

**EXECUTIVE SUMMARY**  
**REPORT TO THE BOARD OF DIRECTORS MEETING**  
**HELD ON 18 MARCH 2015**

<b>Subject</b>	Healthcare Governance Summary – February 2015
<b>Supporting TEG Member</b>	Dr David Throssell, Medical Director
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<b>Status</b>	Note

**PURPOSE OF THE REPORT**

The Healthcare Governance Committee Summary updates the Board of Directors on aspects of Healthcare Governance recently reviewed on behalf of the Board of Directors, outlining the current position and, where appropriate, providing an update on performance.

**KEY POINTS**

This summary aims to provide an overview of the significant matters reviewed by the Healthcare Governance Committee on behalf of the Board of Directors over the last month, which include:

1. Duty of Candour
2. Quality Report Update
3. Care Quality Commission (CQC) Compliance
4. Annual Fire Report 2014
5. Decontamination Update
6. Moving and Handling Report
7. Patient Transfers and Discharge Communication
8. Update of Incidents Reported as Serious Incidents
9. Discharge Safely by Midday
10. Complaints and Feedback Dashboard

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**

	<b>Aim of the STHFT Corporate Strategy 2012-2017</b>	<b>Tick as Appropriate</b>
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 is asked to discuss and note the contents of this report.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
TEG	Dr David Throssell		11 March 2015
Board of Directors	Dr David Throssell		18 March 2015

<p><b>1.</b></p>	<p><b>DUTY OF CANDOUR</b></p> <p>The Healthcare Governance Committee was provided with a presentation on the new statutory Duty of Candour requirements and the implications for Sheffield Teaching Hospitals.</p> <p>Duty of Candour requires the Trust to be open and transparent and provide evidence to support incident reporting and investigation. It facilitates the identification of patterns of incidents which can then be addressed in a systematic way.</p> <p>All STH patient safety incidents graded as moderate and above are subject to Duty of Candour requirements. The standards within Duty of Candour are nationally defined, but it was highlighted that some were dependent on the service being provided and the patient population. The professional judgement of clinicians would be needed to review each incident and grade the severity accordingly.</p> <p>Benchmarking work has been undertaken and some resource issues have been highlighted both at a corporate and directorate level. This will be managed through the business planning process.</p> <p>Incidents initiated within primary care but identified within the Trust are logged within Sheffield Teaching Hospitals but the location of the delay or incident is also recorded. The incident report is then submitted to the relevant practice for investigation.</p>
<p><b>2.</b></p>	<p><b>QUALITY REPORT UPDATE</b></p> <p>The Healthcare Governance Committee was provided with an update on the Quality Report, the completion of which was progressing to time. Leads for each specific area of the report had been contacted and a draft report was currently being compiled.</p> <p>The Quality Report is made up of 4 parts:</p> <ul style="list-style-type: none"> <li>• Part 1 A statement of quality from the Chief Executive and the Medical Director.</li> <li>• Part 2 Priorities for improvement – the forward-looking section of the report where the Trust documented the objectives for quality improvement within 2015/16 and why these priorities were chosen. This section also includes an update on priorities set for 2012/13, 2013/14 and 2014/15. The Quality Report Steering Group is currently reviewing the proposed objectives for 2015/16.</li> </ul> <p>Statements relating to quality of NHS services provided – content common to all providers which make the accounts comparable between organisations and provide assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.</p> <ul style="list-style-type: none"> <li>• Part 3 Review of quality performance - report on the previous year's quality performance.</li> <li>• Part 4 Response to partner organisation comments following the Quality Report 2013/14 and provider organisation comments on the Draft Quality Report 2014/15.</li> </ul> <p>Monitor has released new guidance outlining the requirements for the production and External Audit of the 2015/16 Quality Report.</p> <p>The proposed objectives for the 2015/16 Quality Report have been considered by the Committee:</p> <ol style="list-style-type: none"> <li>1. To improve how complaints are managed and lessons learned from within STHFT</li> <li>2. To improve staff engagement by using the tools and principles of Listening into Action (LiA)</li> <li>3. To further improve the safety and quality of care provided by the Trust in ALL settings with the aim of limiting the instances of potential preventable harm</li> </ol> <p>It was suggested that the objectives be more specific with key outcome measures. The detailed information would be presented at the March Committee meeting. It was also suggested that the third objective should relate to improving outcomes rather than focusing on the negative aspect, although it was noted that this reflected the national approach to reducing harm and improving patient safety. The Committee discussed and noted the contents of the report. The proposed objectives and selected indicators for 2015/16 would be presented at the next meeting.</p>

