

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARYREPORT TO THE BOARD OF DIRECTORS MEETING  
HELD ON 19 FEBRUARY 2014

<b>Subject</b>	Healthcare Governance Summary – January 2014
<b>Supporting TEG Member</b>	Dr David Throssell, Medical Director
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<b>Status</b>	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. Complaints Management
2. Care Quality Commission (CQC) Compliance
3. 'Hard Truths' Update
4. Central Alerting System Report
5. External Visits, Accreditations and Inspections Report
6. Patient Transfers and Discharge Communication Report
7. Fire Safety Report
8. Hospital Transfusion Committee Annual Report
9. Serious Untoward Incident Update

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 are asked to note the contents of this report.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>
TEG	Dr David Throssell		12 February 2014
Board of Directors	Dr David Throssell		19 February 2014

## **1. COMPLAINTS MANAGEMENT**

The Healthcare Governance Committee received an update on Complaints Management. Professor Chapman outlined plans for the Trust's patient experience refresh in the context of the national review currently being undertaken by the National Quality Board (NQB). The review of the Trust's complaints process forms part of the wider refresh of patient experience. The timescale for the refresh is in line with the NQB patient experience review. The national review is being led by lay members of the NQB. An interim update on progress was provided along with plans for the review of complaints. There is a focus on improving 3 key elements: access, speed and efficiency. Professor Chapman outlined that underpinning the process is the restructure of the complaints and patient experience teams within the Patient Partnership Department, including a move towards the centralisation of complaints management.

Professor Chapman explained that all recommendations from the Clwyd and Hart review were being carefully considered, however there are some which we may decide not to adopt, notably the recommendation in relation to separating the management of the Patient Advice and Liaison Service (PALS) and complaints.

It was agreed that for the Healthcare Governance Committee (HGC) and for the Board, reporting is a key issue. The Committee agreed that there are a number of essential requirements in reporting, including clearly identifying areas of concern, providing a general feel for how well the process is working and providing assurance that any problems are being tackled. In addition, further benchmarking data and qualitative information/patient stories should be key features of reports.

The importance of ensuring an effective complaints process was discussed. When a complaint is made, the complainant already feels let down and it is therefore doubly important to get the complaints process right. Key aspects of the process include timely responses, well written letters of response and holding meetings with complainants wherever possible. Currently responses are of variable quality and performance in relation to response times has fallen.

The issue of staff attitude was raised, as this is a topic which receives a high number of complaints. It was explained that staff attitude is a difficult issue as it is open to individual interpretation. In addition, the theme of staff attitude also receives a large amount of positive feedback. The Committee agreed that there needed to be assurance that the issue of staff attitude was being addressed. Current work programmes were discussed including strengths based and values-based recruitment; customer services training and placing file notes / outcome letters on the personal files of staff members who have a complaint made against them, including complaints regarding attitude.

An update on progress in relation to the review of the complaints process will be provided in the summer, as part of the patient experience refresh.

## **2. CARE QUALITY COMMISSION (CQC) COMPLIANCE**

The Healthcare Governance Committee received an update on news and events regarding CQC compliance during the past month. The following information was given:

### Information Of Concern

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

### CQC Inspection Reports

The Trust has a statutory requirement to report all deaths of patients who die whilst detained under the Mental Health Act to the CQC; the Trust complies with this duty. Therefore the CQC will visit the Trust in the near future to review the death of a patient following a long illness, at

the time of death the patient was detained under the Mental Health Act. The SUI Group will oversee the review.

#### Directorate Self Assessment

All Care Groups completed self-assessment on their Directorate Healthcare Governance Arrangements in October/November 2013. This involved review against the 16 CQC Outcomes as well as against the standards in the Healthcare Governance Arrangements Policy.

#### Key Lines of Enquiry

Initial analysis of the draft Key Lines of Enquiry for use during inspections has identified that the KLOEs are much broader than the current Outcomes and encompass NHSLA standards and other new expectations.

#### CQC Maternity Survey 2013

The Directorate of Obstetrics, Gynaecology and Neonatology are reviewing the CQC maternity survey report and developing actions in response to the findings. This will be discussed at the Patient Experience Committee.

### **3. 'HARD TRUTHS' UPDATE**

The Committee received a update on the Trusts response to the publication *Hard Truths: The Journey to Putting Patients First*.

Allocation of Executive Leads to each of the key areas had been completed and reviewed at the Trust Executive Group Development Session on the 8 January 2014. Plans were in place to discuss the proposals with Sheffield Healthwatch and Overview and Scrutiny.

### **4. CENTRAL ALERTING SYSTEM REPORT**

The purpose of this report was to inform the Committee regarding the Central Alerting System and the number of Alerts received and acknowledged from January 2013 to December 2013.

