UNADOPTED MINUTES

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Sheffield Teaching Hospitals NHS
NHS Foundation Trust

MINUTES OF THE HEALTHCARE GOVERNANCE COMMITTEE
HELD ON MONDAY 18 APRIL 2011 AT 10.30AM-12.30PM IN THE TEG MEETING ROOM
ESTATES OFFICES - BROOMFIELD ROAD

Present: Mrs V Ferres (Chair)
Professor H Chapman
Mrs S Carman
Professor A Weetman
Mrs J Harriman
Mr K V O'Regan
Mr P Brennan
Ms K Major
Mr S Burgin
Mr N Riley
Professor M Richmond

Apologies Mr M Gwilliam

In attendance: Mrs P J Watson
Mrs D Hallett
Mr A Challands
Mrs J Price (minutes)

Actions

1. Apologies and Welcome

Apologies noted.

The Chair welcomed Kirsten Major to her first meeting of the Healthcare Governance Committee. in her new role of Director of Service Development

2. Notes of the meeting held on 24 January 2011 – (Paper A)

These were agreed as a true and correct record.

3. Feedback from the Board

The Chair reported that there had been no Board meeting since the last Healthcare Governance Committee due to the timing of the meetings hence no feedback was available.

4. Matters Arising

Matters arising were covered in the Agenda.

5. Healthcare Governance Reports

a) Infection Prevention & Control Update – (Paper B) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer highlighted to the Committee the following headlines:

MRSA Performance for February 2011
There had been a positive year end achieved on the MRSA target. Next years target was now set at 10.

MRSA Screening
The figures in January were 123%. March MRSA screening figures were unavailable at this time.

2008/2011 Clostridium difficile (C.Difficile) Performance
The target for C.Difficile has also been achieved but proved to be more challenging. The target for next year is 134 which will prove to be a significant challenge for the Trust as the quota for April has already been met.

Actions

MSSA
The Trust has started to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Similar to C.diff and MRSA bacteraemia, the cases are labelled as either Trust attributable or community acquired. For March, 14 Trust attributable cases of MSSA bacteraemia were recorded.

It is currently expected that the Trust will be set a reduction target for MSSA bacteraemia from April 2012. After three months, the total Trust attributable cases of MSSA stands at 27

Norovirus
The Trust has continued to experience some disruption caused by outbreaks of Norovirus during March. At times this has had an impact on service delivery but the disruption has been contained more successfully than during 2010. The Clinical Management Board have asked to look at controls around Norovirus.

Extension of Mandatory Surveillance to E.coli
It has been confirmed that the Trust will be required to report cases of E.coli bacteraemia from June 2011.

The requirement to collect information on the numbers of E.coli and MSSA bacteraemia in addition to MRSA bacteraemia and C.diff is taking up significant resources.

It is critical that this data is collected and recorded accurately and in a timely manner and this requires a high level of expertise for the Trust to be confident in the accuracy of the data. Currently, to aid consistency much of this has been done by the DIPC but in the future this may need to be shared with other microbiology colleagues.

The DIPC is contacting other large Teaching Hospitals to see how they collate their data, to see if they have adapted different systems from which we can learn.

b) External Visits, Accreditations & Inspections – (Paper C) – Governance Improvement Manager

This report summarises the documents received by the Chief Executive's Office during March. Two reports had been received regarding – Breast Screening and Radiation Protection.

Four action plans to address recommendations following external visits, accreditations and inspections have been received by the CEOs Office since the beginning of this monitoring exercise on 1 December 2010. Verbal assurance has been received that one of these action plans has been completed, but no close-down reports have as yet been received by the CEOs Office. The Action Plan tracker will be included in future monthly reports.

The Chair asked if the Trust had determined the status of external body reports. The Assurance Manager replied that a risk assessment was in progress.

The Committee noted the contents of this report.

c) CQC Compliance – (Paper D) – Governance Improvement Manager

The Governance Improvement Manager informed the Committee that changes have been made to the Executive Summary page of each Committee report to include a summary of the CQC Evidence and Concerns contained within the paper. Therefore future reports will be in a different format.

An unannounced visit from the Care Quality Commission included a request to see PCAs for outcomes 1 and 5. The Trust has received good feedback with a request to see more local evidence.

The Committee noted the contents of this report.

