

**MINUTES OF THE HEALTHCARE GOVERNANCE COMMITTEE
HELD ON MONDAY 26 SEPTEMBER 2011 AT 10.30AM-12.30PM IN THE TEG MEETING ROOM
ESTATES OFFICES - BROOMFIELD ROAD**

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

Actions

1. Apologies and Welcome

Apologies noted.

2. Notes of the meeting held on 25th July 2011 – (Paper A)

These were agreed as a true and correct record.

3. Feedback from the Board

There was nothing to report.

4. Matters Arising not on the Agenda

4.1 The Chair reported that she had attended a meeting the outcome of which was that the SHA would investigate the establishment of a NED Quality Champion Network. The Chair would keep the Healthcare Governance Committee updated on any key issues.

4.2 Annual Complaints Report 2010/2011

The Chief Nurse/Chief Operating Officer informed the Committee that work had been undertaken looking at the proportions of complaints activity for every care group within the Trust and this showed a 0.1% of total activity. The next report would show these results and would also give a better understanding and explanation for both founded and unfounded complaints where there is a communication issue.

4.3 Trust Board Organ Donation Report

The Director of Estates had sent a copy of the report to Jackie Rawlings for comment. It was noted that Jackie Rawlings felt that current office space was adequate for their needs.

Matters Arising

4.3 Slide Sheet Business Case Update – This was deferred to October

5. Healthcare Governance Reports

5.1 Infection Prevention & Control Update – (Paper B1) – Chief Nurse/Chief Operating Officer

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

MRSA Performance for July 2011

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

MRSA Screening

The figures in June were 114%. July's MRSA screening figures were unavailable at this time.

Clostridium difficile (C.Difficile) Performance

In July STHFT recorded 19 positive samples. This is 8 cases above our contract plan for the month. The health community performance is always once month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in June was year to date performance of 104 cases against a year to date target of 47.

MSSA

For July, 7 Trust attributable cases of MSSA bacteraemia were recorded.

Norovirus

The Trust has continues to experience sporadic cases of Norovirus during the month of July.

E.Coli

For July, 21 Trust attributable cases of E. Coli were recorded.

The Committee noted the contents of this report.

5.2 Infection Prevention & Control Update – (Paper B2) – Chief Nurse/Chief Operating Officer

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

MRSA Performance for August 2011

There had been three cases of MRSA bacteraemia recorded during August but this was not attributable to STHFT as the bacteraemia was identified on admission.

MRSA Screening

The figures in July were 111% and August MRSA screening figures were 109%.

Clostridium difficile (C.Difficile) Performance

In July STHFT recorded 19 positive samples. This is 8 cases above our contract plan for the month. The health community performance is always once month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in July was year to date performance of 131 cases against a year to date target of 63.

MSSA

For August, 8 Trust attributable cases of MSSA bacteraemia were recorded.

Norovirus

The Trust has continues to experience outbreaks of Norovirus, with a significant outbreak in August affecting both renal inpatient wards.

E.Coli

For August 19, Trust attributable cases of E. Coli were recorded.

The Committee noted the contents of this report.

5.3 Update on the Clostridium difficile (C.diff) Action Plan – (Paper C) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer highlighted the following points:

The Trust is not currently on the required trajectory to meet its C.diff target for 2011/2012. The target for the year is 134 and the Trust had recorded 109 cases by the end of August. The key issue remains to be C.diff and the updated action plan had been provided and changes or actions still to be completed.

The reconfiguration of services to enable a vacant ward to become available is actively progressing and had been dependant on the Orthopaedic move to the Central site and it was emphasised that these wards would become vacant before the end of November.

Optimising the admission process had been challenging in how we support a better flow throughout the Trust and some of the key issues were the timeliness of community packages.

The Committee noted the contents of this report.

5.4 External Visits, Accreditations and Inspections – (Paper D) – Medical Director

The Governance Improvement Manager highlighted the following points:

The report was to inform the Healthcare Governance Committee of the recommendations and action plans received by the Chief Executive's Office during July and August 2011 as a result of external visits, accreditations and inspections.

NHSLA visit in May 2011

The Trust had been visited by an Inspector from NHSLA to support the Trust with the preparations for the next NHSLA assessment. The Assessor provided feedback on changes to policy that will be necessary to maintain Level 1 compliance and gave suggestions for achieving Level 2 compliance in the future. The internal action plan is in place.

The college of Clinical Perfusion Scientists visit in December 2010

All actions on the action plan provided were now complete.

Bowel Screening Centre QA Visit April 2011 – Cervical Screening QA visit follow up visit in March 2011.

Good progress had been made with both of the these action plans and both areas had been complimented on the progress made.

The Patient and Healthcare Governance Department tracks progress on action plans and completion. It was noted that the Cancer Peer Review action plan is now complete with no further action required.

