

Health Scrutiny Sub-Committee

Wednesday 25 January 2023 at 1.00 pm

**To be held in the Town Hall,
Pinstone Street, Sheffield, S1 2HH**

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayris
Councillor Martin Phipps
Councillor Dawn Dale
Councillor Mary Lea
Councillor Abtisam Mohamed
Councillor Kevin Oxley
Councillor Gail Smith
Vacancy

PUBLIC ACCESS TO THE MEETING

Meetings of the Health Scrutiny Sub- Committee are chaired by Councillor Ruth Milsom.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk . You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the [webpage](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Health Scrutiny Sub-Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Health Scrutiny Sub-Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email committee@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**HEALTH SCRUTINY SUB-COMMITTEE AGENDA
25 JANUARY 2023**

Order of Business

- 1. Welcome and Housekeeping**
The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.
- 2. Apologies for Absence**
- 3. Exclusion of Press and Public**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meetings** (Pages 9 - 26)
To approve the minutes of the meetings of the Sub-Committee held on 23rd November and 7th December, 2022.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. CQC Inspection Framework**
Report to follow.
- 8. CAMHS CQC Inspection - Update** (Pages 27 - 34)
Update on the Child and Adolescent Mental Health Services (CAMHS) CQC Inspections.
- 9. Sheffield Teaching Hospitals Quality Strategy** (Pages 35 - 56)
Joint Report of Jennifer Hill, Medical Director (Operations) and Angie Legge, Quality Director, Sheffield Teaching Hospitals Trust.

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Thursday 23 March 2023 at 10.00 am

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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Health Scrutiny Sub-Committee

Meeting held 23 November 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Abtisam Mohamed and Kevin Oxley

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Dawn Dale, Anne Murphy and Gail Smith.

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 this Sub-Committee held on 8th September, 2022, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair (Councillor Ruth Milsom) stated that public questions received relating to item 7 on the agenda (Item 6 of these minutes), would be received during consideration of that item.

5.2 Question asked by James Martin on behalf of Disability Sheffield

With regard to vaccination accessibility – the Jab Cab campaign to remove the cost barrier for accessing Covid Vaccinations was vital for ensuring people had every opportunity to access vaccinations last Winter. **When will the service be reintroduced?** We are keen to see a start that allows people who want it to receive their booster early in December and have a good 14 days to get immunity levels back up before the big festive gatherings to maximise the benefit for disabled people and the NHS.

In response, Jackie Mills, Chief Finance Officer, Sheffield, NHS South Yorkshire,

said that plans were in place to reinstate the service and arrangements were being finalised. She said information on this would be circulated via the Council's website, GP surgeries, social media etc. Greg Fell, Director of Public Health said that the same mechanisms for reporting covid would be in place which ensured that information was circulated to assist the public.

6. CONSULTATION FINDINGS - NHS SOUTH YORKSHIRE'S HEALTH CENTRES CONSULTATION

- 6.1 The Sub-Committee received a report from NHS South Yorkshire setting out the consultation findings following the Health Centre Consultation which had been carried out. The Committee were asked to consider the findings and make a formal response to the NHS South Yorkshire on the proposals set out in the consultation.
- 6.2 Present for this item were Lucy Ettridge (Deputy Director of Communications, Engagement and Equality, NHS South Yorkshire), Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire), Dr Josh Meek (Clinical Director, Foundry Primary Care Network), Greg Fell (Director of Public Health, Sheffield City Council) and Abigail Tebbs (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire).
- 6.3 Jackie Mills referred to the report and gave background information on the plans to build four new health centres in the north-east of the city, using funding that had been allocated to Sheffield from the Government. She said that the funding had very strict conditions attached to it. She said that a summary of the findings following the pre-consultation period had been presented to this Sub-Committee at its meeting held on 21st June, 2022.
- 6.4 Lucy Ettridge referred to the findings set out in the consultation plan which had been carried out at the nine local GP practices which would be relocated into four new health centres. She said that NHS South Yorkshire had heard from 5,000 people in the area and she highlighted the responses received and the issues that had arisen in some of the areas. She said that an independent research company had been engaged to carry out the consultation process using multi-method approach contacting people by leaflets, posters, online and paper surveys, social media, public meetings and consulting disability focus groups. She said feedback had been received from a wide range of people covering a good age range, ethnic groups, disability and gender.
- 6.5 Jackie Mills stated that following the consultation, the findings were shared with the nine GP practices. She said that the draft report and equality impact assessment was shared with Sheffield's programme team and NHS South Yorkshire's Committee. Finally, she said the information gathered on whether the practices' decision to continue with the programme, would form part of a business case, currently being written by the programme team, to be presented to the Sheffield Health and Care Partnership Board on 6th December and brought back to this Sub-Committee on 7th December, with a final business case being taken by NHS South Yorkshire on 4th January, 2023, on whether the plan would go ahead or not.

- 6.6 The Chair (Councillor Ruth Milsom) stated that public questions which had been received on this item of business would now be asked and were as follows:-

Questions asked by James Martin

During the consultation events run in conjunction with other partners some key mitigations were raised in multiple settings to ensure that the proposals where adopted are accessible to all. It is vital that engagement and consultation continues and is done early in the implementation of the various phases in the project. **Therefore, will the committee and NHS identify actions to ensure that pan-disability engagement working groups are established for:-**

- **Building Physical Design Accessibility** to ensure that ease of access is maximised in alignment with details already submitted and allow refinement with new contributors who might be interested. Note however that the Access Liaison Group pipeline of work is unlikely to have capacity for this scheme and there are merits in a separate group which engages local people will increase ownership and enthusiasm for the changes that should be considered.
- **Operation of the building** to ensure that the right preparations and planning are in place for management, staff and policies to ensure disabled people are able to access the services and get support. By being involved in the planning stage it is hoped it will be less stressful for staff and ensure that people who try to move to the new setup want to stay with the new setup. In particular we note this was really important to the Deaf Community thanks to Kate at the Deaf Advice Service's consultation session as well as other respondents.

Questions asked on behalf of Joanne Ardern, Sheffield Royal Society for the Blind

Question 1: The new locations of the GP Hubs will create a vital need for mobility training to support Visually Impaired People (VIPs) to learn the new routes. This is currently provided by SCC, it is a service that is already stretched with people waiting months for training. Will the committee be working with the NHS to identify an action plan on how to deliver this support in a timely manner and will additional funding/resources be made available?

Question 2: The additional challenges Deaf and visually impaired service users may face when accessing the new locations need to be handled confidently and with dignity. Will the committee and NHS look to seize this opportunity to ensure good training is built into the transition package for surgery staff? i.e. Deaf Awareness and Visual Impairment Awareness Training.

- 6.7 Councillor Ruth Milsom thanked James Martin for attending the meeting and asking his questions and stated that some vital points had been highlighted which had not been considered by the Committee, particularly issues raised by the disability groups regarding consideration of their needs and said these concerns

would form part of the Committee's recommendations when submitting a formal response.

6.8 Lucy Ettridge agreed that engagement with visually impaired groups and other disability action groups was essential in the design of the new buildings, their input was vital in highlighting issues around accessibility, the installation of lifts, ramps, being dementia friendly etc. She said the buildings would be built to the highest accessibility standards. She said that NHS South Yorkshire planned to carry out training at all practices regarding accessibility standards and general awareness and support. Lucy Ettridge said that as soon as a decision was made in January, it was hoped that work would commence in January/February, 2023.

6.9 **Questions asked by Jeremy Short, Sheffield Save Our NHS**

1. In the background it is stated that 'We hope building new health centres will attract more clinical staff as doctors and nurses want to work in modern more spacious buildings...': given the national shortage of staff, is there a danger that the project will merely attract staff from practices based in older premises in Sheffield, therefore creating staffing problems for these? Has the ICB given any thought to this?

2. Will the provision of modern buildings itself be enough to attract GPs to work in deprived areas?

3. Will the change to salaried employment for existing GP's instead of having investment in current buildings make it more likely for GPs to move out of poorer areas?

4. In next steps, reference is made to building cost inflation: with the increasing inflation rate, will this leave the Council exposed to cover any shortfalls?

5. On the consultation itself, can the SAPA 1 project at Concord Sports Centre be justified given the doubling of average travel time and the fact that 44% saw no advantages in the proposal against 28% whom saw no disadvantages?

6. What steps are planned to maintain or even improve accessibility for vulnerable patients?

6.10 Jackie Mills stated that with regard to question 1, a formal written response would be provided and said that the Integrated Care Board had recognised that there were staffing pressures and it was not an easy problem to solve, it was hard to attract staff.

6.11 Dr. Josh Meek responded to question 2 stating that one of the biggest challenges in the area was attracting GP trainees, however the hubs would be able to facilitate GP training schemes which would hopefully attract more staff. He said the new centres would provide physiotherapists, pharmacies, new roles for primary care, mental health teams etc. He said that currently the Mental Health staff he currently employed, had to work from home due to there not being any available space within the practice for them to offer face-to-face appointments. With regard to question 3, Dr. Meek explained how the partnerships would work and the differences between salaried and partners. He said that partners would be self-employed, the premises would be leased from the local authority. Relating to question 4, it was stated that unfortunately buildings costs were affected by

inflation and that the Council would take on responsibility and liability for this. Responding to question 5, it was recognised that travel to the new hubs was an issue and account would be taken of this. Finally, in response to question 6, proposed design adjustments would be carried out following consultation to improve accessibility and access times.

6.12 Members of the Sub-Committee raised questions, and the following responses were provided:-

- Greg Fell said that he would investigate who was responsible for mobility training and report back.
- There was a reader's panel for the survey that was carried out which looked at communication levels. Members of the Sub-Committee had been invited to join the panel. The company engaged by NHS South Yorkshire to carry out the survey, were very experienced and work all over the country. The survey staff do not go around with pen and paper but carried tablets and recorded responses to questions immediately onto the tablets. It was acknowledged that there could be some freelance researchers. NHS England had not received any complaints or concerns from members of the public. 17 different language hubs were engaged in order to obtain multi-cultural responses.
- The reason for low attendance at some meetings was due to the fact that some of the practices were small and the number of patients registered was low.
- GP accessibility would be improved under the scheme due to the partnership/ownership model. The benefit of the partnership model was that premises would be leased from the City Council, rather than GPs having to take on a mortgage and would become more attractive to doctors and this could help recruit more GPs into the area. However, it was acknowledged that there was no quick fix for those practices in the area that were currently struggling.
- NHS South Yorkshire felt that the new centres would help to understand health needs and would learn more about the infrastructure of the area.
- Overall responses to the consultation showed that 20% of responses received were from older people and there were conversations still to be had regarding this. Out of the 5,000 people who had taken part in the consultation, 900 were over 65 years of age. The majority of those who attended meetings were older people. However a broad spectrum of people had been contacted through TARAs, people using foodbanks, people were contacted through social prescribing, through community hubs and voluntary and community groups, through organisations delivering food parcels, etc., to enable every and anyone to share their views. Also telephone helplines were set up to assist all age ranges.
- Many elderly and/or vulnerable patients were against the proposal, sitting

continuity of care as one of the major issues, but once it had been explained that they would have continuity of care, but in a different building, the majority were happy to go wherever as long as the same GPs, nurses, etc could be seen. GPs have a contract to provide appropriate care to all on its lists, whether in surgeries or home visits, and it was felt that the new buildings would provide better care and GPs would be more accessible to all patients. There was a need to ensure the sustainability of all buildings.

