

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	28 February 2018		

Title of Report:	Clinical Governance Committee Update Report
Status:	For Information
Sponsor:	Jeremy Boss, Non-Executive Director
Author:	Kathryn Kelly, Executive Assistant to Director of Nursing & Midwifery
Appendices:	None

Purpose
To update Board of Directors on the activity of the Clinical Governance Committee's held on 15th January 2018.

Background
The Clinical Governance Committee is one of three assurance Committees supporting the Board of Directors in fulfilling its objectives. The Committee is responsible for testing the robustness and effectiveness of the clinical systems and processes operating within the Trust to provide assurance to the Board of Directors.

Business Undertaken

Results of Microbiology Accreditation for Clostridium Difficile and Norovirus
The Consultant Haematologist reported that a critical friend review of Microbiology Services had recently been undertaken following a number of existing issues, including insufficient staff numbers within Microbiology and the departure of the Infection Control lead.

The Consultant Haematologist described that the impact of this review had already been recognised with a new Infection Control Lead being appointed. In addition, a new full time Consultant Microbiologist had been appointed and would commence on 15th February 2018.

The Consultant Haematologist informed the committee that the Antibiotic Stewardship Pharmacist was shortly due to leave the Trust and as such there were some concerns relating to the Antibiotic Stewardship service.

The Pathology Services Manager reported that this last came to the Committee in May 2017 and outlined that the United Kingdom Accreditation Society (UKAS) visit was initially due in December 2017 but would now be taking place in April 2018, along with Blood Sciences. Due to staffing vacancies within the Microbiology service, regular monthly meetings with Consultant leads and technical staff had been planned and would continue until the UKAS visit in April.

The Pathology Services Manager confirmed that all testing was carried out on a Cepheid machine and that a contingency plan was being devised in case this machine broke down. Should the machine fail, the tests would need to be sent off site. The Committee noted that having additional clinical support through the Microbiology Team had been hugely valuable, especially regarding flu, Norovirus and engagement into the Clostridium Difficile action plan as well as making sure policies were meeting Public Health England guidance.

The Committee were unable provide the Board of Directors with a level of assurance as they wanted to have sight of the Critical Review report which was scheduled for review at the May meeting.

Outcome of Accreditation Visit for Blood Sciences (Includes Haematology and Biochemistry)

The Pathology Services Manager reported that the most recent United Kingdom Accreditation Society (UKAS) visit occurred in January 2017 and was the first inspection on UKAS standards as the Trust had previously been accredited on Clinical Pathology Accreditation (CPA) standards. The Committee noted that all improvement notices outlined within the paper had been acted upon throughout Biochemistry, Haematology, Immunology and Blood Transfusion. The Pathology Services Manager reported that the Trust had now received the UKAS accreditation certificate.

The Pathology Services Manager reported that UKAS were scheduled to return for a further visit in April 2018 to follow up on the progress since 2017 and would visit annually going forward.

The Committee noted that to maintain the current standards required staffing levels to remain at optimum to ensure the new standards were adhered to and evidence provided when UKAS were on site.

The Committee resolved to provide the Board of Directors with a significant assurance with minor improvement opportunities in relation to the Outcome of Accreditation Visit for Blood Sciences (Includes Haematology and Biochemistry) and asked to review in two years.

Sepsis – Paediatrics Systems and Processes/Staff Training

The Consultant Anaesthetist and Trust Patient Safety Lead provided an update advising that a new screening and management tool had been developed, extensively tested and incorporated into routine practice. Paediatric Sepsis guidelines had been updated accordingly and screening for Sepsis in children for emergency admissions and inpatients had improved over 2017 from a baseline of 40-20% to 85-95% respectively. The management of children with Sepsis had also improved with all those identified being reviewed by the Paediatric Sepsis Lead. Numbers were small and all learning was being shared between the Emergency Department and Paediatrics, resulting in increased multidisciplinary working. 67% of staff had now received the new training which was now covered on core skills with a proposal to for it to also be covered at induction.

The Trust is looking to move to reporting data electronically for Paediatrics, although this was dependent on capacity within IM&T.

The Committee resolved to provide the Board of Directors with a significant assurance with minor improvement opportunities in relation to the Sepsis – Paediatrics Systems and Processes/Staff Training and asked to review in six months.

QIPP (Quality, Innovation, Productivity and Prevention) Management Framework

The Heads of Nursing for Medicine and Women and Children's provided an overview of the QIPP schemes for their Divisions:

Women & Children's

- Bilirubinometers were introduced last year and had had a positive impact on patient experience as well as reducing the number of admissions. The bilirubinometers reduced the need for mothers and babies to attend Mary Ward as they were seen at home and tested with a hand-held device;
- Monofer infusions had now been deferred to next year. There were some outstanding training implications and the antenatal pathway needed to be revised;
- Summer Bed Plan – the scheme was implemented between June and October 2017 and had a positive financial impact with no implications for patient safety;
- Private Patients – there had been a number of schemes across the divisions and savings equated to £28,000 although there was still more work to be done. It was confirmed that NHS activity remained the priority over private patient income;

Medicine

- The Frailty Flying Squad initiative had been implemented but required more personnel to take it forward;
- There were currently large amounts of vacancies for Registered Nurses. Ward Therapists were proposed to provide continuity of care to release nurse time and this had been accomplished in three Medical wards. Occupational Therapy and Physiotherapy were currently going through the recruitment process and staff would soon be in post. Recruitment was also taking place for overseas nurses.

