SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

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

Subject	Healthcare Governance Summary – February 2014
Supporting TEG Member	Dr David Throssell, Medical Director
Author	Sandi Carman, Head of Patient and Healthcare Governance
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, these include:

1. Quality Update
2. Care Quality Commission (CQC) Compliance
3. Dementia CQUIN Report
4. Water Quality Steering Group Report
5. Security Report
6. Moving and Handling Report
7. Confidential Enquiry into Maternal and Child Health (CEMACH) 'Saving Mothers Lives' Update.
8. Mental Health Report
9. Decontamination Report
10. Sustainability Report
11. Serious Untoward Incident Update and Never Events Action Plan

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 March 2014
Board of Directors	Dr David Throssell		19 March 2014

1. QUALITY UPDATE

The Committee were updated on three areas:

1. Department of Health Visit

   As part of a planned schedule of visits ten members from the Department of Health visited the Trust on 5 February 2014. The day consisted of a visit to the Renal Unit where they had a mortality presentation and updates on prepare to care, advanced support worker role and shared care haemodialysis.

   Presentations were also given on Safer Surgery, the role of the Medical Examiner and Patient Experience and Complaints Management.

   The Department of Health attendees found the visit to be extremely valuable and were very receptive to the presentations given.

2. Hard Truths – Trust Response
   Following discussions at the last meeting Julie Phelan is working on plans to ensure the outcomes of the initial review are widely communicated and distributed across the organisation.

3. Quality Report
   The three areas for improvement proposed by the Quality Report Steering Group are:

   - To ensure that every hospital patient has the name above their bed of the Consultant and Nurse responsible for their care. (Francis recommendation)
   - Complaints Management
   - Review of mortality rates at the weekend

   A formal paper will be presented to the Healthcare Governance meeting in March.

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 information was given:

Information Of Concern
During January the Trust did not receive any new Information of Concern notifications from CQC.

Review of a Death Whilst Detained under the Mental Health Act
As part of their routine monitoring CQC has written to the Trust requesting information about a patient who sadly died in Northern General Hospital last September whilst detained under the Mental Health Act. The SUI Group will oversee the review.

Intelligent Monitoring Report
The CQC Intelligent Monitoring Reports for acute Trusts are scheduled to be updated in January 2014. The updated reports had not been published at the time of the meeting, however the Trust does not anticipate any significant change in the risk rating.

CQC Strategy and News Update
The fourth annual report on Mental Capacity Act and Deprivation of Liberty Safeguards has been published. The new Deputy Chief Inspectors of Hospitals have been appointed.

3. DEMENTIA CQUIN REPORT

Dr Ghosh, Consultant Physician and Geriatrician presented to the Healthcare Committee the rationale and next steps to ensure that people with dementia across STH receive patient centred care.

The following information was given:

STH is currently enhancing the services offered to people with dementia. Priorities include improving the identification of dementia, staff training and patient and carer experience. The 2013 / 2014 CQUIN framework incentivises these improvements.

The third component of the CQUIN requires the Trust to obtain feedback from the carers of inpatients with dementia. This has identified opportunities to improve patient centred care, support carers and raise the profile of our commitment to excellent dementia care.

The work of realising these opportunities will be through the dementia care group. The team will review the introduction of a symbol to identify those with cognitive impairment and the subsequent use of a booklet "All About Me" to collect information to enhance patient centred care.

4. WATER QUALITY STEERING GROUP REPORT

The following information was presented to the Healthcare Governance Committee:

- Water testing for Legionella and Pseudomonas continues to be performed by the STH microbiology laboratory. A schedule for planned testing has been developed and Estates, Infection Prevention and Control and laboratory staff work closely to ensure that appropriate samples are collected and results are reported and acted upon in a timely manner. This collaboration is important for STH management of the Legionella and Pseudomonas risk.
- Water filters continue to be used on taps used for drinking water on the Haematology and Renal units. This ensures sterile drinking water for immunocompromised patients.
- External risk assessments will continue to be undertaken by Oakleaf Technical Services in the financial year 2013-14.
- The Deputy Responsible Person for Water retired in 2013 and this role has now been encompassed within another job as part of the Estates restructure.
- The Trust's Flushing Guidance has been reviewed and the duration of recommended outlet flushing has been reduced from 5 minutes to 2 minutes. This is based on advice from the Estates Directorate and Oakleaf services. The updated policy was issued on the intranet February 2013.