Actions

d) Patient Experience Report

This report came to the Committee in March 2011.

e) Renal Services – (Paper E) – Medical Director

Paper E demonstrates that significant progress has been made in Sheffield Kidney Institute's (SKI) performance in relation to transition services for renal patients moving from paediatric to adult care and the elective vascular access service. The report also outlines proposed plans to improve the efficiency of service with respect to improving choice and quality in dialysis.

The Medical Director highlighted the following points:

- Two weekly multidisciplinary team meeting are now being held.
- Recent reviews at SKI indicated that a proportion of patients started dialysis without a prior decision made regarding suitability for kidney transplantation. This predominantly affects those patients that present less than 3 months prior to requiring dialysis therapy, with insufficient time to enable work up for transplantation. Since July 2010, SKI has been successful in achieving the ambitious target of forming a consultant-led decision regarding suitability for kidney transplantation in a 100% of patients that started dialysis, within 3 months of the patients starting dialysis. In addition, 100% of potentially suitable dialysis patients for transplantation have been assessed in the transplant assessment clinic, within 6 months of starting dialysis
- On the basis of evidence outlined in the reports from 2008 to 2009, SKI has been fully compliant with all aspects of the Renal Services NSF. Since 2009 significant progress has been made in the provision of transition services, elective vascular access care and kidney transplantation. More recently, progress has been made in transforming the home haemodialysis dialysis and self care service as part of the Yorkshire and Humber Renal Network. It is anticipated that these measures will lead to a significantly greater proportion of dialysis patients opting for home haemodialysis and promote self care among the hospital haemodialysis patients.

The Chair queried the cost of dialysis at hospital versus dialysis at home. The initial cost would be in supplying the equipment for home dialysis but evidence shows that this is cheaper overall and better for the patient.

The Committee noted the contents of this report.

f) Emergency Preparedness

This report was deferred until May.

g) Patient Transfers and Discharge Communication

This report was deferred until May

h) Research Governance – (Paper F) – Medical Director

Paper F outlines Research Governance procedures and provides assurance of continuing compliance with CQC Outcome 2 (Consent to Care and Treatment).

The Trust Research Governance procedures have been implemented in accordance with the Research Governance Framework and UK Regulations.

The Committee were assured that effective and timely governance was being undertaken of the three areas STHFT was governing.

Actions

The Medical Director confirmed that there were no areas of critical risk although there are some process issues around drug trials. The Research Governance team undertake spot checks to pick these up and then these are speedily corrected. The Medical Director confirmed that there was no benchmark with regard to activity.

The Committee noted the contents of this report.

i) Information Governance – (Paper G) – Director of Service Development

The Information Governance Toolkit had a total refresh which was Version 8 and it is expected that there will be no major changes. There is a requirement for the Organisation to reach level 2 for each of the 45 controls. Level 2 would deem the organisation to be "green" and satisfactory. Failure to reach level 2 in just one control would mean that the organisation will be deemed "red" and unsatisfactory. There was little incentive to aim for level 3 as this would not alter the green/satisfactory outcome, indeed an organisation could achieve 44 level 3s and one level 1 and be red/unsatisfactory.

Sufficient improvement was achieved during 2010/2011 to achieve the green/satisfactory status in March 2011.

The report also included the role of SIRO, information security, data transfer and freedom of information. To date 1000 requests for information under the terms of the legislation have been requested.

The Director of Service Development would like to see a change to the publication scheme on the Intranet to lower the Freedom of Information requests.

The Committee noted the contents of this report.

j) Medicine Safety – (Paper H) - Head of Patient and Healthcare Governance

This report provides the Committee with an update on the work of the Medicine Safety Committee over the last 12 months and highlighted medication safety issues.

The main work of the Committee has been driven by the NPSA agenda and unlicensed medicine proposals. The Committee is now receiving quarterly reports of medication incidents reported on the Datix system to ensure that local safety issues are identified as well.

The priorities for medicine safety are, ensuring oxygen is prescribed in line with BTS guidelines; reducing the number of omitted and delayed doses; safety systems for managing diabetes medicines and safe systems for managing anticoagulation.

The Medical Director had responded to the Medicine Safety Committee regarding an issue around feeding back information on prescribing errors to medical staff, Clinical Supervisors and Consultants. He also stated that this problem could be resolved by the use of e-prescribing in future.

The Head of Patient and Healthcare Governance informed the Committee that the Strategy for the Medication Committee will follow. **SC**

The Committee noted the contents of this report.

k) Stroke National Review

This report was deferred until May.