The Chair questioned if Risk Assessments were undertaken for these External Visits as this had been previously raised. The Trust Secretary was to discuss this matter with Andy Challands and would feedback to the Committee.

NR

The Committee noted the contents of this report.

5.5 Care Quality Commission (CQC) Compliance – (Paper E) – Medical Director

The Governance Improvement Manager highlighted that at the time that the report was originally written it was thought that there would be a planned review but a meeting had since taken place with Brian Silverwood from the CQC and it is now less certain that this will happen. It is almost certain that there will be a visit to the Jessops Hospital prior to Christmas.

CQC compliance systems have been established within the Trust. There is a rolling programme to review the QRP and the Provider Compliance Assessments (PCA's). This review includes both the hospital and the community locations.

The Medical Director highlighted that we need to be careful that we do not only peak for a visit but to ensure that the standard is normal practice and be checked on routinely. The Head of Patient and Healthcare Governance reported that there is a process in place to ensure that we are meeting and exceeding our standards. It was agreed that we need to challenge ourselves more frequently.

Actions

The Governance Improvement Manager had asked for development plans to be included in this years business plans which would also include community services.

Also provided for information were the minutes from the Care Quality Commission compliance review group meeting.

The committee noted the contents of the report.

5.6 Staff Incidents – (Paper F) – The Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance informed the Committee that the numbers of staff incidents recorded in the Trust Datix Incident Management System had decreased very slightly by 6 incidents.

There were a total number of 349 staff incidents and 9 student incidents reported on Datix this quarter. There has been a slight increase in incidents submitted under physical assault by a patient. These have been looked at and the majority of these incidents are unavoidable due to the patients condition or illness and each case needs to be looked at individually.

Professor Weetman asked if student incidents could be reviewed to show any significant issues or concerns. The Head of Patient and Healthcare Governance agreed to review this.

SC

The committee noted the contents of the report.

5.7 Care of Children and Young People (CYP) Treated at Sheffield Teaching Hospitals NHS Foundation Trust including Transition – Chief Nurse/Chief Operating Officer

The report outlined the summary of Trust wide issues, progress and solutions. The Chief Nurse/Chief Operating Officer reported that the main challenge had been transition and many cases were becoming more challenging for all young people. Work was progressing well but it was very much on individual cases and could not be a blanket approach.

The Medical Director advised that there appears to be a gap for post 16 patients who require therapy. The special school provision ends at the age of 16. The Chief Nurse/Chief Operating Officer suggested that this should be raised with the commissioners.

The Trust continues to provide some specialised services for CYP and ongoing process of audit and service development and improvement is in place that these services are safe, effective and appropriate to the needs of the CYP.

The Committee noted the contents of the report.

5.8 Annual Report 2010/11 for STHFT Security– (Paper H) – Chief Nurse/Chief Operating Officer

The Director of Hotel Services advised that it had been an improved year for security incident reporting with no major incidents reported which given the size and the complexity of the Trust was a very positive outcome.

There are plans in place to increase both CCTV and access control coverage within the Trust and to upgrade the access control system from swipe card readers to smart card readers in the near future.

The Committee noted the contents of this report and agreed that this should be taken to the Board.

5.9 Annual Fire Management Report – (Paper I) – Director of Estates

Actions

The key points in the annual report were:

- Relevant legislation, fire safety guidance and Trust responsibilities
- The Trust's management procedures and controls
- Summary of fire safety training
- Summary of fire and false alarm incidents
- Key outstanding strategic fire risks.

A revised fire safety training needs analysis has now been produced to inform staff of the training delivery and content required. Approximately a quarter of mandatory fire training is now carried out by Directorate training leads.

The program of 'hot' practical first aid fire fighting training has continued throughout 2011 and is now available to all staff.

Mrs Jane Harriman had questioned the percentage of staff attending fire lectures at the Northern Campus. The Director of Estates would look into this and feedback to the Head of Patient and Healthcare Governance.

PB

The Committee noted the contents of this report and agreed that this should be taken to the Board.

5.9 Management of Controlled Drugs Report – (Paper J) – Medical Director

The Medical Director highlighted the following points to the Committee:

There were 44 incidents involving controlled drugs in the quarter 1st April to 30th June 2011. All but 3 incidents were investigated at the time or followed up later. One of these incidents was classed as major but was being reviewed under the Serious Untoward Incident process. Gill Shanks was to look at any trends forming and the root cause analysis for the other 2 incidents.

There are some actions outstanding from the quarter January to March 2011 and the Medical Director emphasised that he is looking for a significant improvement in resolving these actions. A working Group had been set up to look at drug prescribing and feedback from this group will come to the Healthcare Governance Committee.

The Committee noted the contents of this report.

