Sheffield Teaching Hospitals NHS
NHS Foundation Trust

MINUTES OF THE HEALTHCARE GOVERNANCE COMMITTEE
HELD ON MONDAY 16 MAY 2011 AT 10.30AM-12.30PM IN THE TEG MEETING ROOM
ESTATES OFFICES - BROOMFIELD ROAD

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

Actions

1. Apologies and Welcome

Apologies noted.

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

These were agreed as a true and correct record with the exception of:

7(i) - The Chair highlighted that the minute does not reflect the concern that was expressed in the meeting and then escalated to the Board.

3. Feedback from the Board

The Chair reported that there had been no specific feedback from the Board meeting.

4. Matters Arising

5(j) – The Head of Patient and Healthcare Governance informed the Committee that a draft Strategy for the Medicines Safety Committee had been received. The Action Plan still needs finalising. It was agreed that this Strategy would be brought to the Committee in June. **SC**

5. Healthcare Governance Reports

a) Infection Prevention & Control Update – (Paper B) – Chief Nurse/Chief Operating Officer/Lead Infection Control Doctor

The Lead Infection Control Doctor highlighted to the Committee the following headlines:

MRSA Performance for April 2011
There had been one case of MRSA bacteraemia recorded during April but this was not attributable to STHFT as the bacteraemia was identified on admission.

MRSA Screening
The figures in March were 126%. April's MRSA screening figures were unavailable at this time.

2008/2011 Clostridium difficile (C.Difficile) Performance
In April STHFT recorded 24 positive samples. This is 12 cases above our contract plan for the month. The year and position was 286 against a target of 144.

Firth 2 has had six cases of C.Difficile. The Trust has declared this cluster as a SUI. Cross Infection does not appear to be the issue. An Action Plan has been agreed by TEG for the ward to have extended deep cleaning.

MSSA
MSSA is carried as a natural bacteraemia by a third of the population. For April nine Trust attributable cases of MSSA bacteraemia were recorded. After four months the total Trust attributable cases of MSSA stands at 36. The Lead Infection Control doctor reported that the majority of cases are line related. A few hospitals across the region are also seeing an increase but there is little benchmarking data available as yet. It is expected that the Trust will be set a reduction target from April 2012.

Norovirus
The Trust has continued to experience some disruption caused by outbreaks of Norovirus during March. At times this has had an impact on service delivery but the disruption has been contained more successfully than during 2010. The Clinical Management Board has asked to look at controls around Norovirus.

The Committee noted the contents of this report.

b) Infection Prevention & Control Programme – (Paper C) – Lead Infection Control Doctor

This report highlighted the progress in Quarter 4 of the IPC Programme and showed that overall progress had been made with group/department having an average score of 95.9%. Overall areas within the Trust have shown at least 84% compliance. No areas have shown deterioration in their progress against the Infection Control Programme. Progress is being made with regard to updating the numerous IPC related polices and guidelines. Work has also progressed to amend certain elements of the IPC e-learning package.

The Chair made a request that the column showing whether or not an Equality Impact Assessment had been undertaken be reflected differently. **CB**

The Committee noted the progress with this report and it was agreed that this report would be taken to the Board. **SC**

c) External Visits, Accreditations & Inspections – (Paper D) - Governance Improvement Manager

This report informs the Committee of the recommendations and action plans received by the Chief Executive's Office during April 2011 as a result of external visits, accreditations and inspections.

Three Action Plans had been received by the CEO's office, two responding to serious concerns following the North Zone Cancer Peer Review visit in February 2011 and one to address the NHSLA Support visit in March 2011. No Action Plans have yet been completed.

The Chair noted that there were five Action Plans still pending and it was agreed to give an update on these for the June meeting. **AC/PJW**

The Committee noted the contents of this report.

d) CQC Compliance – (Paper E) – Governance Improvement Manager

The Governance Improvement Manager presented this report to the Committee in its new format as discussed at the May meeting.

The neonatal readmissions alert has been closed by CQC following a satisfactory response from the Trust.

The unannounced CQC visit in March to Hadfield 3 and 6 has received positive informal feedback from CQC. Formal feedback is due on 20 May.

The CQC registration of Community Services as part of STHFT has been successfully completed for March 2011.

CQC have written to the Trust about an emergency caesarean section alert. A response has been provided.