5. SECURITY REPORT

The following information was presented to the Healthcare Governance Committee:

- There is a requirement placed on the Trust under the Standard NHS Provider Contract to complete and return a Crime Risk Assessment Toolkit to NHS Protect and our main commissioner. The Local Security Management Specialist (LSMS) has completed and returned both the toolkit and the standards documentation.

- The Trust's security strategy aims to assist in the provision of a safe environment for patients, staff and visitors but also to assist in the protection of Trust assets and property.

The acute service is based on the two main hospital sites where security officers are based and two CCTV control rooms are located. Community services are based in a number of satellite units that have been identified with inherent risks e.g. lone workers.

- Records are maintained of every security event that occurs in order that the data can be profiled, published and utilised where necessary. During 2012/13 5018 incidents were recorded, a reduction from 5977 in 2011/12. These incidents vary and include attending intruder alarm activation, baby tag alarm activation, reports of missing patients, thefts, acts of violence and aggression against staff or patients.

- Security is a mandatory subject in the Corporate Induction Programme and the session / input evaluates highly each year. Inductees are informed of their responsibilities in Trust security, how security assistance can be obtained, how they can enhance their personal safety both in and out of work, how security incidents can be reported but equally how to identify and de-escalate potentially violent or aggressive incidents. Trust records demonstrate that 6502 staff completed the security competency which is recorded on Electronic Staff Record (ESR), of which over 1000 would be new employees to the Trust during 2012/13.

- Security risk assessments are conducted locally on each ward and are audited as part of eCAT assessments and Health & Safety Inspections.

6. MOVING AND HANDLING REPORT

The following information was presented to the Healthcare Governance Committee:

- A preferred supplier for slide sheet procurement process has been selected following force measurement testing of products. A phased launch commenced February 2014 and the Central Campus launch is planned for April 2014 following a change in laundry provider.

- A new teaching course to support the cascade training system has been developed and launched with positive evaluation from participants.

- Funding has been secured for purchase of additional equipment for bariatric patients to be managed by the equipment library service. A moving and handling training module for bariatric patients is included within the mandatory training. This training has allowed for staff to address other issues regarding how to safely handle bariatric patients.

- A moving and handling facilitator has been appointed to provide additional support for the key trainers.

- Mandatory Training attendance has greatly improved over the last year.

7. CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH (CEMACH) 'SAVING MOTHERS LIVES' UPDATE

This report provided the Healthcare Governance Committee with an update on the progress of actions required to achieve compliance with this report originally published in September 2011 and information on areas where the Trust was not compliant when this was reported to the Healthcare Governance Committee in October 2012.

The report also compares the status of the maternity services provided by the Trust to the 10 Key recommendations from the National Confidential Enquiry into Maternal Deaths 2006-2008 particularly the chapter on midwifery specific recommendations.

The original gap analysis of the lessons specifically for midwifery practice identified one area of non-compliance and one area of partial compliance. The Directorate is now compliant with both the non-compliant area and the partial compliance area.

8. MENTAL HEALTH REPORT

- NHS England has established a Parity of Esteem principle aimed at focusing effort and resources on improving clinical services and health outcomes for patients with mental health problems.

- The STHFT Mental Health Committee is chaired by the Medical Director, has been established for 9 months and provides strategic leadership and coordination of mental health issues and developments. It consists of representatives from STHFT including a Patient Governor, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) including Liaison Psychiatry, South Yorkshire Police and the NHS Sheffield Mental Health Commissioning Team.

- The remit of the Committee is extensive given the presentation of mental health needs across the Trust and examples of matters dealt with by the Committee include:
  i. Clinical Guidelines and Policies, for example Assessing the Risk of Self Harm and Suicide.
  ii. Training to support STHFT staff care for people with mental health needs
  iii. People with a mental disorder detained by the police and in immediate need of care and control.
  iv. Agreement to undertake a major revision of the STHFT Mental Health Strategy.

- The Committee receives relevant reports from the Executive teams of STHFT and SHSCFT who meet on a quarterly basis to discuss issues of mutual concern and interest related to mental health.

