EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 18 JUNE 2014

Subject Healthcare Governance Summary – May 2014
Supporting TEG Member Dr David Throssell, Medical Director
Author Sandi Carman, Head of Patient and Healthcare Governance
Status Note

PURPOSE OF THE REPORT
To update the Board of Directors on aspects of Healthcare Governance recently reviewed by the organisation, outline the current position and where appropriate provide an update on performance.

KEY POINTS
This summary aims to provide the Board of Directors with an overview of the significant Healthcare Governance matters reviewed over the last month, which include:

1. Care Quality Commission (CQC) Compliance
2. External Visits, Accreditations and Inspections
4. External Review (RCOG) Action Plan
5. Medical Equipment Management
6. Handover Processes
8. Update of Incidents Reported as Serious Untoward Incidents (SUIs) and Never Events
10. Patient Information

The Trust has in place an annual Healthcare Governance work plan that ensures regular review of all aspects of Governance and covers the essential requirements of the Care Quality Commission and NHS Litigation Authority.

IMPLICATIONS

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<tr>
<th>Aim of the STHFT Corporate Strategy 2012-2017</th>
<th>Tick as Appropriate</th>
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<tbody>
<tr>
<td>1. Deliver the best clinical outcomes</td>
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<td>2. Provide Patient Centred Care</td>
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<td>3. Employ Caring and Cared for Staff</td>
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<td>4. Spend Public Money Wisely</td>
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<td>5. Deliver Excellent Research, Education &amp; Innovation</td>
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RECOMMENDATIONS

The Board of Directors are asked to note the contents of this report.

APPROVAL PROCESS

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<th>Meeting</th>
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<tr>
<td>TEG</td>
<td>Dr David Throssell</td>
<td>11 June 2014</td>
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<td>Board of Directors</td>
<td>Dr David Throssell</td>
<td>18 June 2014</td>
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1. **CARE QUALITY COMMISSION (CQC) COMPLIANCE**

The Healthcare Governance Committee was provided with an update on news and events regarding CQC compliance during the past month. The following key points were highlighted:

- **Information Of Concern**
  Following the death of a patient detained under the Mental Health Act in 2012 the CQC had contacted the Trust with nine questions to which they required a response. The Trust was currently working with the treating clinicians and relevant managers to formulate a response which also included input from the Eating Disorder Services of Sheffield Health and Social Care Trust. The response to this was currently being finalised and would be submitted to the CQC later this week. Although the patient's death took place some time ago the Trust has been able to provide a detailed chronology.

- **CQC Inpatient care survey results**
  The CQC use national surveys to obtain information about the experience of patients when receiving care and treatment from healthcare organisations. Between September 2013 and January 2014, a questionnaire was sent to 850 recent inpatients at the Trust and responses were received from 407 patients. In nine of the 10 categories the Trust's scores were ‘as expected’ and in the other category ‘care and treatment’ the result were better than expected.

- **CQC Deprivation of Liberty Briefing**
  On 19 March 2014, the Supreme Court handed down its judgment in the case of “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”. The judgment was important for deciding whether arrangements made for the care and / or treatment of an individual who might lack capacity to consent to those arrangements amount to a deprivation of liberty: it has widened and clarified the definition of deprivation of liberty. The Trust was currently working on an action plan in response to the issues raised in this judgement. The Deprivation of Liberty Safeguards (DoLS) policy was currently being reviewed in line with national guidance, and on the basis of the Supreme Court judgement it is likely that DoLS would apply to more patients receiving in-patient care than was previously the case.

- **DoH Positive and Proactive Care: reducing the need for restrictive interventions**
  Investigations into abuses at Winterbourne View Hospital and Mind’s Mental Health Crisis in Care: physical restraint in crisis (2013) showed that restrictive interventions had not always been used only as a last resort in health and care. In the instances reported they had even been used to inflict pain, humiliate or punish. The DoH had issued new guidance which aimed to maximise safety, dignity and respect for patients and staff. This was currently being reviewed by the Trust.

- **CQC Consultation – How we Regulate, Inspect and Rate Services**
  CQC have published a consultation entitled ‘How we regulate, inspect and rate services’. They had produced draft versions of the handbooks to be used for each service and appendices which have updated KLOEs which would form the basis of the prompts for new inspections. A series of events had been arranged throughout the country. The Trust was currently reviewing the impact of the new inspection regime and associated guidance. This would be shared widely across the Trust.

2. **EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS**

Six recommendations had been received during the previous two months following external visits, accreditations and inspections. Action plans were devised if the external body highlighted concerns about non-compliance with national standards.

- **South Yorkshire Fire and Rescue Authority** carried out an audit at Beech Hill Rehabilitation Unit (January 2014). A number of issues were identified during the audit, and these had been fully addressed.