The Quality and Risk Profile (QRP) for March 2011 showed all Outcomes being rated as Green (better than expected) Neutral (similarly to expected) or Grey (insufficient data). The Chair asked for internal analysis on the grey outcomes to be undertaken. The Governance Improvement Manager agreed to provide this in the next report. **PJW**

The Committee noted the contents of this report.

e) Staff Incidents and Claims – (Paper F) - Head of Patient and Healthcare Governance

This report provides the Committee with information and analysis regarding staff incidents for the quarter January to March 2011.

This quarter the numbers of staff incidents recorded in the Trust Datix Incident Management System has increased. However, last quarter, the figures were lower possibly due to the seasonal holidays and taken together the figures appear to be balancing out. Although the number of incidents this quarter has increased the severity of incidents has decreased.

The number of moderate incidents has slightly reduced (2%) in comparison to the last quarter. Central Nursing have the highest number of moderate graded incidents, the majority are in Domestic Services on the Central Campus. A Working Group has been formed to review these clusters and it was agreed that outcomes of this would be reported in future reports. **SC**

The Head of Patient and Healthcare Governance informed the Committee that Community Services would be added to the 'incidents by clinical group and severity' chart for the next report. **SC**

The Committee noted the contents of this report.

f) Cancer – (Paper G) – Director of Service Development

The purpose of this report was to provide an account of the activity within the key areas of cancer services for the year 2010/2011; recommendations and actions to be implemented; current and anticipated issues and future plans.

The Director of Service Development highlighted the following:

- Compliance with the majority of Cancer Waiting Times target thresholds has continued to be achieved during 2010/2011. Performance is shown for the first 3 quarters with the last quarter being provisional figures. Figurers for 62 day first treatment GP referred (Q4) and 62 day screening to treatment (Q3) are treated as one target, The Trust in under performing on this target therefore it is critical to achieve improvement in Quarter 1 2011/2012 performance. An action plan has been provided to TEG and this will be brought to Healthcare Governance committee in June. **KM/SC**
- There were no immediate risks identified with regard to peer review visits, external accreditation or validation. Serious concerns were identified for the Lung MDT at RHH and radiotherapy. These have been addressed in Action Plans.
- Cancer screening services – the Trust is ready to implement the age extension to breast screening from May 2011. This performance will be monitored.
- Targets are being met with regard to cervical screening.

The Chair emphasised that the Board need to be made fully aware of the recommendations set out in this report.

The Committee noted the contents of the report and it was agreed that this report would be forwarded to the Board

Actions

g) Reported Controlled Drug Incidents – (Paper H) - Head of Patient and Healthcare Governance

The purpose of this report was to inform the Committee of the incidents involving controlled drugs which occurred between January 2011 and 31 March 2011.

There had been 31 incidents involving controlled drugs in this quarter and of these 31 incidents 16 were classified as insignificant and 14 as minor. All but one of the incidents was fully investigated at the time or has been followed up later and no incidents had been reported to the police.

The Committee were informed that discussions had taken place regarding the timescales of action plans and completion dates and how these can be improved.

The Committee noted the contents of this report.

h) Emergency Preparedness – (Paper I) – Chief Nurse/Chief Operating Officer

The purpose of this report was to update the Committee on the work which has been undertaken during 2010/2011 to ensure that arrangements are in place to respond to business continuity and emergency planning challenges.

The key points within the report are as follows:

- Legislative context
- Business Continuity challenges
- Review of plans and action cards including the Trust Major Incident Plan, Lockdown and Mass Casualties and the First on Call Manual
- Business Continuity planning
- Black start generator tests
- Table top and multi agency exercises

The Trust has well established systems and processes in place for responding to potential Major Incidents and for engaging Directorates in Business Continuity Planning.

The Chair clarified Section 3, paragraph 2 – the Chair of the Healthcare Governance Committee should be the Non-Executive Director of the Board of Directors who supports the Executive Director leading on Emergency Preparedness.

The Committee noted and accepted the content of the report.

