Sheffield Teaching Hospitals ***NHS***
NHS Foundation Trust

MINUTES OF THE HEALTHCARE GOVERNANCE COMMITTEE
HELD ON MONDAY 21 MARCH 2011 AT 10.00AM-12.00NOON IN THE TEG MEETING ROOM
ESTATES OFFICES - BROOMFIELD ROAD

Present:	Mrs V Ferres (Chair)	**Apologies**	Mr C Linacre
	Professor H Chapman		Professor M Richmond
	Mrs S Carman		Mr N Riley
	Professor A Weetman		Ms Kirsten Major
	Mrs J Harriman		
	Mr K V O'Regan		
	Mr P Brennan		
	Dr D Throssell		
	Mr M Gwilliam		
In attendance:	Mrs P J Watson		
	Mrs D Hallett		
	Mr A Challands		
	Mrs J Price (minutes)		

Actions

1. **Apologies and Welcome**

   Apologies noted.

   The Chair asked it to be noted that the Committee thanked Mr C Linacre, Director of Service Development for his attendance and contribution to the Healthcare Governance Committee and wished him well for the future.

2. **Notes of the meeting held on 24 January 2011** – (Paper A)

   These were agreed as a true and correct record.

3. **Feedback from the Board**

   The Chair reported that the Board had received papers on CQC Compliance, Hospital at Night (part of the clinical update to the Board) and the Legionella Water Steering Group (highlight in HCGC minutes) and that there were no issues raised.

4. **Matters Arising**

   i) Falls Update - Head of Patient and Healthcare Governance (Paper B)

   The Head of Patient and Healthcare Governance informed the Committee that work was being undertaken at ward level to reduce the incidence of falls but with limited effect. There will be multiple solutions and workstreams that should link together in the NHS QUEST framework. A further report will be given once NHS QUEST has been signed off by the Trust.

   SC

   ii) Inquest and Incidents trend update - Head of Patient and Healthcare Governance (Paper C)

   The Head of Patient and Healthcare Governance informed the Committee that work was ongoing on the top five trends and a working group was reviewing a cluster of claims in Hotel Services. Once improvements in the recording of training have been achieved there should be a reduction in the number of claims.

5. **Healthcare Governance Reports**

   a) Care of Older People – (Paper B) - Mark Cobb Clinical Director of Professional Services and Sue Humphrey Service Development Manager

   The purpose of the report was to brief the Committee on developments of the former Task Group for the National Service Framework for Older People and to seek approval of the revised group's terms of reference and standards.

The Governance Improvement Manager requested that the use of transfer and discharge check lists be added to the measures used for Standard 3 so that the transfer of information can be monitored as this would be good evidence for CQC Outcome 6. There was a discussion about Standard 8 and the importance of ensuring that older people have the same opportunities as others. The Chief Nurse/Chief Operating Officer stated that it is difficult to develop measures for this.   The Director of Professional Services highlighted that this would be widened once Community Services became part of the Trust. It was suggested that information prescriptions may be relevant for this standard.

The Committee noted and agreed the contents of this report and the Chair requested a progress update in six months time.   **MC**

b) Consent, Mental Capacity, Deprivation of Liberty and Restraint – (Paper C) – Governance Improvement Manager

The Governance Improvement Manager informed the Committee that this was a new report on the work plan and will be an annual update. Paper C provides the Committee with a position statement on the policies and processes within the Trust for managing consent, mental capacity, deprivation of liberty and restraint.

Policies and Training Needs Analyses are in place for Consent, Deprivation of Liberty and Mental Capacity although some policies are due for review in April 2011. There is a policy for the management of Violence and Aggression but limited coverage of Restraint. The Chief Nurse/Chief Operating Officer informed the Committee that the Royal College of Nursing has a policy on restraint which includes the use of medication.

A new Intranet site for Consent including training records, is under development, and the Mental Capacity and DOLS Intranet site is due for updating and could be expanded to include Restraint.

Jane Harriman raised a concern with regards to lifting DOLS before discharge and feels this is a training issue. The Deputy Director of Standards is working with colleagues to ensure that this is addressed.

The Committee noted the contents of this report. It was agreed that this paper would be brought back to the Committee once restraint has been included and MCA has been updated.   **PJW**

c) Infection Prevention & Control Update – (Paper D) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer highlighted to the Committee the following headlines:

MRSA Performance for February 2011
There were zero cases for February. The year to date performance remains nine cases of MRSA against a year to date target of 11. The only change that had been made was the introduction of a new skin preparation. A report analysing this has been undertaken by the Lead Infection Control Doctor and will be brought to the Committee once completed.

