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SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 16 JANUARY 2013

Subject	Healthcare Governance Summary
Supporting TEG Member	Dr David Throssell, Medical Director
Author	Sandi Carman, Head of Patient and Healthcare Governance
Status[1]	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 Strategy Update
2. Maternal Deaths Review (RCOG)
3. External Visits, Accreditations and Inspections
4. Care Quality Commission Compliance
5. Patient Incidents, Concerns, Claims and Inquests
6. Savile Allegations
7. Directorate Dashboard
8. Management of Controlled Drugs

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

IMPLICATIONS[2]

	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		9 January 2013
Board of Directors	Dr David Throssell		16 January 2013

1. QUALITY STRATEGY UPDATE

- The Sir Robert Francis Mid-Staffordshire Public Inquiry Report was now expected in February 2013.
- The STH Quality Board had recently met and is undertaking planning work for the each of the objectives detailed in the Quality Strategy.
- The Quality Report Steering Group meets monthly and is working on the next quality report. Meetings are also taking place with LINks and Overview and Scrutiny representatives. The three objectives that the group is considering for next year are:
    - Cancelled operations
    - Discharge information for patients and carers/relatives
    - Pressure ulcers

  The Healthcare Governance Committee was reassured that if any of the previous year's objectives had not been fully met they are carried over to the next Annual Quality Report.

2. REVIEW OF MATERNAL DEATHS (RCOG)

The Healthcare Governance Committee noted that, although the internal review on maternal deaths had been satisfactory, it had been decided to commission an external review as a matter of good practice. This review was undertaken on 26 and 27 November 2012 and formal feedback is expected in January 2013.

A number of interviews were conducted which included medical, nursing and administrative staff, case notes reviewed and a site visit undertaken. Overall verbal feedback received was positive with no patient safety concerns raised.

3. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS UPDATE

The recommendations received following a South Yorkshire Fire and Rescue Authority visit were reviewed.

Fire South Yorkshire Fire and Rescue Authority audited the Central Production Unit (CPU) at Northern General Hospital November 2012. Area for improvement were identified with fire doors, maintenance of fire fighting equipment, storage of combustible items and risk assessment of fire prevention arrangements following recent alterations to the unit. Most findings have already been addressed and the action plan was completed in December.

4. CARE QUALITY COMMISSION (CQC) COMPLIANCE

Quality Governance Inspections

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

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

Quality and Risk Profile

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

The volume of underpinning data items in the November QRP is similar to that of the previous QRP in October.

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

There are no new red-rated data items.

Recent CQC News

CQC Strategy: CQC are currently consulting on their new strategy Consultation on our strategy for 2013-16. The Head of Patient and Healthcare Governance and the Governance Improvement Manager participated in a CQC consultation event in Leeds in November.

CQC are currently consulting on their strategy for 2013-16 and their fees for the next financial year. A "Speaking Up" Charter has recently been launched to support people who speak out in the public interest. CQC's recent inspection report on Queen's Medical Centre provides a useful insight into relevant subjects to check in an internal quality inspection.

CQC Unannounced Visit 14 December 2012

Three inspection teams from the Care Quality Commission visited to the Trust on an unannounced inspection on Friday 14 December. They visited Hadfield 3, Huntsman 4, and MAU 1 & 3. The Inspectors suspended their visit at lunch time due to the vast numbers of patients attending the Trust because of the adverse weather conditions. No serious concerns were reported immediately after the visit.

The lead Inspector returned to the Trust the following week to meet with corporate staff to discuss the following:

- Awareness of the Whistleblowing Policy
- Safeguarding training at ward level
- A & E waits and future plans
- Risk Management and Governance Strategy
- eCAT processes
- Complaints
- Audit and Effectiveness

A formal report is anticipate in January 2013 and once finalised will be available on the CQC Website.

5. PATIENT INCIDENTS, CONCERNS, CLAIMS AND INQUESTS

The Healthcare Governance Committee reviewed the statistics and trends relating to incidents, concerns, claims and inquests for the quarter 1 July 2012 – 30 September 2012.

The data used within the report has been obtained from the entries made, relating to incidents, claims, complaints, and inquests, on to the Datix database and aims to provide the committee with background summary information analysis and assurance that themes identified are being addressed.

The main discussion points identified in this report include the work being undertaken to eliminate incident of retained objects, the importance of staff attitude as highlighted through learning from complaints, coding of complaints and a review of anticoagulation pathways.

6. SAVILE ALLEGATIONS

The Department of Health have requested that Boards of Directors ensure that there are robust procedures in place at their Trust for safeguarding adults and children, raising concerns and complaints and access to patients by volunteers and celebrities.

The Healthcare Governance Committee were assured that the arrangements and practices relating to vulnerable people, particularly in relation to safeguarding; access to patients (including the afforded volunteers or celebrities); and listening to and acting on patient concerns were robust.

- The Healthcare Governance Committee had already received annual reports on safeguarding children, adults and complaints earlier in the year.
- All potential volunteers are vetted carefully and are subject to a number of checks before they can volunteer at the Trust.
- The Trust does not have any celebrities working with patients regularly.

7. DIRECTORATE DASHBOARD

The Healthcare Governance Risk Management Audit Programme was introduced in May 2012 to monitor performance relating to 50 high risk criteria identified by the NHS Litigation Authority. The Healthcare Governance Operational Group conducts the audits, reviews findings and implements the action plans.

- Audit of risk assessments is currently in progress and include corporate as well as clinical.
- Audits on the care of the deteriorating patient have been completed. Action plans are currently in progress to improve timeliness, accuracy and communication in clinical processes and security of clinical records. There is staff engagement in finding solutions.

The Directorate Healthcare Governance Arrangements Self-Assessment Process was introduced in October 2012. Self-assessments are being completed as part of the business planning process. The assessment checks that there are robust local governance arrangements in place and local awareness of CQC standards and compliance with them.

Initial consultation on a new policy on Directorate Healthcare Governance Arrangements has been completed and further work is in progress to map the governance arrangements in the corporate directorates.

8. MANAGEMENT OF CONTROLLED DRUGS

The Healthcare Governance Committee reviewed an overview of the Controlled Drugs incidents which occurred between 01.07.2012 and 30.09.2012.

- There were 49 incidents involving controlled drugs in the quarter which three were reported from Community Services
- Of these 49 incidents, 23 were classed insignificant, 24 as minor and 2 as moderate.
- All incidents were fully investigated at the time or have been followed up later.
- No incidents were reported to the police.

The Healthcare Governance Committee were informed that an electronic prescribing system had been approved but will take approximately 18-24 months to implement. This system will provide a rich source of data to support analysis of performance, it is anticipated this will have a positive impact upon medication incidents.