- The surgery at Herries Road does not open full time, therefore offers for appointments were limited, so responses were low. The location of the site was quite distant. There was an opportunity for patients to re-register at the Norwood surgery which was quite close by.
- Bus routes had not been identified as a priority through the consultation, but consultation with the Combined Mayoral Authority had been held and if there was footfall for the buses, they would be keen to divert or adjust routes to take any challenges into account. It was felt that there was a need to increase access to healthcare through the transport network. Due to the cost of living crisis, consideration was being given to people being unable to afford bus fares to travel to hospitals for appointments, and how help could be given to enable people to get to appointments at either practices and/or hospitals.
- It was acknowledged that there were risks to the proposals, but it was strongly felt that this was the right way forward. Patients would be able to access other hubs within the area, GPs would have the opportunity to share staff and resources within the hubs, and patients would have access to better services, which could negate the need for patients to travel to hospital.
- The sustainability of primary care was essential. Capital revenue unlocks primary care and no change in the area was not an option. If it was decided to adopt the “no change” option, it needed to be clear that that option would encounter trade-offs, which should be avoided at all costs.
- There was a need to agree on a service model and how to go forward with this. Discussions had been held with various practices on what services they would see as beneficial to their areas. Discussions around blood tests being carried out on children would negate children having to attend the childrens hospital and more near patient testing in other areas would be preferable.
- Counselling services moved to a centralised system a few years ago but feedback on the more centralised service was that it did not offer a very good service, however, the move back into practices was not very feasible due to many practices not having enough space to accommodate them.
- Deliverability at each hub had to be looked at and what was best for that area. Individual practices would deal with its own issues. This was a one-time funding opportunity from the Government, and we need to ensure we

make the most of it.

- New telephone systems would become part of the new buildings.
- Careful design had been given to each practice to recognise what was required and the services to be provided.

6.13 The Chair thanked everyone who had attended for this item and said that the Sub-Committee had been asked to consider the consultation findings and provide a formal response but felt that the Sub-Committee were not currently in a position to agree its response.

6.14 It was **resolved** that Sub-Committee members be requested to convene on 29th November, 2022 to discuss the Sub-Committee's draft response further, following which, the Director of Legal and Governance, in consultation with the Chair, be authorised to agree the content of the response and submit it to NHS South Yorkshire.

7. UPDATE ON PRIMARY CARE IN SHEFFIELD

7.1 The Sub-Committee received a report of NHS South Yorkshire Integrated Care Board which provided an overview of Primary Medical Services in Sheffield and highlighted the current priorities, challenges and opportunities for primary care in the city.

7.2 Present for this item were Abigail Tebbs, (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire) and Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire).

7.3 Abigail Tebbs stated that the report summarised some of the key issues facing primary care and one of the most pressing issues was around access to services, and the capacity of primary care collectively, not only GPs, to respond to patient need and patient demand and also around how general practices played a part in urgent primary care. She said that workforce recruitment and retention continued to be a significant challenge and NHS South Yorkshire was working with Primary Care Networks to explore opportunities to improve recruitment. Ms. Tebbs said that the report included immediate short-term actions around winter resilience to support sustainability.

7.4 Members of the Sub-Committee raised questions, and the following responses were provided:-

- A number of general practices were reliant on contact being made by telephone, therefore requiring a certain number of lines being available and the ability to be able to respond in real time. NHS South Yorkshire were hoping to offer a sum of money as a grant to be used as one of two options, one was to move from paper records and the other which was proving more popular was to help practices buy themselves out of existing contracts so that they would move to a cloud based telephone system which would provide an infinite number of lines and would be better at managing call

queuing, meaning the system would be more able to cope. It would give practices real time information on the number of callers, so practices would be able to better understand demand.

- One practice had been funded to move to this type of phone based service and the data on this had allowed the receptionist staff to be on call at busier periods and on quieter times enable them to carry out other duties.
- Demand rather than need was significantly higher than the number of appointments. There was no accurate way of measuring demand.
- Locally, most surgeries operate a system where there were a certain number of appointments offered during the day and then patients would then be placed onto an on call triage list. The gap between bookable appointments and definite appointments was increasing. Data nationally and locally shows the number of GP face to face appointments were going up. It was difficult to say whether there were enough GP appointments on offer.
- Pre-pandemic, GPs dealt with medical problems, since then there appeared to be more and more social problems, e.g. letters for PIP, problems regarding universal credit, mental health type appointments, housing issues, access to foodbanks etc., were being presented to GPs. Primary Care was trying to absorb many issues in other areas of care.
- Work was being done around what can be created around GPs, how support could be given to voluntary and community groups and direct resources to the correct area.
- Receptionists were key to how practices function and do filter the direction of calls. The reason receptionists ask the caller what the problem was, was so that they could triage them to the correct area. A lot was being put into support to recruit and retain receptionists. Receptionists are given more training than people realise.

7.5 The Chair invited Lucy Davies, Healthwatch to provide feedback on GPs services throughout the year. She said Healthwatch had circulated feedback on GPs and publish each month on its findings. Every month, feedback showed that access to appointments and the need for appointments was a huge problem for patients. There has been a steep dip in satisfaction with people having a difficult time in accessing primary care. She felt that it was good to hear development around all systems.

7.6 Questions were then asked about the problems faced by people who were autistic and what would happen, given the current energy crisis and the threat of power cuts, was there a back up plan. Abigail Tebbs responded by saying the NHS were aware of the potential risks and the challenges it presented. Greater risks were around clinics and systems, however there were ways around this should the need arise. In the face of pressure, some GPs were choosing different routes. There was a need to get the message across that other services were available.

Evening appointments were pre-bookable.

7.7 The Chair thanked Abigail Tebbs and Jackie Mills for attending the meeting and the Committee noted the report on Primary Care

8. WORK PROGRAMME

8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings.

8.2 Committee Members agreed to schedule an item for the January meeting on low level mental health interventions, and to schedule a Maternity Services Improvement update at a future meeting.

8.3 **RESOLVED:** That the Sub-Committee supports the Work Programme as set out in Appendix 1, including the additions set out above.

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SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 7 December 2022

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Kevin Oxley, George Lindars-Hammond (Substitute Member) and Ann Woolhouse (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from:-

Member

Substitute

-
Councillor Anne Murphy

Councillor George Lindars-Hammond

Councillor Gail Smith

Councillor Ann Woolhouse

Lucy Davies (HealthWatch

Dr. Trish Edney (HealthWatch)

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. PUBLIC QUESTIONS AND PETITIONS

4.1 There were no questions raised or petitions submitted by members of the public.

5. RELOCATION OF STEP DOWN SERVICES FROM WAINWRIGHT CRESCENT TO LIGHTWOOD HOUSE - PROGRESS

5.1 The Sub-Committee received a follow up report regarding the progress and impact of the relocation of the Step-Down service from Wainwright Crescent to Beech, on the Trusts Lightwood Lane site in July 2022.

5.2 Present for this item were Heather Burns (Deputy Director, Mental Health Transformation, NHS South Yorkshire) and Greg Hackney (Senior Service Manager, Sheffield Health and Social Care NHS Foundation Trust).

5.3 Heather Burns referred to Appendix A to the report which had been circulated to Members the previous day. She said that comments received from Lucy Davies,

Healthwatch, had been included within the Appendix. Heather Burns then referred to the report itself stating that she had attended a meeting of this Sub-Committee in June, asking for support for the Plan. The Sub-Committee had asked for a follow-up report to be brought to a future meeting on progress made in the relocation of Step-Down Services. She said the Service would be a safe place for patients with acute mental health illnesses to be transported from hospital to the Unit to aid their recovery and rebuild their confidence, so that they could make the transition back into the community as smooth as possible. Heather Burns said that since the service had relocated on 5th July 2022, there had been no adverse impact on access to the service, and positive feedback had been received from service users with regard to the availability of ensuite rooms, separate kitchens and the aesthetic environment with enclosed gardens providing plenty of space for patients to relax and receive visitors. One downside to the Unit was that some residents had reported difficulties in getting to the nearest bus stop to the Unit. She said that it was proposed to provide an additional wheelchair accessible toilet within the Unit.

- 5.4 The Chair (Councillor Ruth Milsom) and Councillor Mary Lea said that they had visited the Unit last week, and both were very impressed with the atmosphere, the quality of the rooms, outside areas etc., and said that the staff were very enthusiastic in providing the best care possible to patients. Dr. Trish Edley, Healthwatch, raised the issue of accessibility to nearby bus stops and also asked whether, due to the Unit being further out of the city, would people still choose this facility due to its distance to other areas of the city.
- 5.5 Greg Hackney said that there had been no variation to home locations, the pathway for patients was to offer support, the distance from the previous site was minor. He said the Trust would be looking at travel issues for staff, service users and their families.
- 5.6 RESOLVED: That the Sub-Committee:-
- (a) notes the progress made in the relocation of Step-Down Services and that positive steps had been taken to improve the experiences and outcomes; and
 - (b) asked that a further progress be brought back to the Sub-Committee in 12 months' time.

6. FIRSHILL RISE - UPDATE

- 6.1 The Sub-Committee received a report regarding the provision of health services for people with learning disabilities/autism. The report set out the development and implementation of a future model for the delivery of community and inpatient health services for people with learning disabilities, following changes in patterns of demand over the period of delivery of the national Transforming Care programme.
- 6.2 Present for this item were Heather Burns (Deputy Director, Mental Health Transformation, NHS South Yorkshire), Alexis Chappell (Director of Adult Health

and Social Care), Greg Hackney (Senior Service Manager, Sheffield Health and Social Care NHS Foundation Trust) and Richard Kennedy (Engagement Manager, NHS South Yorkshire).