<p><b>3.</b></p>	<p><b>CARE QUALITY COMMISSION (CQC) COMPLIANCE</b></p> <p>The Healthcare Governance Committee was presented with a CQC Compliance update. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• <u>Information Of Concern</u></li> </ul> <p>Cardiac Surgery Review: The final report should be available by the end of April.</p> <p>New Information of Concern –the CQC had contacted the Trust with a a concern raised with them relating to staffing. Details of the specific location were not provided however, the details of the concern which have been provided are now being reviewed to establish if further action is required.</p> <ul style="list-style-type: none"> <li>• <u>CQC Strategy</u></li> </ul> <p>CQC Key Line of Enquiry (KLOE) Workbooks: the deadline for all directorates to complete their KLOE self-assessment had now passed. These were now being collated to produce a ‘heatmap’ of topics graded against evidence of compliance.</p> <p>Planned mock inspections are due to take place on the 18th, 19th and 20th March with volunteers from across STH taking part in the review. The purpose is to ensure that all STH staff are well informed and prepared for the CQC inspection process and to identify any areas for improvement so that action can be taken to address these as a priority. A total of eight core areas will be visited as part of the mock inspection programme, including an outpatient and community site. . The Committee was assured that all volunteers for the mock CQC inspections would be trained. Non-Executive Directors be also be trained alongside the Governors.</p> <ul style="list-style-type: none"> <li>• <u>CQC News Update</u></li> </ul> <p>There is new legislation requiring care providers to display their CQC Rating which is due to come into effect in April 2015. The CQC are currently consulting on how this change should be implemented.</p> <p>The CQC have a duty to monitor the use of the safeguards in all care homes and hospitals in England and their annual report ‘Deprivation of Liberty Safeguards 2013/14’ has been published.</p>
<p><b>4.</b></p>	<p><b>ANNUAL FIRE REPORT 2014</b></p> <p>The Healthcare Governance Committee was presented with the Annual Fire Report 2014 and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Continued success in the reduction of false alarms and zero unwanted fire signals.</li> <li>• Identification of the remaining significant high/medium fire risks and associated action plans.</li> <li>• A new fixed firefighting system would be installed in the Northern General laundry during the summer.</li> <li>• The Trust had three fires in 2014, with no false alarms reported. All fires were dealt with adequately and any learning points from each incident are now being implemented into practice or used as part of the training package. There was evidence that procedures which demonstrated that training was effective had been followed in all three cases.</li> </ul> <p>It was requested that all actions detailed within the report should be allocated a deadline for completion. In the meantime, the Committee was assured by the Fire Officer that staff and patients could currently be evacuated safely in the event of a fire, the actions detailed within the report will further improve the current situation.</p>