6. Deferred Reports

It was agreed that in future a brief description will be given as to why reports have been deferred. **JMP**

a) CQC Report Supporting Life after Stroke - Deferred until June

b) Patient Transfers and Discharge Communication – Deferred until June

c) Waste Management – Deferred until June

d) Clinical Effectiveness Programme and Annual Report – Deferred until June

e) Directorate Dashboard – Deferred until June

Actions

7. Healthcare Governance Other Matters

a) STHFT and AML Dual policy Agreement for PET CT Unit – (Paper J) – Head of Patient and Healthcare Governance

The purpose of this report for the Committee to receive assurance that due process has been followed in retrospectively reconciling the policies and procedures that govern the quality of care at the PET CT unit based at the Northern General Hospital and to approve signing the Dual Policy Agreement.

The PET CT based at the Northern General Hospital is run by Alliance Medical Limited (AML) under an agreement with the Department of Health. STHFT lease the building to AML and provides support services under a service level agreement.

PB

The Estates Director raised the issue of maintenance of the buildings and the need for this to be formalised. It was agreed that the Estates Director would speak with the Director of Service Development to resolve this issue.

The Committee noted the review of process and approved the Dual Policy Agreement.

b) Report on Customer Care Standards – (Paper K) – Chief Nurse/Chief Operating Officer

This report provides information for the Committee in relation to the development, launch and future monitoring of the new 'Commitment to Customer Care'.

The 'Commitment to Customer Care' guide has been developed in partnership with patients, carers, governors and staff and the customer care initiative is a key part of the ongoing work to improve patient experience. The customer care standards will ensure a consistent professional and welcoming approach across all Receptions. The standards were launched on 7 April by the Chief Executive at an event attended by over 80 Trust staff and will be implemented in June supported by workshops taking place during May.

The standards will be evaluated in December 2011; it is planned for them to be rolled out to other front line staff groups such as portering and domestic services in the future.

The Committee noted the developments of this report and agreed to forward this report to the Board.

c) CQC Caesarean Section Alert – (Paper L) – Medical Director

This report updates the Committee, on the actions taken in response to a Care Quality Commission alert regarding the Trust's rate of Emergency Caesarean Sections from July – September 2010.

On 18 April the Trust received an alert letter from the CQC in relation to the rate of emergency Caesarean Sections undertaken within the Trust from July 2010 - September 2010. This information was derived from the Trust's Hospital Episode Statistics (HES) data.

Internally the high caesarean section rate had been identified at the time by the Maternity Services Senior Management Team and improvement action had commenced immediately.

The Head of Midwifery, Consultant Obstetrician and Consultant Midwife contributed to and approved the final Trust response which was submitted two days prior to the deadline on 4 May 2011. Executive support and guidance was provided by the Medical Director.

A further update will be provided to the Committee once a response has been received from CQC.

The Committed noted the information provided and agreed that this report would be forwarded to the Board.

Actions

8. Incidents and Inquests - Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance gave the following update on a patient that died in November 2009 at Barnsley Hospital.

The Coroner recorded a narrative verdict in relation to the death of a patient as follows:

"The patient died in November 2009 at Barnsley Hospital in consequence of an untreated brain abscess.

The likely diagnosis of an abscess had been made at a neuro-oncology MDT meeting at RHH on the afternoon of 4 November 2009 but there was no effective system in place to ensure that the on call neuro-surgeon was made aware of such an urgent diagnosis. This amounts to a gross failure of communication. Nor did the surgeon then on-call specifically seek the result of the MDT meeting.

Thus neither the on-call surgeon not his successor became aware of the findings of the MDT and believed that the transfer of the patient for a biopsy was non-urgent.

The patient deteriorated on 7 November 2009 and died the following morning. Had the patient's situation been identified before her deterioration it is likely that she would have survived."

The Healthcare Governance Committee noted that remedial action had been undertaken since this incident.

The issues have now been addressed and systems are now in place in order for this kind of incident not to reoccur. There is now real-time reporting from MDT on screen, routine checking outcomes from MDT meetings. Urwin Mitchell has released a press release.

9. Any Other Business

No items of any other business were raised.

10. Information Items

a) Information Governance Committee notes April 2011 – (Paper M)
These notes were for information only.

b) The Safety and Risk Management Board notes for April were unavailable at this time and will be circulated together with the papers for the June Committee meeting.

11. Items to be forwarded to the Board

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

- Infection Prevention and Control Programme – Paper C
- Cancer Report - Paper F
- Customer Care Report – Paper K
- Caesarean Alert – Paper L

12. Date and time of next meeting

Monday 20 June 2011 in the TEG meeting room, Broomfield Road at 10.00am – 12.00noon