During the year the Trust had 217 alerts and they were all acknowledged on time. Three were not closed by the deadline but were closed shortly after the event.

A monthly report on safety alerts is now included on the Safety and Risk Management Board agenda for discussion and members are frequently reminded of the importance of closing alerts on time. The Committee agreed that this was an area to watch closely and the Trust now ensures early escalation so that timescales can be met.

### **5. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS REPORT**

The Committee received an update on two new external visits:

- **Safe Effective Quality Occupational Health Service (SEQOHS)** accreditation was achieved by the Occupational Health Service (October 2013). No issues were identified and all recommendations have been addressed. This was an external review and congratulations were given to Occupational Health for the considerable amount of work to undertake to achieve this.
- **Medicines and Healthcare Products Regulatory Agency (MHRA)** inspected the Blood Bank at NGH (September 2013). A number of areas for improvement were raised. MHRA has accepted the Trust's action plan to respond to the areas for improvement by April 2014.

## **6. PATIENT TRANSFERS AND DISCHARGE COMMUNICATION REPORT**

This report informs the Committee of the structures, policies and processes within the Trust for co-ordinating patient transfers and discharges and provides assurance of compliance with CQC Outcome 6.

The key points raised were as follows:

- The Trust has policies in place which describe the requirements and processes for internal transfer and discharge of patients.
- The transfer of care document introduced as part of the Right First Time Programme and implemented in November 2012 has been further modified and reduced in line with the concept that more patients will return home for their assessments for ongoing care.
- The STH Community Intermediate Care Service [CICS] and the Local Authority Short-term Intervention Team [STIT] have aligned to form Active Recovery to provide an assessment, rehabilitation and reablement model for patients returning home from hospital and the intermediate care beds as well as those already in the community requiring temporary support to avoid a hospital admission.
- The Home of Choice pathway has been closed down and replaced with an increased number of Intermediate Care beds and a pathway for a small number of patients to be assessed in hospital and moved directly to their preferred care home.
- The Electronic Discharge letter has been fully rolled out across the Trust ensuring that every patient leaves the hospital with printed details of their medication and planned care. This letter is available for their General Practitioner on the ICE system.
- There has been a review of the Bed Management Functions within the Trust and the appointment of Patient Flow Matrons to ensure a 24 hour Clinical overview of patient movement.
- The Front Door Response Team which is part of the Transfer of Care Team has also been reviewed and now focusses a dedicated resource into the Emergency Department, the Frailty Unit and is developing a roving team to support the other assessment and admission areas.

## **7. FIRE SAFETY REPORT**

The Committee received an update about the current Fire Safety arrangements within STHFT. The following key points were raised:

- An independent audit of Trust fire safety risk has been undertaken and verified by external fire safety consultancy.
- All remaining high and medium fire safety risks have been identified along with the required actions.
- The need for a ward essential maintenance and refurbishment programme is a key requirement to support the majority of the required actions.

The Committee were informed that STH is used as a model of good practice by the local Fire Authority due to the low number of unwanted fire signals that are attended by the Fire Service.

## **8. HOSPITAL TRANSFUSION COMMITTEE ANNUAL REPORT**

The Committee were updated on progress made during 2013 towards safer blood transfusion and the key objectives for 2014. The following key points were highlighted:

- Over the past year, progress has continued in taking forward the patient safety agenda in Blood transfusion, as mandated by DH Better Blood Transfusion HSC 2007/01.
- STHFT continues to benchmark favourably with comparable Trusts with regard to the usage and wastage of Red Blood Cells and Platelets.
- A number of key objectives for 2014 have been identified which included updating the Blood Transfusion Policy, implementation of Blood Bank analysers and acting upon the recommendations made by the MHRA 2013 inspection.

## **10. SERIOUS UNTOWARD INCIDENTS**

One new incident has been reported during January.

### **Death following a fall**

Following admission to hospital a plan was made for the patient to receive appropriate treatment which included transfer onto a low bed as the patient was at risk of falling. In the early morning the patient climbed out of bed although cot sides were in situ and found on the floor unresponsive by nursing staff. An urgent CT head scan was undertaken which showed a bleed and the patient began to deteriorate. A DNACPR order was put in place following discussions with the family, and unfortunately the patient died 2 days later.

### **Ongoing Incidents**

There are currently 4 SUIs which are being investigated and the final reports are being compiled. Two incidents were closed by Sheffield CCG in the last period

### **Never Event Review**

The external review team visited the Trust on 10 – 12 December to meet with individuals and to review practice across a range of theatre environments. Further information has been requested following the visit and confirmation has been received that the report is being prepared.