<p><b>5.</b></p>	<p><b>DECONTAMINATION UPDATE</b></p> <p>The Healthcare Governance Committee was presented with an update on Decontamination and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The offsite Decontamination Provider service reached steady state in December 2013 and is continuously monitored contractually via the Decontamination Services Agreement (DSA). The Provider is accredited with the relevant notified body against the requirements of the Medical Device Directive and is audited annually against this standard.</li> <li>• Bench top decontamination and sterilisation equipment in Anaplastology (NGH) was decommissioned mid-2014 and all their equipment was now reprocessed by the offsite Decontamination Provider.</li> <li>• In-house provision of decontamination and disinfection services for flexible endoscopes was provided in two compliant units, one on the Northern General Hospital (NGH) site and one on the Royal Hallamshire Hospital (RHH) site.</li> <li>• The endoscopy decontamination units were audited annually against British Society of Gastroenterologists (BSG) guidelines and the track and traceability of the scopes was audited biannually in accordance with current guidance and recommendations.</li> <li>• Reprocessing of Trans oesophageal echo probes (TOE) was moved from the Cardiac Echo Lab into the compliant endoscope decontamination unit NGH February 2015.</li> <li>• Charles Clifford Dental Hospital (CCDH) had decontamination and sterilisation equipment used for the reprocessing of trial implants. The Dental Practice Unit (DPU) had decontamination and sterilisation equipment used for student training purposes.</li> <li>• The STH Authorised Engineer decontamination (AEed) provided an independent audit of the Trust decontamination facilities and the decontamination equipment maintenance and validation records.</li> <li>• The Decontamination Management Group ensures that local decontamination of re-usable medical devices and patient shared equipment is now effectively managed and arrangements were in place, and that there are policies and procedures available for all aspects of decontamination work.</li> </ul>
<p><b>6.</b></p>	<p><b>MOVING AND HANDLING REPORT</b></p> <p>The Healthcare Governance Committee were provided with the Moving and Handling Report and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The number of incidents had reduced in 2014, an improvement on 2013 figures.</li> <li>• Additional equipment for bariatric patients had been purchased. Clinical Engineering was undertaking work to secure sufficiently large premises for the management of this equipment at the Central Campus. Moving and Handling Policy was to be updated to reflect these changes.</li> <li>• Annual refresher training was being provided for all moving and handling key trainers. A variety of key trainer and DSE assessor courses were being provided to meet the needs of the organisation.</li> <li>• Moving and handling incidents continued to be monitored and recommendations made to prevent recurrence.</li> <li>• An update was provided on outstanding issues and actions.</li> <li>• Key actions were being implemented and monitored by the new strategic Falls Group.</li> <li>• The Moving and Handling Team and PhysioPlus had been working with the Occupational Health Service to launch a workplace assessment referral pathway for musculoskeletal related illness or injury.</li> </ul> <p>The Committee were assured that a mandatory training programme was in place across the organisation to cover all subjects, including moving and handling.</p>

<b>7.</b>	<b>PATIENT TRANSFERS AND DISCHARGE COMMUNICATION</b>
	<p>The Healthcare Governance Committee received an update on Patient Transfer and Discharge Communication and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Care Quality Commission Outcome 6 focuses on the co-ordination of internal transfers and discharge arrangements and the sharing of essential information.</li> <li>• Policies were in place to describe the requirements and processes for internal transfer and discharge of patients.</li> <li>• Initiatives developed through the Right First Time Programme were continuing.</li> <li>• Active Recovery capacity had been increased and further developed.</li> <li>• A non-reablement pathway for patients entering care homes from hospital had been developed.</li> <li>• The electronic discharge letter was in full use.</li> <li>• A number of initiatives to improve communication were described within the report.</li> </ul> <p>The Discharge Policy was due for review in Quarter 1 2015/2016 and there were multiple types of discharge documents currently in use within the Trust which would require review when the policy was refreshed.</p>
<b>8.</b>	<b>UPDATE OF INCIDENTS REPORTED AS SERIOUS INCIDENTS</b>
	<p>The Healthcare Governance Committee received an update of incidents reported as serious incidents and never events, which highlighted three new serious incidents:</p> <ul style="list-style-type: none"> <li>• <u>Bleed Post Liver Biopsy</u> A patient was admitted for a biopsy but there was a delay in receiving this. Following the procedure the patient deteriorated and was transferred to ITU but unfortunately died as a result of post biopsy bleed. This case is under investigation.</li> <li>• <u>Pressure Ulcer</u> A patient was admitted following a fall at home. There was a delay in the provision of a pressure relieving mattress and Waterlow reviews were intermittent. When the bandages were removed it was found that the patient had a necrotic heel. This case is under investigation.</li> <li>• <u>Patient Fall</u> A patient was transferred between wards. The patient had been using a Zimmer frame previously, however this was not transferred with them and the receiving staff were unaware of this. The patient then fell resulting in injuries. This case is under investigation.</li> </ul>
<b>9.</b>	<b>DISCHARGE SAFELY BY MIDDAY</b>
	<p>The Healthcare Governance Committee received an update on Discharge Safely by Midday which highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Key barriers to discharge had been reported as delayed Discharge Medications, transport problems, and lack of early morning decisions and senior review.</li> <li>• Each Care Group would be holding a Confirm and Challenge Meeting this week for one hour to look at the improvement work and efficiency plans. Improvement support was being offered to optimise length of stay and a flow checklist was in progress. A Length of Stay / Flow Steering Group had been set up and was being chaired by Kirsten Major, Director of Strategy and Operations.</li> <li>• An audit would be undertaken to establish whether patients were reviewed in a morning by a senior clinician / medic, as it was felt that the Trust needed to improve compliance against this standard.</li> <li>• The 'Three As' programme had begun and included three workstreams: <b>Ambulatory care</b></li> </ul>