- 6.3 Heather Burns outlined background information to the existing learning disability/autism service in Sheffield. She said that the national Transforming Care Programme expected all areas to reduce its overreliance and length of stay in inpatient beds and provide care in the least restrictive environments closer to home. She said that currently there were 26 people in Sheffield with autism who had been referred to treatment units. She said the future model was to modernise service delivery and work closely with the City Council and the NHS to look at how they provided their services. Heather Burns said that the aim was to prevent people from being admitted into hospital by focusing on wraparound support and reduce the need for hospital beds. She said that NHS Sheffield had commissioned seven out of the eight available beds at the inpatient Assessment and Treatment Unit at Firshill Rise, the other bed being available to other commissioners in the South Yorkshire area, as this was the only unit available to them as they had closed their inpatient provision. She stated that at present, Sheffield had one person with learning disability requiring inpatient care and one person in secure care, therefore due to the success of the programme, there were resources available to invest and provide better community services. The aim was to engage with service users, their families, carers and stakeholders on how to develop a new model for learning disability services to further enhance community services. She said that currently, the community service on offer was Monday to Friday, nine to five, with no availability at weekends so there were limited interventions. The aim was for service users to receive the right support and care and be in the right culture at the right time to reduce reliance on inpatient beds. She said enhanced community provision would support earlier, more intensive intervention and would mean the resources could be directed to a wider group of people with greater need.
- 6.4 Richard Kennedy said that NHS South Yorkshire were keen to commence the programme and deal with a number of issues and opportunities. He said the engagement process had already begun and talks had been held with different community groups who were better placed in advising the Trust of the best way to engage with service users. It was expected that consultation would start in January 2023, and dependant on the outcome of the consultation, the full process and sign off would likely be around May, 2023.
- 6.5 Heather Burns acknowledged that, on occasion, some people had no option but to be admitted into hospital. She said that work was ongoing with the South Yorkshire ICB to set up the facility. She said that pre-pandemic and after, cases of people with autism had risen, so the focus was whether patients needed to be admitted into acute mainstream hospital wards.
- 6.6 Alexis Chappell said that the focus for the City Council's Adult Social Care Service was to enable people to live independently, the way they want to live in their own home. The Service was looking at how to make improvements to enable patients to be discharged from hospital into their own homes.

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

- There was a significant amount of learning to be done from Firshill Rise and the CQC inspection. Part of the national, regional and local learning formed part of why the whole Transforming Care programme had been initiated and the focus now was what had been offered in the past to what would be offered going forward.
- As part of the Council's delivery plan, there was a need to develop a Joint Care Quality Board to ensure quality of care doesn't get lost. It would be helpful to get Members' views on this.
- The option going forward was to develop an appropriate facility and consider whether there was another facility close by which would reduce travel. Part of enhancing community services, was to have more clinical staff available. Currently there was a full-time clinical nurse that robustly oversees the process of monitoring patient care.
- The difference the facility would make to the lives of 24 patients currently in a semi secure facility could completely transform their lives. Reference was made to someone who had been hospitalised for over 20 years, but after two years was now living in a community facility, and many other people were going through the same process. There was a national programme to reduce time spent in hospital beds. NHS England had scrutinised care in order to reduce patients being admitted into hospital and also to try to make sure that they were not readmitted into hospital.
- Currently there was one person in need of hospital care in an out of city bed. There was a need to think for the future, that there was still need for beds, and to ensure that there was a secure facility as an alternative to taking up a hospital bed. This type of facility needed to be staffed in a certain way, by trained specialists
- NHS South Yorkshire had been working in partnership with other South Yorkshire authorities and Rotherham and Doncaster have stated that they don't want a facility, so they are not part of the consultation process. However, work was ongoing with the South Yorkshire partners to provide a safe space step-up facility for those who could not be stabilised sufficient to stay at home but wouldn't necessarily need to be admitted to hospital and it was hoped to be able to develop that type of facility for the whole area.
- There was no longer a need for an eight-bed facility, it was not an effective way to deliver a service. Other South Yorkshire areas have said they don't want assessment treatment beds, but the conversation on this was ongoing, and talks would still continue.

6.8 RESOLVED: That the Sub-Committee:-

- (a) notes the report;

- (b) indicated that they looked forward to hearing the next stage of the Consultation; and
- (c) requested that a report on the learning from Firshill Rise be brought to a future meeting of the Sub-Committee.

7. DRAFT DECISION MAKING BUSINESS CASE - NEW HEALTH CENTRES

- 7.1 The Sub-Committee received a report setting out the draft Decision-Making Business Case which had been developed taking account of, and in response to, feedback from the public, other stakeholders and this Sub-Committee following a 10-week consultation exercise on the proposal to relocate some GP practices into new health centres.
- 7.2 Present for this item were Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire), Abigail Tebbs (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire), Dr. Alice Deasy and Mike Speakman.
- 7.3 Jackie Mills introduced the report and stated that following on from the consultation, the business case had been developed and the draft recommendations were set out in Section 5 of the report. She said that the proposal was for three new hubs to be built in the Burngreave, Fir Vale and Parson Cross areas, a fourth hub was no longer being pursued. She said the draft Business Case would be presented to the NHS South Yorkshire Integrated Care Board (NHS SYICB) on 20th December, in advance of a presentation of the full business case on 4th January, 2023. The report asked the Sub-Committee to provide a formal response to the Draft Decision Making Business Case by 14th December 2022.
- 7.4 Dr. Alice Deasy said that from the Page Hall Medical Centre perspective, the scrutiny that had gone into this matter was really valued and had huge value to the Page Hall area. She added that the Centre did not want to reduce staff costs and said they also shared concerns about derelict buildings as she valued the community she worked within and did not want to see vacated GP surgeries left empty.
- 7.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-
- It was recognised that there would be empty buildings once the practices had moved into the new hubs, but it was difficult to give a commitment, but it was something that would be given consideration to.
 - It was acknowledged that there were issues around transport generally and there was a need to look in more detail at the impact on patients on a practice-by-practice basis. There was a commitment from the Mayoral Combined Authority that should demand be demonstrated, alternative proposals, diversion/rerouting of buses, etc., would be considered. There could be revenue savings in the area, so there was a possibility that there would be resources to pay for a minibus.

- The Page Hall practice was very positive about this for a number of reasons, one being the significant health inequalities in the area and also ownership of the building. It was stated that the practice worked really hard, was financially stable and would not be “out of pocket” to move into a new building, but it was felt that it was the right way forward to provide the best health care to the area, but in the current building, there was simply not enough space to be able to do what it wanted to do.
- The principle was that costs would not be higher than practices were paying at present. It was realised that costs would be higher in the new buildings, although the new buildings would be rent free, the service costs would be higher. With regard to energy costs, the new buildings would be low energy carbon, so there would be savings elsewhere.
- It was hard to measure the success of the project. It was interested in measuring success of the whole programme in delivering primary care and decide upon the outcome. In terms of the hubs, it would look at affordability of practices and whether recruitment had improved and to see if the developments had helped. Simple measures such as access and access times was not necessarily helpful as so much more would be happening.
- There was a need to set out an evaluation framework to look at the objectives and how they might be measured. There was a need to understand the lessons that could be learned and deal with the issues highlighted in the areas at present.
- Funding would be provided to discover the best and different ways of working, deliver the transformation programme and provide support to the Primary Care Networks and work with them to achieve what they were not currently achieving.
- There had been a huge increase in need and demand for health care services across the board, and it was hard to judge on how much of this was a product of covid and it would remain to be seen as to whether this would settle down to historic levels. It was about the breadth and quality of services.
- NHS South Yorkshire were looking at Primary Care Networks across the city as demand for that care had increased. A dashboard for primary care was being developed to see if there was a need to make adjustments to deliver on the wider needs of primary care and other funding routes, other than funding through the Government, would be explored.
- Beighton was one of the areas currently being worked on as the health centre there had been derelict for a number of years and plans were now in place to look at how to make the building sustainable and ensure the building would be well used.

7.6 RESOLVED: That the Sub-Committee agrees to delegate the development and submission of the formal response to the NHS to the Director of Legal and

Governance in consultation with the Chair. The Chair invited Members to send through comments to be included in the response by the 14th December, 2022.

8. WORK PROGRAMME

- 8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings. The Sub-Committee agreed to look at how an item on how NHS bodies are addressing the recommendations of the Race Equality Committee could be brought to a future meeting, and agreed to hold a workshop on primary care, to involve a range of perspectives including clinicians, patient groups, the Local Medical Committee and Primary Care Networks.
- 8.2 **RESOLVED:** That the Sub-Committee supports the Work Programme as set out in Appendix 1.

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Sheffield Health Scrutiny Sub-Committee – 25 January 2023

Update on the Child and Adolescent Mental Health Services (CAMHS) CQC Inspections that occurred during 2022

1. Background

- 1.1 The Care Quality Commission (CQC) is the independent regulator of health and social care in England. In their role, the CQC monitor and inspect services to ensure that they provide safe, effective, and high-quality care. Based on this assessment services are rated as outstanding, good, requires improvement, or inadequate.
- 1.2 Sheffield Children's NHS Foundation Trust is currently rated Good overall and Good in four of the five CQC domains – Effective, Caring, Responsive and Well-led. It is rated Requires Improvement in the Safe domain. The CQC also provides ratings for each of the Trust's sites and services.
- 1.3 All services at the Acute (Sheffield Children's Hospital) site are rated Good overall, with End of Life rated as Outstanding. The last Acute site inspection was in 2019. Community health services for children and young people is also rated Good.
- 1.4 In 2022, the Trust's two mental health services - child and adolescent mental health wards (otherwise known as Inpatient CAMHS) and specialist community CAMHS services – were both inspected. These were previously inspected in 2019 and rated as Good and Requires Improvement respectively.
- 1.5 During the year the Trust has also been involved in a system review of CAMHS under the Mental Health Act which involved our partners Sheffield Teaching Hospitals and Sheffield Health and Social Care NHS Foundation Trusts. There was also an organisational monitoring visit of Ruby Lodge under the same legislation.
- 1.6 This report provides an update in relation to these three elements.

2. Inpatient and Community CAMHS Inspections

2.1 Inspections of Inpatient and Community CAMHS took place in July 2022 over several days and [the reports were published by the CQC on 18th November](#). The broad headlines are that the overall ratings of both services stayed the same, and Inpatient CAMHS saw no change in any ratings from 2019 across all domains.

