

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 20TH JANUARY 2015

Subject	Healthcare Governance Summary – December 2014
Supporting TEG Member	Dr David Throssell, Medical Director
Author	Sandi Carman, Head of Patient and Healthcare Governance
Status	Note

PURPOSE OF THE REPORT

The Healthcare Governance Committee Summary updates the Board of Directors on aspects of Healthcare Governance recently reviewed on behalf of the Board of Directors, outlining the current position and, where appropriate, providing an update on performance.

KEY POINTS

This summary aims to provide an overview of the significant matters reviewed by the Healthcare Governance Committee on behalf of the Board of Directors over the last month, which include:

1. Care Quality Commission (CQC) Compliance
2. Quarterly Hospital Mortality Report
3. Monthly Nursing and Midwifery Staffing Report
4. Management of Controlled Drugs
5. Update of Incidents Reported as Serious Incidents and Never Events
6. Resuscitation Trolleys Audit
7. Complaints and Feedback Dashboard

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		13th January 2015
Board of Directors	Dr David Throssell		20th January 2015

1. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Healthcare Governance Committee was provided with an update on news and events regarding CQC compliance during the past month. The following key points were highlighted:

- Information Of Concern

The Cardiac Surgery Review is ongoing. Professors Brian Toft and Danny Keenan have completed their initial visits, and return to carry out further interviews at the end of January 15. The expected completion date has been put back to enable the participation of all staff in the process.

The Endoscopy Report has been completed, actions identified and findings migrated to the Action Plan to support JAG accreditation.

- CQC Strategy and News Update

The Quality Governance Framework which offers clarity on systems and processes will be launched in the next few weeks. Work is ongoing with the Key Lines Of Enquiry (KLOE) self-assessment in preparation for a CQC inspection.

- CQC inspections

Sheffield Health & Social Care has been inspected, and Sandi Carman has subsequently met Jason Rowlands, the SHSC Director of Planning, Performance and Governance. A summary of the key insights will be presented to the next HCGC. A key learning point was that the CQC are looking for examples of excellence as well as areas for concern.

It was likely that CQC would visit in the new financial year, therefore the Trust needed to be ready for inspection from April 2015.

2. Quarterly Hospital Mortality Report

The Healthcare Governance Committee was provided with the quarterly mortality report. The following key points were highlighted:

The STH HSMR was 86 before re-basing, 62 Elective and 87 Non-Elective. Figures for Yorkshire Humberside show Airedale with a HSMR of 71, and the committee agreed that it would be of interest to discuss with Airedale how they are achieving such a low level. It was noted that the Area Team were monitoring Mortality Ratios on their Quality Dashboard.

The STH SHMI was 0.91, which was at the lower end of the 'as expected' category. Nationally there was an increased awareness of coding, particularly in respect of palliative care, which impacts on HSMR data.

In response to the Mortality Ratio for Fractured Neck of Femur patients, which is currently outside the 95% confidence interval, and to support ongoing work to improve rates of infection in this patient group, Mr Michael Reed (a hip and knee arthroplasty surgeon from Northumbria Healthcare/Northern Deanery, who had undertaken pioneering work on addressing infection in patients with fractured neck of femur) was visiting the Trust in the near future. It was anticipated that this work would assist the Trust in identifying further areas for improvement in the Fractured Neck of Femur care pathway.

3. MONTHLY NURSING AND MIDWIFERY STAFFING REPORT

The Healthcare Governance Committee were presented with an update on staffing and the following key points were highlighted:

- For each of the 72 clinical inpatient areas, the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts had been calculated for the month and the actual fill rate had been recorded.

- Overall the actual fill rate for shifts for Registered Nurses was 95.6% and for other care staff against planned levels was 94.7% during day shifts. Overall the actual fill rate for shifts for Registered Nurses against planned levels was 93.7% during night shifts and for other care staff the actual fill rate was 102.7%.

- The report detailed those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance were given and any

actions being taken were detailed. Some wards flagged up because they had a small workforce.

- The greatest area of concern was Huntsman 6. It was flagging up as a problem on registered nurses on both days and nights. The Chief Nurse reported it remained challenging to recruit nurses to that area.

Information would be presented to the Committee next month on the NHS England Care Contact Tool initiative, although concern was expressed regarding the limited evidence base for the tool and the cost to gather the necessary data that had been estimated at approximately £1,500 per ward.

The Trust had close working relationships with both of the city's Universities which provided the opportunity to influence curricula and to maintain contact with student nurses over the period of their training. The Trust does over-recruit when possible and some new programmes were currently under development. These included a Return to Practice programme, opportunities for fast-tracking appropriately prepared Clinical Support Workers into nurse training and shortened programmes for science/social science graduates. However, STH is in competition with other local hospitals and it was inevitable that some students would choose to work elsewhere. There was a need to ensure that STH remains an attractive employer through good continuing professional development and rotational and transfer opportunities.

