

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 17 JULY 2013

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| Subject | Healthcare Governance Summary – June 2013 |
| 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 Report Update
2. Care Quality Commission (CQC) Compliance
3. External Visits, Accreditation and Inspections
4. Patient Incidents, Concerns, Claims and Inquests Update
5. Never Events Update
6. Management of Controlled Drugs
7. Management of Sharps Injuries Update
8. Patient Experience and Involvement
9. Patient Information Report
10. Patient Environment Group

Other governance matters discussed by the Trust are included in separate papers submitted to the Board of Directors (for example the Infection Prevention and Control 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

| | 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 | | 10 July 2013 |
| Board of Directors | Dr David Throssell | | 17 July 2013 |

1. QUALITY REPORT UPDATE

The Committee were informed that the Annual Quality Report has now been finalised and submitted to Parliament. The report can be viewed on NHS Choices and the Trust website. A summary version for wider distribution is in the process of being completed.

2. CARE QUALITY COMMISSION (CQC) COMPLIANCE

Information of Concern

CQC notifies the Trust if they receive any information of concern from third parties. In such situations an internal STHFT review is undertaken and a response is provided to the CQC. During May the Trust managed Information of Concern received about Weston Park, Spinal Injuries and Urology. No immediate patient safety concerns were identified and the outcomes of the investigations have been submitted to CQC.

CQC Inspections of Partner Organisations

The Trust has been communicating with Thornbury BMI and UK Event Medical Services Ltd following areas for improvement identified during recent CQC inspections. As the Trust subcontracts some limited services to these organisations assurance has been received that action has been taken to address the issues raised.

Internal Audit Report

An internal audit has been completed on staff awareness about the process which should be followed in the event of an unannounced visit from an external agency e.g. CQC. The audit was awarded a B grade and some work will be completed to further raise awareness by July 2013.

The visit Action Card will now be updated and is to be re-launched at the Safety and Risk Management Board on 26 June 2013. This will also now be included in local induction programmes.

Quality and Risk Profile

CQC did not publish a QRP in May 2013.

CQC News

Recent news from CQC includes a joint policy statement on regulation and oversight of NHS Trusts; an announcement about the new Chief Inspector of Hospitals; the introduction of an inspection feedback survey; changes to domiciliary care agency inspection methods, the IR(ME) annual report and notice of the forthcoming maternity survey.

3. EXTERNAL VISITS, ACCREDITATION AND INSPECTIONS

As a result of external visits, accreditations and inspections the following recommendations had been received:

- **Deanery Dental Quality Management** routine visit to Charles Clifford Hospital (February 2013). A list of recommendations was provided. An action plan is in place, and actions are due to be completed by October 2013.
- **CQC (MHA Commission)** monitoring visit to Northern General Hospital (March 2013) to review systems in place for detaining people under the Mental Health Act 1983 as part of a national programme. The visit was conducted by a MHA Commission Inspector on behalf of the Care Quality Commission. An improvement plan is in place and is due to be completed by July 2013.
- **Cervical Screening QA** visits to South Yorkshire and Bassetlaw (January to March 2013) assessed the inter-relations across the services, compliance with standards, quality of service and support for workers. The service was praised and some minor recommendations were made for further improving compliance and quality. Action plans are in place and are due to be completed by October 2013.

4. PATIENT INCIDENTS, CONCERNS, CLAIMS AND INQUESTS UPDATE

The Committee reviewed the statistics and trends relating to incidents, concerns, claims and inquests for January 2013 – March 2013.

The following points were highlighted:

Improvements have been made to the timeliness of reporting incidents on the Trust's electronic system. Data shows an improving timeframe between the date of an incident and when it is opened on the Datix system. By reducing this timescale and also making changes in the processes within the Patient & Healthcare Governance Department, reporting into the National Reporting and Learning system will also show reduced timescales. It is also anticipated that the continuing roll out of the web based version of Datix will increase the numbers of incidents reported and also continue to improve these reporting timescales

Attitude, Appropriateness of Medical Treatment and Communication continue to be the issues most frequently raised by complainants. This finding is echoed in patient experience information gathered through general feedback.

A number of current projects aim to make improvements in relation to attitudes and communications, and performance will continue to be monitored through the Trust's ongoing programmes of patient feedback. In particular, questions relating specifically to staff attitude have now been incorporated into the Frequent Feedback survey programme which will enable more detailed collection of data at ward level.

Any areas with higher number of complaints will continue to be monitored to identify any themes or trends.

48 new inquests were opened between January 2013 – March 2013. The most common reasons for inquests being opened were post-operative complications, of which there were 10. There were six with no issues for the Trust save for confirming the circumstances of the final admission to hospital. Six cases related to intra operative complications, four to drug reactions and one case involved an in-patient fall.

All of these inquests involve an investigation to understand any lessons learnt and good practice is shared across the Trust.

5. NEVER EVENTS UPDATE

The Committee were updated on the progress with the Never Event improvement work which has been undertaken in response to an increase in the number of Never Events within STH last year.

The following key points were highlighted:

- The Royal College of Surgeons and NHS England are running a joint survey to gather information on how the NHS in England prevents and responds to 'never events' in surgery. For the purposes of the survey a 'never event' is defined as:
 - Wrong site surgery
 - Wrong implant/prosthesis
 - Retained foreign object post operation

Comments are invited from professionals, patients and organisations. The results of the survey will be considered by the NHS England Surgical 'Never Events' Task Force as part of their work to develop proposals on how to eradicate such events in the NHS.

- The Medicine Safety Committee has completed the commissioned Methotrexate Review. The report actions are now incorporated into the improvement plan to ensure appropriate oversight.

6. MANAGEMENT OF CONTROLLED DRUGS

The Committee reviewed the controlled drugs incidents reported between 1 January 2013 and March 2013.

The following was highlighted:

- There were 37 incidents involving controlled drugs in the quarter January to March 2013. Of these, three incidents were reported from Community Services
- Of these 37 incidents, 19 were classed insignificant, 17 as minor and one as moderate.
- All incidents were fully investigated and measures put in place to limit the chances of the incident recurring..
- No incidents required reporting to the police.

7. MANAGEMENT OF SHARPS INCIDENTS UPDATE

The Committee noted that new Health and Safety regulations have now been published. There were no changes to the final regulations from the draft regulations that have necessitated any changes the STH Sharps Management Policy.

There is an internal group that continues to review any incidents relating to sharps inquiries and take forward with the systematic introduction of new safety devices. Information on the new devices will be reviewed by the Safety and Risk Management Board and training on the use of the device will commence before implementation.

8. PATIENT EXPERIENCE AND INVOLVEMENT

The Committee reviewed information from a variety of sources to provide an overview of patient experience between October and December 2012 and actions being taken to improve services.

- Care Group and directorate breakdown tables demonstrate performance in relation to key indicators. Results in the report show findings from Inpatients and Frequent Feedback survey. A minimum of 20 surveys are carried out for each ward, with the aim of completing these within one week.
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- Results suggest excellent performance for patients having:
 - confidence in doctors treating them;
 - confidence in nurses treating them;
 - pain management
 - and treating patients with respect and dignity.
- The top five themes raised in unsolicited feedback where patients and families are able to freely comment on any aspect of services using Trust comments cards or through websites are listed below:
 - Staff Attitude
 - Communication
 - Nursing Care – General nursing care
 - Waiting Times
 - Environment - Cleanliness
- An overview of current and upcoming national and local surveys was also reviewed e.g. National Cancer Patient Experience Survey; Maternity Survey; Chemotherapy Patient Experience Survey.
- Progress has been made with implementing the Friends and Family Test; now in place on 64 wards across the Trust and in A&E. All inpatients and those attending A & E are invited to respond to the Friends and Family Test survey question at the point of, or within 48 hours of discharge.

9. PATIENT INFORMATION REPORT

The Committee were provided with an overview of activities undertaken during 2012 which sought to further improve and maintain patient information resources across the Trust.

Good progress has been made during 2012 to both maintain and develop the infrastructure for patient information. Regular review of resources ensures they are kept up to date and an increasing number remain within the recommended two year review period (90%).

The Patient Information Team have been pleased to support colleagues across Community Services during the year and have made a good start in putting in place the governance infrastructure for resources in this Care Group. Significant work is still to be undertaken to fully integrate Community Services and this will remain a priority during 2013.

The Trust has commenced a new project to automate the production of patient information by a system called Interlagos. Work will continue during 2013 with a particular focus on migrating existing information and prioritising support for Community Services in using the new system.

10. PATIENT ENVIRONMENT GROUP

The Committee received an update on the work of the Patients' Environment Group.

- This group provides a formal interface between Infection Prevention and Control, Estates and Hotel Services for issues relating to providing patients with a safe and clean environment with an overview provided by Patient Governors and members of Sheffield Healthwatch (previously Sheffield LINK)
- The Terms of Reference have been revised to include responsibility for the oversight of general areas (such as toilets, corridors etc.) and for actions from the PLACE assessments
- The Terms of Reference have also been revised to reflect changes to the context in which the group is working and changes to the STHFT Governance Structure
- The group has had oversight of a number of capital schemes and has been involved in a number of other projects as patient environment funding is now available through the Capital Programme.