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SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS' MEETING
HELD ON 21 NOVEMBER 2012

Subject	Healthcare Governance Summary
Supporting TEG Member	Dr David Throssell, Acting Medical Director
Author	Sandi Carman, Head of Patient and Healthcare Governance
Status[1]	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. Medical Gases
4. Methicillin Sensitive Staphylococcus Aureus (MSSA) Action Plan
5. Thrombosis
6. Emergency Preparedness
7. Confidential Enquiry into Maternal and Child Health (CEMACH) Report
8. Clinical Audit Programme
9. Maternal Deaths
10. Cancer Peer Review Process
11. Staff Survey - Effective Team Working

Other governance matters discussed by the Trust are included in separate papers submitted to the Board of Directors (for example the Infection Prevention and Control 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[2]

	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		14 November 2012
Board of Directors	Dr David Throssell		21 November 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.

One new inspection report had been received during the previous month – the Cancer Peer Review Zonal Team Visit (June 2012) to the Acute Oncology MDT, Sarcoma MDT and Teenage and Young Adult MDT. The inspectors identified high compliance rates for Teenage and Young Adult services and the Sarcoma MDT and relatively low compliance rates for Acute Oncology Services. Some areas for development were identified. In accordance with the recommendation from the peer review team these have been entered onto the Trust's risk register. Action plans to address these issues were in place and actions are due to be completed by the end of December.

2. CARE QUALITY COMMISSION (CQC) COMPLIANCE

The Trust noted that further internal Quality Governance Inspections have now been completed. Inspection teams were impressed by their findings. Some areas for improvement were identified but there were no serious concerns requiring immediate action. Immediate verbal feedback was provided at the end of each inspection and written reports are currently being compiled. Directorates will produce local action plans and re-inspections will occur in 3-6 months time to check if improvements have been achieved.

CQC did not publish a Quality and Risk Profile (QRP) in September 2012. Recent CQC news includes their press release about failings at Pinderfields Hospital and key findings from their Learning Disability Service inspections. CQC is now consulting on their strategic direction for 2013-16. The CQC Regulatory Risk Committee considered 3 thematic reviews to be conducted during the financial year – dementia care, waiting times and physical health needs of people with a learning disability.

3. MEDICAL GASES

The Trust reviewed the work of the Medical Gases Committee. This committee was established in response to the requirements of *Medical Gases Health Technical Memorandum 02-01: Medical gas pipeline systems. Part B: Operational management*.

During the past year the committee has overseen development work on policies and procedures, training and out-of-hours cover. Risk assessments have been updated and audits have been conducted on medical gas cylinder storage and the clinical use of oxygen. The committee has addressed an Alert about the risk of uncontrolled release of liquid oxygen and overseen plans for building work. The committee has been active in addressing issues and improving services.

4. MSSA ACTION PLAN

The Trust considered an Action Plan developed by the Infection Prevention and Control Team to reduce the number of cases of Methicillin Sensitive Staphylococcus Aureus (MSSA). The action plan contains both Trust-wide and directorate-specific initiatives.

5. THROMBOSIS

The Trust reviewed the work of the Thrombosis Committee. The remit for the committee had been expanded to include oversight of the investigation and management of venous thromboembolism (VTE) as well as its prevention. This includes the safe management of anticoagulant therapy and the committee has been actively involved in minimising the risks associated with the introduction of the use of the new oral anticoagulants. The Trust switched to using dalteparin as its low molecular weight heparin (LMWH) of choice in January 2012.

The work of the committee has included supporting directorates to achieve the national target of assessing at least 90% of adults on admission for their risk of developing hospital-acquired thrombosis. The Trust successfully met this target each month. Support has also been provided for directorates to meet local targets for prescribing thromboprophylaxis in line with NICE guidance, and a Trust-wide audit was completed to monitor compliance with the NICE venous thromboembolism (VTE) prevention guideline and Quality Standards.

Root cause analysis of hospital-acquired thrombosis has been undertaken routinely since October 2011.

6. EMERGENCY PREPAREDNESS

The Trust reviewed the business and emergency planning challenges that had occurred during the previous six months.

These included business continuity planning for the Queen's Diamond Jubilee, industrial action by the British Medical Association, the Olympic Games, the Transformer Replacement Programme to improve the resilience of the electricity supply, and essential work to improve the resilience of the vacuum plant in Jessop Wing.

There had been two recent business continuity challenges – a failure of the 2222 emergency telephone bleep response, and a serious road traffic accident outside the entrance to the Northern General site.

Staff from Accident & Emergency and the Burns Unit took part in "Exercise Achilles", a training exercise to test current arrangements for burns patients during times of increased pressure and major incidents.

7. CEMACH

The Trust reviewed the progress of maternity services in meeting the 10 key recommendations from the National Confidential Enquiry into Maternal Deaths "Saving Mothers' Lives" published in March 2011.

There are no areas of non-compliance and the directorate is continuing to make progress with addressing the areas of partial compliance.

8. CLINICAL AUDIT PROGRAMME

The Trust noted the progress being made with the projects in the annual clinical audit programme. Internal monitoring is via bi-monthly meetings of the Clinical Effectiveness Committee and the Chair actively intervenes when delays with the progress of a project are identified. NHS Sheffield conducts external progress monitoring on a quarterly basis.

9. MATERNAL DEATHS

The Trust was informed about an internal review that had been conducted into the maternal deaths that had occurred over the past 5 years.

All 10 cases were reviewed in detail. No concerns were identified and the directorate was satisfied that the care provided had been appropriate. The Trust has approved an external review as a matter of good practice.

10. CANCER PEER REVIEW PROCESS

Cancer Peer Review is a developmental process and the standards change every year. The external validation is useful to test the quality of the Trust's internal validation process. The Trust was informed that the process and the scoring are quite complicated to interpret but the Trust's performance compares favourably with that of other organisations. Action plans result in year on year improvements.

A recent risk had been identified with two mammography machines which had inappropriate resonance. Both machines were immediately taken out of action and replacement machines were put in place. No patients needed to be recalled.

11. STAFF SURVEY - EFFECTIVE TEAM WORKING

Effective team working is a key finding in the Staff Survey. The Trust has been included in the bottom 20% of acute trusts for this key finding for the past 6 years. However, during this time staff satisfaction has also been tested using other methods and the results were more favourable.

The Trust was informed about the action that has been taken to improve team working. The following have been put in place:-

- A team building module has been introduced into the new leadership (ILM) programme
- INSIGHTS team development days have been introduced
- A communications audit has been conducted across the Trust
- 'Let's talk' events have been held, particularly for merging teams

Further work on the development of directorate strategies and the introduction of the new performance and behaviours appraisal process will also help with team members having a set of shared objectives. More work needs to be done to ensure that teams meet regularly to review their effectiveness and a new tool to help with this has recently been piloted.