed to patients. Following discussions with Commissioning Managers and the MOT pharmacists, it is suggested that the PCDN's will work collaboratively with the clinical pharmacists to enable distribution through the pharmacy case finding

service. NHSE have stopped the need for manual reporting in direct response to the impact this may be having on practice capacity. All monitoring will now be reviewed centrally using codes imported at practice.

PCSK9i and Inclisiran

The MOT clinical champion and lipid management lead pharmacists is currently updating the pathway for lipid management to include PCSK9i and the recent addition of Inclisiran. This is currently awaiting APG approval. Once approved, the PCDN's will support a programme of education to facilitate upstream prescribing.

9.2 Respiratory

Spirometry in general practice continues to be impacted by Covid. This is likely to continue with the current demands on Primary Care.

The PCDN team are involved in the Greener Practice Project in Sheffield and are raising awareness about sustainable respiratory care. An update on this work will be given to primary care staff at the PN Meeting in February (with Alun) and resources have been added to the PN Hub. This work started from the Investment and Impact Fund with a drive for greener inhalers to be more widely used in respiratory care though the priority should always be on optimisation of the individual rather than the environment. COPD Guidelines are currently being updated with the green agenda being considered in these decisions.

9.3 Virtual Education sessions for General Practice

The team have paused a number of planned educational sessions for January as the team support covid booster vaccinations. There are planned updates on cancer reviews, long covid and paediatric asthma. The PCDN team work cross-functionally with the SY workforce and training hub in providing updates for advanced nurse practitioners, recommencing in February.

Virtual sessions have been arranged monthly between the Chief Nurse and Primary Care Nurses with PCDN support, providing the opportunity for updates around the current vaccination campaign, and an open forum for queries to be raised.

9.4 Microsoft Teams/SharePoint

The COVID information hub and practice nurse hub for use by General Practice staff are being continuously updated. Communication work is planned to increase utilisation of the hub within primary care, and access has been given to STH staff including community teams.

10 Continuing Health Care (CHC)

- 10.1** Outstanding NHS Continuing Healthcare outstanding reviews (pre COVID) are in an improving position with the current percentage standing at 40%. The migration to a new database has caused a delay on updating the current percentage but it is believed to be an ongoing improving position. The recovery plan will continue with SCCG in a similar position currently to its ICS partners. The team has been using agency staff since December 2021, which is helping provide cover due to capacity issues, this is utilising slippage in the CHC clinical budget due to vacancies.

- 10.2** 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	March 2021 (to date)	April 2021 (to date)	May 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021
Fastrack's	43	78	69	74	93	92	71	80
New Discharge Support Fund Assessments	8	21	21	23	32	26	26	25
New Assessments	14	19	20	14	30	27	20	28
Care Reviews / Review DSTs	50	67	84	40	74	61	49	63
Fastrack DSTs	0	2	3	3	2	4	8	3
POST COVID deferred assessments	1	0	0	0	0	0	0	0
Completed Outstanding DST/ Reviews (pre COVID)		11	22	37	73	41	40	25

11 Meds Optimisation

- 11.1** The Medicines Optimisation Team have several 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 messages the MOT take action to support this process. The use of prescribing data and local intelligence helps to support such decisions. During Q3 of 2021/22 the CCGs medicines Governance Pharmacists worked collaboratively with specialists within STH to produce guidance and clinical system searches to support the safe implementation of the Steroid emergency card.
- 11.4** The MOT carries out citywide audits as part of their annual QIPP programme, this promotes and helps to embed medicines safety and quality priorities. During Q4 21/22 the team will be auditing the use of sodium valproate in females of

childbearing age, learning will then be shared, and action plans agreed both within the practice and as a healthcare system.

11.5 The MOT controlled drug (CD) team are committed to working collaboratively with SYB colleagues and on behalf of NHSE 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 are 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](#)

11.6 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 comm0unity pharmacy and care home CD incidents reported through the [portal](#)

12 Covid Vaccination Update

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

12.1 Cohorts/Priority Groups

All cohorts are now eligible for vaccination (aged 12 upwards).

Cohort	Two doses	Fully vaccinated plus booster
70 years and over	96.2%	93%
65 to 70	93.8%	88.8%
50 to 64	88.7%	77.9%
40-49	78.6%	59.7%
30 to 39	67.3%	43.4%
18 to 29	61.5%	32.2%
16 to 17*	41.5%	4.78%
12 to 15*	7.5%	0.07%

*No boosters undertaken for this age unless there are underlying health conditions. 16–17-year-old boosters has just begun.

All PCNs (except the University Health Service) continue to vaccinate those over 50 and those at risk. PCNs were given the option to opt in or opt out of providing vaccination to the healthy 49 years and under cohort. There are currently nine opted in and six opted out.

The arrival of the new strain Omicron, the Government have asked for the booster campaign to be delivered more quickly and to more cohorts. Boosters will be at three months rather than six months (although awaiting NHSE guidance that this

can begin and for the national booking service to be updated). Those aged 12-15 will be given a second dose and severely immunocompromised will get a booster 3/12 after their third primary dose.

With the Government announcement of everyone over 18 to receive a booster, booster doses being brought forward to three months (from six months) and second vaccines for 12-15 year olds we are currently reassessing our capacity to complete 80% of these vaccinations by the Government target of the end of January.

All Sheffield schools have now been visited for vaccination. For those pupils who missed this visit or were unable to be vaccinated, additional capacity is available at the Longley Lane and there are also 3 PCNs offering vaccination to healthy 12-15 year olds, two of which can currently be booked through the national booking service opening these appointments up to the wider community.

