

*Update for Sheffield Overview and Scrutiny Committee - September 2022*

## **Sheffield Teaching Hospitals NHS Foundation Trust's improvement actions and progress following Care Quality Commission inspections.**

### **1. Background**

The Care Quality Commission (CQC) is the independent regulator of Health & Social Care in England. In their role, 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. Inspections can be routine or may be triggered by concerns identified through CQC monitoring of services. In 2015 and 2018 following inspections, Sheffield Teaching Hospitals was rated as Good overall with many services rated as Outstanding.

In March 2021, the CQC carried out an unannounced inspection of the Trust's maternity services. The inspection did not include Gynaecology, Jessop Fertility or the Neonatal Unit. A number of improvement actions were required as a consequence of this inspection and the Trust's maternity services rating was changed from Outstanding to Inadequate. Following the inspection, the Trust produced a detailed action plan which contained 79 actions addressing all of the issues that the CQC identified. Most of the actions were complete by the time the CQC returned in October but had not necessarily been fully embedded or achieved the outcome that was desired.

In October and November 2021, at the height of the COVID-19 pandemic, the CQC undertook another unannounced inspection of maternity services along with some of the wider Trust's services. Over 3 days (5-7 October 2021), CQC inspectors visited a selection of wards and departments across both the Royal Hallamshire, Northern General and Beech Hill Community Stroke Rehabilitation unit, observing care, reviewing records and speaking to staff and patients. The areas visited fell into the following five core services:

- Urgent and Emergency Care
- Medical Services
- Surgical Services
- Community Inpatient services
- Maternity Services

A number of other large services provided by the Trust were not part of the inspection, for example critical care, community health services and Weston Park Cancer Centre.

During 9-11 November the second stage of the inspection took place which involved face-to-face interviews with Board members and senior staff, staff focus groups and a review of documents including structured judgement mortality reviews, serious incident investigations and complaints.


## 2. Inspection outcome

In April 2022, the CQC published their inspection Report which included a change to the Trust's overall rating from 'Good' to 'Requires Improvement'. The report included eighty-five 'Must Do' requirements and the Trust was issued with a Section 29a Notice which required significant improvements on specific issues to be made by 17 July 2022.

## 3. Response by the Trust to the CQC findings

The Board of Directors and wider teams across the Trust have taken the CQC findings extremely seriously and immediate actions have been taken to address the requirements set out by the CQC. Comprehensive action plans have been developed setting out improvements for maternity services, wider Trust services and mental health. These plans are being led by the Chief Executive, Medical Directors and Chief Nurse and overseen by the Board of Directors. There has been a particular focus on the outcomes that are expected once the change is embedded. These outcomes are provided below for information.

### CQC Improvement actions outcomes

	Outcome 1- <b>Mental Health</b> needs are identified and actioned		Outcome 10: We are assured that <b>staff are trained</b> to do their jobs
	Outcome 2: We are assured that our staff are competent in assessing <b>mental capacity</b> and lawfully deprive patients of liberty		Outcome 11: We keep <b>patient records</b> up to date, secure, confidential and accurate
	Outcome 3: We know that we appropriately <b>restrain and tranquillise</b> patients as required		Outcome 12: We are assured that our staff adhere to best <b>Infection, Prevention and Control</b> (IPC) practice to minimise hospital acquired infection
	Outcome 4: We have embedded evidence-based interventions to <b>reduce falls</b>		Outcome 13: We are assured that <b>incidents</b> are <b>consistently reported</b> and <b>harm accurately assessed</b>
	Outcome 5: We recognise and escalate <b>patient deterioration</b> promptly		Outcome 14: We are assured that staff <b>learn from incidents</b> to prevent them happening again
	Outcome 6: We ensure we <b>individualise</b> and meet the <b>needs and preferences</b> of patients		Outcome 15: We know and take action in response to our <b>immediate performance and risks</b>
	Outcome 7: We are assured that we manage <b>medicines</b> safely		Outcome 16: We have effective systems to ensure adherence to the <b>fit and proper persons</b> requirements and regulation
	Outcome 8: We are assured that we manage <b>hazardous substances</b> safely in clinical areas		Outcome 17: We have effective systems to ensure <b>Board oversight</b> of the <b>management of risk</b>
	Outcome 9: We are assured that we have adequate <b>nurse staffing</b> levels		

Three high-level actions have been developed for each outcome: these are the actions which will have the biggest impact on achieving the outcome and will lead to benefits for patients and/or improving the safety and quality of care. Metrics which indicate whether the actions are having the desired effect have been developed. Regular reporting on progress is being shared with the CQC and NHS England (NHSE) regional teams (see below) and staff and patient feedback is being actively sought to refine the actions and plans as changes are embedded into routine practice.

