SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

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EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 16 APRIL 2014

Subject	Healthcare Governance Summary – March 2014
Supporting TEG Member	Dr David Throssell, Medical Director
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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. Quality Report Update
2. Care Quality Commission (CQC) Compliance
3. External Visits, Accreditations and Inspections
4. Staff Incidents and Personal Injury Claims
5. Nutrition Steering Group Update
6. Update of Incidents Reported as Serious Toward Incidents and Never Events
7. Quarterly Patient Experience and Involvement Report

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

	Aim of the STHFT Corporate Strategy 2012-2017	**Tick as Appropriate**
1	Deliver the best clinical outcomes	✓
2	Provide Patient Centred Care	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

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

APPROVAL PROCESS

Meeting	**Presented**	**Approved**	**Date**
TEG	Dr David Throssell		9 April 2014
Board of Directors	Dr David Throssell		16 April 2014

1. QUALITY REPORT UPDATE

The Healthcare Governance Committee received an update on the progress of writing this year's Quality Report. Following a review process three key priorities had been identified for 2014/15:

1. To ensure that every hospital inpatient knows the name of the consultant responsible for their care during their inpatient stay and the name of the nurse responsible for their care at that time.
2. To improve complainant satisfaction with the complaints process.
3. To review mortality rates at the weekend.

A discussion was held regarding the priority of ensuring all patients were treated within 18 weeks and the importance of understanding the impact on the patient experience of waiting over this time. The Committee agreed that it would be beneficial to add this as a fourth priority.

The full draft version of the Quality Report 2013/14 will be presented to the April meeting of the Healthcare Governance Committee for consideration.

2. 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:

- The Trust did not receive any new Information of Concern Notifications from CQC during February 2014.

- The Trust's second CQC Intelligent Monitoring Report was published on 13 March 2014. The Trust's total risk score was still 4 and remains in Band 6 which meant the Trust is rated as very low risk. Of 93 applicable indicators, one indicator flagged as red and two indicators flagged as amber:

  - The first amber flag related to potential under-reporting of patient safety incidents. It was anticipated that reporting would increase with the introduction of DatixWeb.

  - The second amber flag related to PROMs EQ-5D score hip replacement (primary). Data was currently being reviewed by the Clinical Effectiveness Unit, Orthopaedic Directorate and Strategy and Planning to understand the Trust's position in relation to this indicator.

  - The red flag related to emergency readmissions following an elective admission. The Trust was planning to review the data in relation to emergency readmissions, establish which Directorates were most affected by this problem and initiate improvement action to address areas of concern. The Healthcare Governance Committee will review progress at a future meeting.

Dr David Throssell reported that there had been some debate nationally relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS). The number of patients falling between the MCA legislation and the DoLS framework was increasing and was a real issue for frontline staff. A meeting had been arranged between the Local Authority and Sheffield Health and Social Care Trust to discuss these issues further.

3. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS

Four 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.

- Quality Assurance Reference Centre (QARC) completed a Right Results Process in Breast Screening audit at RHH (July 2013). The service was fully compliant with the standards and no formal action plan was required.

- The Deanery carried out a triggered visit to Plastic Surgery (November 2013) after concerns had been raised about the treatment of junior medical staff. The visit found no evidence of a culture of bullying of trainee surgeons within the unit. Deanery approval was given pending completion of two red-rated conditions. An action plan was being progressed.

- NHS Quality Control North West inspected the Pharmacy Aseptic Unit at RHH (November 2013). Low risk deficiencies were identified. An action plan was in place, actions were due to be completed by September 2014.

- Cancer Peer Review Progress Report. A Cancer Peer Review visit (June 2013) was previously reported to the Committee in July 2013. The report highlighted one immediate risk and two serious concerns. An update had been provided to demonstrate that these issues had now been resolved.

4. STAFF INCIDENTS AND PERSONAL INJURY CLAIMS

The following key points were highlighted from the report:

- No major staff incidents were reported within the six month period. The top two themes for incidents remained the same:

    1) Physical assault by a patient
    2) Contact with needle or other sharps in use.