2.2 Three domains within Community CAMHS saw an improvement from Requires Improvement to Good. This is reflective of the excellent improvement work undertaken by clinical, operational and corporate teams across the Trust. The chart below shows the ratings from 2019 and 2022 respectively.

	Inpatient CAMHS		Community CAMHS	
	2019	2022	2019	2022
Safe	Amber	Amber	Amber	Amber
Effective	Green	Green	Amber	Green
Caring	Green	Green	Amber	Green
Responsive	Green	Green	Amber	Amber
Well Led	Green	Green	Amber	Green
Overall	Green	Green	Amber	Amber

Key: Green = Good; Amber = Requires Improvement.

2.3 The following areas were highlighted as positive:

- Good feedback from patients and their carers. Children and young people said they felt safe and well cared for. Parents and carers said they felt involved and kept up-to-date.
- Staff were described as patient and insightful.
- The environment was well suited to the needs of young people.
- Inpatient areas were clean with good infection control.
- Risk assessments were up to date and helped manage risks for young people.
- Patients were grateful for the flexibility in appointments and the settings in which these could happen.

- The Sheffield Treatment and Recovery (STAR) team's expansion was seen as having improved access to mental health services for the wider community.
- Leaders had the right skills, knowledge and experience, a good understanding of their services and were visible and approachable.
- There was recognition that staffing levels were managed well in the context of a national mental health staffing crisis.

2.4 Areas raised for improvement included:

- Increasing the availability of communal spaces like quiet rooms. While young people were able to ask to go in, they could not always access them independently.
- Some delays in rearranging cancelled appointments.
- System access for agency colleagues.
- Waits for services.
- The number of children assigned to each clinician.

2.5 The Trust is taking forwards the recommendations through an action plan which is coming to the Trust's Executive Team on 19th January and will thereafter be shared with the Council and South Yorkshire Integrated Care Board. Monitoring of progress is via the Trust's Executive Team and Quality Committee, a committee of the Trust's Board of Directors. In relation to the specific issues of long waiting times and high caseloads, which are known issues and reflected on the Trust's risk register, the Trust has already taken a range of actions including:

- Rolling out a caseload weighting tool across the team, alongside new processes for managing clinical activity via the fortnightly Activity and Performance meeting.
- Adding a caseload report function to the patient IT system, SystemOne, to make completion of caseload review by clinicians/line managers more efficient and visible to the management team for greater oversight of caseloads across the service.
- Planning a 'pause week' to facilitate review of caseloads and discharge.
- Preparing a recovery paper outlining options for Referral to Treatment recovery (and management of large caseload sizes). This has been approved by the Executive Team to address waiting times.
- Outsourcing to Healios (online mental health, autism and ADHD service provider for children, young people and families) to enable additional capacity is ongoing.
- Waiting lists and times for all waits in the Trust are overseen by a Waiting List Board, chaired by the Chief Executive, which provides governance for operational performance improvement and transformation projects.

3. System Review under the Mental Health Act

- 3.1 Earlier in the year, the CQC visited Sheffield Children's acute hospital site, the Northern General Hospital and The Becton Centre for Children and Young People as part of a three-day system review of CAMHS services under the Mental Health Act.
- 3.2 Sheffield Children's NHS Foundation Trust is responsible for the CAMHS provision in Sheffield and for Sheffield Children's Hospital, the Becton Centre and the Supportive Treatment and Recovery Team (STAR). Sheffield Teaching Hospitals NHS Foundation Trust (STH) is responsible for the Northern General Hospital. Sheffield Health and Social Care NHS Foundation Trust provides the Psychiatric Liaison Team into the Northern General Hospital and the Mental Health Act (MHA) administration support to both STH and SCFT.
- 3.3 The CAMHS emergency assessment pathway consists of a health-based place of safety for people under 16 years of age at the accident and emergency department of the Sheffield Children's Hospital and a health-based place of safety for people aged 16 and 17 years of age at the accident and emergency department of the Northern General Hospital. These are supported by the STAR service in the community and Sheffield Children's Hospital for people aged under 16. The psychiatric liaison team assesses young people aged 16 and 17 who present at the Northern General Hospital.
- 3.4 The review included visits to A&E departments at Sheffield Children's Hospital and Northern General Hospital and visits to wards and inpatient lodges ran by Sheffield Children's. The CQC team also held interviews and focus groups with various colleagues from all three trusts as well as the hospital director at Cygnet Hospital which is an independent provider that forms part of a [CAMHS Provider Collaborative](#) for which the Trust is lead provider (Riverdale Grange are also part of the Collaborative). They reviewed patient records and patients and carers were also consulted.
- 3.5 MHA reviews do not give a rating but do provide observations and recommendations either for individual trusts or across all providers. These were as follows:
- For all providers: There were conflicting interpretations about the availability of services and their access criteria. This included the route of access to specialist CAMHS advice for 16 and 17-year-olds detained in the Northern General Hospital, the number and type of beds contracted with the local specialist independent provider, the timescale

for the opening of health-based place of safety at the Becton Centre and the patient group it will be available for.

- At Sheffield Children's the following issues were highlighted:
 - Use of restraint to escort patients who needed nasogastric tube feeding and lack of soundproofing in treatment rooms.
 - Authorisation of a case where deprivation of liberty was required.
 - Level of involvement for eating disorder specialists at the Becton Centre.
 - CAMHS doctors not attending Mental Health Act assessments for 16 and 17-year olds at Northern General Hospital leading to delays in transfer of care.
 - It was noted that a new, purpose-built health-based place of safety was due to open at the Becton Centre later this year
- For Sheffield Teaching Hospitals the following issues were highlighted:
 - The detaining of patients at Northern General in a side room on the acute medical unit.
 - Staff did not always have copies of T2 or T3 authorisation certificates for medication for treatment of a mental health condition for patients requiring it.
 - Hospital staff were not trained in the use of physical interventions.
 - Staff identified that people with sensory processing disorders could be overstimulated in the busy accident and emergency department or acute medical unit.
 - Document retention of copies of the detention papers for one patient when they were transferred to a specialist hospital required reconsideration.

3.6 A joint action plan was submitted to the CQC over the summer with actions due for completion by end September 2022. All actions identified were completed or are underway and further details on specific actions taken can be provided at the meeting.

3.7 Citywide governance at chief executive level oversaw progress on these actions (which was a Covid-19 Gold Command at the time of the review, this has now been replaced with Sheffield Place governance).

4. Organisational Mental Health Act Monitoring Visit of Ruby Lodge

4.1 The CQC visited Ruby Lodge on 24th October 2022 to monitor the use of the MHA and compliance with the Code of Practice. The visit was unannounced. The ward is a 7-bed CAMHS ward at The Becton Centre in Beighton for children and young people aged 8 to 18 who have a learning disability. The service is nationally commissioned by NHS England. Two beds on the ward have been

closed since the COVID-19 outbreak. Five beds are currently not being used due to the patient mix on the ward and the staffing levels.

- 4.2 Whilst some aspects of the visit were positive, the CQC had some concerns about the use of the MHA, compliance with the Code of Practice and/or the experience of detained patients on this ward.
- 4.3 The two actions from the visit are as follows:
1. (a) How have we shared with patients the actions and findings from the visit and how patients responded to the information shared. (b) How we involve patients in developing our response to the findings and how they will be involved in monitoring completion of the actions, where appropriate.
 2. (a) How we approach developing a therapeutic relationship with distressed carers so that they are able to understand and weigh the treatment options that are available and feel their suggestions and concerns are listened to, supporting the guidance in Code of Practice 26.12, the principles of Chapter 34. (b) The training and support available to staff to manage challenging relationships with carers that may involve conflicting views.
- 4.4 The Trust submitted its response to the two recommendations on 23 November with plans to complete them by 31st December. The Trust will use a method of peer audit to review actions and ensure satisfactory completion in February 2023.

5. Conclusion

- 5.1 We welcome the CQC's insights into our work and are committed to continuing our improvement across all services and with all partners.
- 5.2 During the latter part of 2022, we also commissioned an external review of our governance under the joint CQC/NHSE Well Led Framework, led by the Advanced Quality Alliance (AQuA). Our internal audit function, 360 Assurance, continue to provide oversight of progress against our 2019 inspection action plan.
- 5.3 We also continue to ensure regular Board level Back to the Floor visits to ensure close connection and line of sight between Board colleagues and patient facing areas, and to give colleagues, along with children, young people and families the opportunity to speak directly to Board colleagues about progress, opportunities and areas for improvement. Feedback from these visits is brought to Executive Team and Board for consideration and any follow-on action.

5.4 We are actively seeking feedback from patients and colleagues through a new approach to engagement and involvement as well as sharing progress with our partners and the public. There is a constant focus on driving all actions to completion and ongoing monitoring of metrics to ensure real and continuous improvement.

6. Recommendations

The Committee is asked to note the work taking place in relation to the CQC recommendations at Sheffield Children's NHS Foundation Trust and in collaboration with partners.

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Report to Health Scrutiny Sub-Committee

Report of:	<i>Jennifer Hill, Medical Director (Operations) and Angie Legge, Quality Director, STHT</i>
Report to:	<i>Health Scrutiny Sub-Committee</i>
Date:	<i>25th January, 2023</i>
Subject:	<i>Sheffield Teaching Hospitals Quality Strategy</i>

Purpose of Report:

To share the Quality Strategy with Sub Committee Members and invite comments

Recommendations:

For members of the sub-committee to:

- 1. note the content of the Quality Strategy**
- 2. Discuss and make comments on the strategy, to be fed back to Sheffield Teaching Hospitals Trust by the deadline of 26th January**



Quality Strategy 2022-27

**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Foreword

I am pleased to introduce you to our new Quality Strategy 2022-27.

The strategy supports delivery of the Trust's corporate strategy *Making a Difference: The next chapter (2022-27)*, in particular the strategic aims to:

- Deliver the best clinical outcomes
- Provide patient centred services.

It also complements other Trust supporting strategies, including the People Strategy, which sets out our intent to create a brilliant, personal place to work and to promote a healthy and engaged workforce to deliver high quality care.

The strategy is being published during a programme of recovery following the most challenging of times. Our staff have faced huge challenges in delivering high quality, safe care to patients during the coronavirus (COVID-19) pandemic. They continue to go above and beyond as we manage the operational impact of the pandemic, with significant numbers of planned appointments and procedures delayed.

Our Quality Strategy aims to ensure that we continue to drive quality improvements following this unprecedented period, by setting our direction and priorities for the next five years. This is our second Quality Strategy, which builds on the progress achieved and the framework established in our first strategy. We continue to align our approach with the CQC's regulatory framework, and to place the Trust's PROUD values at the heart of our ambitions.