MRSA Screening
The figures in January were 125%. February MRSA screening figures were unavailable at this time.

2008/2011 Clostridium difficile (C.diff) Performance
Ten positive samples had been recorded in February, which gives seven cases below our in-house indicator and 18 under the contract plan for the month.

MSSA

The Trust has started to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Similar to C.diff and MRSA bacteraemia, the cases are labelled as either Trust attributable or community acquired. For February, 4 Trust attributable cases of MSSA bacteraemia were recorded.

It is currently expected that the Trust will be set a reduction target for MSSA bacteraemia from April 2012.

After two months, the total Trust attributable cases of MSSA stands at 13.

Norovirus

The Trust has continued to experience some disruption caused by outbreaks of Norovirus during February with 14 areas being affected.

The Committee noted the contents of this report.

d) Infection Prevention Quarterly Update & Programme – (Paper E) - Dr Christine Bates Lead Infection Control Doctor – (deferred from February)

Paper E was to highlight to the Committee the progress in quarter 3 of the 2010/2011 IPC Programme and to present the draft 2011/2012 IPC Programme for comment and ratification.

The key point discussed was that 23 areas had seen a deterioration in their progress against the IC programme with four being sufficient to change banding from blue to green or green to yellow. The major reason for this reduction in compliance was the introduction of the Infection Control e-learning package. Until this quarter Directorates were not required to declare compliance against this standard. All modules of this package are now available and staff have been requested to undertake the programme which can take 2-3 hours to complete. At present few staff have as yet completed it. The Lead Infection Control Doctor stated that the e-learning package was being reviewed with a view to making the training shorter and more to the point.

It was noted that the Infection Prevention and Control Programme would need to be amended following Transforming Community Services. The draft 2011/2012 IPC Programme was approved by the Committee and agreed to be taken to the Board.

e) External Visits, Accreditations & Inspections – (Paper F) – Governance Improvement Manager

This report summarises the documents received by the Chief Executive's Office during February. Two action plans had been signed off by the Accrediting body - Accreditation for Clinical Pathology and BSI visit to Clinical Engineering, both of which give very good evidence for CQC.

Three other recommendation reports had been received which highlight some new minor deficiencies – two action plans are still required, one has been received.

It was agreed that the heading of Action Plans Pending should be kept on front of the Executive Summary as this gives a clear site of action plans still awaited.

The Committee noted the contents of this report.

f) CQC Compliance – (Paper G) – Governance Improvement Manager

The Governance Improvement Manager informed the Committee that this is the second monthly report containing background information about the STHFT CQC compliance framework and how the papers brought to the Committee are being monitored to provide evidence of compliance with CQC Outcomes.

For simplicity there are now two diagrams, one showing green flags for new evidence that can be added to Provider Compliance Assessments and one for yellow and amber flags for new concerns. A yellow flag indicates that an action plan is already in place and an amber flag indicates that an action plan is awaited.

The Chair raised a question as to whether this was a sensitive enough tool to give the Trust a full picture. The Governance Improvement Manager and the Head of Patient and Healthcare Governance agreed to discuss this further. **SC/PJW**

The Committee noted the contents of this report.

g) <u>Patients Incidents, Concerns, Claims and Inquests</u> – (Paper H) - Head of Patient and Healthcare Governance

Paper H updates the Healthcare Governance Committee about the statistics and trends relating to incidents, concerns, claims and inquests for the quarter Oct – Dec 2010.

The format of this quarterly report is in the format agreed when the previous report was discussed in December last year.

The number and distribution of incidents, concerns, claims and inquests this quarter is within expectations except for a cluster of Staffing Issues incidents reported in the Jessop Wing, this was reported previously and a plan to resolve this matter has been put in place.

Figure 3 shows an increase in falls which is a recurring theme across the Trust. Specific areas are being looked at to see if there are any common themes.

The Committee noted the contents of this report.

h) <u>Coronary Heart Disease</u> – (deferred until April)

i) <u>Asbestos</u> – (Paper I) – Estates Director

Paper I updates the Committee on Asbestos related issues within the Trust and provides assurance that there are appropriate management systems in place within the Trust for the safe management and control of Asbestos. The report is designed following consideration of the CQC Outcomes, in particular Outcome 10 relating to the Safety and Suitability of Premises.