#### 4. Progress on actions to date

Key improvements achieved to date are outlined below but further details will be provided during the presentation from the Trust's Medical Director (Operations) and Chief Nurse to the Overview and Scrutiny Committee meeting. The list below is not all actions that are being pursued but covers the key areas of improvement.

- **Staffing**

- Additional nursing and midwifery staff recruited. In July 2022 there were over 400 additional nurses and midwives working on the wards or within maternity services compared to July 2021. An additional 140 newly qualified nurses and 20 midwives are also due to join the Trust this Autumn. Recruitment of midwives continues as well as developing new support roles to enhance care provision.
- Twice daily organisational staffing meetings have been established to assess risk and plan and respond to unforeseen staffing issues.
- Twice daily situation reports are now providing maternity staffing levels to enable rapid escalation and response.
- Planned versus actual staffing levels are being clearly documented in all areas.
- Mandatory and job specific essential training performance has significantly improved and in July was over 90% at Trust level.
- Improved maternity training compliance for fetal monitoring, maternal monitoring and newborn life support.

- **Maternity**

- Additional midwives and support staff recruited plus a further 20 newly qualified midwives joining the organisation this Autumn.
- One of the Obstetric Consultants on duty now risk assesses all mothers requiring Induction of Labour (IOL) twice daily and takes appropriate steps to escalate any delays. This provides much clearer oversight of women who need induced labour.
- The Labour Ward Assessment Unit has been expanded and upgraded including the addition of a new 'Rapid Review' room and monitoring area.
- Additional Consultant cover has been agreed to enable dedicated senior consultant time for the Labour Ward Assessment Unit. This will commence in January 2023 and improve the triage time and senior oversight of women attending the Unit.
- The 'Fresh Eyes' process has been implemented which is an additional, formal CTG assessment completed on an hourly basis. Cardiotocography (CTG) is the continuous recording of the fetal heart rate obtained via an ultrasound transducer placed on the mother's abdomen. CTG is widely used in pregnancy as a method of assessing fetal well-being, predominantly in pregnancies with increased risk of complications. Regular audits of the process are being conducted to make sure it is happening correctly and routinely.
- Staff training rates have been improved with 95.6% compliance (Jul 2022) for fetal monitoring (CTG and intermittent auscultation).
- Alongside this work the Trust has developed and is implementing a comprehensive Maternity Improvement Plan

- **Safety Huddles** are being embedded on every ward. A Safety Huddle is a brief, multi-disciplinary meeting, usually led by a nurse, where all staff on the ward, clinical and non-clinical, discuss individual patient safety issues and confirm actions to be taken. These 5–10 minute gatherings of the whole ward team have been demonstrated to improve patients' safety, outcomes, and experience. There is a particular focus on falls, pressure ulcers, mental capacity, deteriorating patients and mental health.

- **Ward Boards.** Each ward now has two boards which are visible to patients and staff:
  - an Information Board for patients and visitors providing key information including details about visiting, how to raise a concern, safety measures and learning from patient feedback.
  - a Quality Board for staff providing key quality information including top ward risks, learning from incidents, and safety data (such as number of falls on the ward).
- **Mental health**
  - A new combined Mental Capacity Assessment (MCA) and Best Interest (BI) decision making form has been added to the Patient Records System.
  - The ward electronic patient information boards now have a very visible icon signalling patients who have a Deprivation of Liberty Safeguard (DoLS) in place
  - Mental Capacity Assessment forms are now printed on coloured paper for easy identification by staff.
  - The Mental Capacity Assessment Team are attending safety huddles to raise awareness and support staff.
  - Security staff 'trainers' have completed restraint training, and a plan has been agreed for training frontline staff.
  - Routine reporting and review of all incidents of restrictive intervention is in place and a dashboard is in development.
  - Launch of a new e-Whiteboard icon to easily identify patients with mental health needs.
  - New training on the mental health risk assessment has been launched for staff.
  - Guidance in place for preparing a cubicle for a mental health patient attending A&E.
- **Prevention of patient falls.**
  - To support a reduction in patient falls, a "Falls Pack" has been provided to all wards and the falls risk assessment has been updated to make it simpler for staff to complete.
- **Early detection of deteriorating patients.**
  - A deteriorating patient bleep holder has been introduced on every ward to ensure that there is a first point of escalation available as quickly and easily as possible.
- **Storage and use of gases and chemicals.**
  - Clinical area spot checks are taking place to check medical gas and chemicals storage. Lockable domestic trollies have been provided across the Trust to ensure safe storage of cleaning chemicals.
- **Patient records.**
  - The Healthcare Records Policy has been refreshed and audits have commenced, with feedback to ensure that record keeping standards are achieved.
- **Infection prevention and control.**
  - Updated hand hygiene audit and roll out of an updated Infection, Prevention and Control accreditation module for wards.

