SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 8 September 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Abtisam Mohamed, Kevin Oxley, Brian Holmshaw (Substitute Member) and Ann Whitaker (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies were received from Councillor Gail Smith with Councillor Ann Whitaker as substitute, Councillor Martin Phipps with Councillor Brian Holmshaw as substitute, and Councillors Anne Murphy, Mike Drabble and Dawn Dale.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 8th June, 2022, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Questions were received from Michael Suter, Chair of Sheffield Save our NHS, relating to the Primary Care Estates Transformation Programme. The Policy and Improvement Officer confirmed that responses had been requested from the Integrated Care Board and would be shared with the questioner and Sub-Committee members.

6. SHEFFIELD TEACHING HOSPITALS – CQC INSPECTION AND MATERNITY SERVICES UPDATE – REPORT OF SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

6.1 The Committee received a presentation from Sheffield Teaching Hospitals regarding the CQC Inspection and Maternity Services.

6.2 Present for this item were Dr. Jennifer Hill, Medical Director (Operations), Professor Chris Morley, Chief Nurse, Mr. Andrea Galimberti, Deputy Medical Director/Interim Clinical Director for Obstetrics, Gynaecology and Neonatology, Laura Rumsey, Interim Midwifery Director, Sandi Carman, Assistant Chief Executive, (Sheffield Teaching Hospitals) and Alexis Chappell, Director of Adult Health and Social Care (Sheffield City Council) and Dani Hydes, Deputy Director of Quality, (NHS South Yorkshire ICB).

6.3 Dani Hydes gave a brief overview of the quality assurance framework and the new governance arrangements following the transition to the South Yorkshire Integrated Care Board (ICB). She reported that the changes had not diluted the role of Sheffield as a 'place' in Quality Assurance, that 'place' is an active member of the Quality Assurance Board.

6.4 Alexis Chappell said that the Health and Care Act introduced an assurance system for Integrated Care Systems which the Care Quality Commission (CQC) have been charged to implement. The CQC will look at how systems are working together and integrating to improve population health. A working group was in place in Sheffield to ensure preparedness for this new framework. Alexis Chappell agreed to bring a report to a future meeting of the Committee on the new CQC assurance framework.

6.5 Dr. Jennifer Hill gave a presentation outlining what had happened after the CQC inspection of Sheffield Teaching Hospitals had taken place, the action plan that had been formulated from that and the progress made so far. Dr. Hill said that during the inspection the CQC talk to staff and patients, observe practices and review documents including patient records, staff records, and training records. Then individual services were rated. Dr. Hill said that an inspection of maternity services had been carried out in March 2021, during the period that the pandemic had severely impacted services and resulted in a rating change from Outstanding to Inadequate. Following this, further inspections were carried out over a number of different services including urgent and emergency care, medical, surgical and community inpatient services and maternity services and this had resulted in a further report which identified 85 "must do" requirements and 26 "should do" recommendations requiring improvements by the 17th July, 2022. She said that these concerns were taken very seriously, and immediate action was taken to address them. Dr. Hill then outlined 17 improvement actions and their progress to date. She reported that a team had been established to undertake quality support visits, and a Compliance Oversight Group established to oversee the progress of the action plan.

6.6 Professor Chris Morley referred to the presentation and outlined particular areas where improvements had been made. He referred to safety huddles on wards which looked at any concerns on wards, the introduction of 'Ward Boards' which gave helpful information for visitors, and also for staff to be able to see what was happening on their wards. He said that there had been additional nursing staff and midwives recruited and more was expected during September. He referred to the Maternity Improvement Plan which would be implemented to drive the improvements required going forward. Professor Morley outlined the systems and training that had been put in place on mental health wards and training in risk

assessment on those wards.

6.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- With regard to staffing, retaining staff was a key aim. The Trust is the eighth best Trust at retaining staff, but more was needed. There was a programme for the first year to 18 months to ensure that each new starter had a mentor to help with their early career. Secondly, there were a number of opportunities on offer, such as acting up, diversity of roles etc. and finally a transfer register so that someone could transfer across areas should they so wish. Flexible retirement was often offered, and support given to midwives and nurses at the end of their career.

- A review was being undertaken which was giving advice and recommendations on how to staff areas and be able to skill mix the maternity workforce. Midwives should do what they were trained to do. Registered Nurses are not a substitute for midwives, but can add value and promote safe care. The Trust was looking at how to capitalise further on that. Nurses could be used to enhance the safety of mothers and babies and some post-natal care can be delivered by a non-midwife worker. Nationally, there was a shortage of midwives, but it was hoped to make the Jessop Wing an attractive place to work to recruit more staff to it. Plans to support staff to work as a team were in place by listening and hearing what staff were saying from the bottom up.

- Receiving feedback from patients was not easy. The Directorate Teams had tried many ways to regularly engage and listen to the feedback at all levels. Out and about visits had commenced and they would go to many different areas and get feedback from staff. On maternity wards, there were monthly “walkrounds”, to find staff, talk to them and get their feedback. There was a refreshing approach to patient experience generally, but there was more that could be built on. There were many opportunities for patients to feedback and the Trust was looking to build on this as it goes forward.

- With regard to diversity, and inclusion, the Trust has a very clear EDI Strategy and works with staff groups on this. The Trust is keen to effectively represent the community it serves and work is ongoing to improve diversity at Board level.

- With regard to the “falls pack”, the first step in the process was to risk assess a patient as they entered the ward to ascertain whether they were at risk of falling, and there were a number of checks carried out by staff when completing a falls risk assessment and the patient would be given a leaflet with advice on how to prevent them from falling.

