

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS' MEETING
HELD ON 17 OCTOBER 2012

| | |
|------------------------------|---|
| Subject | Healthcare Governance Summary |
| Supporting TEG Member | Dr David Throssell, Acting 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 Trust, 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 by the Trust over the last month, these include:

1. External Visits, Accreditations and Inspections Update
2. Care Quality Commission Compliance
3. Attitude and Communication Trends
4. Complaints and Feedback
5. Domestic Homicide Review
6. Patient Incidents, Concerns Claims and Inquests
7. Patient Experience Update
8. Staff Incidents
9. Directorate Healthcare Governance Arrangements
10. Management of Controlled Drugs
11. Falls Workstream progress

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

IMPLICATIONS²

| | 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 |
|-----------------------|--------------------|-----------------|-----------------|
| Trust Executive Group | Dr David Throssell | | 10 October 2012 |
| Board of Directors | Dr David Throssell | | 17 October 2012 |

1. EXTERNAL VISITS, ACCREDITATIONS AND INSPECTIONS UPDATE

The Trust reviews the recommendations received following external visits, accreditations and inspections, this provides assurance that concerns are managed through the completion of action plans. Only one new inspection report was received:

Human Fertilisation and Embryology Act (HFEA) Renewal Inspection of the Centre for Reproductive Medicine and Fertility in Jessop Wing, the inspectors noted areas of good practice and recommended licence renewal subject to two recommendations. These related to the need to audit a sample of records for patient and partner consent to disclosure and to ensure that data which the Authority is required to hold on its Register is provided by the dates specified both have already been addressed.

Action Plan Production:

The CEO Office follows up action plans if these are required because concerns have been raised:

- The Cancer Peer Review Zonal Team External Verification (2011/12) raised an issue about gaps in relation to social worker, allied health professionals and youth worker/activity co-ordinator belonging to the core membership of the Teenage and Young Adult (TYA) MDT. The Trust considered the issue and felt that the care of patients is not compromised, as these individuals do contribute to patient care as and when required.
- A Peer Review Visit was conducted in June 2012 and the Review team concluded that social work provision would still be a concern if the number of referrals increases. The Trust has been recorded as non-compliant with this peer review measure. No action plan is required and the situation will be reviewed should referrals increase.

2. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Trust noted that six internal Quality Governance Inspections have now been completed. Three more recent inspections looked at staff attitude and needle stick injuries. Inspection teams were impressed by their findings and no major concerns were identified. Re-inspections will occur in 3-6 months time to check if improvements have been achieved.

The Orthopaedic Directorate has completed their investigation into the mortality outlier about emergency admissions coded to Healthcare Resource Group H89 "other neck of femur fracture without complications or co-morbidities". The investigation found no evidence of substandard care but did find a discrepancy between the Healthcare Resource Group¹ (HRG) versions used by STHFT and CQC and some local errors with coding which will be addressed.

The CQC Compliance Review Group has now reviewed Provider Compliance Assessments (PCAs) for all 16 Outcomes and found sufficient evidence of compliance with them all. The Group has been disbanded and the Healthcare Governance Operational Group will review compliance matters in future.

The overall outcome ratings in the CQC Quality and Risk Profile (QRP) published in August are either green (better than expected), neutral (similar to expected) or grey (insufficient data). The new red-rated data items are Patient Environment Action Team (PEAT) scores for

¹ Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments which use common levels of healthcare resource. HRGs offer organisations the ability to understand their activity in terms of the types of patients they care for and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time.

- Food & Hydration - proportion of patients that are screened for the purpose of their Nutritional Care within 24 hours of admission. Improvement work is underway to address this through the Nutrition Steering Group.
- Organisational Policy - Does the hospital publicly display contact details of whom to contact in the event that facilities (including fixtures and fittings) are dirty? Hotel Services are developing plans to address.

3. ATTITUDE AND COMMUNICATION TRENDS

Staff attitude and communications feature in complaints and other feedback signifying their importance to patients. The Trust looked in more detail at the general themes, including current and future Trust work programmes which aim to make improvements in these areas.

Communications / information ranks 3rd in the top issues raised in complaints with attitude ranking 4th. However, when broken down into more detailed sub-subjects, the findings show communications to be the highest (when communications with patient and communications with relative are combined) and attitude to be the second highest issue.

In website and comment card feedback staff attitude is the issue most commented on and communications the third highest issue, for both positive and negative comments.

There are a number of workstreams across the Trust which either directly or indirectly address the issues of communications and attitude. Outlined below are examples of current workstreams.

