

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 19th NOVEMBER 2014

Subject	Healthcare Governance Summary – October 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. NHS Quest Update: Management of the Deteriorating Patient
2. Care Quality Commission (CQC) Compliance
3. Trust Clinical Audit Programme (TCAP)
4. Summary Report of Children and Young People (CYP) Treated at STHFT
5. Update of Incidents Reported as Serious Untoward Incidents (SUIs) and Never Events
6. Complaints and Feedback Report (August 2014)
7. Patient Experience Reporting Architecture

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		12 November 2014
Board of Directors	Dr David Throssell		19 November 2014

<p>1.</p>	<p>NHS QUEST UPDATE: MANAGEMENT OF THE DETERIORATING PATIENT</p> <p>The Healthcare Governance Committee was provided with a presentation by Dr Andrew Gibson, Deputy Medical Director and Mrs Debbie Shone, Patient Safety Co-ordinator. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The results of the Resuscitation Audit were presented which suggested that cardiac arrest was more likely at the beginning of the week, the hour of cardiac arrest was more prevalent at 6.00am, more patients were male and the majority were of patients were aged over 71 years. • A structured casenote review highlighted areas for improvement on admission and within 48 hours. • Plan, Do, Study, Act (PDSA) cycles would be continued in order to address specific issues. • Learning had been taken from other Trusts and in one area cardiac arrest had been reduced by 70%. Global evidence suggested that 85% of cardiac arrests were preventable. • An update would be provided in three months.
<p>2.</p>	<p>CARE QUALITY COMMISSION (CQC) COMPLIANCE</p> <p>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:</p> <ul style="list-style-type: none"> • <u>Information Of Concern</u> Cardiac Surgery Review: The Cardiac Surgery external reviewers had been appointed and had issued letters to all staff within the unit inviting them to participate in the review. It was expected that another unannounced review would take place, although many of the issues raised had now been investigated. <p>Endoscopy: A lead had been confirmed for the investigation into the concerns raised regarding endoscopy services and the investigation had commenced.</p> <ul style="list-style-type: none"> • <u>CQC Strategy and News Update</u> The CQC had published the new Provider Handbooks which partially replaced the 'Essential Standards of Quality and Safety' as the primary guide to the expectations for providers. The New Standards will be referred to as 'fundamental standards' and underpinned the Key Lines of Enquiry (KLOEs), which appear in an Appendix to the main Handbook. As a result of the consultation, the KLOEs had changed significantly from those previously developed. <p>There were two Handbooks primarily relevant to the Trust</p> <ol style="list-style-type: none"> 1. Acute Hospital Provider Handbook 2. Community Health Services Provider Handbook <p>Both had been reviewed in detail to inform the Trust planning for a future inspection.</p> <ul style="list-style-type: none"> • <u>CQC Consultation on Duty of Candour and Fit and Proper Persons</u> The CQC were still seeking views on their proposed guidance for all providers on meeting the new health and social care regulations, and on how they would use their enforcement policy. The new requirements about the directors and boards of organisations being 'fit and proper persons', and a new 'Duty of Candour' on providers come into force for NHS bodies in November. The consultation closes on 17 October. The full consultation document is linked: Fundamental standards and enforcement. The Trust continued to develop systems to meet the new duty and this would be reported to the Healthcare Governance Committee in the future. STHFT made a strategic decision not to respond to the consultation, but was currently reviewing and implementing the recommendations. • <u>CQC inspections</u> Professor Sir Mike Richards, Chief Inspector of Hospitals, had rated Frimley Park Hospital NHS Foundation Trust as Outstanding following a recent inspection. The Trust was the first in England to be rated Outstanding overall following one of the new style inspections: http://www.cqc.org.uk/sites/default/files/new_reports/AAA2983.pdf

	<ul style="list-style-type: none"> • <u>Department of Health proposals for ratings to be displayed</u> The Department of Health had launched a consultation on plans to ensure that all providers display their ratings from CQC to help the public see how they were performing and make more informed choices about their care.
3.	TRUST CLINICAL AUDIT PROGRAMME (TCAP)
	<p>The Healthcare Governance Committee was provided with an update on the TCAP. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The TCAP of 352 projects is divided into 7 main sections, in order of priority. These sections cover: <ul style="list-style-type: none"> – The National Clinical Audit and Patient Outcomes Programme – NCAPOP (80) – Quality Accounts projects additional to NCAPOP (41) – NCEPOD (3) – Additional Regional / NHS Sheffield priorities (11) – NICE Guidance (109) – Additional Trust priorities (65) – Directorate priorities (43) • Within STHFT, monitoring of TCAP is via bi-monthly meetings of the Clinical Effectiveness Committee (CEC). In addition, all organisations are subject to monitoring of progress with the commissioned element of the TCAP on a bi-annual basis by NHS Sheffield. The Chair of CEC actively intervenes when delays with progress of individual projects are experienced. • 15 projects were considered to have a progress delay and had been assigned an amber RAG rating for quarter 2 of 2014/15. The reasons for this include Data submission issues (2), overdue reports (10), and awaiting registration (3). These would be actively pursued in quarter 3. Two further projects were considered of concern and had been assigned a red RAG rating, although by the meeting date only one red rated project, which related to the National Pain Audit Summary Report, remained. • Additional local clinical audits (priority 4), usually initiated by individual clinicians ad-hoc throughout the year, are supported by the CEU as resources allow. However, resources are prioritised to deliver the TCAP.
4.	SUMMARY REPORT OF CHILDREN AND YOUNG PEOPLE (CYP) TREATED AT STHFT
	<p>The Healthcare Governance Committee were presented with the Summary Report of Children and Young People (CYP) Treated at STHFT and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Trust needed to ensure it had appropriate arrangements in place to deal with children under their care safely. • The CQC had raised the issue of transition with SCH during their recent inspection of SCH. It was noted that there can be differences in the models of service used to deliver medical care in the two organisations. The Trust collaborates extensively to ensure a smooth transition for young people transferring from Sheffield Children’s Hospital. • In March 2014 the National Institute for Health and Care Excellence (NICE) published notification that a guideline is being developed to support transition from child to adult services and will incorporate adolescents and young adults up to 25 years of age.
5.	UPDATE OF INCIDENTS REPORTED AS SERIOUS UNTOWARD INCIDENTS (SUIS) AND NEVER EVENTS FROM 9 SEPTEMBER to 9 OCTOBER 2014
	<p>The Healthcare Governance Committee were presented with the SUI update and four new serious incidents were highlighted:</p> <ul style="list-style-type: none"> • <u>Waiting List Management</u> Inaccuracies in the recording of patients on waiting lists had been identified and as a consequence some patients had been waiting longer than anticipated. Work was ongoing to establish whether any patient’s prognosis may have been affected as a result of waiting longer than expected for treatment.

	<ul style="list-style-type: none"> • <u>Confidentiality Incident</u> A patient reported that they had visited the antenatal clinic and when they returned home they discovered within their handheld records document containing confidential clinical information relating to another patient. The patient to whom the notes relate was informed. The Trust investigation is ongoing. • <u>Pressure Ulcer Incident</u> A patient developed a complication following-surgery and although they were at low risk of pressure ulcers they were placed on an air mattress. Over the next week their skin was noted to be red but not broken; however they then became incontinent and fell on to their bottom. Over the next few days they developed grade 2 sores to both buttocks, one of which progressed to a grade 3 sore. • <u>Antibiotics Omitted</u> A patient was admitted with a possible appendicular abscess and was commenced on prescribed intravenous antibiotics. A decision was taken in conjunction with the patient to treat the abscess conservatively rather than by proceeding to surgery. The following day IV antibiotics were not prescribed as intended, and were subsequently not re-commenced for a further 2 days. <p>Each of these cases is investigated and reviewed to ensure lessons can be learnt to prevent recurrence.</p>
6.	COMPLAINTS AND FEEDBACK REPORT
	<p>The Healthcare Governance Committee received the Complaints and Feedback report which highlighted the following key points:</p> <ul style="list-style-type: none"> • The number of new complaints received had decreased from 121 in July to 110 in August 2014. • The Patient Services Team (PST) resolved 110 concerns in August 2014, compared to 117 in July 2014. • The overall number of complaints and concerns combined (complaints and PST enquiries) had decreased from 238 in July 2014 to 220 in August 2014. • The Trust had responded to 106 complaints in August 2014, of which 48% were recorded as being upheld. This was the first month since the 'partially upheld' category was removed in April 2014 where the number of not upheld complaints was greater than the number of upheld complaints. • Monthly response time performance in August 2014 was 78%, an increase from 70% in July. • Surgical Services and Emergency Care continued to be the Care Groups with the highest number of overdue complaints.
7.	PATIENT EXPERIENCE REPORTING ARCHITECTURE
	<p>The Healthcare Governance Committee received the Patient Experience report which highlighted the following key points:</p> <ul style="list-style-type: none"> • The review of the reporting architecture aligned with the current refresh of our approach to ensuring a positive patient experience. In addition, it aligned with the Trust's approach to developing an Integrated Performance Report. • Current reporting structures, along with the content and frequency of reporting, had been reviewed taking account of recent national reports and policy, relevant literature and research and the views of stakeholders. • The proposed architecture ensured more streamlined and timely reporting, with the flexibility for deeper dive reports and a clearer focus on actions taken as a result of feedback. • Monthly summary and quarterly detailed reporting was proposed, along with annual and ad hoc reports which together would provide an accurate reflection of the patients' experience. In addition, exception reporting would ensure that any areas of concern were highlighted quickly.