- In terms of patient feedback from maternity services, the Trust has in place a Maternity Voices Partnership which collaborates and co-produces improvements to services, as well as traditional mechanisms such as the

NHS 'Friends and Family Test'. The Trust was confident that women and families had a say in services provided to them through their feedback and also had a right for reply. There was also now better oversight of complaints as this was being managed at Trust level.

- The Trust was procuring an electronic patient record, but this wouldn't be in place until 2024. The current system did not always make it easy for nursing teams to identify patient needs so they have been encouraging teams to ask what matters to patients and include any issues raised in their care plans, ensuring that all elements of care were addressed by the right professional.

- No advance notice was given of the CQC inspections. The Chief Executive was phoned at 6.00 a.m. on the day it was to be carried out and the inspectors arrived two hours later. Some issues highlighted in the inspection didn't come as a surprise and it was recognised that there was a lot of work that needed to be done to get processes back up to speed following the pandemic.

- There were a number of mechanisms in place to achieve best practice. The Medical Directors and Chief Nurses meet on a regularly basis to share best practice. On a national stage, there was a Shared Hospital Trust to which met to share its experiences, which was particularly useful during the pandemic. With regard to benchmarking, the Trust used a range of data sets and carried out comparisons with other organisations to pick up best practice.

- Work had been carried out with regard to inequality in outcomes in maternity services for BAME communities, and the Trust was in the process of benchmarking against national reports. The Yorkshire and Humber quality dashboard did not include ethnicity, but the Trust had recently developed an inequalities dashboard, and this was a focus of the organisation. If a woman or her baby was found to be at risk, the Service was keen to reduce risks and focus on meeting needs.

- The Trust recognised the issue of transparency, and that it is important that members of the public are able to easily access information about Trust performance and action being taken on the CQC outcomes.

- For the past 10 years, there had been a lot of work carried out in maternity services and many initiatives to improve quality of care. However when the pandemic hit, many areas of the NHS changed but maternity had to keep going and redesign its pathways. There was a constant amount of working then reworking which disrupted a lot of improvement work. Going forward, a lot has been learned and particularly the value of the quality support team and the governance which was in place but was disrupted.

- The reporting of incidents was done by all levels of staff and were monitored quickly. Each Head of Department would go through quality of measures in place and there were a number of mechanisms in place to

deal with incidents.

· Each Directorate had a management team and monthly or quarterly meetings were held to flag up any issues that had arisen and offer support.

6.9 The Chair thanked Dr. Jennifer Hill, Professor Chris Morley, Andrea Galimberti, Laura Rumsey and Sandi Carman for their presentation and their valued contribution to the meeting.

7. CQC IMPROVEMENT UPDATE

7.1 The Committee received an update from the Sheffield Health and Social Care Foundation Trust on the CQC improvement to date.

7.2 Present for this item were Beverley Murphy, Director of Nursing, Professions and Operations and Mike Hunter, Medical Director, Sheffield Health and Social Care.

7.3 Mike Hunter gave a presentation and a brief update on the Care Quality Commission (CQC) inspection from 2020 which rated the Trust as being "inadequate" and placed the Trust in special measures. At this time last year, an improved rating "requiring improvement" was published. Since that time, the Trust had been inspected again with a focus on Acute Wards and Psychiatric Intensive Care Units and it was found that things had improved. It was known that the Trust had improved and recognised that there was still more to do and build on the progress made.

7.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-

· There had been an increase in staffing numbers but there were 'hotspots' that were more difficult to recruit to. The Trust's 9% vacancy rate in the NHS was considered relatively healthy.

· Of that 9% vacancy rate, the impact on a day-to-day basis, monthly and six-monthly basis was tracked and reported against specific standards. In-patient acute services had a higher turnover of nurses which could impact on morale.

· Senior medical staff vacancies were filled by locums whilst waiting for permanent recruitment. Staff shortages were a national issue, it was hoped that as the Trust continued to improve and becomes a more attractive place to work, recruitment will become easier. The Trust was looking at alternative staffing options such as the use of Physician Associates where appropriate.

· Some issues facing the Trust were national issues – such as recruitment; and impact of covid - the acuity in communities of people becoming unwell and not being cared for. Specific to Sheffield, there had been a lack in investment in its Estate, so since being rated inadequate,

there had to be a lot of improvement in buildings. Improvements have been made, but there was still progress needed to make buildings therapeutic. The Trust was still working with partners in and around South Yorkshire and nationally and looking for capital support.

- The Trust was improving against the background of greater need. Quite often it was about helping people against consequences of a number of factors. Working in partnership with Sheffield Mind and other providers, trying to put what might in the past been a specialist offer, i.e. classed as a referral from a GP and then waiting for specialist care to become available, the Trust was trying to get closer into homes, people and families through primary care, by being able to get into people's lives earlier to make better interventions.

- An Engagement Lead had been appointed and she has helped the Trust to understand that there was a mistrust of mental health services in some communities. She was able to act as broker, and develop networks.

- A lot of time, effort and resource had been put into the Trust's leadership. Engaging the workforce was the key to sustainability of the changes and improvements which had been made and there was a need to continue to invest in mental health services.

- There was a carers strategy, the Trust is working to further develop this. Engagement work with service users and patients was developing but needed more energy and focus from the Trust. For people to remain well, people need housing, access to health services, and work was needed to assist carers.

- A report on a carers strategy was to be brought and discussed at the Adult Health and Social Care Policy Committee.

7.5 The Chair thanked Beverley Murphy and Mike Hunter for attending the meeting.

8. WORK PROGRAMME

8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings. Sub-Committee members suggested issues to be considered for inclusion in the work programme:

- Primary Care
- Changes to Community Mental Health Teams
- Backlog in elective care and impact on increasing inequality

Impact of energy crisis on new build NHS building.

8.2 RESOLVED: That the Sub-Committee supports the Work Programme as set out in Appendix 1.