- **Joint Accreditation Committee (JACIE)** inspected the North Trent Blood and Bone Marrow Transplant Programme (January 2014). The service was praised. Reaccreditation of marrow collection and clinical activity was dependent upon the correction of a few minor deficiencies by October 2014. An action plan was being developed.

- **UK National Screening Committee** carried out a DQASS review of the laboratories at the Northern site (February 2014). The Committee was satisfied with their findings and no action was required.

- **The Yorkshire and Humber Deanery** visited the Trust as part of a review of the Ear, Nose and Throat
Cancer Peer Review inspectors externally verified the STH Internal Validation for selected Cancer Multidisciplinary Teams (MDTs) (February 2014). Internal verification was agreed for some of the MDTs. Significant issues were identified for five MDTs; however, there was no immediate risk to patient care. Action plans were being produced to address three of the significant issues as requested by the Peer Review Quality Director. These would be submitted by May 2014.

Cystic Fibrosis Peer Review team visited the Cystic Fibrosis unit (November 2013) and produced their findings. The findings were positive although they highlighted resourcing of the MDT as an area of concern. No formal action plan was required.

3. NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) ANNUAL REPORT

The Healthcare Governance Committee received the NICE Annual Report and the following key points were highlighted:

- NICE guidance publications continue to grow year on year.
- Most stated compliance was against Technology Appraisals; this type of guidance was less complex to implement.
- Work needed to be focused to understand the areas where guidance wasn’t fully implemented and facilitate the implementation of complex guidance.
- The NICE Implementation Steering Group continues to successfully support the implementation process for the Trust.
- STHFT need to take note of future national NICE developments and plan accordingly.

4. REPORT FROM THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS (RCOG) REVIEW OF THE CLUSTER OF MATERNAL DEATHS 2007-2012 AND ACTION PLAN

The Healthcare Governance Committee received an update on the Royal College of Obstetrician and Gynaecology Review initiated in September 2012. The review was commissioned by the Trust following a number of maternal deaths. Internal review had identified no areas of concern, however as the number was more than expected an external review was initiated to ensure that all appropriate learning had been addressed.

There were no direct deaths, that is, deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and postnatal), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above. The assessors had no criticism of the obstetric or midwifery care of any of these cases. The recommendations raised following the review have all been completed by the service and the closure of the action plan was agreed by the Healthcare Governance Committee.

5. MEDICAL EQUIPMENT MANAGEMENT

The Healthcare Governance Committee were presented with the Medical Equipment Management report and the following key points were highlighted:

- The Terms of Reference had continued to provide an effective and robust framework, with a particular improvement in the management of bids financed via charitable funds.
- The Planned Replacement Programmes had been reviewed and an updated 10-year forecast generated to inform capital planning.
- The Medical Equipment Management Group (MEMG) revenue budget had been used to support requirements for bariatric equipment and replacement syringe drivers across the Trust.
- The MEMG agenda had been amended to give a greater focus on governance matters.
6. **HANDOVER PROCESS**

The Healthcare Governance Committee received the Internal Audit Report and the following key points were highlighted:

- The main objective of the audit was to assess the effectiveness of the handover process in place within the Trust, focusing particularly on handover between the day and night teams.

- There were a number of good points identified. For example, the Trust has a documented process and established procedures in place to manage the complex handover between shifts. The role of coordinator within the Hospital @ Night Team (fulfilled by an Advanced Nurse Practitioner) is effective in coordinating the handover meeting and ensuring that messages are logged, assigned and addressed. The Trust has created a technical solution (electronic message board) that is fit for purpose in supporting the handover process. It is acknowledged that this will evolve as the Trust moves towards integrated electronic patient records.

- In addition a number of areas for improvement were identified. There is a need to promote the handover arrangements so that all appropriate staff are aware of the documented process and their responsibilities within that process. There is scope to use the electronic message board more consistently. The Auditors observed significant variances in the extent to which the board was used across different specialties. There is also scope to use the reporting functionality from the message board more effectively, analysing on a routine basis the usage of the message board across different specialties, and following up in particular where messages are raised but not updated to reflect that they have been acted on.

- The audit was awarded a C grade which means that further action is required to address the areas for improvement and a re-audit will be undertaken. A Trust-wide group was in place to review and seek improvements in the Handover process, chaired by Dr Andrew Gibson, Deputy Medical Director. The group would be responsible for taking forward the proposed actions raised.

7. **NATIONAL CANCER PATIENT EXPERIENCE SURVEY 2013**

The Healthcare Governance Committee were presented with the results of the National Cancer Patient Experience Survey 2013 and the following key points were highlighted:

- STH continued to be highly rated by patients who received cancer care within the organisation, with 91% rating their overall care as excellent or very good. This compared to a national average of 88%.

- STH did not feature amongst the lowest scoring 20% of Trusts for any of the 63 questions posed in the Survey.