- **Incident reporting and learning.**
  - Following the introduction of a revised process, the time between the reporting and upload of incidents to the National Reporting and Learning System has reduced from 23 days (May 2022) to 8 days (July 2022)
  - Incident Severity Grading Audit commenced and being completed monthly with reassuring initial results.
  - Information in relation to learning from incidents is now available on the intranet and on ward quality boards for all staff to easily see.
  - Learning from maternity incidents are proactively shared with multi-disciplinary teams.
  
- **Personalised patient care.**
  - 70 wards now have Dignity Champions, with over 120 champions in total.
  - The 'What Matters to You' approach is being rolled out at ward level and a training video has been produced for staff. 'What Matters to You' conversations help healthcare teams understand what is "most important" to patients, leading to better care partnerships and improved patient experience.
  - In A&E there has been a significant improvement in the proportion of patients with a documented offer of drink and food
  - Standardised electronic intentional rounding document implemented across Trust. Intentional rounding is the structured process whereby nurses in hospitals carry out regular checks, usually hourly, with patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items.
  
- **Well Led**
  - Embedded a new process of escalating immediate operational risks
  - Risks captured as part of a revised recording process. All risks escalated by directorates are now recorded on the Directorate Risk Register.
  - Fit and Proper Persons Policy updated
  - Non-Executive Director records audited and verified as complete
  - New Framework for Risk Management approved by the Board of Directors

## 5. Support and Oversight

A programme of Quality Support Visits to clinical areas are being undertaken to enable us to check if the changes and outcomes we want to achieve are being embedded. These visits are being undertaken by a group of recently retired senior clinical staff, along with staff from the Integrated Care Board and NHSE. A CQC Compliance Oversight Group has also been established to oversee progress and address any challenges or barriers to improvements progressing. There are monthly progress reports to the Trust Executive Group and Board of Directors.

In line with standard NHS arrangements the CQC rating of "Requires Improvement" provides additional support and oversight from the NHSE regional team. This includes a monthly Quality Board which is attended by senior representatives from NHSE, the Trust, the Integrated Care Board, Healthcare Safety Investigations Branch and CQC. Each month the Trust presents an update on progress against both the Trust CQC action plan and the Maternity Improvement Plan; feedback to date has been very positive. A Maternity Improvement Board has also been established chaired by the Chief Executive and attended by the Chief Nurse, Medical Director (Operations) and senior representation from the maternity services leadership team.

A Maternity and Neonatal Safety Report is presented to the Board of Directors monthly meeting and there is a Maternity Champion who is a Non-Executive member of the Board of Directors. The Champion conducts monthly walk rounds of the Unit with the Chief Nurse and meets regularly with the Maternity Voices Partnership to gather experiences and feedback from families. Feedback is being actively sought from women who have given birth at Jessops to inform future improvement work.

## **6. Conclusion**

We are continuing with our improvement work at pace and making good progress in several areas. Any barriers to achieving progress are being identified and addressed. We are focussing on higher risk areas and ensuring change is embedded before scaling up. There is a constant focus on driving all actions to completion and ongoing monitoring of metrics to ensure real and continuous improvement. We continue to monitor wards through ward visits to ensure standards are maintained. We are actively seeking feedback from patients, staff, the CQC and NHSE as well as sharing progress with our partners and the public. We are expecting the CQC to carry out another inspection over the next few months and provide a report on our progress.

Sheffield Teaching Hospitals NHS Foundation Trust  
September 2022