

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

Subject	Healthcare Governance Summary – October 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. Care Quality Commission (CQC) Compliance
2. Clinical Audit Programme
3. Consent
4. Mandatory Training Report – Health and Safety
5. SUI and Never Event Update
6. Care Rounding
7. Upheld complaint to the Parliamentary and Health Service Ombudsman (PHSO)

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.

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		20 November 2013
Board of Directors	Dr David Throssell		20 November 2013

1. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Committee received an update on news and events regarding CQC compliance during the past month covering:

CQC Inspection September 2013

CQC commenced a routine two-week inspection of the Trust on 9 September 2013. The inspection team included Experts in their field and Experts by experience. Inspectors visited Jessop Wing, Hallamshire Hospital, Northern General Hospital and Weston Park Hospital to observe care on wards and in theatres. They spoke to patients and viewed their notes. They also interviewed corporate and directorate staff and asked for a wide range of documents. No non-compliance concerns have been raised and the inspection reports have been received in draft and factual accuracy comments have been submitted to CQC. It is anticipated that all the final reports will be received by the end of November at which point they will be distributed widely.

Quality and Risk Profile

It was noted that CQC did not publish a QRP in September 2013.

CQC Strategy and News Update

Professor Steve Field has been appointed as the Chief Inspector of General Practice.

Piloting of the new inspection methods has begun. The new inspections include public listening events and other methods to gather staff, patient and carer comments. After an inspection the Trusts being inspected will be invited to provide feedback on the process.

Expert Advisors

The Patient and Healthcare Governance Department has started to collect details of staff that are recruited to advise CQC and assist with inspections as experts in their field. These staff will be invited to share their experiences with the Trust by describing innovations and good practice observed elsewhere.

2. CLINICAL AUDIT PROGRAMME

The Committee were provided with a mid-year position statement of progress with the Trust Clinical Audit Programme.

Trust clinical audit departments are driven by a multitude of initiatives and influences, both external and internal, which then determine the annual work programme for the department. The construction of a comprehensive annual programme involves the identification and prioritisation of all audit topics relevant to the particular health care sector and organisation.

- The programme of 372 projects is divided into 7 main sections, in order of priority. These sections cover;
 - The National Clinical Audit and Patient Outcomes Programme - NCAPOP (35)
 - Quality Accounts projects additional to NCAPOP (31)
 - NCEPOD recommendations (10)
 - Additional Regional / NHS Sheffield priorities (10)
 - NICE Guidance (172)
 - Additional Trust priorities (53)
 - Directorate priorities (61)
- 31 projects are considered to have a progress delay and have been assigned an amber RAG rating for quarter 2 of 2013/14. The reasons for this include overdue reports (14), overdue updates (6), delay in implementing action plan (5), further work being done (3), awaiting registration (2) and replacement due to duplication elsewhere (1). These will be actively pursued in quarter 3. One Directorate Priority project has been assigned a red RAG rating as there has been a delay with progress over the past two quarters.

- Additional local clinical audit (priority 4), usually initiated by individual clinicians ad-hoc throughout the year, will be supported by the CEU as resources allow. However, resources will be prioritised to deliver the TCAP.

3. CONSENT

The purpose of this report was to update the Committee on Trust arrangements for managing risks associated with consent.

- The Trust has well-established policies and processes for seeking informed consent. The policies are supported by information on the intranet and training material which is included in induction and mandatory training updates.
- Work is underway to modernise the consent form.
- Since April 2013 consent has featured in four incident reports, one complaint and one inquest.
- The Quality and Risk Profile (QRP) contains very little data on CQC Outcome 2 “consent to care and treatment” and no concerns have been raised during CQC inspections to date.
- The Lead Nurse for Children and Young People audited the consent form in June 2013 as part of the Clinical Audit Programme.
- Consent will be monitored through clinical audit and internal governance inspections.

It was noted that the Trust has established policies, processes and training material in place for consent. There are plans to modernise and improve the consent form during 2013/2014.

4. MANDATORY TRAINING REPORT – HEALTH AND SAFETY

The Committee were provided with assurance that health and safety mandatory training is undertaken by all staff and that this links to the appraisal process.

Health and safety training is undertaken by all staff as identified in their local Directorate Training Plan. Recording and reporting is in line with the Trust mandatory training system. The Trust mandatory training system links to the appraisal process.

