

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 18 SEPTEMBER 2013

Subject	Healthcare Governance Summary – September 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, which include:

1. Response to the Mid-Staffordshire Public Inquiry
2. Care Quality Commission (CQC) Compliance
3. External Visits, Accreditation and Inspections
4. NCEPOD
5. Occupational Health Themed Report
6. Medicines Management Therapeutic Committee
7. Serious Untoward Incidents

Other governance matters discussed by the Trust Healthcare Governance Committee are included in separate papers submitted to the Board of Directors (for example the Health and Safety Annual Report). To note there was no Healthcare Governance Committee held during August, therefore this report is focused on the July information.

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

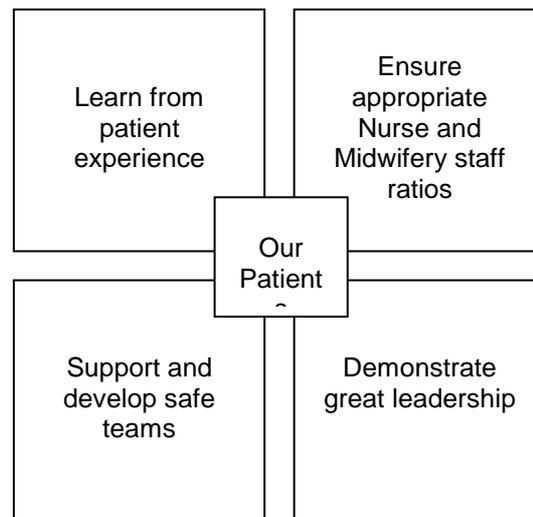
Meeting	Presented	Approved	Date
TEG	Dr David Throssell		11 September 2013
Board of Directors	Dr David Throssell		18 September 2013

1. RESPONSE TO MID-STAFFORDSHIRE PUBLIC INQUIRY

Out of the 290 recommendations within the Report, approximately 100 relate specifically to activities of the Trust. These have been considered along with views from Trust staff in producing the initial response for consideration with key partners and wider staff groups.

The following four commitments were presented for consideration. The use of the term 'commitment' is specifically designed to provide a strong message to our staff, patients, and partner organisations in demonstrating that the Trust is actively willing to make a difference.

Sheffield Teaching Hospital's commits to:



Each of these proposed commitments would be supported by objectives both within individual Directorate Business Plans and through Trust wide projects and initiatives.

If agreed it is proposed that these commitments are also adopted as the key objectives within the Annual Quality Report for continued delivery in 2014/15.

The Committee discussed the overview of STHFT's response to the Mid-Staffordshire Public Inquiry. It was noted that devolved management structures within the Trust enable local involvement and planning designed around the unique requirements of each Directorate. To complement these plans the Trust has identified the four proposed commitments aligned to the 'Making a Difference' strategy, the Committee supported these four commitments.

The proposed commitments are emergent themes to be tested out throughout the summer, and autumn in collaboration with key partners and wider staff groups.

2. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Committee were provided with an update on news and events regarding CQC compliance during the past month.

The following key points were highlighted:

CQC Registration Update

The Trust's CQC registration has been amended to include Detention under the Mental Health Act at Royal Hallamshire Hospital, Jessop Wing and Weston Park Hospital as well as the Northern General Hospital.

Quality Governance Inspections

A programme of nine internal inspections has been completed as part of the Never Event Improvement Plan. These inspections looked for reasons why Never Events may occur in theatre, particularly why objects may be retained after surgery. Capable, caring staff were observed performing safe surgery. Their careful checks identified some issues which they resolved efficiently. Some areas for improvement were identified and an action plan has been agreed.

Quality and Risk Profile

The latest QRP shows a total of 23 red-rated items, which is an overall decrease of 4 items since the last QRP.

CQC Strategy and News Update

CQC has recently launched A New Start, the first in a series of consultations about changes to their regulatory methods. The first consultation closed on Monday 12 August.

CQC has also recently published a research report into fear of raising concerns about care, and a response to the report on Morecambe Bay.

CQC has announced a forthcoming thematic review of emergency mental health care and a programme of joint working with HFEA to reduce duplication in licensing and inspection of fertility clinics.

3. EXTERNAL VISITS, ACCREDITATION AND INSPECTIONS

The Committee noted that the Human Tissue Authority (HTA) carried out a themed inspection of the Transplant Service (April 2013). One minor shortfall was identified and this was addressed before the final inspection report was published.