Our priorities and ambitions for quality improvement have been developed taking into

account the views of our patients and staff along with insight data including incidents, complaints and audit. In addition, our strategy has been informed by the findings from our CQC inspection in October and November 2021.

Our strategy has also been influenced by the first National Patient Safety Strategy published in July 2019 and updated in February 2021. Our Quality Strategy incorporates plans to implement the requirements of the National Patient Safety Strategy including expanding the role of Patient Safety Partners to support safety improvement programmes, strengthening how we manage and learn from incidents through implementing the new Patient Safety Incident Response Framework (PSIRF), and continuing to strengthen our safety culture.

We have a range of improvement programmes in place, including a Maternity Improvement Programme, which we aim to continue and build upon over the coming years. Whilst much work has already been done to deliver improvements across our highest priority areas, we recognise that we have more work to do to ensure that our services are of the quality that we aspire to achieve.

Our strategy sets out how we will continue to improve the experience of our patients, families, and carers by seeking and responding to patient feedback and involving patients in developing and improving our services.

Our Values

Patient first - Ensure that the people we serve are at the heart of all that we do

Respectful - Be kind, respectful, fair and value diversity

Ownership - Celebrate our successes, learn continuously and ensure we improve

Unity - Work in partnership with others

Deliver - Be efficient, effective and accountable for our actions

Over the past two years we have begun, through our Engagement Network, to work more closely with the people and communities we serve to make sure that the care they receive is centred on their needs. We plan to support this work with new ways of engaging with patients and understanding their experience. These include developing digital patient stories as a powerful way of reflecting patient experience first-hand and using 'deep dives' as a way to better understand the experience of patients across specific services or groups.

Providing clinically excellent services remains central to our ambitions. Clinical audit is a key tool in continuous quality improvement, driving and measuring improvement over time. By fully participating in national clinical audit programmes, and by analysing comparative data from sources including Getting it Right First Time (GIRFT), we are able to benchmark our performance against peers and ensure the care we provide is evidence-based. Our programme of clinical audit is agreed annually and will continue to include priority audits identified through themes from data, including incidents.

Our strategy should be seen as part of a much wider programme of quality improvement, both within the Trust and across our Integrated Care System (ICS). The Trust plays an important role, working with other healthcare and social care providers through the ICS. This increased partnership working presents a significant opportunity to improve quality. Working collaboratively across systems will also form the basis of the CQC's regulatory approach in the future.

It is also important to recognise the well-established quality improvement training delivered through our Microsystems Coaching Academy, helping us to build improvement capability into our workforce. We have a strong and innovative quality improvement programme which promotes a culture of continuous improvement which will, in turn, support us in achieving the ambitions set out in this strategy.

We hope our commitment to improvement and our determination to get things right for our patients, their families and carers is evident in this strategy.



Dr Jennifer Hill
Medical Director (Operations)

1. Introduction

Our Trust Corporate Strategy Making a difference: The next chapter (2022-27), sets out a strategic framework with six overarching aims:



Whilst our Quality Strategy supports delivery of all of the strategic aims, it will particularly enhance the delivery of two strategic aims: Deliver the best clinical outcomes and Provide patient centred services.

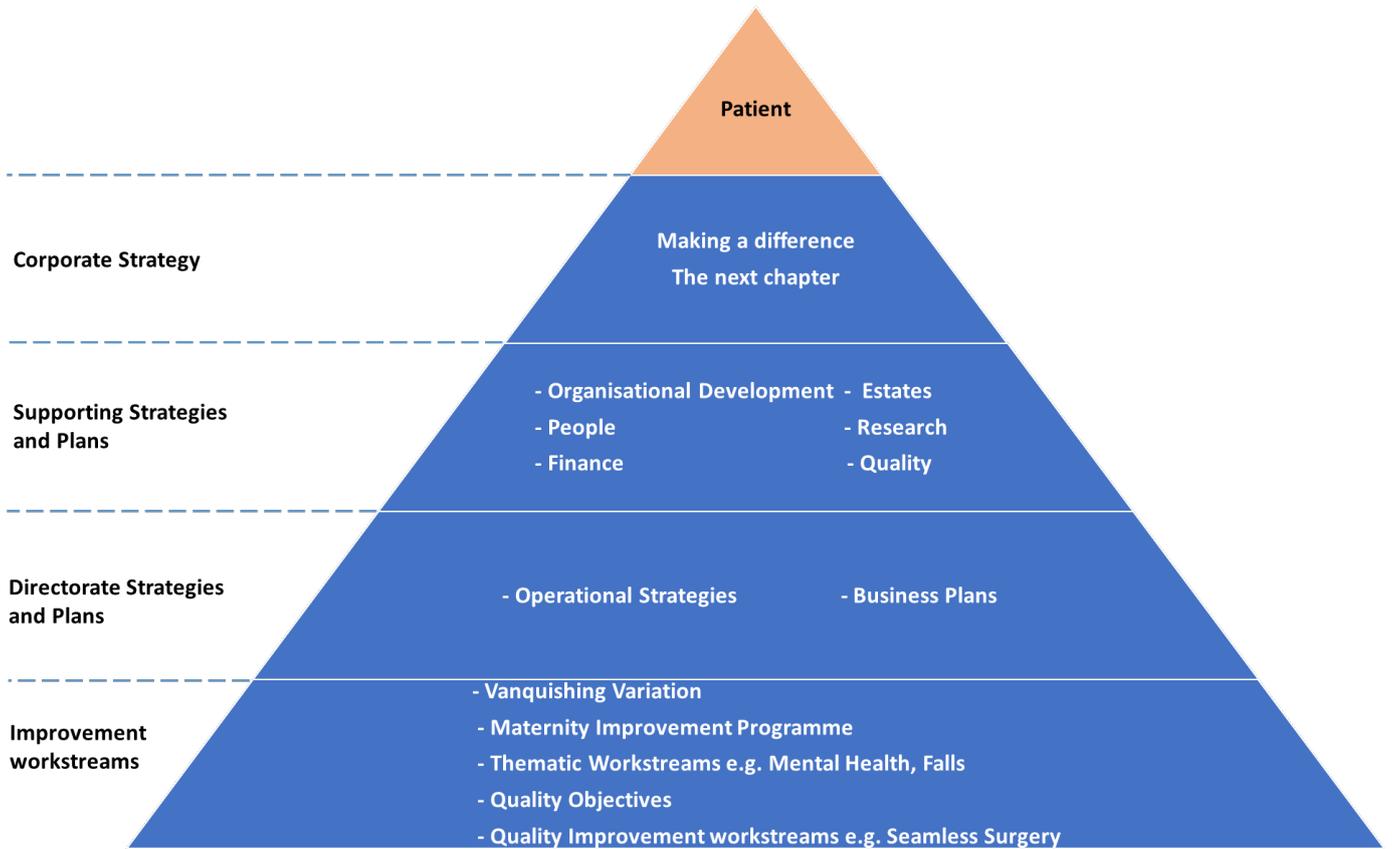
The Quality Strategy is one of a number of supporting strategies and part of a broader programme of quality improvement work. This includes:

- Quality Objectives: each year we select Quality Objectives based on our insight data and in consultation with key stakeholders including Sheffield Healthwatch and Trust governors.
- Thematic Workstreams: improvement workstreams identified from thematic review of data including serious incidents, complaints, and inquests to ensure a Trust-wide approach.



The diagram below illustrates how the Quality Strategy supports the Trust’s Corporate Strategy, aligns with supporting strategies, and is underpinned by quality improvement workstreams:

Figure 1: Key strategies and improvement workstreams



1.1 Framework for the strategy

The framework we have adopted is based on the CQC Regulatory Framework and the Darzi-based definition of healthcare quality, with the three domains of Safe, Effective, and Positive Experience at its heart. The diagram below illustrates the three domains, each of which is influenced by leadership (Well-led) and Resources (Sustainable use of resources).

Figure 2: Quality Strategy Framework



In practice, this means that our staff deliver care that is:

Safe	Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk; empowers, supports, and enables people to make safe choices; protects people from harm, neglect, abuse and breaches of their human rights; and ensures learning and improvements when things go wrong.
Effective	Informed by consistent, up to date, high-quality training, guidelines and evidence; enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
Positive experience	Responsive: shaped by what matters to people and their preferences; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. Caring: delivered with compassion, dignity, and respect.

1.2 Purpose of the strategy

The purpose of the strategy is to set out our approach and provide direction for driving improvements in quality over the next 5 years. It outlines the guiding principles that will shape our work, and the steps we will take to put these into practice.

1.3 Factors which have informed our strategy

Feedback and insight

Our Quality Strategy has been developed through listening to patients, groups including Healthwatch and Maternity Voices Partnership, staff, and key stakeholders. In addition, our insight and performance data, including benchmark data, has informed our approach.

The strategy ensures that we build on existing programmes of work and that we continually identify and address priorities for improvement across the three domains.

National Strategies

National guidance and strategy has shaped our priorities. In particular, the National Patient Safety Strategy (NPSS) is a key driver for our safety priorities. Areas where we have already made good progress or have fully implemented requirements of the NPSS include:

- Six Patient Safety Specialists (PSSs) are leading our work to implement the NPSS requirements. Our PSSs are actively participating in the national PSS network, attending national briefings and events.
- The Trust has robust processes in place for the management of National Patient Safety Alerts (NPSAs). Our next step is to complete a review against the new national Enduring Standards to check that our actions in relation to previous NPSAs are systematically embedded.
- Our first Patient Safety Partners (PSPs) commenced in September 2022, and we are currently planning the expansion and roll out of this role.
- Work has commenced to implement the new Patient Safety Incident Response Framework (PSIRF)

CQC Inspection



Following the CQC inspection in October and November 2021, a number of areas were highlighted where improvement was required. These include:

- Appropriate completion of risk assessments including mental health, mental capacity, and falls
- Managing medicines safely

- Prompt and appropriate management of deteriorating patients
- Reporting of and learning from incidents
- Provision of staff training in key areas including physical restraint and dementia.

We have made significant progress in delivering improvements, and the plans outlined within our Quality Strategy will support these programmes of work.

1.4 Delivering the strategy

To ensure delivery of the strategy, the principles and priorities outlined within each of the three domains in the strategy (Safe, Effective Positive Patient Experience) will be supported by more detailed implementation plans which will be overseen and monitored through our governance structures.

At Executive level, responsibility for Safety and Effectiveness sits with the Medical Director (Operations) and responsibility for Patient Experience and Engagement sits with the Chief Nurse.