Sheffield remains the most vaccinated core city in England for first and second doses. We continue to work with our communities to actively address health inequalities through vaccination. We targeted delivery in those areas with high deprivation and low uptake.

12.2 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.

12.3 Inequalities

Inequalities both in terms of deprivation and ethnicity are both factors for the Sheffield population. To address some of the inequalities of access issues and reluctance from some of our deprived and Ethnic Minority communities several pop-up clinics have been held in local churches and community centres. Local voluntary groups have been supporting people and encouraging them to engage with the vaccination programme and numbers are increasing.

Regular monitoring of uptake across ethnicity/deprivation is taking place and vaccine supply redirected to address any inequalities in supply and uptake. Some GPs are also making individual calls to patients to encourage uptake by listening to and addressing their concerns on a one-to-one basis.

To note: Sheffield has the lowest gap in vaccine uptake between the most and least deprived communities compared to our comparable core cities.

13 Other Updates

13.1 LeDeR programme

The Sheffield LeDeR (learning from deaths of people with a learning disability) [annual report](#) (which came to QAC 27 May 2021) has now been published on the SCCG website. The Annual Report includes:

Local actions that have been delivered over the last year (April 2020-March 2021) to address the learning identified in previous LeDeR reviews and in relation to the impact of the pandemic on our learning disability population in Sheffield.

A strategic action plan has been identified for the next 3 years (2021/24) through which we aim to improve the health of people with a learning disability and/or autism and reduce health inequalities. To note, within Sheffield our LeDeR improvement plans are closely aligned with the cross-organisational Sheffield strategy for *Improving the physical health of people living with learning disabilities, autism, and severe mental illness (2019-2022)*.

The strategic action plan is monitored through the cross-organisational LeDeR steering group. Progress noted at the November Steering group included:

Healthy Weight projects:

- Introduction of a specialist adults weight management service for adults with learning disabilities and autism (an extension of the existing Sheffield City Council general programme and has been developed with input from the CCG-led Physical Health Implementation Group).
- The service started in September 2021. There has also been some funding allocated to Disability Sheffield for their LD/autism Healthy Living Programme. General practice has been encouraged to refer patients to the services.
- Since September 2021, 14 community organisations have been working together, adapting, and developing the 12-week syllabus to help make sure that the programme is as accessible and effective as possible for their community group.
- One of the fourteen organisations, Sheffield Mencap and Gateway, have been delivering their programme to people living with a disability and/or autism, who want to get healthier and manage their weight.
- The programme runs for 12 weeks and looks at improving the overall lifestyle of the person taking part. Their programme recognises that mainstream weight management sessions may not be suitable for some adults with a learning disability and so a more tailored and specialist approach is required to achieve to overall outcomes.

Training and resources:

- Sheffield care providers have continued to participate in the TCP roll out of the LeDeR ECHO Project online training programme addressing key findings identified from LeDeR (Constipation; Epilepsy and Seizure control; Dysphagia/Posture; Sepsis awareness). We are awaiting final evaluation data, but feedback so far has been positive although there have been some challenges maintaining attendance.
- Autism reasonable adjustments 'call to action' video co-designed with the Autism Network – filming now complete and video to be launched Dec 2021.
- Three short instructional/ 'call to action' videos on mouthcare have been co-designed and produced for people with LD and dental professionals - to be launched alongside collated oral health resources Dec 2021 (to add to the existing resources on the LD physical health webpages).

- See under 9.10 of this report regarding bowel and breast screening. Activity to be extended to further work on cervical screening in next phase of screening work.
- See also LD annual health checks and related activity (section 11 of this report).

14 Patient Safety Update

This update is provided in respect of the work required to be undertaken from the Patient Safety Lead role as required by each organisation, to implement the National Patient Safety Strategy.

Conversations are still required with NHS Sheffield CCG's providers (as agreed at the last QAC meeting held on 11 November 2021) to ascertain what progress has been made by our providers in respect of their implementing the National Patient Safety Strategy. The plan is to have these conversations at each of the providers Quality Review Groups (QRGs). NHS Sheffield CCGs Patient Safety Lead has drafted a template to support this provision of information. Once responses have been received from each of the providers QRGs, the CCGs Patient Safety Lead will then collate this information to provide a Sheffield picture.

NHS Sheffield CCGs Patient Safety Lead met with the organisations Learning and Development lead to discuss rolling out the new Patient Safety Syllabus within the organisation. The Patient Safety Lead will draft a paper to take to the CCGs Governance Sub Committee with proposals, but prior to this the Patient Safety Leads from the Integrated Care Board (ICB) will discuss looking at adopting a common approach to roll out.

15 Recommendations

Governing Body is asked to consider and note the paper.

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

Governing Body is asked to collectively make any further recommendations or request any follow up actions to seek the assurance needed beyond what has been detailed in the paper.

Paper prepared and authored by.

Maggie Sherlock, Gavin Robertson Senior Quality Managers, SCCG
 Nikki Littlewood, Lead Infection Prevention and Control Nurse, SCCG
 Laura Morris, Clinical Auditor and Effectiveness Manager, SCCG
 Sarah Neil, Patient Experience Lead, SCCG
 Debbie Wade, CHC, SCCG
 Sue Brook, Designated Nurse, Safeguarding Children, SCCG
 Kitty Reilly, Designated Professional Safeguarding Adults
 Rachel Welton, Senior Nurse, Patient Safety Lead, SCCG
 Karen Danvers, COVID Vaccination Programme, SCCG
 Dani Hydes, Deputy Director of Quality, SCCG

Written On behalf of Alun Windle, Chief Nurse
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