The key points highlighted were:

The Trust decided during 2010 to migrate all of the information contained within its Asbestos Registers into the new Asbestos Module within the MICAD system, and to populate the MICAD Lite module which will give Staff, Contractors and the Emergency Services easy access to the most up to date information relating to Asbestos and its locations within Trust properties through the use of a web viewer. Information on the known locations of Asbestos Containing Materials (ACM's) can be viewed at any time and from any location via the web.

During 2010 the Estate Management Directorate undertook a tendering exercise to appoint Asbestos Consultants to the Trust. The Contract was awarded to a local company from Chesterfield. The Broadland Group Limited who are currently undertaking an audit into Asbestos Management at Sheffield Teaching Hospitals NHS Foundation Trust. The audits will concentrate on the management of Asbestos works, non-Asbestos works and general maintenance at the Central & Northern Campuses.

The Committee noted the contents of this report.

j) Resuscitation – (Paper J) - Head of Patient and Healthcare Governance

Paper J summarised the workings of the STHFT Resuscitation Committee and the Resuscitation Department throughout 2010 and the key elements included:

- Resuscitation committee
- Resuscitation training
- Defibrillation replacement programme
- Resuscitation equipment
- Audit
- DNACPR Policy
- Vacancy Control

The Committee noted the contents of this report.

k) Hospital Mortality – (Paper K) - Head of Patient and Healthcare Governance

Paper K provides the Committee with the current Hospital Standardised Mortality Ratio for STHFT 2010/2011 and equivalent values for other large Foundation Trusts for comparative purposes.

The key points highlighted were:

Dr Foster reports the HSMR for STHFT in their Hospital Guide to enable comparison of mortality rates across all hospitals in England and statistical models enable them to estimate the number of deaths at a Trust.

No action is required as HSMR is currently significantly lower than the national benchmark.

The Committee noted the contents of this report and it should continue to be reported on a quarterly basis.

i) Patient Records – (Paper L) - Head of Patient and Healthcare Governance

Paper L reported on the progress with the Patient Records Development Programme and the roles and responsibilities of the groups that govern patient records.

The Patient Records Development Programme consisted of three key projects: Inter-Professional Patient Record, Single Number and Single PAS. These projects have been managed independently but all report to the Patient Records Development Programme Board which is chaired by the Medical Director.

In addition to this there are three operational groups for patient records; these are the Patient Records Committee, the New Documents Group and the Nursing Record Keeping Group.

The Committee noted the contents of this report.

m) NICE – (Paper M) - Head of Patient and Healthcare Governance

Paper M summarises STHFT's position to published NICE guidance during the financial year 2010/2011. The implementation and compliance with NICE guidance is monitored internally by the NICE Implementation Steering Group and overseen by the Clinical Effectiveness Committee. Externally, NICE implementation is monitored via NHS Sheffield and NICE implementation is expected by the CQC.

Key points to note:
STHFT has a good record of working towards implementation with NICE guidance. This has been aided by the emergence of the new group to urge clinical engagement with this process.

The release of the new quality Standards and their links with the Outcomes Framework will have impact on STHFT services, but processes are currently being explored on how to ease them into services with the ability to monitor this work effectively.

One piece of NICE guidance is causing some concern, but this is the result of primary care not implementing part of the recommendations – active discussions are currently taking place.

The Committee's attention was brought to the one amber CG103 chronic heart failure. This is being discussed within the PCT over the use of the diagnostic procedure and a decision will be forthcoming.

The Committee noted the contents of this report.

n) Premises Assurance Model Estates Infrastructure (PAM) – (Paper N) – Estates Director – (deferred from February)

Paper N seeks to introduce PAM as a way forward for reporting premises assurance. PAM will provide evidence for CQC Outcome 1 (respecting and Involving People Who Use Services), Outcome 10 (Safety and Suitability of Premises), and 11 (Safety and Suitability of Equipment).

PAM has been tested for over a year in the Yorkshire and Humber region and the final version will be ready in April. Accordingly to national senior estates and facilities reference group, which includes STHFT, the tool will be retained and supported in the new landscape. The model provides a consistent approach and enables benchmarking, subject to uptake. It links and uses information from the ERIC data which we already provide. The tool can be extended to other premises such as community premises if required.