- The Health and Safety Executive (HSE) had not investigated any incidents within the six month period and no enforcement action was expected.

- The blood collection safety devices had now been implemented across the Trust.

- New staff claims were within usual parameters. The greatest number opened and closed this period related to slips / trips and needlestick injuries. More claims than usual had been closed due to a housekeeping exercise.

5. NUTRITION STEERING GROUP UPDATE

Ensuring effective nutrition continues to be a high priority for the Trust. The Nutrition Steering Group had prioritised work on assessment and care planning, demonstrated by the small improvements in achieving nutrition screening within 48 hours of admission. The key priority for next year was the development and implementation of the Hydration and Nutrition Assurance Toolkit (HaNAT). The following key points summarise the paper reviewed:

- New documentation was introduced as planned and a MUST audit carried out in November 2012, the results of which demonstrated some improvement for both weighing patients within 48 hours and undertaking a nutrition screen (MUST).

- Work was ongoing with the Clinical Effectiveness Unit to address gaps in NICE and CQC compliance. A number of projects were underway to improve MUST screening, nutrition support and CQC compliance. Following a 'never event' in relation to nasogastric (NG) tube insertion in November 2012, an audit was undertaken to address any issues. It was encouraging to see a significant improvement in practice in comparison to the 2009 audit and the guidelines were evidently becoming embedded in practice.

- Work was ongoing with the Catering Department to support the nutrition agenda, including the introduction of the Bulk Meal Service, a review of the patient menu, the re-launch of Food Management Group meetings, food quality audits and Patient Led Assessments of the Care Environment.

- Complementary projects were being undertaken across the Trust including volunteer feeding, supported by Patient Partnership and the Royal Voluntary Service (RVS) and the establishment of a 12-month secondment post for a Specialist Practitioner in Oral Nutrition and Hydration funded by the Sheffield Hospitals Charity.

- A Training Needs Analysis was being undertaken across the Trust to support the nutrition agenda and a nutritional workbook had been developed as part of the Enhancing the Quality of Oral Nutrition Support (EQONS) project. It was envisaged that this would be used across the organisation once reviewed. A nutritional awareness campaign was run during November 2012 which would become an annual event. The inter-professional dysphagia framework was being rolled out across the Trust in collaboration with CLAHRC-SY. An e-learning and a 'train the trainers' approach was being used to support knowledge and skill development at awareness and assistant level.

Assessing how the Trust contributes to nutritional improvement for patients is a challenging area to measure without significant resource implications. However the Trust is committed to reviewing ways of understanding this further, particularly given the importance of good nutritional status in supporting a patients recovery.

6. UPDATE OF INCIDENTS REPORTED AS SERIOUS TOWARD INCIDENTS AND NEVER EVENTS

The Healthcare Governance Committee were presented with the SUI update and it was highlighted that three incidents were closed within the last month. The Trust wide learning identified from each incident is detailed below:

- Delay in and potential missed administration of the second Hepatitis B vaccination for newborn Infants
  - The process for sending the *'Notification of Immunisation'* forms to the Child Health Records Department had changed.
  - The *'Hepatitis B in Pregnancy and care of the Neonate'* guideline had been amended.

- Misplacement of NG tube on GICU
  - NGT training as part of Critical Care induction for Medical staff had been strengthened.
  - A two person checklist had been introduced for checking NG tube placement supported by Metavision confirmation questions prior to use.

- : Accidental introduction of a bulb syringe cap into the left ventricle of the heart
  - The equipment had been replaced with a similar product without a removable cap across all theatres. The company which produces this product had also issued a field safety notice and would now provide the equipment without a removable cap.
  - A policy for discarding unnecessary and extraneous items to stop them entering the sterile field within theatre had been developed.
  - The incident now formed part of the never event review.

One new incident was reported following the February meeting:

- Theatres 3 and 4
  A review of infections following lower limb arthroplasty procedures at RHH identified that the current infection rate of 1.7% was higher than the expected rate of around 0.5%. In response, and pending further investigation, arthroplasty surgery was discontinued at RHH and transferred to theatres at NGH, where infection rates had been unchanged. Based on the likelihood that the theatre configuration was a contributory factor to this problem, a programme of work to upgrade the affected theatres and deliver other improvement to the theatre suite at RHH was approved by CIT. It was envisaged that arthroplasty surgery at RHH would resume by October 2014 when this work was completed.

