Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Public Board of Directors**	**Agenda item:**	**19**
Date of Meeting:	**26 September 2018**		

Title of Report:	**Clinical Governance Committee Update Report**
Status:	**For Information**
Sponsor:	**Jane Scadding, Non-Executive Director**
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Appendices:	

Purpose

To update Board of Directors on the activity of the Clinical Governance Committee's held on 23rd July 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

Nutrition and Hydration Follow-Up

The Matron for Acute Medicine reported that the Nasogastric (NG) Tube Feeding Policy had been agreed and both the Food and Drink Strategy and Nutrition and Hydration Policy had been completed. It was reported that the CCG contractual agreement was for 95% of patients to be screened within 24 hours of admission. The Malnutrition Screening Tool (MUST) score achieved 84% during the May 2018 audit and the group were looking at what actions were required to achieve the 95% target and how the Business Intelligence Unit could assist in the monthly capture data.

The Matron for Acute Medicine reported that it was a requirement for all staff to receive Nutrition training and this training was being reviewed with the aim to standardise and record through ESR.

The Nutrition Nurse Specialists had been working with the Communications Team regarding the implementation of a NG Tube Placement video training package which was in the process of being recorded.

The Matron for Acute Medicine reported that the Family and Friends Test feedback had been very positive and they had achieved a near 100% reduction in comments received relating to cold food since the introduction of plate warmers.

The Trust had achieved a Bronze Award from the Soil Association. It was felt that at present a Silver Award (requiring sustainable healthy food – locally sourced) was currently unachievable.

Sepsis: Overview of Programme of Work

The Consultant Anaesthetist and Patient Safety Lead summarised that the work had started in 2014 and significant improvements had been seen in patients from the first hour of the sign of Sepsis.

In relation to the data collection process, the Consultant Anaesthetist and Patient Safety Lead reported that data was collected for CQUIN performance as well as ongoing improvement measures and emphasised that it was important to note that these measures were slightly different for antibiotic compliance. The CQUIN Antibiotic measure was 60 minutes from the time of diagnosis for emergency admissions and the Quality Improvement Data required the antibiotic measure to be 60 minutes from the time of red flag signs.

The Trust had made good progress in both areas, although data collection was onerous as it was currently captured manually.

The Consultant Anaesthetist and Patient Safety Lead reported that mortality rates for patients at the RUH with suscipion of Sepsis codes had decreased since 2014, despite an increase in the incidence of infection over that time. There had been a further reduction in mortality since 2016 when the second Sepsis campaign was launched and the new NICE guidelines and inpatient work commenced.

The Consultant Anaesthetist and Patient Safety Lead described how the WEAHSN (West of England Academic Health Science Network) regional work on increasing awareness of sepsis and use of NEWS (National Early Warning Scoring) across the whole system had gained national acknowledgement in 2017, winning a Patient Safety Care Award, wherebythe RUH teams were significant contributors. Also the work performed across the region had demonstrated that mortality rates from suspicion of Sepsis codes in the West of England was lower than any other region in the country.

The Consultant Anaesthetist and Patient Safety Lead reported that during January and February 2018 less patients had been identified due to sickness in the Sepsis team and the exceptional acuity on the wards which required the Sepsis team to support routine care. The small sample numbers may have reflected the decrease in percentage compliance with antibiotics in an hour. The number of patients identified in March had improved and compliance was 78%. Reasons for delay were difficulty with access or delayed screening and review, but once identified treatment was prompt. It was felt that electronic recording of observations would improve this.

Prevention of Never Event: Wrong Site Surgery

The Consultant Anaesthetist and Patient Safety Lead reported that for all procedures in an operating theatre, a World Health Organisation (WHO) Surgical Safety Checklist (SSCL) was performed. At present 99.8% of patients now had a fully completed checklist and no never events had occurred in the operating theatres for six and a half years.

The Consultant Anaesthetist and Patient Safety Lead reported that the use of the checklist for procedures such as chest drains on the wards was now standard and checking with two people was part of the process. Bedside ultrasound was also performed to confirm the correct side so that risk of wrong side procedure was minimal.

For each procedure a final check of the site and side was confirmed before the

induction of general anaesthesia (WHO Checklist 'Sign IN') and was again confirmed immediately prior to starting the procedure (WHO 'Time Out"). This WHO SSCL had been fully implemented in all operating theatres since February 2009.

The Head of Division, Medicine enquired about Cardiology LOCSIPS (Local Safety Standards for Invasive Procedures) and what level of assurance there was that these were being carried out. The Consultant Anaesthetist and Patient Safety Lead reported that monthly compliance data existed for Cardiology and this went to Quality Board on a quarterly basis. Learning from last year identified that checklists were not done well if it was a pacemaker procedure so a new pacemaker checklist had been developed.

Falls Follow-up

The Head of Nursing, Medicine, reported that reduction in falls was one of the Trust's safety priorities. Since June 2017 the Falls Steering Group (FSG) had been leading a Trust wide Improvement programme for falls prevention in all adult inpatient areas. The FSG were aiming for a 10% reduction in all inpatient falls, with a particular focus on patients who had a number of repeat falls.

A review of the falls prevention pathway launched in June 2017 took place on 19th June 2018. Recommendations for any changes were agreed at the FSG and a relaunch of the pathway will take place in September 2018.

The Head of Nursing Medicine, reported that data had shown the top three themes for why patients fall; effects from medications, cognitive impairment and inappropriate footwear, with the most common location of a fall being associated with toilets or commodes.

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) The significant assurance with minor improvements which was provided in relation to Nutrition and Hydration follow-up and that the Committee requested to review in two years;
b) The partial assurance provided in respect of Sepsis: Overview of Programme of Work and that the Committee requested to review in eight months (March 2019) for an update, following the implementation of E-observation;
c) The significant assurance which was provided in relation to Prevention of Never Event: Wrong Site Surgery and that the Committee requested to review in three years;
d) The significant assurance provided in respect of Falls Follow-up and that the Committee requested to review in three years;

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 2018/19 work plan. The next meeting of the Clinical Governance Committee, to be held on 18th September 2018 would review the following:

- Cardiology – Review of Implementation Plan
- Anticoagulants including Warfarin
- Learning from Deaths (July and January) and HSMR
- Duty of Candour Follow-Up
- William Budd Improvement Plan
- National Diabetes Inpatient Audit
- Review Terms of Reference
- External Agency Visits
- Audit Tracker
- Board Assurance Framework;
- Work Plan, Horizon Scanning and Next Agenda Review

Recommendations

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