5.10 Patient Experience Report April – June 2011– (Paper K) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer informed the Committee that this quarters Patient Experience Report completed the first year of reports. The report will be placed onto the website for people to reference. Each report is themed, this report focuses on hygiene providing information relating to personal hygiene measures and initiatives. The report presents, for the first time an analysis of the Patient Reported Outcome Measures (PROMS) comparative 'health gain' scores.

The Chair questioned how we make good pilot schemes such as this practice throughout the Trust. The Chief Nurse/Chief Operating Officer advised that each pilot scheme is evaluated individually as to its success and if deemed to be successful then rolled out throughout the Trust but that it may not be suitable for all areas.

The Committee all felt that this was an excellent piece of work which had been put together by the Patient Partnership Team.

The Committee noted the contents of the report and agreed that this should be taken to the Board.

5.11 Patient Incidents, Concerns, Claims and Inquests Quarterly Report April – June 2011– (Paper L) - Head of Patient and Healthcare Governance

The Head of Patient and Healthcare Governance updated the Committee on the statistics and trends relating to incidents, concerns and inquests for the quarter of April to June 2011.

Initially reported incidents for this quarter was 2505. This included a total of 2 never events, 3 Serious Untoward Incidents (2 listed as never events), 3 catastrophic incidents and 9 major

incidents. The two never events were both retained swabs and reports have been prepared for NHS Sheffield and finalised. **Actions**

The main themes for incidents remained the same as last quarter

The number of concerns reported this quarter were 372. The overall number of complaints had risen by 12% but much of this increase is related to the inclusion of complaints regarding Community Services. The number of claims this quarter was 43 and the Inquests opened was 30.

The Committee noted the contents of the report.

5.12 Hospital Standardised Mortality Ratios Report – (Paper M) – Medical Director

The report was to provide the Committee with the current Hospital Standardised Mortality Ratio (SMR) for Sheffield Hospitals NHS Foundation Trust for 2011/12 and equivalent values for other large foundation trusts for comparative purpose.

The Medical Director informed the Committee that we compare very favourable against other large Trusts. Future reports will also include the standardised Hospital Mortality Indicator details.

The Committee noted the contents of this report.

5.13 Radiation Safety Steering Group Annual Report – (Paper N) – Medical Director

The report summarised the work of the Radiation Safety Steering Group between April 2010 and March 2011. The Medical Director informed the Committee that there were outstanding matters to bring to the attention of the Committee.

Professor Weetman questioned if there were any learning issues in relation to the CQC reported incident for the geographical miss for the palliative beam therapy patient in Radiotherapy. The Head of Patient and Healthcare Governance agreed to investigate this incident and feedback to the Committee any key learning issues. **SC**

There are currently 4 properties within the Trust where monitoring of Radon levels is ongoing.

The Medical Director informed the Committee that the Gamma Knife at the Central Site had now been successfully installed.

The Committee noted the contents of the report.

5.14 Medical Gases Committee Update – (Paper O) – Medical Director

The report updated the Committee on the work of the Medical Gases Committee. The Medical Director reported that work had now been completed to demonstrate compliance with the Estates and Facilities Alert for unsecured medical gas cylinders.

Change has been implemented to the Oxygen Prescribing within the Trust and the new Oxygen Prescription Chart had now been launched.

There are still outstanding concerns in relation to staff training and it was felt that this comes under the umbrella of the Electronic Staff Record workstream. Training is recorded locally in pockets but is not comprehensive around the Trust.

The Committee noted the contents of the report.

5.15 Trust Wide Multidisciplinary Inpatient Records Audit – (Paper P) – Medical Director

The purpose of the report was to document the Trust Wide results of the Inpatient Records Audit (IPPR) which took place in October 2010. A single patient record, the Inter Professional Patient Record (IPPR) was developed at STH and rolled out across the Trust in May 2010. Overall compliance with the Trust Record Keeping Standards was 85.9%,

The Chair questioned how we monitor the action plans put in place. The Chief Nurse/Chief Operating Officer commented that this was a very important issue and had been highlighted in

the Robert Frances report regarding the monitoring and closing of Action Plans. The Head of patient and Healthcare Governance informed the Committee that work was in progress to ensure that all action plans are monitored to ensure that we follow up actions and close the loop. The outcomes of the Action Plans highlighted will be in the next report.

The Committee noted the contents of the report.

5.16 Patient Transfers and Discharge Communication- (Paper Q) Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer informed the Committee that the Care Quality Commission (CQC) Outcome 6 focuses on the co-ordination of internal transfer and discharge arrangements and the sharing of essential information.

The Chief Nurse/chief Operating Officer emphasised that there are further opportunities for development now that the Trust has joined with Community Services.

NHS Sheffield has commissioned a review of the Continuing Health Care arrangements in Sheffield and this work is being led by Chris Linacre.

The Committee noted the report.

