

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS MEETING
HELD ON 21 MAY 2014

Subject	Healthcare Governance Summary – April 2014
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, which include:

1. Quality Report
2. Care Quality Commission (CQC) Compliance
3. Annual Report of the Healthcare Governance Committee
4. Monitoring and Audit of Research Activity
5. Resuscitation Services
6. Emergency Preparedness
7. Information Governance Review
8. Medicine Safety Committee Report
9. Moving and Handling Annual Report Follow Up (Slings / Hoists)
10. Update of Incidents Reported as Serious Untoward Incidents (SUIs) and Never Events Since 24 March
11. Complaints and Feedback Report for February 2014

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		14 May 2014
Board of Directors	Dr David Throssell		21 May 2014

1.	QUALITY REPORT
	<p>The Healthcare Governance Committee received the final draft of the Quality Report for review. Following agreement at the April meeting, a fourth objective was added in relation to the impact on patients of waits for treatment, with particular reference to the 18-week wait target.</p> <p>Sandi Carman requested final comments from the Committee prior to the final version being circulated to the Trust Board of Directors for final comments. An 'easy read' version would also be available.</p>
2.	CARE QUALITY COMMISSION (CQC) COMPLIANCE
	<p>The Healthcare Governance Committee was provided with an update on news and events regarding CQC compliance during the past month. The following key points were highlighted:</p> <ul style="list-style-type: none"> • During March, the Trust received one new Information of Concern notification from the CQC. This related to the fitness to practice of a member of agency staff who had been working for the Trust. An investigation was currently underway. There were no patient safety concerns identified to date. • In September 2013, the CQC inspected the Trust and reported that the essential standards of quality and safety were being met. An internal quality improvement plan had been developed to learn from the inspector's comments. The actions on the plan had been implemented and an improvement in standards had been noted. • The STH Quality Governance Inspection Framework had been revised and new internal inspection tools developed. These were based upon the draft CQC Key Lines of Enquiry. Outcomes from these inspections would be reported to the Healthcare Governance Committee, Safety and Risk Management Board and the relevant Nurse Directors and Managers. It reflected external measurements and would be available to Directorates. • In January 2014, the CQC began a formal programme of inspecting GP Out of Hours services. The new STH Quality Governance Inspection tools had been piloted in the Sheffield Out of Hours GP Collaborative unit at the Northern General site in February 2014. Only a few minor issues were identified on the day, which were being addressed.
3.	ANNUAL REPORT OF THE HEALTHCARE GOVERNANCE COMMITTEE
	<p>The Healthcare Governance Committee received the Annual Report and following key points were highlighted:</p> <ul style="list-style-type: none"> • The Healthcare Governance Committee continues to function as a committee to the Board of Directors overseeing the Trust arrangements for Healthcare Governance. • 11 out of 11 scheduled meetings took place. All meetings were quorate. A Time Out was held in May 2013. • The agreed Work Plan for 2013/2014 had been completed with the exception of some scheduled reports which were removed from the Work Plan or integrated with other reports during the course of the year. Five scheduled reports had been deferred to the next financial year, along with four sets of minutes. The Committee had also received 26 additional unscheduled papers. • The draft Terms of Reference and amended Work Plan for 2014/2015 were included for approval. The Work Plan would be an ongoing working document.

4.	MONITORING AND AUDIT OF RESEARCH ACTIVITY
	<p>The Healthcare Governance Committee received an update on Monitoring and Audit of Research Activity and the following key points were highlighted from the report:</p> <ul style="list-style-type: none"> • Research studies were governed by the NHS Research Ethics Committees (NHS REC), Medicines and Healthcare Products Regulatory Agency (MHRA) and the Human Tissue Authority (HTA,) and required the approval of Professor Simon Heller, Director of Research, before they could commence. • In February 2014, the Trust was subject to a Statutory Inspection by the MHRA. The Trust received no critical findings, which was considered a successful outcome. However, during the verbal feedback session at the end of the inspection, the Trust did receive major (non-critical) and other findings in relation to quality systems, informed consent, healthy volunteer studies and drug management. A corrective and preventative action plan would be devised on confirmation of findings. The inspection team's formal report was awaited and an update would be provided to the next Healthcare Governance Committee. <p>Dr Throssell reported that the robust review process for research projects had historically caused some delay in approval. However, this report demonstrates that this has drastically improved, achieving a median processing time of just five days (target 30 days). Professor Tony Weetman congratulated on such a transformational improvement.</p>
5.	RESUSCITATION SERVICES
	<p>The Healthcare Governance Committee received a report on Resuscitation Services and the following key points were highlighted:</p> <ul style="list-style-type: none"> • Despite numerous attempts to improve the return rate for the "Resuscitation Audit form" returns remain sporadic. To improve this process the newly designed "Resuscitation Clinical Record" form had been approved by the New Documents Committee and would be in circulation in 2014. This new form would align with the data sets required for the National Cardiac Arrest Audit (NCAA) and therefore the Resuscitation Committee had deferred enrolment to NCAA until 2015 when the benefits of being able to compare "like with like" would go beyond the current internal registry. • The Resuscitation Officers had undertaken data collection relating to cardiac arrest calls across both sites. The results showed that 46% of the 517 calls were for cardiac arrest at the Northern General and 15% of the 194 calls from the Central site were for cardiac arrest, which reflected the acuteness of each site. • Spot checks were being undertaken on resuscitation equipment and daily checks procedures across 20 wards at the Central site (including Weston Park) in December 2013. The overall results of the audits would be presented to the Safety and Risk Management Board and Governance leads would be asked to address any issues within their areas. Further information on the audit outcomes are to be presented to a future Healthcare Governance Committee.
6.	EMERGENCY PREPAREDNESS
	<p>The Healthcare Governance Committee were presented with the Emergency Preparedness report and the following key points were highlighted:</p> <ul style="list-style-type: none"> • With regards to a planned interruption to the electricity supply (Black Start Test) at Central site on 5 August 2013, the Incident Control Team received very few calls during the hour of the test, with the exception of Theatres who experienced some problems with their ventilation. Estates needed to attend Theatres to re-set this. • A major incident automated telephone cascade (Confirmer) test carried out on 9 November 2013 highlighted that further work was required to ensure all of the 2715 numbers are answered. The test would be repeated in May 2014. • The Major Incident Plan and Business Continuity Action Cards had been updated and disseminated throughout the Trust. Major Incident Training had been rolled out to the TEG and First On Call Managers in July 2013.

	<ul style="list-style-type: none"> • Two Business Continuity incidents had been reported. One related to water discolouration on 30 January 2014. The second related to a network outage on 23 October 2013. Both incidents were assessed and action plans implemented to prevent re-occurrence. • In November 2013, the Trust was asked to complete an NHS England Assurance Framework 'Statement of Compliance' and implement any necessary improvement plans. The Trust highlighted three areas of non-compliance, two of which had now been resolved. The remaining one was due to the delay in national guidance being published. • Planning for the Tour de France Grand Depart on 6 July 2014 had commenced.
7.	INFORMATION GOVERNANCE REVIEW
	<p>The Healthcare Governance Committee received the Information Governance Review report and the following key points were highlighted:</p> <ul style="list-style-type: none"> • The Information Governance Toolkit (IGT) had now been mandated for 11 years, and the introduction of version 11 in June 2013 comprised a baseline assessment on 31 July 2013, followed by an interim submission on 31 October, with a final submission on 31 March 2014. The reporting and scoring mechanism for the IGT continued with a requirement for the Trust to reach level two for each of the 45 controls with adequate evidence of compliance. On the first submission, the Trust reported 12 areas falling below level 2. A great deal of work was carried out to improve the evidence base, which enabled the Trust to report full compliance by March 2014. • With the exception of medical record requests, Information Governance handle all requests made under the Data Protection Act 1998 up to and including full subject access requests. Twenty seven subject access requests were received within the 2012/13 financial year. The majority of the requests were quite localised, for example, staff personnel or medical record related and this year there were no full subject access requests. • The number of Requests for Information had increased over the last 10 years, with a total of 676 for 2013/14. • There were seven action points highlighted as major priorities for 2014/15, including security implications of the use of cloud computing systems such as DropBox, Sky drive and iCloud, and the introduction of the 'White List' of approved secure storage devices.
8.	MEDICINE SAFETY COMMITTEE REPORT
	<p>The Healthcare Governance Committee received the Medicine Safety Committee Report and highlighted the following key points:</p> <p>Two priorities for medicine safety were carried over from last year's report:</p> <ul style="list-style-type: none"> • Implementation of electronic prescribing for inpatients (tender process suspended to assess alternative system as part of IT strategy) • Roll out of access to Summary Care Records to prescribers (now planned from August 2014). <p>The other two priorities identified in the 2012/13 report had been successfully completed:</p> <ul style="list-style-type: none"> • Implementing a strategy to reduce the risk of methotrexate Never Events • Switching the first line oral NSAID for acute pain from diclofenac to ibuprofen. <p>Key issues identified in the report were as follows:</p> <ul style="list-style-type: none"> • On 1 June, the key functions of the National Patient Safety Agency (NPSA) transferred to the NHS Commissioning Board Special Health Authority. There were no new medicine safety alerts issued during the year. The Committee had continued to monitor progress with the action plans for two open alerts from last year and completed its review of a third closed alert:

	<ul style="list-style-type: none"> - The Trust had been unable to declare full compliance with the alert on 'Safer Spinal (intrathecal), Epidural and Regional Devices' due to the lack of availability of suitable epidural lines from the suppliers. NHS England was aware of this national problem. - The Trust had declared compliance with the 'Safer Ambulatory Syringe Drivers' alert two years ahead of the deadline. - The Trust had declared compliance with the 'Reducing Risk of Overdose with Midazolam Injection in Adults'. • A citywide review of all Shared Care Protocols was underway to ensure they were all appropriate, in date and robust. • A Trustwide protocol was required to guide prescribing of the appropriate dose of paracetamol for patients weighing less than 50kg. • It was likely that the Trust would be required to contribute to the new Medicines Safety Thermometer over the next 12 months and a strategy was required to manage this. • The Trust Medicine Code did not follow Nurse and Midwifery Council guidance for confirming verbal orders, as the recommendations were considered impractical. The issue had been referred to the Nurse Executive Group.
9.	MOVING AND HANDLING ANNUAL REPORT FOLLOW UP (SLINGS / HOISTS)
	<p>The Healthcare Governance Committee received an update on the slings and hoists issue raised from the Moving and Handling Annual Report. A proposal to transfer management of hoist slings to the equipment library had been approved in principle and a business case was to be submitted to the Business Planning Team. This would improve the organisation's ability to demonstrate compliance with the Lifting Operations and Lifting Equipment Regulations. This would be reported to the Safety and Risk Management Board and timescales for the work would be submitted to the June meeting.</p>
10.	UPDATE OF INCIDENTS REPORTED AS SERIOUS UNTOWARD INCIDENTS (SUIs) AND NEVER EVENTS SINCE 24 MARCH 2014
	<p>The Healthcare Governance Committee were presented with the SUI update and the following key points were highlighted:</p> <p>Three incidents had been closed since the last report as follows:</p> <ul style="list-style-type: none"> • Retained Throat Pack The incident had been included in the external 'Never Event' review but had also led to changes in the theatre practice and labelling of patients who had had throat packs inserted. • Blood Administered to Incorrect Patient Two patients with the same name were being treated within the same bay which led to the error. An internal alert supported by the Transfusion team had re-emphasised good practice across all wards regarding patient location and the importance of ensuring that checks take place with the patient. • CT Scan Incorrectly Reported Key findings of a CT scan were not identified at the time of the initial report. This was identified by the consultant who undertook the original report following the re-admission of the patient. <p>Three new incidents had been reported and all of these related to patients who had sustained grade three pressure ulcers. Earlier this year, discussion with the CCG had highlighted that grade three and four pressure ulcers should be reported as Serious Untoward Incidents (SUIs). These incidents were now being escalated within the Trust as potential SUIs and had been discussed at the SUI meeting to ensure that the Trust reviews each case carefully and seeks to learn lessons from the events.</p>

11.	<p>COMPLAINTS AND FEEDBACK REPORT (FEBRUARY 2014)</p> <p>The Healthcare Governance Committee received the Complaints and Feedback Report for February 2014 which highlighted the following key points:</p> <ul style="list-style-type: none"> • The number of new complaints received had increased from 130 in January 2014 to 139 in February 2014. Over the 25 month period presented, a relatively consistent number of complaints were being received. The Trust responded to 109 complaints in February 2014. • New Complaints Received Between December 2013 and February 2014, two wards received a higher than expected number of complaints. Upon review, there were no particular trends or themes. Complaints on these wards would continue to be monitored. • Between December 2013 and February 2014, three areas had seen a peak in the number of complaints received. There was no main theme for the complaints in Orthopaedics. Complaints received in the other areas had been reviewed and whilst there weren't one or two issues which caused the increase in complaints, it was apparent that a recurring theme was that the patient's expectations were not being met to their satisfaction, particularly in relation to their diagnosis. • Monthly response time performance increased significantly from 64% in January 2014 to 77% in February 2014. In addition to this, at the end of February 2014, the Trust's year to date performance for replying to complaints within 25 working days increased slightly to 71%, below the Trust target, for the year 2013/2014. It was now acknowledged that unfortunately due to the current backlog of complaints, the target of 85% would not be achieved this year. The Patient Partnership Department and Care Group complaint leads were currently working to clear the backlog of open complaints and by doing so it was expected that the response time would decrease during the last few months of the financial year before improvement was achieved. The Patient Partnership Department had been working towards a recovery plan to ensure the backlog was cleared by the end of March 2014. Excellent progress had been made so far. • Patient Services Team Enquiries (dealt with informally) There had been 115 concerns dealt with by the Patient Services Team (PST) in February 2014. The trend over the past 12 months showed an increase in the number of PST contacts received (by 20%) compared to the previous 12 months. Combining PST contacts with complaints showed an increase in the overall number of contacts received over the past 12 months. If telephone calls, emails or face to face enquiries were received by the PST which staff felt could be dealt with quickly by taking direct action or by putting the enquirer in touch with an appropriate member of staff such as a matron or service manager, contacts were made and the enquiry was recorded on the complaints database as a PST contact. If the concern or issue was not dealt with within 2 days, or if the enquirer remained concerned, the issue was re-categorised as a complaint and processed accordingly. • Patient Feedback 41 'Tell Us What You Think' comment cards were received in February 2014, a slight decrease compared to January 2013 (45). The Trust also receives feedback using other methodologies such as the Friends and Family Test.
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