The Trust's Quality Committee is the Board Committee with responsibility for seeking assurance regarding quality. This committee therefore has responsibility for oversight of progress in implementing the Quality Strategy.

The governance structure for the oversight of implementation of the strategy is shown in Appendix 1

1.5 Continuous Quality Improvement

A culture of continuous quality improvement (QI) is essential in ensuring that we not only achieve the ambitions outlined in our strategy, but that ongoing improvement is a core part of our everyday work.

Our Microsystems Coaching Academy trains our staff in proven QI techniques and equips them with the skills to support and drive continuous improvement.

We will ensure that our QI workstreams are aligned with our Quality Strategy through:

- review and mapping of themes from insight data to current QI programmes of work and identification of gaps.
- QI representation on key groups and committees including the Patient Experience and Engagement Sub-Committee and the Quality and Safety Sub-Committee.
- Specific QI support for priority workstreams.

2. Patient Safety

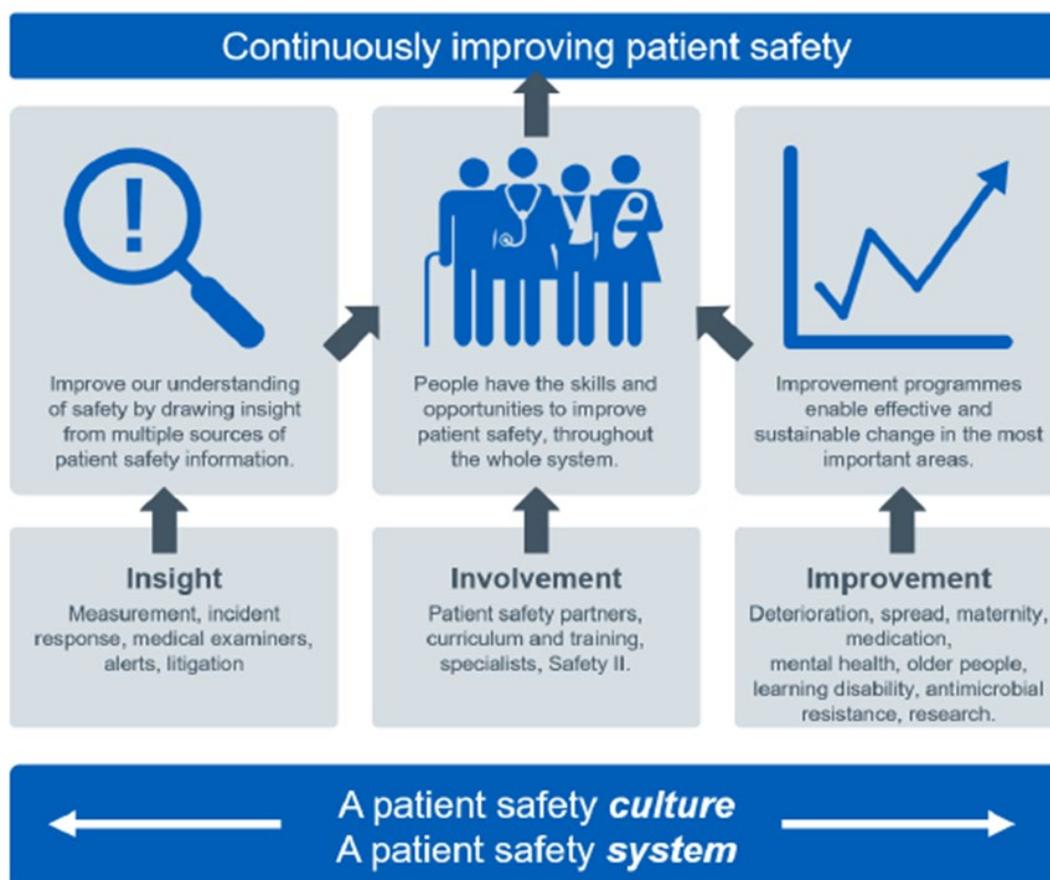
2.1 Strategic priorities

We want to transform the way that we deliver the safety agenda, to ensure that we:

- take steps to continuously improve the safety of services provided to our patients
- embed a safety culture by which we create psychological safety for our staff to ensure they feel able to openly engage
- truly involve patients and their families in undertaking patient-focussed investigations and improvements
- proactively recognise and mitigate risks
- respond appropriately when things go wrong, to make effective and sustained changes

Our approach to improving patient safety will align with the principles set out in the National Patient Safety Strategy: Insight, Involvement, and Improvement, summarised in Figure 1 below.

Figure 3: National Patient Safety Strategy Principles



Over the next 5 years, we will build on our existing patient safety foundations and our work to date to deliver the priorities summarised below:

2.1.1 Insight

We are committed to increasing our understanding of the safety of our services by developing and improving the information we have and how we use this. Through ensuring that our understanding of safety is informed by multiple sources of information and that we triangulate this information, we can ensure that we focus our efforts on areas where the greatest impacts can be made.

We will:

- Undertake a scoping exercise of our local safety profile to identify key priorities for patient safety improvements. This will inform our patient safety incident response plan (PSIRP) which will provide a focus for activity and enable us to track progress.
- Triangulate data from a range of sources to identify those areas where we already have significant intelligence and focus on delivery of improvements.
- Engage in a wide-reaching stakeholder exercise and work collaboratively with our partners to ensure incident response plans are representative of the key safety issues and will inform improvements.
- Implement the Patient Safety Incident Response Framework to increase our understanding of how and why incidents happen so that we can identify and implement appropriate system changes to minimise the risk of recurrence.
- Continue to proactively identify and review patient harm caused by delays as a result of the COVID-19 pandemic.
- Continue to develop our Safety, Risk and Quality dashboard to ensure that there is automated access to a range of safety data to inform decision making and quality improvement priorities.

2.1.2 Involvement

We are committed to supporting and working with our patients, staff and partners to improve patient safety throughout the system.

We will:

- Ensure level 1 Patient Safety Training is received by all staff in the organisation regardless of their role or grade. This will ensure that staff recognise safety as both a collective responsibility and key priority.
- Work in line with the national patient safety syllabus to provide higher levels of patient safety training for appropriate staff to equip them to learn from what goes well (Safety II) as well as learning when things go wrong.
- Roll out and embed the role of Patient Safety Partners, including representation on appropriate decision-making committees.
- Ensure that the voice of those affected by patient safety incidents, including

patients, families and staff are an integral part of incident responses to maximise learning.

- Continue to develop and embed a just culture, providing psychological safety for staff.
- Work collaboratively with partners across the system using data and intelligence to identify priorities for quality improvement.

2.1.3 Improvement

We are committed to effectively addressing the most important issues through the provision of effective improvement programmes that deliver sustainable change.

We will:

- Implement our Patient Safety Incident Response Plan to identify and deliver improvements that reduce the risk of harm to our patients.
- Engage with national patient safety improvement programmes concentrating on those that will help address local safety concerns and priorities.
- Continue to equip our staff with quality improvement skills and to embed the microsystems quality improvement approach.
- Ensure that we have structures and processes in place to develop and implement new quality improvement programmes in response to existing and emerging themes and trends.
- Use data from a range of sources to monitor improvements to ensure they are embedded and sustained.
- Apply system-based approaches to learning and improvement to ensure that we identify and implement changes which have the greatest impact.
- Implement and embed a new, fully integrated Electronic Patient Record (EPR) and maximise opportunities for the system to enhance patient safety.
- Share learning and best practice across the organisation in ways that are effective and meaningful.
- Embed new learning into staff training programmes, policies, procedures and guidelines to ensure that we equip our staff to deliver care safely.

3. Patient Experience and Engagement

We believe listening, talking, and responding to our patients, their families and carers should be part of our everyday work. We want to be sure that their views are at the heart of planning and improving our services to ensure we meet people’s individual needs.

3.1 Building on our work so far

We seek feedback from our patients, their families and carers through a range of mechanisms:

- **Friends and Family Test** - our patients are given the opportunity to rate their experience of care and provide us with comments to explain their score.
- **Local Surveys** – the Trust runs a programme of local surveys to provide more in-depth information regarding a specific service or pathway
- **National Surveys** – the Trust participates in the national survey programme overseen by the Care Quality Commission. Not only does this give us feedback on our services, it also allows us to compare ourselves with other organisations.

The Trust also engages with patients and members of our wider community through:

- **Engagement Network** - linking with local communities through community groups and organisations. By reaching out in this way we are able to engage with different groups at the places they meet in the community, to listen to their views.
- **Patient First Group** - established in July 2021 to ensure a strong patient voice to influence improvement work being undertaken across the Trust. The Patient First Group is chaired by a patient and members are predominantly patients, governors and carers. A small number of our staff attend to ensure that the views of the group can be fed into programmes of improvement work.
- **Complaints** – we provide a range of ways in which patients, families and carers can raise concerns or make complaints. During the second half of 2021/22, there was an increased focus on resolving more concerns informally as this gives a quicker result for patients and staff. In the first half of 2021/22 (Apr 21 - Sep 21) 60% of concerns were resolved informally, this increased to 70% of concerns during the second half of the year (Oct 21 - Mar 22). Complaints are an important source of feedback and represent an opportunity to learn and improve. When viewed together with other sources of feedback, complaints help to provide a rounded picture of patient experience

Outpatients FFT Score 2021/22 94% (national average 93%)	National Cancer Survey 2021 Overall rating - 9.04 (national average 8.9)
Emergency Department FFT Score 2021/22 77% (national average 78%)	National Emergency Care Survey 2020 Overall rating - 7.93 (about the same as other Trusts)
Inpatients FFT Score 2021/22 91% (national average 94%)	National Inpatient Survey 2021 Overall rating - 8.4 (about the same as other Trusts)
Maternity FFT Score 2021/22 80% (national average 92%)	Maternity Survey 2021 Labour and Birth overall rating 8.1 (about the same as the national average)

3.2 Strategic Priorities

We want to ensure that we work with past, current and future patients to ensure that our organisation considers the effects on the health and wellbeing of our population.

Whilst there is a positive attitude to patient feedback and a clear desire to make things better for patients and service users, we need to better understand the experience of our patients so that we can make meaningful changes and improvements as a result of feedback. In addition, we want to ensure that the voice of patients and members of the public is heard at all levels of the organisations, shaping the way that we design and deliver services.