Mandatory and Job Specific Training requirements are specified in Training Needs Analysis (TNA) documents which set out options tailored to suit different job functions.

The current Trust Training Needs Analysis for Risk Management Health and Safety was agreed in September 2012. The Topic Lead for this Training Needs Analysis is the Trust Occupational Safety Manager.

The Training Needs Analysis makes clear that all staff are required to do update training by undertaking the Central News Update. Additional locally provided training or attendance at meetings is required if staff have increased responsibility in regard of health and safety.

Trust Appraisal Guidelines (2013) set out the link between mandatory training and appraisal.

Central recoding and reporting of health and safety mandatory training compliance remains a challenge due to the use of different system across the organisation.

Personal Achievement and Learning Management System (PALMS) is being introduced into the organisation to address some of the issues related to the current arrangements

5. SUI AND NEVER EVENT UPDATE

One new incident was reported during the period following the September HGC meeting.

STEIS: 2013/27662 – Incorrect administration of Medication (Insulin)

Incidents for Closure

Two incidents have been closed by the Commissioners:

2013/7645 – Patient given a partial dose of Methotrexate following emergency surgery.

2013/13829 – Death following a fall on MAU1.

Never Events Update

No further never events have been reported during this period and work is progressing to establish the external review of operating services. The Safer Surgery Group is continuing to work through the key actions. To monitor compliance 'spot check' peer audits have been introduced.

Following the successful pilot of a electromagnetic bedside placement device for NG insertion, a tender for the NG insertion equipment is being prepared and will be advertised in the next four weeks. It is planned to introduce this device throughout the Trust.

6. CARE ROUNDING

The report summarised the available literature, local processes and developments of Care Rounding in the acute wards of Sheffield Teaching Hospitals NHS Foundation Trust.

Concerns over standards of care have been highlighted in several reports including Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) and the Care Quality Commission's report on Dignity and Nutrition Inspection Programme (2011). The Prime Minister David Cameron suggested that care rounds "tackle a real problem with patient care" and that "patients should expect nurses to undertake nursing rounds". This is done by nurses systematically and routinely checking that each of their patients is comfortable, properly fed, hydrated, and treated with the dignity and respect they deserve.

STHFT has incorporated care rounding across the majority of areas. The methodology of delivery varies based upon patient group and ward preference. Recent work undertaken by the Record Keeping Group, and a member of the Evidence Based Practice course, (Palmer, 2013) agree that there are benefits to undertaking Care Rounding, although there is still relatively little evidence nationally regarding this process. Further discussion regarding the Trust approach to Care Rounding will take place at the Nurse Executive group strategic session in December.

7. UPHELD COMPLAINT TO THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

This report provides a summary of a complaint which has recently been investigated and upheld by the Parliamentary and Health Service Ombudsman (PHSO). The report details the recommendations that were made and also provides assurances regarding the actions taken as a result.

The complaint was received on 7 December 2010 and was risk graded as 'high'. The complainant raised concerns regarding the care he had received from a doctor. In particular, he felt that the doctor was to blame for his readmission, and he felt he had informed both the doctor and the nurse caring for him, that he did not want this doctor involved in his care, and did not want him to carry out his EUA (examination under anaesthetic) planned for that day. However, the doctor subsequently carried out the EUA.

As part of the investigation process, the complainant met with the General Surgery Clinical Director in February 2011, in order to clarify aspects of his concerns. The Trust subsequently provided a response to the complaint in May 2011.

Unfortunately, significant delays were experienced in responding to the complaint. This was due to its complexity, and also due to the clinical commitments of key clinical staff involved in the investigation, which caused delays in their investigations and responses.

The complainant remained unhappy following receipt of his final response, and a meeting was held with the Medical Director in November 2011. The delay in arranging this meeting was at the complainant's request, due to personal circumstances.

The complainant remained unhappy and contacted the PHSO in January 2012. He raised concerns regarding the care and treatment he received at this Trust and, in particular, that the doctor concerned had still undertaken the EUA in spite of his expressed wishes.

The PHSO wrote to the Trust on 5 February 2013, with the final report advising that the complaint had been upheld.

A further update regarding the action plan is due to be provided in November 2013: