

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 20 MARCH 2013

Subject	Healthcare Governance Summary - February
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 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. External Visits, Accreditations and Inspections
3. Care Quality Commission compliance
4. Directorate Governance Arrangements
5. Sharps Management update
6. Moving and Handling Report
7. Sustainability
8. Water Quality
9. RCOG Maternal Deaths Review

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

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 STHT 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		13 March 2013
Board of Directors	Dr David Throssell		20 March 2013

1. QUALITY UPDATE

The Healthcare Governance Committee noted that initial analysis of the Mid Staffordshire Public Inquiry Report the 'Francis Report' had been undertaken and this had been disseminated in the form of a presentation to a wide variety of groups and committees within STH. Individual Care Groups and Directorates have been asked to disseminate within their areas. Following this initial dissemination phase there will be a period of action planning with the final outcomes to be presented to the Board of Directors in July 2013. A 'Francis' development session for the Healthcare Governance Committee is planned along with other Trust wide events.

2. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS UPDATE

There are three new external visits and recommendations to note:

- **Coroner's Rule 43 letter** – the Coroner issued a Rule 43 letter (November 2012) following an inquest into the death of a patient at Bassetlaw District General Hospital. The main area for review related to protocols in place for transferring patients to STHFT for emergency intervention. Work is ongoing in this area.
- **British Standards Institute (BSI)** audited the Clinical Engineering Department (January 2013) and recommended continuing certification for design, manufacture, service and repair of scientific equipment and medical devices on receipt of an action plan to resolve one minor non-conformity.
- **The Down's Syndrome screening Quality Assurance Support Service (DQASS)** provided a statistical analysis report on Down's syndrome ultrasound screening results (February 2013). The ultrasound practitioners were congratulated on their exceptional results and no action plan is required.

3. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Healthcare Governance Committee were provided with an update on news and events regarding CQC compliance during the previous 2 months.

The CQC have published a final report following the routine unannounced inspection at Northern General Hospital on the 14 December 2012 and the interviews conducted on the 20 December 2012. The Trust were found to be meeting all the three standards that were inspected. The report is now available on the CQC public website [here](#).

The Royal Hallamshire Hospital was inspected by CQC on the 17 January 2013, during the informal inspection feedback no areas of non-compliance were raised. The Trust has received a draft copy of the report and awaits publication of the final version.

Quality Governance Inspections

The Healthcare Governance Committee reviewed summaries of internal Quality Governance Inspections, which contained very positive comments and highlighted some areas for improvement. After each inspection immediate verbal feedback is provided to the staff inspected, and this is followed up by a full written report.

The Chair of the Trust commented on the areas for improvement highlighted in the report on the Specialised Cancer Directorate inspection. The Governance Improvement Manager confirmed that some issues regarding records management had been observed during the inspection and that further work had confirmed that these issues were not confined to one directorate but were common across the Trust (loose filing etc). Findings from the inspection had been fed back to the Medical Records Department, the Practice and Professional Development Department, the Safety and Risk Management Board and the Patient Records Committee.

Quality and Risk Profile (QRP)

The overall outcome ratings in the QRP published in December are either green (better than expected) or yellow (similar to expected). The CQC did not publish a QRP in January.

4. DIRECTORATE GOVERNANCE ARRANGEMENTS

A new policy has been developed to formalise, clarify and develop local healthcare governance arrangements. The policy builds on the arrangements and resource requirements that are already in place as outlined in the Statement on Healthcare Governance Arrangements for Directorates and Corporate Departments (2009) and does not require the introduction of any new posts.

Further changes to the policy are required to reflect how the Board, the Committee and TEG ensure that local governance arrangements are effective. Following these changes it was agreed that the Policy would be submitted to the Board of Directors.

5. SHARPS MANAGEMENT UPDATE

The Healthcare Governance Committee were informed that all relevant policies and local risk assessments are complete with regards to sharps management. An overarching corporate risk assessment will be placed onto the Trust risk register relating to sharp and needlestick injuries. The recapping of needles is now only taking place in Pharmacy Aseptics and Dental Services. A further review of blood collection devices will be undertaken to ensure that the most appropriate safety devices are in place across the Trust.

6. MOVING AND HANDLING REPORT

The Healthcare Governance Committee were informed that the purpose of the report was to outline the current Moving and Handling issues and actions arising from 2012 audit.

Overall there had been good progress during the year. However the purchase of centrally-funded slide sheets had been slow mainly due to the procurement process requiring European tender. The next step is to ensure robust product evaluation prior to Trust wide implementation.

It was highlighted that equipment for bariatric patients can be difficult to monitor and manage in the current stores and premising available. The use of the equipment library and a centralised tracking system was being explored to help resolve the situation.

7. SUSTAINABILITY

The Trust is on trajectory to achieve the 2015 NHS carbon reduction target given current performance trends. To meet carbon reduction targets post 2015 will require a step change in service provision. If the Trust intends to achieve these targets strategic planning will need to be established in 2013.

It was highlighted that the new Laboratory Building at the Northern General Hospital had achieved BREEAM Excellence 'A' rated standard for best practice in sustainable building design, construction and operation.

Subject to approval and funding it is anticipated that the full conversion of the Northern General hot water systems will be completed in 2-3 years and bidding for external funding has been applied for which if successful will speed up this process. This scheme has significant benefits for the Trust regarding expenditure and energy usage.

8. Water Quality Steering Group (WQSG)

The Healthcare Governance Committee were provided with a summary on the role and activities of the WQSG in ensuring that statutory requirements in relation to Legionella control and water quality are maintained. It was noted that robust procedures are in place to prevent and manage infection control incidents that may arise from water related issues.

The WQSG has been re-named from the Legionella Water quality Steering Group to more accurately reflect the work of the group.

9. RCOG Maternal Deaths Review

The Healthcare Governance Committee reviewed the report commissioned by the Trust following a cluster of maternal deaths over a five-year period. The Trust needed to be assured that care in all cases was optimal.

There were no direct deaths, that is deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and postnatal) from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above. The external assessors from the Royal College of Obstetricians & Gynaecologists had no criticism of the obstetric or midwifery care in any of the cases reviewed.

Following the review further developments focus on ensuring good use is made of multidisciplinary teaching opportunities and clarifying lines of communication relating to training and changes in practice. Work continues to ensure optimum levels of Midwifery and Obstetric staff, which includes enabling appropriate Midwifery supervision, clearly defining roles and responsibilities within the team, and progressively increasing out of hours Consultant Obstetrician presence on the Labour Ward. The introduction of case notes using digital technology will support chronological entry into records to assist in ensuring legible and ordered case notes, with implementation planned for October 2013.