Three new incidents had been reported in March and were under investigation:

- ENT follow-up
  The patient had been seen in ENT OPD in early 2013 and was due to be seen again as a routine follow up six months later. An appointment was not made until early 2014 (seven months after the due appointment). Following the appointment the patient was booked in for a biopsy, which identified a tumour of his larynx.

- Gynaecology appointment misgrading
  A patient was referred by her GP to Gynaecology with abdominal and back pain. Following an ultrasound scan, the radiologist had requested that the GP arrange an urgent gynaecological assessment. The referral from the GP was graded by a consultant and although it was headed 'urgent referral', it was not allocated a two week appointment as would be normal practice in this situation. An outpatient appointment was booked but this did not take place. She was subsequently admitted and was too unwell to have further investigations but was felt likely to have cancer, for which she is receiving palliative care.

- Grade 4 pressure ulcer
  A patient had been receiving care on a number of wards from late 2013 and was discharged back home in early 2014. The out of area community team in reported that the patient had a grade four pressure ulcer and they had received no documentation.

7. QUARTERLY PATIENT EXPERIENCE AND INVOLVEMENT REPORT

The Patient Experience Report for the period 1 October – 31 December 2013 was presented and the following key points were highlighted:

- Website feedback and comment cards
  Staff attitude was the area that received the highest amount of feedback from website, comment cards and complaints over the past quarter. It was the top positive theme, as well as the most frequently mentioned negative theme. As volunteers no longer proactively approached patients to complete comment cards following the introduction of the Friends and Family Test, the number of completed comment cards continued to reduce. 150 comments cards were completed between October and December 2013, compared to 201 between July and September 2013.

- Complaints
  The Trust had received 337 new complaints between October and December 2013, which reflected a 13% decrease in comparison with the number of complaints received in the same period last year. However, the number of Patient Services Team (PST) contacts suggested a higher number of concerns were being resolved quickly at ward / department level and recorded as PST contacts. 264 PST contacts were received this quarter, compared to 304 last quarter. The Trust's performance for replying to complaints within 25 working days had fallen to 71% for the year to date, below the target of 85%. Due to a backlog, there were currently a number of complaints within the process which would not receive a response within the target timescale. The Patient Partnership Department had implemented a recovery plan to ensure the backlog was cleared by 31 March 2014. The target of 85% could not be achieved during 2013/14; however the recovery plan aimed to ensure that from April 2014 the backlog would be cleared and a response time of 85% would be achieved.

- Friends and Family Test
  Between October and December 2013, 1340 A&E patients and over 4000 inpatients from this Trust completed the FFT survey, with the Trust achieving an overall response rate of 19.7%. A number of initiatives had been introduced to improve response rates, such as piloting a new method of SMS texting in A&E, weekly response rate performance reports being sent to each ward and meetings with key staff to improve staff engagement with the process.

- Frequent Feedback Inpatient Survey
  Results suggest excellent performance in a number of areas, including patients having confidence in nurses treating them; pain management; and treating patients with respect and dignity. The results indicate that there was variable performance in some areas such as: being disturbed by noise from staff whilst resting / sleeping; and doctors talking in front of patients as if they were not there.

- Patient Information
  During October 2013 changes were made in recording the status of Trust leaflets to help provide more accurate reports which enable improved tracking of leaflets through their development / review process. In the three months since October 2013 there had been an improvement in standards with 77% of leaflets now within date as opposed to 73% at the beginning of this period.

- Visits
  A Governor visit was carried out at the Frailty Unit at the Northern General Hospital during September 2013. It was explained that the unit had been formed following a service improvement project by the Geriatric and Stroke Medicine department and opened in May 2012. Since the opening of the unit, using a multidisciplinary approach for this patient group, bed usage had reduced significantly, there had been no increase in readmission rates and mortality in hospital had reduced.