- A Steering Group has been tasked with reviewing access to mental health services in A&E and the MAUs and consists of members from NHS Sheffield Clinical Commissioning Group, STHFT and SHSCFT. It is anticipated that outputs from the group will include services that are better aligned and provide recommendations for consideration to the CCG

- Achieving best practice consistent with the requirements of the MHA and MCA remain a challenge. It was explained by the Medical Director that increasing difficulty is being experienced as a result of an apparent increase in the number of refusals to approve applications for DOLS by the local authority, in patients whom the liaison psychiatry service feel are not appropriate for detention under the Mental Health Act. A meeting including representation from STHFT, SHSC and the Local Authority was being set up to discuss this issue further.

- A Psychological Framework of Acute Physical Care is being implemented across STHFT.

9. DECONTAMINATION REPORT

The following information was presented to the Healthcare Governance Committee:

- Full service transition of high risk invasive reusable medical devices to the offsite Decontamination Provider was reached in August 2012.

- The service reached steady state in December 2013 but is continuously monitored contractually via the Decontamination Services Agreement (DSA).

- The Customer (STHFT) Contracts Manager post was filled in January 2014.

- The offsite decontamination provider is accredited with the relevant notified body against the requirements of the Medical Device Directive.

- In house provision of decontamination and disinfection services for flexible endoscopes is provided in two compliant units, one on the Northern General Hospital (NGH) site and one on the Royal Hallamshire Hospital (RHH) site.

- The endoscopy decontamination units are audited annually against British Society of Gastroenterologists (BSG) guidelines and the track and traceability of the scopes is audited biannually in accordance with current guidance and recommendations.

- The STH Authorised Engineer decontamination (AEd) provides an external independent audit of the trust decontamination facilities and the decontamination equipment maintenance and validation records.

- Transoesophageal echo probe (TOE) automated decontamination and disinfection is centralised in the Cardio ECG Lab at NGH. This service is managed locally and audited by the Trust Decontamination Manager against best practice.

- Bench top decontamination and sterilisation equipment used in Anaplastology (NGH) is managed and audited locally within each area of use, other than the Trust Decontamination Manager.

- Charles Clifford Dental Hospital (CCDH) has decontamination and sterilisation equipment used only for student training purposes.

10. SUSTAINABILITY REPORT

The Trust has invested in the following measures to reduce emissions and energy consumption. These include:

- Replacement of power transformers at the Royal Hallamshire and Northern General Hospitals
- Upgrading of the Food Central Processing Unit at the Northern General Hospital.
- Conversion of lighting systems to high efficient/low energy LED (light emitting diodes) light fittings.
- Northern General Hospital – conversion of the steam infrastructure to low temperature hot water.
- Northern General Hospital – Laundry Gas Supply, energy review and improvement initiatives.

There is an active energy management group within Estates which is led by the Estates Director. The group meet on a monthly basis to review all aspects of emissions and energy consumption. A new management structure within estates becomes effective in February 2014. The new structure is intended to strengthen energy management across the Trust which will result in further reductions in emissions and energy consumption.

In terms of emissions relating to energy consumption, the Trust will meet the target requirements of the NHS Carbon Reductions Strategy for England (NHS SDU 2009) for 2015.

11. SERIOUS UNTOWARD INCIDENT UPDATE AND NEVER EVENTS ACTION PLAN

New SUIs

Two new incidents have been reported following the January HCGC meeting.

Patient Antibiotic Treatment Delayed

The patient attended the Emergency Department following a review from the GP collaborative. There was a two day history of being unwell and also the patient had a swollen and inflamed elbow which had been gradually increasing in size. It was established that the patient was allergic to the routine types of antibiotics therefore, a different type was prescribed. There was a delay in the patient receiving the first dose which was given orally and not IV as planned. The patient started to show signs of deterioration although this was not reflected in the early warning score. IV antibiotics were later administered but unfortunately their condition deteriorated rapidly and the patient sadly died.

Development of a Grade 3 Pressure Ulcer

A Patient was admitted following a fall at home during which they sustained a fractured neck of femur. The patient was operated on and over the next month they were cared for on Firth 4, HDU and Vickers 4. Over this time the patient developed a grade 4 pressure ulcer which was still present on discharge.

Never Event Review

The updated Never Event Improvement Plan was agreed by the Committee. The Trust is awaiting the final report following the Commissioned External Review. Once received it is proposed that the current Improvement plan is updated and all the completed items removed; any new actions identified in the external review will be incorporated into the updated version.