Our approach to involving, listening, and responding to patients will reflect the principles outlined in the diagram below:

Figure 5: Working in Partnership with People and Communities



¹NHS England/Department of Health and Social Care (July 2022). Working in Partnership with People and Communities: Statutory Guidance

Over the next 5 years we aim to build on our current work to deliver the following:

i. Consult

We have a huge impact on people's lives through the services we provide and therefore we will ensure that the key decisions we take and the plans and strategies we develop are fully informed by the views and experiences of our patients. We will utilise their insight to add important context and challenge which, in turn, will promote innovative thinking and new solutions. We are focused on being able to identify what is important to our patients and their families, by gaining a deeper understanding of patient experience and building that into both improvements and wider plans for the future.

We will:

- Ensure that there is “ward to board” oversight of patient experience providing assurance that we take account of patient views in our decision making.
- At a Trust level, identify key priorities for improving patient experience and commission and oversee workstreams to deliver improvements as a result of patient feedback.
- Ensure that the views of patients are reflected in business plans and service developments and that the level of patient engagement is considered in all key decisions.
- Seek the views of patients and the community on developments and work in the organisation and take these views into account
- Work with our partners, including voluntary and community groups to ensure that patient voices are heard throughout the system and respond to the intelligence they share
- Focus on the experience of our patients as they move through and between services and work with our partners across the ICS to improve this.

3.2.2. Engage

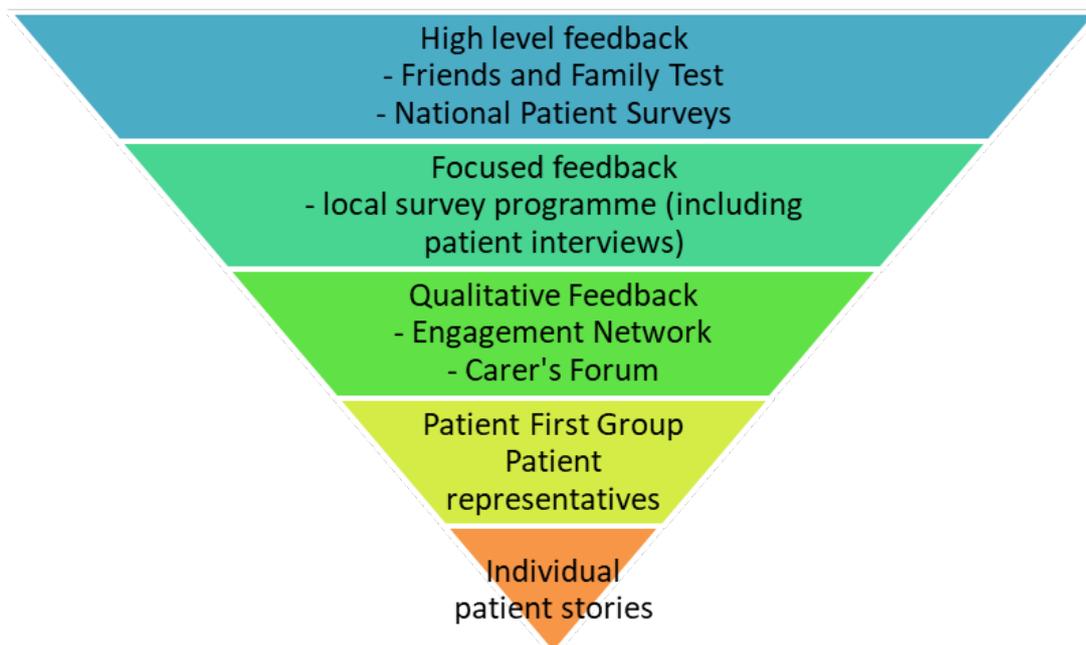
We are committed to gathering a broad range of patient experience, data and information to monitor the quality of our services. This includes seeking the views of as many of our patients and service users as possible and then using that information to monitor and improve the quality of the services we provide. This will enable us to both identify opportunities for improvement within individual services and identify cross-cutting themes to drive improvements in these areas.

We will:

- Continue to use all of our current approaches to gather feedback to ensure breadth of coverage.

- Seek to understand the barriers to engagement and involvement from a patient perspective and work with system partners to reduce these.
- Develop a wider range of approaches to ensure accessibility of feedback mechanisms and gain information which helps us to understand the experience of our patients.
- Increase the opportunities for patient and public representation on working groups and committees.
- Continue to proactively identify new appropriate community groups to involve in consultation and respond to their views
- Actively engage with seldom heard groups, to ensure that feedback reflects diverse perspectives and benefits from different ideas.
- Ensure the alignment of our work with the health inequalities agenda, seeking to improve the experience of those who have the poorest experience of care.
- Undertake deep dives focusing on specific patient groups, pathways, or topics to provide more granular qualitative data to better inform improvement activities.
- Involve our governors and volunteers in seeking and feeding back the views of our patients.
- Ensure that the voices and experiences of our patients are represented as we educate and develop our staff.
- Ensure the engagement of our staff in improving patient experience and the alignment of staff experience with patient experience.
- Listen to how other organisations across the system hear from the community to bring in good ideas and practice where possible.

Figure 6: Methods of seeking patient feedback



3.2.3 Co-Design

We recognise that people with ‘lived experience’ of a particular condition or care pathway are often best placed to advise on what support and services will make a positive difference to their lives. By listening and responding to what patients say, we can ensure that we design services which truly reflect people’s needs.

We will:

- Involve patients (current and prospective) in service changes in a timely and meaningful way, supporting them to contribute ideas and provide challenge to plans. Initially this will focus on a small number of larger scale changes.
- Develop a cross-organisational approach to patient engagement in the planning of service changes, to ensure that this happens routinely and is built into business planning.
- Look to have a range of ways in which people and communities can be involved in service co-design.
- Develop our approach to Patient Safety Partners to ensure that there is active engagement in governance and management processes for patient safety

- Develop Patient Engagement expertise across the organisation enabling involvement of patients in Care Group and directorate work
- Ensure that for larger scale changes there is capacity to support patient engagement centrally and for smaller changes this is led locally.
- Use patient stories to bring experiences to life and identify how we can improve the services we provide.
- Support staff at a local level to use the data collected to identify improvements and promote the use of “You said, We did” to feed these back to patients.
- Promote the sharing of learning and best practice across the organisation.
- Promote the sharing of positive feedback as this enhances staff morale and encourages focus on further positive patient experience developments.

3.2.4 Co-Production

We recognise the value in our patients and staff working together to develop and shape our services to enable the best hospital provision for the future, because those people with lived

experience of a particular condition is often best placed to advise on the services which will make a positive difference to their lives.

- Help people access support to improve their digital access

We will:

- Aim to involve patients in co-production with curiosity about their experiences and a desire to work collaboratively
- Aim to work in partnership with patients and those with lived experience to develop our services of the future
- Seek to ensure co-production takes place in a culture of openness and honesty
- Ensure that information and communication produced for co-production is done in plain English, or where necessary, seek to make this accessible to patients who are giving their time voluntarily to work with us.
- Ensure co-production is undertaken in line with our PROUD values, with the patient view at the centre, respectful, with mutual ownership of the work and unity, enabling the work to be delivered.

3.2.5 Inform

We recognise that people can only be involved as partners in their healthcare when they are fully informed about the service, as well as their condition and treatment options.

We will:

- Provide clear and accessible public information which meets the Accessible Information Standard (NHSE, 2017)
- Seek to understand our communities to enable us to share information in formats and languages our communities are most likely to understand
- Continue to engage with patient representatives on the quality of the public information
- Use a variety of channels to inform the public, using direct mail but also seeking to use social media and other technological routes
- Seek to use community groups to inform the public about the work of the Trust
- Ensure patients can access information about the hospital, processes and information about their condition in a format they can understand

4. Clinical Effectiveness

We believe that that our patients' care and treatment should be based on the best available evidence drawn from sources such as the National Institute for Care and Health Excellence (NICE), National Confidential Enquiries and national audits. We will ensure that we use robust data to demonstrate clinical effectiveness and support continuous quality improvement.

4.1 Building on our work so far

We have mechanisms in place to measure our performance and evidence improvement in the quality and clinical effectiveness of the care we provide to our patients. These include clinical audit, structured judgement review, healthcare variation analysis, and clinical benchmarking systems.

These mechanisms support us in ensuring that the care we provide is based on evidence-based best practice and that we continually seek to make improvements.

Clinical audit can lead to direct improvement in patient care through measurement of actual clinical practice against evidence-based standards, thus providing a focus for change where necessary. Our annual programme of clinical audit is based on:

- **National clinical audit for improvement programme** - each year a prioritised and comprehensive Trust Clinical Audit Programme is agreed which includes audits from the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and the Quality Accounts audit list. National audit enables us to not only compare our performance with peers but to also compare with our own previous performance as we seek to build on our culture of continuous quality improvement.

- **National Institute for Health and Care Excellence (NICE) guidance implementation** - the Trust has a proactive approach to the implementation of NICE guidance and audits relating to NICE are considered high priority for the Trust.
- **Local clinical audit for improvement programme** – the inclusion of Trust, directorate, and commissioner priorities in our annual audit programme ensures a focus on the most important topics. Trust priorities are identified in a number of ways including the triangulation of data across incidents, inquests, claims, and complaints. At directorate level, each directorate has a Clinical Audit Lead to steer the direction of the clinical audit programme, based on local priorities. Working together, there is a shared responsibility for ensuring that the annual programme is delivered.

There is individual and organisational learning from the Medical Examiner scrutiny of every death and referral of cases for Structured Judgement Review (SJR). This process enables us to learn and to act on potential issues which could result in harm to other patients. Triangulating data with information from other sources, including incidents, inquests and complaints, enables us to maximise learning.

The review of clinical effectiveness benchmarking data from sources including Getting it Right First Time (GIRFT), also provides data to focus quality improvement interventions. Healthcare variation analysis tools enable the Trust to monitor and review mortality statistics such as the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) and delve into the reasons behind any variation.

4.2 Improvement Priorities

Over the next 5 years we aim to build on our current work to deliver the following:

4.2.1 Continuous measurement and improvement of the effectiveness of our services

We are committed to delivery of the national clinical audit for improvement programme and to our annual Trust Clinical Audit Programme, which is informed by national priorities and Trust data including serious incidents, inquests, complaints and claims. Through this, we are able to measure our performance against our peers, provide assurance that we are providing high quality clinical care, and identify opportunities for improvement.