5.17 STH NHSFT Nutrition Steering Group – (Paper R) Medical Director/Chief Nurse/Chief Operating Officer

The Chief Nurse informed the Committee that nutrition is a fundamental element in the care and treatment of patients and that the report was looking at nutrition globally across the trust by a multidisciplinary group of staff. It was noted that work by the WRVS in training volunteers to help feed patients had been very well received.

The Medical Director queried any issues relating to the carers helping to feed patients and protected meal times on the wards. The Chief Nurse/Chief Operating Officer advised that relatives/carers can still be involved with patients feeding at meal times and the Ward Managers will welcome this help from families. Good outcomes have been reported from relatives and carers attending patients at mealtimes as the patient often responds better to people they know and trust.

The Committee noted the contents of the report and agreed to give a Clinical Update to the Board.

5.18 Waste Management Annual Report 2010-2011 – (Paper S) – Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer emphasised that this was an excellent report from a safety and cost effective perspective.

Household waste production had reduced by 386 tonnes in 2010/2011 and clinical waste had been reduced by 27.267 tonnes overall.

The Director of Hotel Services reported that the introduction of the Sharpsmart system during the past year had been very effective and well liked by staff.

The main focus for the coming year would continue to be given to waste auditing and staff training to continue at the elevated level to promote good practice and compliance throughout the Trust.

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

5.19 Eliminating Mixed Sex Accommodation – (Paper T) – Chief Nurse/Chief Operating Officer

The report provided the Committee with the Trusts current position on eliminating mixed sex accommodation and any breaches which have occurred up to the end of July 2011. The Chief Nurse/Chief Operating Officer advised that the National Guidance was tightened up last year and is now much clearer.

All breaches of the guidance involving the unjustified mixing of patient must be reported via the Unify system, the Trust reported 13 breaches during this financial year but following a review of

these some were recognised as non-breaches.

Actions

The Trust declared compliance with the guidance in March 2011. The Chief Nurse/Chief Operating Officer reported that the Trust is fined £250 per patient affected.

The Committee noted the contents of the report.

6. Deferred Reports

The following reports were deferred:

6.1 Emergency Preparedness

It had been previously agreed to submit this report twice a year. The next report will be due in October.

6.2 CAT

Report to TEG in September and HCGC in October.

6.3 Safeguarding Children

This will be reported to TEG in September and HCGC in October.

6.4 Infection Prevention & Control Annual Report

This will be reported to TEG in September and HCGC in October.

6.5 Vulnerable Adults and Safeguarding Adults

This will be reported to TEG in September and HCGC in October.

6.6 Premises Assurance Model (PAM)

The Director of Estates informed the Committee that this report had gone to TEG who identified some areas for improvement and an action plan was to be developed within the Report. This report would come back to Healthcare Governance Committee in November. **PB**

6.8 Diabetes update (deferred from July)

This report had been delayed and would come to Healthcare Governance Committee in October.

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

Medication Incident MAU2

The Head of Patient and Healthcare Governance reported that there had been one new Reportable Serious Untoward Incident in the last 2 months.

This incident followed incorrect transcribing of a patients medications onto the STH drug chart. This error was made over a weekend and the wrong medications were administered for 2/3 days before a pharmacy check could be made with the patient's GP. The patient ultimately died but a toxicology results is awaited in order to determine whether the cause of death is related to the medication error. The Head of Patient and Healthcare Governance agreed to chase up the results of the toxicology report and feedback to the Committee. The Director of Human Resources questioned if any staff issues had been addressed following this incident. The Medical Director assured the Committee that this had been looked at and reviewed. **SC**

Four final SUI Reports were sent to the PCT, Neonatal death after 43 weeks gestation, review of diabetic ophthalmology screening and two retained swab reports.

There were no significant inquests to be reported to the Committee.

8. Items for Information

8.1 The Safety and Risk Management Board notes for August 2011

This item was for information only.

8.2 The Legionella and Water quality Steering Group notes for August 2011. The Medical Director highlighted that during routine legionella testing one area did show the presence of Legionella serogroup 2-14 and measures have been taken to disinfect the system. Occupational Health did not pick up on any consequences from this.

- 9. Any Other Business** **Actions**
- No items of any other business were raised.
- 10. Items to be forwarded to the Board** **SC**
- The following items were agreed to be forwarded to the Board
- Annual Report for Security
 - Annual Fire Management Report
 - Annual Waste Management Report
 - Radiation Safety Steering Group Annual Report
 - SUI (Verbal)
 - Patient Experience Report
 - Hospital Mortality Ratios
- It was suggested that 'Nutrition' could be a topic for the Clinical Update to the Board.
- 11. Date and time of next meeting**
- Monday 24th October 2011 in the TEG meeting room, Broomfield Road at 10.00am – 12.00noon