These include:

- The implementation of customer care standards in reception areas.
- The PROUD values (Patient first; Respectful; Ownership; Unity; Deliver) are being introduced to promote attitudes and behaviours which support an excellent patient experience.
- Work is underway to identify a new approach to recruitment which incorporates assessing attitudes and values.
- The Staff Wellbeing workstream promotes initiatives which aim to ensure a healthier and happier workforce.
- Questions relating specifically to staff attitude may be incorporated into the Frequent Feedback survey programme which will enable more detailed collection of data at ward level.

The Trust continues to actively seek and report on all aspects of patient experience and to make service improvements as a result of feedback. The issues of 'attitude' and 'communications' are frequently commented on by patients and their families, which highlights their importance in the overall experience.

4. COMPLAINTS AND FEEDBACK

The Trust reviewed information on complaints and feedback received in May and June 2012 and considered performance monitoring information on complaints closed.

- 124 new complaints were received by the Trust in May 2012 and 104 new complaints in June 2012.
- One in-patient area and four departments received more complaints than expected. On investigation no specific themes or trends were identified. The situation will continue to be monitored.

- The Trust responded to 92% of complaints within 25 working days in May and 81% in June, against the Trust target of 85%. Performance for the year to date remains above the Trust target, at 89%.

Data on the number of Patient Services Team (PST) enquires that have been dealt with in the month was reviewed. The process of recording and responding to PST enquiries was introduced in December 2011 to try and deal with minor concerns and enquiries in a more timely manner.

5. DOMESTIC HOMICIDE REVIEW

The Trust reviewed the findings from a Domestic Homicide Review² (DHR) for Adult A following her death in Sheffield in 2011, including the recommendations for STHFT following the publication of the overview report.

- This DHR examines the circumstances surrounding the sudden unexpected death of Adult A in Sheffield.
- Adult A's contact with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was limited to 3 short episodes.
- There was nothing apparent to give an indication to staff that Adult A was subject to any form of violence or abuse by her partner therefore there was no reason to suggest signposting to domestic abuse services was required.
- There was no indication throughout Adult B's (the perpetrator) prolonged contact with STHFT to suggest a violent or aggressive lifestyle, or personal relationship issues.
- The most important conclusion from the review is that there is no indication from the evidence provided that any agency had any knowledge of any domestic violence between Adult A and Adult B.

The Domestic Homicide Review Overview Report and Executive Summary produced by Professor Pat Cantrill, December 2011, can be accessed via the following link.

<https://www.sheffieldfirst.com/the-partnership/safer-and-sustainable-communities/key-documents.html>

6. PATIENT INCIDENTS, CONCERNS CLAIMS AND INQUESTS

The Trust reviewed the statistics and trends relating to incidents, concerns, claims and inquests for the quarter 1 April 2012 – 30 June 2012.

The data was obtained from the entries made, relating to incidents, claims, complaints, and inquests, on to the Datix database and aims to provide the Trust with background summary information analysis and assurance that themes identified are being actioned.

² Domestic homicide reviews should be carried out to make sure lessons are learned when a person has been killed as a result of domestic violence (domestic homicide). In order for these lessons to be learned as widely and thoroughly as possible, professionals need to understand fully what happened in each homicide, and most importantly, to identify what needs to change in order to reduce the risk of such tragedies happening in the future.

There are a number of workstreams which link to incident data for example the FallSafe work:

As part of a longer term Trustwide initiative Emergency Medicine are proposing to adopt systems identified in the FallSafe project which has been developed by the Health Foundation in conjunction with the Royal College of Physicians. This proposal is being pursued as previous initiatives have yet to show any significant improvement.

Some learning points have arisen from inquests. Issues identified during this quarter that are being considered further include:

- Falls risk assessment documentation and staff compliance. This is being reviewed through the Falls workstream
- The respiratory medicine directorate are developing clear guidelines for junior and locum staff to follow when removing central lines. A recent inquest had considered the technique used by a doctor and whilst this was not linked to the death of the patient it had highlighted the need for clear guidance particularly in non ITU areas.

7. PATIENT EXPERIENCE UPDATE

The Trust reviewed information from a variety of sources to provide an overview of patient experience between April to June 2012 and considered the actions being taken to improve services. Detailed below are the headlines from the items reviewed by the Trust.

- Staff Attitude received the highest amount of feedback from website and comments cards in the past year with Communication receiving the second highest.
- The number of comment cards and website feedback received this quarter fell by 41% initiatives to significantly increase the number of patients who give feedback through comment cards and website feedback are planned.
- The Trust's performance for replying to complaints within 25 working days is 89% against a target of 85%.
- The Frequent Feedback Inpatient Survey has highlighted areas of high performance including confidence in doctors; and areas for improvement including help with meals.
- Good progress has been made over the last year in keeping patient information up to date, with initiatives planned to make further improvements.
- Latest PROMs data shows an improvement in performance for hips. In all other specialities, performance remains on or above the England average.
- A&E quality indicator performance targets for 2012/13 have been agreed.
- The A&E quality indicators frequent feedback survey has highlighted waiting times as a key area for improvement.