The tool contains five domains: finance and VFM, safety, effectiveness, patient experience, board governance.

• The evidence from each question is used to populate a self assessment worksheet, which on completion provides a RAG rating for each domain. There is blue zone which depicts best practice. Given the model has been developed for the NHS by the NHS it seems reasonable to consider its use for reporting on premises assurance.

This report was adopted by the Committee. It was agreed that the Estates Director and the Head of Patient and Healthcare Governance would discuss the format of the report. The first **PB/SC** report should be provided in June or July 2011.

o) Directorate Dashboard – (Paper O) - Governance Improvement Manager – (deferred from February)

This is a quarterly report showing results for healthcare governance indicators on the performance management framework. The report shows good governance for a number of indicators, the spread of Clostridium Difficile cases during the quarter, and progress towards the VTE target.

The Governance Improvement Manager highlighted the fact that the VTE flags stay red until the 90% target is achieved.

The Chief Nurse/Chief Operating Officer requested that information on the Nurse Sensitive Indicators be obtained prior to producing future Dashboard reports. **PJW**

The contents of this report were noted.

p) CQC Stroke National Review – Deferred until April

q) <u>National In Patient Survey 2010</u> – (Paper P) – Chief Nurse/Chief Operating Officer

Paper P summarises the results of the 2010 Inpatient Survey, highlighting areas where the Trust has performed well and areas for improvement. Results are compared to those from the 2009 survey and also to performance nationally. Overall the Trust has performed well.

One area of poor performance was raised re the quality of discharge letters which are not written in a way which could be understood. The Chief Nurse/Chief Operating Officer commented that once the single PAS system is in place, ICE can be used to format letters which will improve readability and timeliness. Support will be given to Junior Doctors to develop the quality of the information entered. Once this is in place an improvement should be seen in the next six months.

The Committee noted the results of the National In Patient Survey 2010.

r) <u>Patient Experience Report</u> – (Paper Q) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer presented the second quarterly Trust Patient Experience Report which had been brought together from a variety of sources to provide an overview of patient experience and actions being taken to improve services.

The Chief Nurse/Chief Operating Officer commented that this she would like to see this as a public document and this has influenced the design. Professor Weetman commented that if this was the case an Executive Summary from the Chief Executive would be most welcome.

The Committee were in favour of this format and congratulated the Patient Partnership Department on their production of a very informative piece of work.

The Committee agreed that this document should go to the Board.

6. **Healthcare Governance Other Matters**
a) <u>Francis Report</u> – (Paper R) - Head of Patient and Healthcare Governance

Paper R briefs the Committee on the progress against the Mid-Staffordshire Assurance Review Action Plan.

The following key points were highlighted:

- A True for Us Assurance Review was commissioned in 2009 in response to the Healthcare Commission report on Mid-Staffordshire Trust.

- The resulting action plan was reviewed in July 2010 shortly after the Robert Francis Inquiry report was published; no further actions were added to the plan

- A progress report on the action plan was considered by the Healthcare Governance Committee at a Time Out in September 2010. The Time Out generated a separate Healthcare Governance Committee Development Plan.

- This report provides an update on progress against the original action plan. 28 of the 31 actions have now been completed. Actions outstanding will be linked to the Healthcare Governance Committee Action Plan to ensure appropriate monitoring and oversight.

The Committee were informed that the Patient and Healthcare Governance Department were monitoring 13, 14 and 20 on the Action Plan.

P&HCG

The Committee noted the contents of this report.

B) <u>CQC Readmissions Update</u> – (Paper S) - Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance informed the Committee that this Alert was now closed and a full response was sent to CQC in February.

The Committee asked for the Action Plan will be brought to the Committee in April.   **SC**

7.   **Incidents and Inquests** - Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance reported there were no significant incidents or inquests to report.

8.   **Any Other Business**

There was no other business raised.

9.   **Information Items**

a)   Legionella Water Quality Steering Group notes – February 2011 – (Paper T)

9.   **Items to be forwarded to the Board**

The following items were agreed to be forwarded to the Board   **SC**

  i.   Infection Prevention Quarterly Update and Programme
  ii.   Patient Experience Report
  iii. Hospital Mortality

10. **Date and time of next meeting**

Monday 18 April 2010 in the TEG meeting room, Broomfield Road at 10.00am – 12.00noon