We will:

- Provide high quality, evidence based and multi-professional clinical audit which drives learning and improvement.
- Ensure our processes for clinical audit are streamlined to provide timely reporting and actioning of results, including risk assessment or escalation of any issues of concern.
- Demonstrate compliance with NICE Technology Appraisal guidance and evidence implementation of NICE Guidelines, Quality Standards and Medical Technology Guidance in support of clinical excellence.
- Work collaboratively to identify new priority themes or issues for clinical audit and deliver audits which lead to improvement.
- Strive to improve national Patient Reported Outcome Measures (PROMs) participation rates and be able to demonstrate improved health gains.
- Focus on achieving timely SJR review and reporting processes. Work with clinical directorates to receive high quality contextual information in response to SJR's that score 2 or 1 (poor or very poor care).
- Expand the ME service to cover child and community deaths in line with the aims of the national roll-out.

4.2.2 Triangulation of available data sources

We are committed to triangulating audit data with other sources of clinical effectiveness information to maximise opportunities for learning and to demonstrate continuous improvement over time.

We will:

- Continue to use existing and develop new approaches to gathering and reviewing clinical effectiveness information, including data available from the Model Health System
- Use clinical experts to inform the interpretation of data and potential solutions to improvement
- Ensure the timely review of all available clinical effectiveness information by appropriate stakeholders to support informed decision making
- Support the concept of continuous quality improvement by not accepting alignment with national averages is good enough, but always seeking to be better than the national average and to improve on last year's performance
- Ensure an SJR, or equivalent neonatal screening, takes place whenever a Medical Examiner refers a patient for SJR who has died in our care. Medical Examiner review of every death that occurs in our hospitals enables us to learn from any errors and pick up quickly on potential issues which could result in harm to other patients.
- Continue to monitor and review key mortality metrics (Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio). Focus on working to improve data quality and then maintain this as part of business as usual.
- Continue to develop the Mortality Governance Committee as a Trust forum for the oversight and review of activities in relation to mortality, and as a mechanism for driving improvement and sharing learning.
- Actively participate in National Confidential Enquiries e.g., NCEPOD, MBBRACE-UK, which support a culture of safety, continuous learning and sustainable

improvement across the healthcare system.

4.2.3 Learning and sharing of learning

We are committed to continually learning and sharing learning to optimise patient outcomes and reduce avoidable harm. Learning can be transferred between specialities, organisations and across the wider health service. We believe in the importance of keeping up to date with the latest evidence, innovation and research and employing effective mechanisms and processes for implementing these safely, with continuous monitoring.

We will:

- Develop our reporting of Learning from Deaths to include deeper thematic analysis. Whilst we have a robust process for supporting learning from individual SJR's, we need to develop our reporting of learning themes identified through SJR following Medical Examiner (ME) review of every hospital death.
- Develop a wider range of approaches to promote the sharing of learning from SJR

- between clinical specialities in the Trust and with our regional partners via the Academic Health Sciences Network (AHSN).
- Support clinicians to develop realistic SMART action plans.
- Provide training to help equip Trust staff with the necessary competency and support to participate in clinical audit, or confidently choose an alternative quality improvement method to obtain information and assurances on local performance and clinical care.
- Link organisational improvement routes where applicable.
- Work more closely with AHSN and clinical teams to make sure our patients have access to NICE Mandated Medical Technologies and appropriate new treatments and techniques. Keeping abreast of innovation and research, with the correct governance processes in place, ensures we are able to provide treatment and care based on the best available evidence. We will use clinical audit methodology for testing the achievement of best practice guidance implementation.



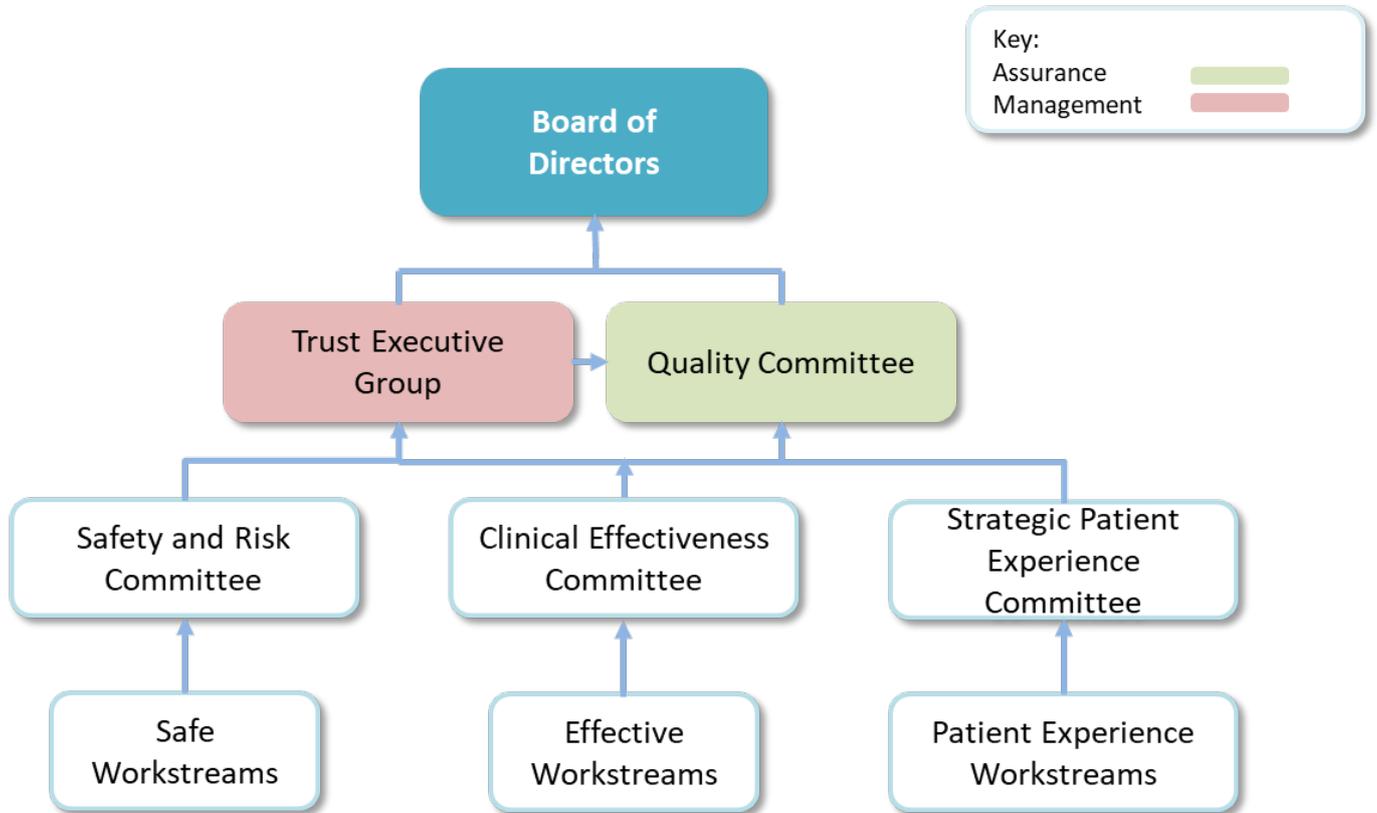
Conclusion

Our Quality Strategy sets out our approach and direction across the three quality domains over the next five years. We believe that through implementation of the strategy, we will ensure a focus on priorities for improvement which will have a tangible impact on the quality of services for our patients.

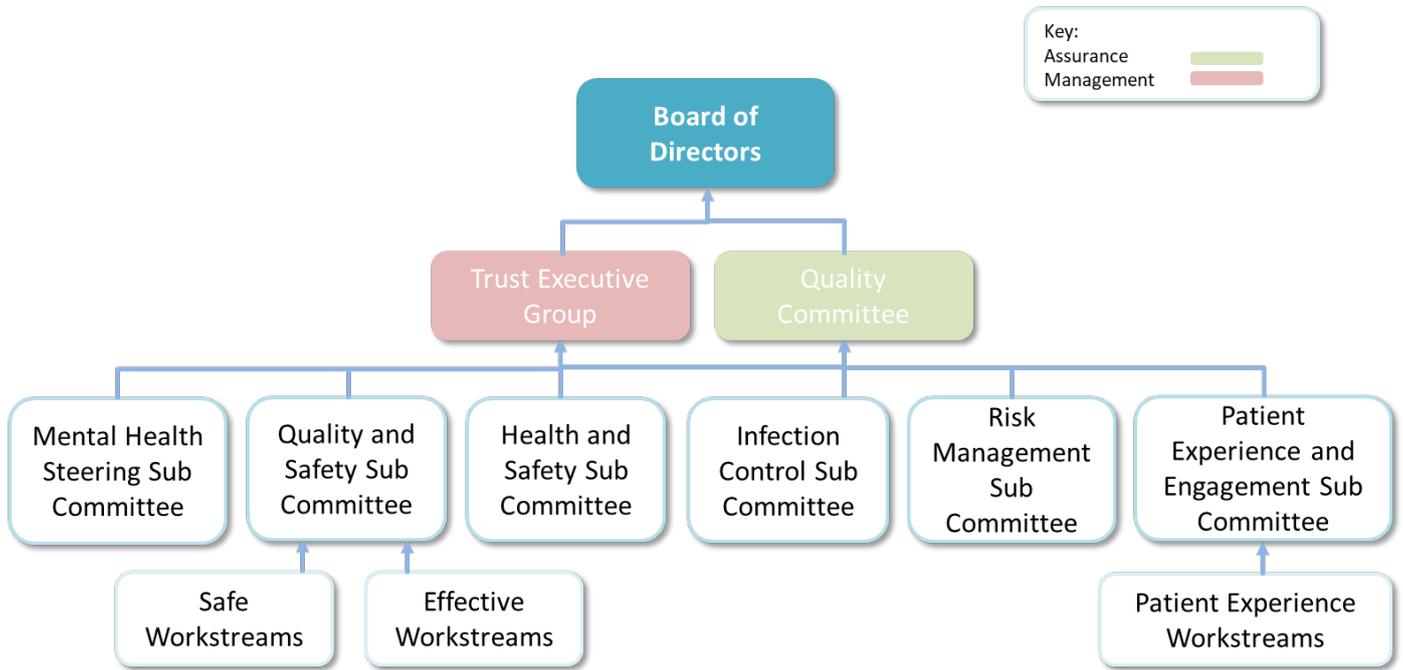
We are committed and determined to make changes which are lasting, and which ensure that the needs of individual patients are central to all that we do.

We look forward to working with our patients, our staff, and our stakeholders to deliver the ambitions set out in our strategy.

Governance structure for oversight of delivery of the Quality Strategy (Current structure)



Governance structure for oversight of delivery of the Quality Strategy (Proposed structure)



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