4. NCEPOD

Three NCEPOD reports are currently being reviewed which cover cardiac arrests, bariatric surgery and patients with alcoholic liver disease. There is general compliance with the first two reports with only two recommendations still being resolved. The third report was only published in the last few weeks and is currently being reviewed

The Medical Director informed the Committee that Dr Nick Massey would now be taking over the lead role for NCEPOD and thanked Dr Kim Survana on behalf of the Trust for his hard work over the years in managing NCEPOD information.

5. OCCUPATIONAL HEALTH THEMED REPORT

The Committee received an update on the statistics relating to dermatitis/skin problems within all staff groups in STHFT and the actions in place to manage this risk and reduce it.

This is the second annual report relating to dermatitis in staff at STHFT and is based on data taken from the Occupational Health data system Cohort and the Trust's risk management system, Datix. Data had been collected for the period 1 April 2012 until 31 March 2013.

During 2012/13 Sheffield Occupational Health Service has become involved in an initiative led by STHFT supplies to change the hand management system in STH acute hospital settings. The aim of the group is to minimise any potential skin problems to staff arising from the introduction of new hand cleaning products and ensure robust assessment, treatment and reporting of all future skin problems within STHFT. This involves piloting the use of new products before introduction with a clinical evaluation of the products to be piloted and clinical monitoring of the effects on staff involved in the pilot. The pilot is due to commence later in 2013.

The group has consulted with Consultant Dermatologists, Consultant Occupational Physicians, OH Specialist Nursing Staff, Infection Control Specialist Nursing Staff, Deputy Chief Nurse and ward based clinical staff in order to prepare for a pilot of various new hand management products and the eventual change over to a new supplier.

Sheffield Occupational Health Service continues to provide training to all new staff about the signs, symptoms, prevention and control of dermatitis via attendance at Central Trust Induction. It also works with the Infection Control team to promote good skin care as part of good hand hygiene.

6. MEDICINES MANAGEMENT THERAPEUTIC COMMITTEE

This report informed the Committee about the principal activities of the Medicines Management and Therapeutics Committee (MMTC) during the period January to December 2012.

The following key areas were highlighted:

Trust Policy for Pharmaceutical Representatives

MMTC has produced clear guidance on the acceptability of activities and behaviours of representatives of the pharmaceutical industry within the trust, and the policy was reviewed again this year. The Medical Director informed the Committee that pharmaceutical representatives are required to adhere to the Trust Policy and this has been strengthened over the last three years.

Low molecular weight heparins (LMWH)

For some years the trust has adopted a policy of using a single LMWH agent (Enoxaparin, *Clexane*) for the vast majority of patients who need this form of treatment. The Trust undertook a review of this policy and proposed a change to an alternative LMWH (Tinzaparin, *Innohep*). The potential challenges, in terms of patient safety, in making such a switch were extensively researched, investigated and addressed by Medicines Safety Committee - the changeover date was January 2012.

NICE Good practice Guidance and Local Formulary Processes

NICE had issued guidance on good practice for local drugs and therapeutic committees to consider and respond to in which it has defined a range of activities and responsibilities which committees should undertake. This embraces principles of representation, dissemination of information, the processes by which local formularies are maintained and mechanisms of drug selection and appraisal. This guidance was considered and discussed by MMTC and an action plan put in place to respond to the NICE requirements with a completion deadline of April 2013. The Medical Director informed the Committee that assessments are undertaken on new drugs, and on the usage of those already on the formulary.

Antibiotics

Control of infections continues to be a high priority in secondary care and the development and maintenance of a robust and effective policy on antibiotic prescribing remains a high priority for MMTC. The maintenance of a restricted list of antibiotics has again been a major focus, largely through the work of the Antimicrobial Therapy Team, which is a sub-group of MMTC.

7. **SERIOUS UNTOWARD INCIDENTS**

Four serious untoward incidents and one never event were reported during July.

Serious Untoward Incidents

- Surgical error
- Failure to act on test results
- Communicable disease and infection
- Hospital equipment failure

Never Event

- Retained swab

All serious incidents including never events are investigated and action plans generated in response to the care/service delivery concerns and recommendations identified. The investigation and resulting action plan are overseen by the SUI Group and mechanisms are in place to ensure wider Trust learning takes place.