

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS' MEETING
HELD ON 19 DECEMBER 2012

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| Subject | Healthcare Governance Summary |
| Supporting TEG Member | Dr David Throssell, Medical Director |
| Author | Sandi Carman, Head of Patient and Healthcare Governance |
| Status¹ | Note |

PURPOSE OF THE REPORT

To update the Board of Directors on aspects of Healthcare Governance recently reviewed by the Trust, 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 by the Trust over the last month, these include:

1. External Visits, Accreditations and Inspections
2. Care Quality Commission Compliance
3. Fire Safety
4. Key Learning from Serious Incidents
5. Patient Safety
6. Radiation Safety
7. Pharmacy – (incidents and reporting)
8. Sharps Management

Other governance matters discussed by the Trust are included in separate papers submitted to the Board of Directors (for example the Security 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.

IMPLICATIONS²

| | 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 | | Yes | 12 December 2012 |
| Board of Directors | Dr David Throssell | | 19 December 2012 |

1. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS UPDATE

The Trust reviewed recommendations received following external visits, accreditations and inspections. The risks were assessed and an action plan is produced if the external body highlights concerns about non-compliance with national standards.

- **Aseptic Preparation of Medicines Inspection** of Pharmacy at RHH (May 2012). The overall risk was assessed as low. There were 2 areas requiring action as soon as possible and 8 minor deficiencies. An update has been requested from Pharmacy. 29 actions have been identified.
- **Office for Nuclear Regulation Audit** of Medical Physics (April 2012). There were 3 advisory items re: transportation of radioactive materials in vehicles. The recommendations have been implemented.
- **Counter Terrorism Security Advisers (CTSA) and Environment Agency Visits** to Radiosurgery at WPH and Radiotherapy Physics, Nuclear Medicine, Radiation Protection Laboratory and Gamma Knife Suite at RHH (July 2012). The security arrangements in place were satisfactory and compliant with legislation.
- **Clinical Pathology Accreditation UK Ltd (CPA) Surveillance Visits** to the laboratories at NGH and RHH (April – May 2012). Interim accreditation was awarded to each laboratory until the findings from each visit were addressed. The laboratories have addressed the recommendations and provided evidence of compliance to CPA.
- **MHRA Visit** to Radiopharmacy (May 2012). Compliance with the Good Manufacturing Practice guide was assessed. There were no critical or major failings. An action plan has been completed to address the minor failings that were identified.

2. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Trust noted that the most recent internal Quality Governance Inspections looked at staff attitude and medicines management. Inspection teams were impressed by their findings. Some areas for improvement were identified but there were no serious concerns requiring immediate action.

Verbal feedback was provided at the end of each inspection and written reports are currently being compiled. Directorates will produce local action plans and re-inspections will occur in 3-6 months time to check if improvements have been achieved.

The overall outcome ratings in the Quality and Risk Profile (QRP) published in October 2012 are either green (better than expected) or neutral (similar to expected).

The proportion of data items rated as green (better than expected), neutral (similar to expected), amber (tending towards worse than expected) or red (worse than expected) in the October QRP is similar to that of the previous QRP in August.

There are no new red-rated data items.

The Trust reviewed two earlier internal inspections that had taken place and will be revisited in about three to six months time. Earlier inspections will be having follow ups starting next month so the action plans can be closed down.

The Trust were assured by the Governance Improvement Manager that any issues/actions felt necessary are fed back to the appropriate Directorate Governance Lead who manage their own Action Plans. These Action Plans feed into the local ward patient experience and eCAT action plans. Feed back is also given to the medical staff via the Governance meetings which are chaired by the medical Governance Lead for their area.

Patient Partnership Team members are involved in the Quality Governance Inspections and it was requested that Trust Governors should be asked to join the process.

3. FIRE SAFETY

The Trust reviewed the current status of Fire Safety arrangements within the Sheffield Teaching Hospitals.

The fire risks are managed by the Fire Safety Manager through Trust approved procedures and control measures. The management of fire safety is audited by the Fire and Rescue Authority whose primary role is enforcement and not the provision of prescriptive fire safety advice.

The Trust has approved the recently revised Fire Safety Policy which has been updated to enable the Trust to meet the requirements of the Fire Safety Order.

All building/area operational fire strategies are now complete and available on the Fire Safety page of the Trust intranet.

The main priority for the Trust is to prevent fires occurring in the first place however, the fire risk assessment process can never reduce the potential for a fire starting to zero. It is therefore critical that fires are detected and dealt with effectively in the early stages and the subsequent actions of staff are correct.

A comparison can be made with the recent devastating fire at the Chesterfield Royal Hospital and the procedures and level of training carried out at the STH.

STH procedures were reviewed following the Chesterfield incident and assurance was given that the Trust fire safety training plan, including practical fire extinguisher training and the actions to be taken in the event of a fire, will greatly reduce the risk of exposure to such an incident.