8. STAFF INCIDENTS

The Trust reviewed the data relating to staff and student incidents, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents and staff personal injury claims for the quarter from April to June 2012.

No major incidents were reported this quarter. The sub category 'physical assault by a patient' has again remained the top theme; the incidents are mainly in Neurosciences and are all recorded as insignificant or minor injury.

The sub category 'contact with needle or other sharps in use' also remains in the same top three position. These incidents are not themed to a specific area, they are across several areas

The HSE have not investigated any incidents this quarter and no enforcement action is expected.

The Trust noted that staff claims are within usual parameters. The greatest number opened and closed this quarter relate to moving and handling, slips/trips/falls and needle stick injuries.

9. DIRECTORATE HEALTHCARE GOVERNANCE ARRANGEMENTS

The Trust reviewed progress report on the arrangements in place for monitoring directorate healthcare governance performance in 2012.

Healthcare Governance Risk Management Audit Programme

This audit programme covers 50 high risk criteria described in the NHS Litigation Authority Risk Management Standards manual. This includes the monitoring of Directorate Healthcare Governance meetings, processes for risk management, incident and complaints management, mandatory training and a range of other clinical and non-clinical subjects.

Each criterion is audited across all the relevant directorates and corporate departments. The sample size is sufficient to identify any performance issues and to stimulate process improvement activity. Findings will be reviewed and managed by the Healthcare Governance Operational Group.

The Deteriorating Patient was the first criterion to be audited. During May and June 2012 clinical directorates audited the use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order forms, SHEWS and MEWS observational charts, and the recording of checks on resuscitation equipment trolleys and grab bags.

The Healthcare Governance Operational Group has met twice to discuss the findings from the first audit and to undertake root cause analysis and risk assessment. The Group feels that the issues and solutions under discussion will also be applicable to the other clinical forms that will be audited later in the programme. The Group will be taking forward three themes:

- Clinical tasks not completed
- Form incomplete/incorrect
- Forms not filed securely

Healthcare Governance Arrangements Policy

Consultation is currently underway on a new draft policy on Directorate Healthcare Governance Arrangements. This will replace the "Statement on Healthcare Governance Arrangements for Directorates and Corporate Departments" (2009).

This document describes the local healthcare governance structures, systems and processes that clinical and non-clinical directorate and departments need to have in place. This will ensure consistency across the organisation and enable local governance arrangements to meet statutory, regulatory, and Trust requirements.

Governance requirements vary from one directorate to another depending on the nature of their work and the type of risk involved. Therefore this document provides a framework for directorates to refer to when making governance arrangements that are tailored to their own needs.

This framework describes the roles and responsibilities that should be included within directorate structures. Also described are the communication mechanisms for connecting directorate governance staff with central departments and Trust-wide groups. Guidance is also provided about essential governance processes.

Following consultation the policy will be presented to the Healthcare Governance Committee for approval.

10. MANAGEMENT OF CONTROLLED DRUGS

The Trust reviewed the incidents involving controlled drugs, which occurred between April 2012 and June 2012. It was noted that

- There were 40 incidents involving controlled drugs in the quarter 1st April to 30th June 2012, 3 of which were reported from Community Services
- Of these 40 incidents, 16 were classed insignificant, 22 as minor and 2 as moderate.
- All incidents were fully investigated at the time or have been followed up later.
- No incidents were required to be reported to the police.

11. FALLS WORKSTREAM PROGRESS

The falls work stream was set up in 2009 with the aim of reducing in-patient falls which in turn would reduce the harm from falls. A number of initiatives have been implemented as part of the work stream. To date there has been no significant improvements in the rate of or harms from falls. A new national initiative 'FallSafe' is a suggested way forward. A proposal is being developed to submit to the Charitable Trustees to pilot a nurse specialist and provide resource to release time to develop a 'super link nurse' for seven Geriatric and Stroke medicine wards in line with the 'FallSafe' project.

Although the existing work stream within STH have done similar work to the FallSafe project, it has not covered the additional elements of appointing a central falls nurse specialist or providing additional resources at ward level for a 'super link nurse'. These additional resources primarily concentrate on training and embedding changes in practice (to comply with the care bundles). The FallSafe project national data suggests a reduction in falls can occur (if increased reporting is adjusted for) but it is not felt possible to influence the overall harm rate.

The proposal was supported by the Trust and work will continue to develop the FallSafe initiative.