The Committee noted that new paperwork for Quality Impact Assessments (QIA) had been developed and tested on high risk QIA's where the risk had been 4 (red on the current matrix). The QIA's were scrutinised by the Divisional Heads of Nursing, Medical Director/Director of Nursing and Midwifery and then submitted for review at Quality Board.

The Committee resolved to provide the Board of Directors with partial assurance in relation to the QIPP Management Framework and asked to review in six months.

Clinical Risks Associated with Move to Electronic Patient Records in Outpatients

The Acting Medical Director reported that the Trust had previously planned to have all outpatient clinics engaged with the Paperless Outpatient Project (POP) by the end of 2017, which although ambitious was key to the Trust's overarching digital strategy. The Committee noted that this target had not been met due to the implementation of the Big 3.

The Acting Medical Director outlined resilience arrangements for the system and advised that individual departments would be able to access the 724 process (the stand alone system which enabled staff to visit Millennium and access critical clinical information if the system went down). The Trust had designed and integrated an instant response plan so that IT incidents were not managed differently to other major incidents within the organisation in relation to business continuity or clinical risk.

The Acting Medical Director reported that POP would continue to receive adequate resource within the digital strategy but its timeline would need redefining.

The Committee resolved to provide the Board of Directors with partial assurance in relation to the Clinical Risks Associated with Move to Electronic Patient Records in Outpatients and asked to review in six months.

Board Assurance Framework (BAF)

The Board of Directors' Secretary reported that there was no significant update to the risks tracked by Clinical Governance Committee as the BAF was undergoing a complete refresh and would be reviewed at Board of Directors' this month. The Committee noted that it had been agreed at the Joint Assurance Committee that Risk 5 would be monitored by both the Clinical and Non-Clinical Governance Committees.

External Agency Visits

The Committee reviewed the External Agency visits scheduled noting the following updates:

- **ID 72 – A review of the RUH contract for training junior doctors** – Areas for development had been identified but after discussion with the Medical Director, the Board of Directors' Secretary reported that no formal action plan had been produced and the feedback received was positive;
- **ID 75 – CCG Quarterly Quality Visit/Inspection** – No actions or concerns had been identified. The Acting Director of Nursing and Midwifery advised that there were some recommendations regarding discharging children into the community but overall this had been a really positive report. Ongoing quarterly visits were planned with different themes for each visit;
- **ID 76 – Pulmonary Hypertension Peer Review** – A draft report had been received and there were no actions or areas for concern. The Committee agreed to close this item.
- **ID 81 – NHSE External Visit – Revalidation and Appraisal Processes** - positive feedback had been received following the visit although there was no formal action plan. Some areas for improvement had been taken forward. The Committee agreed to close this item.

Audit Tracker

The Committee agreed to close actions relating to the External Audit Quality Report 2016/17, numbers: 227, 228, 230 but requested that actions 229 and 231 remain open.

Key Risks and their impact on the Organisation

No key risks were raised at the Committee.

Key Decisions

The Clinical Governance Committee recommends that the Board of Directors note:

- a) That no level of assurance was provided in respect of the Results of Microbiology Accreditation for Clostridium Difficile and Norovirus and that the Committee requested to review in three months to review the outcome of the Critical Friend Review;

- b) The significant assurance with minor improvements provided in relation to the Outcome of Accreditation Visit for Blood Sciences (including Haematology and Biochemistry) and that the Committee requested to review in two years;
- c) The significant assurance with minor improvements provided in relation to Sepsis – Paediatrics Systems and Processes/Staff Training and that the Committee requested to review in six months;
- d) The partial assurance provided in respect of the QIPP Management Framework and that the Committee requested to review in six months;
- e) The partial assurance provided in respect of Clinical Risks Associated with Move to Electronic Patient Records in Outpatients and that the Committee requested to review in six months;
- f) The external agency visits that had been closed;
- g) The Audit Tracker action that were agreed to be closed.

Exceptions and Challenges

None identified.

Governance and Other Business

The meeting was convened under its revised Terms of Reference.

Future Business

The Committee conducted business in accordance with the 2017/18 work plan. The next meeting of the Clinical Governance Committee, to be held on 5th March 2018 would review the following:

- Anticoagulants including Warfarin
- PREVENT Follow Up
- Inquests – Regulation 28 Action: Baby King Follow Up
- Nutrition and Hydration Follow Up
- Prevention of Never Event: Wrong site surgery
- Outcome of Accreditation Visit for Cellular Pathology
- Sepsis: Overview of Programme of Work
- External Agency Visits
- Audit Tracker
- Board Assurance Framework;
- CGC Annual Evaluation
- Work Plan, Horizon Scanning and Next Agenda Review

Recommendations

It is recommended that the Board of Directors note this report.