- The Cancer Executive had identified those areas where there was greatest scope for improvement and learning from patients’ feedback. These would form the basis of a corporate approach that was also sensitive to the specific issues of different tumour sites.

- Progress against actions would be monitored. The national Survey would be conducted again in this calendar year.

8. **UPDATE OF INCIDENTS REPORTED AS SERIOUS UNTOWARD INCIDENTS (SUIS) AND NEVER EVENTS SINCE 24 MARCH 2014**

The Healthcare Governance Committee were presented with the SUI update and the following key points were highlighted:

Three incidents had been closed since the last report as follows:

- **Retained Throat Pack**
  This incident had been included in the external ‘Never Event’ review but had also led to changes in the theatre practice and changes in the management of the labelling of patients who had had throat packs inserted.

- **Blood Administered to Incorrect Patient**
  Two patients with the same name were being treated within the same bay which led to the error. An
internal alert supported by the Transfusion team had re-emphasised good practice across all wards regarding patient location and the importance of ensuring that checks took place with the patient.

- **CT Scan Incorrectly Reported**
  Key findings of a CT scan were not identified at the time of the initial report. This was identified by the consultant who undertook the original report following the re-admission of the patient.

Six new incidents were reported:

- **Grade 3 Pressure Ulcer**
  A patient was admitted with a pinprick grade 2 pressure ulcer and moisture damage to his sacrum. This sore then developed into a grade 3 ulcer over the next 2 weeks.

- **Grade 3 Pressure Ulcer**
  A patient was admitted with two grade 2 pressure ulcers. Over the following week one of the ulcers developed into a grade 3 pressure ulcer.

- **Grade 3 Pressure Ulcer**
  A patient was admitted and treated in three different inpatient areas over the course of a week. The patient was wearing prevalon boots when it was identified that they had sustained a deep tissue injury which then developed into a grade 3 pressure ulcer.

- **Grade 3 Pressure Ulcer**
  A patient had a cast brace medical device in place to treat a fractured left leg. When the cast was removed there was evidence of necrotic areas to the left calf and a grade 3 pressure ulcer to heel was evident.

- **Deteriorating patient**
  The patient was an elderly, frail gentleman admitted for investigation of abnormal liver function tests. Over the course of his admission he became septic. He deteriorated through the night and was seen at 4:00am. His observations had not been completed in the preceding twelve hours and following an ITU assessment, he was deemed inappropriate for escalation and died several hours later.

- **Deteriorating patient**
  A patient was admitted with liver disease, and it was suspected that she had an infection. Observations were taken at 9:10am and antibiotics were given and a treatment plan was put in place. At 00:30 the patient was triggering on the early warning score. A medical review took place and treatment and regular observations were instigated; however, an hour later her SHEW score increased to 8 and a short time later she suffered a GI Bleed. There were no observations recorded on the observation chart between 09:10 and 01:10 hours.

Although the number of pressure ulcers being reported as SUIs was increasing, this was likely to reflect changes in reporting practice rather than in true incidence. A ‘Task and Finish Group’ had been established to produce guidance which would ensure that reporting was consistent across local providers.

9. **COMPLAINTS AND FEEDBACK REPORT (MARCH 2014)**

The Healthcare Governance Committee received the Complaints and Feedback Report for March 2014 which highlighted the following key points:

- The number of new complaints received had decreased from 139 in February 2014 to 113 in March 2014.

- The Trust had responded to 146 complaints in March and 108 concerns were dealt with by the Patient Services Team (PST). There was an increase in the overall number of contacts received over the past 12 months.

- Monthly response time performance remained the same in March 2014 at 77%.

- At the end of March 2014, the Trust’s year end performance for replying to complaints within 25 working days increased slightly to 72%, below the Trust target of 85%.

- The Patient Partnership Department and Care Group complaint leads had worked to clear the backlog of open complaints over the last 4 months. Whilst excellent progress had been made, the first few months of 2014/15 may still be under the 85% target due to a number of overdue complaints.
• Response times throughout the year 2014/15 are expected to improve significantly.

10. PATIENT INFORMATION

The Healthcare Governance Committee received the Patient Information Report which highlighted the following key points:

• A continued drive is under way to ensure that all leaflets are up to date and current, with further work taking place to strengthen the routine review of leaflets by targeting specific problem areas.

• An automated email reminder system is being introduced to improve review rates for information.

• The Interlagos Advanced Publishing System has been implemented successfully, resulting in significant improvements in the production / review of leaflets and general standards of layout.

• Challenges continue to be faced in driving improvements in standards and maintaining ongoing workload.

• Improvements have taken place in discharge information for patients in line with the Quality Report Objective for 2013/14.

• Only one item has previously been approved for use beyond 2/3 year archive date (Maternity Care Record). In September 2013 this document was archived and a new document ‘Your pregnancy guide’ was published to work alongside the new electronic maternity care record system.