	<p>improvement, <b>Acute assessment improvement</b> and <b>Acute workforce improvement</b>. The result would be a change from the usual approach of 'admit to assess' to a new approach of 'assess to admit'. More consideration was required around the space and workforce to implement this. David Throssell was the Executive sponsor for this workstream.</p> <ul style="list-style-type: none"> <li>• As part of the Listening into Action initiative, safe discharge in a morning was being developed and promoted. Andrew Gibson was the lead officer. Work had been undertaken in Croydon although on a limited basis and the aim was to replicate this across Sheffield Teaching Hospitals. Early morning discharges would make a huge difference to patient flow and the timely movement of patients to appropriate clinical areas.</li> <li>• A pilot of the Hospital at Weekend model would run from 14 February to 31 March 2015 with a report to the Trust Executive Group in April.</li> </ul> <p>It was queried whether the Trust would be prepared for next winter and reassurance was sought. It was agreed that key partners such as the Local Authority and General Practice needed to be involved in the planning process and there were ongoing discussions to ensure this happens for next year.</p>
<b>10.</b>	<b>COMPLAINTS AND FEEDBACK DASHBOARD</b>
	<p>The Healthcare Governance Committee received the Complaints and Feedback Dashboard, which highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The number of informal concerns fell for the second consecutive month to 94 at the end of December 2014. The number of new formal complaints received in December 2014 increased by seven from the previous month to 103, and</li> <li>• When formal complaints and informal concerns were combined, December 2014 received the lowest number of combined concerns (197) since December 2013 (156).</li> <li>• The overall Trust response time for responding to complaints within 25 working days was 69% in December 2014, below the 85% target.</li> <li>• In December 2014; two Care Groups did not achieve the 85% target: Surgical Services (47%) and Emergency Care (36%).</li> </ul> <p>It has been agreed that a monthly target would be set for each Care Group for the number of complaints they needed to close in order to ensure the number of overdue complaints reduced. The formula for setting the monthly target has been developed and would be presented to the Patient Experience Committee in January 2015, with a view to setting the first monthly target from February 2015.</p> <ul style="list-style-type: none"> <li>• Maternity Friends and Family Test (FFT) response rates had shown a significant decrease from 21.5% in October 2014, 10.9% in November 2014 to 9.2% during December 2014. Maternity Services had developed an action plan to address this which included ensuring staff were aware of their responsibility to provide an FFT card at the appropriate time and monitoring the stock level of FFT cards in all areas on Maternity Services to ensure they do not run out.</li> <li>• FFT dissatisfaction ratings in A&amp;E for December 2014 (10%) and over the last 12 months (10%) were higher than the national average (6%). A review of FFT feedback, and also feedback from the National A&amp;E survey, had been undertaken and a meeting with key colleagues in A&amp;E took place where an action plan was agreed, this included improvements to the signage and patient information, and the introduction of a new volunteer support role. The team were hoping to work with a Design Council initiative and were also looking to apply for charitable funds to refurbish the waiting area.</li> </ul>