The Trust noted that:

- All Action Plans are in place to address issues e.g. staff leaving combustibles in escape routes causing obstruction.
- Fire Service attendances to unwanted fire signals at all STH buildings have been reduced to zero. The Trust has received a letter of appreciation from the Chief Fire Officer.
- STH is now considered a 'model' locally for its 'reduction of unwanted fire signals' strategy.
- Front line staff are trained every year. Other lower risk staff now only require training every three years.
- The scheme at the RHH to relocate ITU/HDU to K floor is complete and the facility is now occupied. The introduction of two lifts in the main lift hall for fire evacuation purposes and the relevant training for staff is now in progress. This will greatly enhance the emergency evacuation provision for the whole building.
- The main stairways at the RHH require further improvements in relation to regulations for buildings of this height in relation to the potential for ingress of smoke, in the event of a fire. A business plan to address the improvement work is under development.

The Fire Officer notes that when there is a rebuild or relocation of a patient group the fire risks are fully re-assessed.

4. KEY LEARNING FROM SERIOUS INCIDENTS

The Trust noted the main learning points identified from serious incidents in the last calendar year. Serious Untoward incidents are incidents which have occurred within the Trust which the SUI group have considered and determined that they are of significant gravity to be reported to the Commissioners. The Trust reviewed the lessons learned and actions taken from these incidents to identify progress made with ensuring that similar reoccurrences are avoided.

- Patient Falls – Over the past year the wards have been ensuring that patients are provided with footwear where theirs are noted to be inappropriate and also signs have been placed on patients' beds to remind nursing staff, doctors, domestic staff and also visitors to ensure that when leaving the patient everything is still within the patients reach.
- Anticoagulation Review – Significant changes have been made in this area which include, update to the Computer System, DAWN, to ensure that where a warfarin dosage instruction has been modified and is outside of 'DAWN' recommendations these will be flagged and subject to a second check; appointment of a Matron who is leading a full review of the Anticoagulation Clinic and the implementation of a Microsystems Project.
- Medicines Reconciliation – Following a prescribing incident work is being undertaken by the pharmacy team, with input from NHS Sheffield. Access to the Summary Care Record has been arranged and this has enabled patients and their medications to be reconciled within extremely short periods of time.

The SUI group now ensure that completed incident investigations are reviewed for any additional safeguarding implications.

The group also agreed that any Coroner's Inquests which result in a Rule 43 letter should also be reassessed to determine whether the incident should be retrospectively declared a SUI to the Commissioners.

The Patient & Healthcare Governance department are in the process of developing a policy specifically for the management of SUIs as historically this has been incorporated into the Incident Management Policy.

5. PATIENT SAFETY

The Trust noted the progress of patient safety work that is being carried out at the Trust.

- The new Quality Board now oversees the implementation of the Quality Strategy and will report to the Healthcare Governance Committee and aspects of patient safety will be reported to the Trust Board through different mechanisms.
- Patient safety improvement goals will be brought under the umbrella of the Quality Board.

6. RADIATION SAFETY

The Trust reviewed the work of the Radiation Safety Steering Group between April 2011 and March 2012.

The Trust has well established systems and processes in place for continuing safe use of ionising and non-ionising radiation and all areas to the best of the Group's knowledge meet with the requirements of radiation safety legislation. There are no issues of regulatory compliance to bring to the Trust's attention at this time.

The Trust noted that minor incidents of radiation safety require reporting to CQC which resulted in a number of incidents being reported. It was agreed that other Trusts could be looked at for benchmarking purposes to ensure these are not excessive.

7. PHARMACY – (INCIDENTS AND REPORTING)

Supported by the Chief Pharmacist the Trust reviewed its current arrangements for reporting medication incidents.

The Trust noted that there was very little in the way of benchmarking data available and there were not set national standards. The Pharmacy Association is keen to improve this situation and develop more meaningful data.

The Trust has a relatively good reporting rate regarding 'reporting on dispensing errors' however the rate increases when it comes to omitted doses/administration errors and every effort is needed to bring about improvements.

Medicines reconciliation – on looking at 80% of patients 62% of patients had their medicines reconciled within 24 hours of admission. Pharmacy now have access to the summary care records which should significantly reduce the time taken to review the medications.

The peak of dispensing errors in 2010 coincided with a reorganisation into a building which required improvements in facilities. These have now been completed. The introduction of the new Robot system has led to the error rate being reduced at the Northern site.

8. SHARPS MANAGEMENT UPDATE

The Trust noted the HSE consultation on the draft regulations to implement the EU Directive had now been closed. Based on the responses the HSE will decide how best to take this forward. The Directive implementation date remains the same at 11 May 2013.

A Working Group have discussed the proposed changes and highlighted the work that would need to be undertaken. This work is underway. A baseline profile of sharps injuries has also been undertaken. Using this date the group have chosen 'Blood Collection Systems' as the next priority to review across the Trust. This is also in line with the HSEs highest risk procedures.