Some of the challenges of Overseas Recruitment were discussed. There were ethical considerations in recruiting from the Developing World and the experience of other Trusts was constantly being evaluated. Many Trusts had seen considerable attrition in overseas nurses with those cities with an International Airport often fairsing best. In addition, it was currently taking nine months for overseas nurses to register to practice with the Nursing and Midwifery Council (NMC) as in many countries the clinical hours were significantly less than in the UK. The Shelford Group Chief Nurses were working with the NMC to review the position.

4. MANAGEMENT OF CONTROLLED DRUGS

The Healthcare Governance Committee were presented with an update on the Management of Controlled Drugs and the following key points were highlighted:

- There had been 96 Controlled Drugs incidents in the last 6 months, 82 insignificant, 13 minor and 1 moderate. One incident was reported to the Police although no further action was required.

It was confirmed that electronic prescribing would bring about a huge change in reporting – the expectation was that reporting would increase (as any discrepancy would automatically report), but 'real' incidents and risks should fall, because there was greater mitigation of potential risk for example because of a reduction in errors due to poor legibility of handwriting.

5. UPDATE OF INCIDENTS REPORTED AS SERIOUS INCIDENTS AND NEVER EVENTS FROM 6 NOVEMBER TO 1 DECEMBER 2014

The Healthcare Governance Committee were presented with an update on Serious Incidents and Never Events which highlighted the following:

- One new incident had been reported:

Delayed Diagnosis of Embolus in Patient's Leg

A patient was admitted suffering from confusion, pain and weakness in the lower right leg. Initial impressions were that the pain was from arthritis and the patient was referred to Geriatric Medicine, but an arterial doppler scan subsequently showed a restricted blood supply to the leg and foot. A Vascular Surgery opinion was requested and the patient required an above knee amputation. An investigation into the delayed diagnosis had commenced.

- Ongoing Incidents: Six SUIs were currently being investigated and the final reports were being compiled.
- Two incidents had been closed:

Pressure Ulcer

Action taken:

- Ensure care rounding and good documentation of pressure area care
- Ensure staff are aware when to make a request for a dynamic mattress and protective (prevalon) boots
- Ensure MUST score is done on admission or within 24 hours of admission

Delayed Antibiotics

Action taken:

- Introduction of Trustwide Sepsis pathway (underway)
- Review the ward stock antibiotics suitable for Penicillin allergic patients for all medical admission wards

A report for Surgical Never Events was now available on the Trust intranet.

6. RESUSCITATION TROLLEYS AUDIT

The Healthcare Governance Committee were provided with the Resuscitation Trolley Audit Report and the following key points were highlighted:

- 171 trolleys were audited
- Results were variable
- Unsatisfactory results were followed up on immediately
- All staff were aware of the checking process, though this was not always carried out exactly as prescribed.
- Most checks were undertaken by night staff
- Some areas showed a limited awareness of the importance of checks
- Non-complaint areas would be revisited
- Suggested follow-up report in March

It was queried how much of the problem related to poor process (e.g. accurate logging that checks had been carried out) and how much could cause actual practical impact in a cardiac arrest situation. There had been incidents where equipment items were missing from the trolley, which could have practical impact, although a second set of equipment was always available nearby. It was confirmed that at the Central Campus, the Porters always brought a second set of equipment to a crash call, thereby ensuring that a backup was always available.

It would be helpful to distinguish between the nature of faults, e.g. failure to tick a check sheet, vs failure to charge the defibrillator, or stock replacement pads. It was confirmed that the ward manager for a clinical area was responsible for the trolley in that area. In areas not staffed by nurses, the responsibility devolved to the senior person in charge (senior Radiographer or Therapist). There was a general feeling that there needed to be an appropriate balance between the risk of an equipment failure and the amount of resource it took to fully audit the 171 trolleys.

It was requested that a review of DATIX incidents relating to resuscitation equipment was presented to the Committee at the next update in March 2015.

7. COMPLAINTS AND FEEDBACK DASHBOARD

The Healthcare Governance Committee received the Complaints and Feedback report which highlighted the following key points:

- This was the second month of a new style 'dashboard' report.
- The number of new complaints received increased to 159 in October 2014 from 109 in September 2014. This was the highest number of new complaints received since March 2013.
- The Patient Services Team (PST) resolved 119 concerns in October 2014, compared to 106 concerns in September 2014.
- The overall number of complaints and concerns combined (complaints and PST enquiries) was 278. This was the highest number in the 24 month reporting period.
- The Trust had responded to 137 complaints in October 2014. This was an increase from 120 complaints in September 2014. 49% of complaints were recorded as being upheld. This was the third consecutive month since the 'partially upheld' category was removed in April 2014 where the number of not upheld complaints was greater than the number of upheld complaints.
- Monthly response time performance in October 2014 was 71%, compared to 86% in September 2014. This was in part due to efforts to reduce the number of overdue Surgical Services complaints.
- Surgical Services and Emergency Care continued to be the Care Groups with the highest number of overdue complaints.