Actions

6. Healthcare Governance Other Matters

a) CQC Neonatal Readmissions Alert – (Paper I) - Head of Patient and Healthcare Governance

This report updated the Committee on the actions taken in response to a Care Quality Commission Neonatal Readmission alert and summarises the ongoing work to improve outcomes.

The Trust received an Alert in July 2010 from the CQC in relation to emergency neonatal readmissions. A reply was submitted in September 2010 from STHFT and Sheffield Children's Hospital. In December 2010 the CQC requested further information and the Trust replied in January 2011. 38 cases were identified as a sample from the population, all notes were obtained and all were reviewed. The Alert was closed in February 2011.

The Head of Patient and Healthcare Governance stated that CQC can view HES data for STHFT and SCH but the Trust does not have the same access. It was agreed that the Trust should be able to see the same data as CQC. This was seen as a risk and will be added to the Action Plan. **SC**

The Committee noted the information provided and will monitor the action plans through an update to be provided to the Committee in November 2011. It was agreed to take this report to the Board. **SC**

b) CQC Unannounced CQC Visit – (Paper J) - Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance updated the Committee on the unannounced visit from the Care Quality Commission (CQC) on 23 March 2011.

This review is a targeted inspection programme of NHS hospitals looking at whether older people are treated with respect and how they are helped with food and drink when they need it.

The unannounced visit was undertaken by an inspection team visiting Hadfield 3 and 6.

The visit went very well and was helped by the fact that TEG members were on the NGH site at the time of the visit. Communication out to the Trust was swift and very informative. The Chief Nurse stated that staff on the ward were very responsive and proud to talk about their service.

Immediate feedback from the visit was positive, with very few areas for concern. A lessons learnt log regarding the visit process has been commenced and will be finalised in the next month.

Further feedback will be available from the CQC on 20 May 2011 and the final report will be published on the CQC website (date yet to be confirmed).

The Committee commended all staff involved in this unannounced visit and agreed that this report should be taken to the Board. **SC**

7. Incidents and Inquests - Head of Patient and Healthcare Governance

i. Never Event – Retained Swab Vascular Surgery

A patient was admitted to emergency theatres to repair a bleeding aneurysm. The operation was completed and following the correct checks it was identified that the swab count was incorrect. The count was then undertaken a further three times prior to an x-ray being performed with the C-arm within theatres. The x-ray was considered by the surgeon and no swab could be seen therefore the patient was closed prior to transfer back to ITU.

The following morning the x-ray was reviewed by a radiologist who reported that there was the appearance of a retained swab and this was reported to the operating team.

Over the next three days the patient had to return to theatre on two occasions for treatment to an ischaemic bowel.

It was agreed that the Medical Director would provide a verbal update to the Board. **MR**

Actions

ii C.Difficile
The Committee were informed that a cluster of C.Difficile on Firth 2 had been reported today. An investigation was on way.

iii Inquest
In 2009 a Barnsley patient was admitted after collapse. MRI scan showed a solitary mass lesion with some surrounding oedema. Diagnosis in Barnsley was intracranial mass lesion, likely tumour. Barnsley called Neuro Surgery and the SpR recommended starting initial treatment and referral to MDT. Fax received from Barnsley on 4 November. and discussed at MDT that day. Opinion was of cerebral abscess, metastasis or grade 4 glioma. The advice given was a transfer to RHH via the on-call team for biopsy. Referral was sent back to Barnsley at 9.30am on 5 November but the patient was not transferred. The patient's condition appeared to stabilise on 6 November but she subsequently died three days later.

Issues have now been addressed by the MDT. A verdict is expected on 4 May 2011.

8. Any Other Business

The Head of Patient and Healthcare Governance informed the Committee that the Care Quality Commission had asked for a review of caesarean section rates. A first draft will be completed by 20 April with the final response required by 6 May.

9. Information Items

a) SRMB notes February and March – (Paper K1 and K2)

b) Information Governance Committee Notes March – (Paper L)

10. Items to be forwarded to the Board

The following items were agreed to be forwarded to the Board **SC**

- Never Event to be raised by Medical Director – verbally 20 April 2011
- Neonatal Readmissions
- CQC Unannounced Visit

11. Date and time of next meeting

Monday 16 May 2011 in the TEG meeting room, Broomfield Road at 10.00am – 12.00noon