

Report to:	Public Board of Directors	Agenda item:	19
Date of Meeting:	30 January 2019		

Title of Report:	Clinical Governance Committee Update Report
Status:	For Information
Sponsor:	Jane Scadding, Non-Executive Director
Author:	Kathryn Kelly, Executive Assistant to Director of Nursing & Midwifery
Appendices:	

Purpose
To update Board of Directors on the activity of the Clinical Governance Committee's held on 29 th November 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
<p>Effectiveness of Systems and Processes for the Management of Anticoagulants including Warfarin</p> <p>The Consultant Haematologist attended the meeting to present his report on the systems and processes in place at the Trust for the management of anticoagulants and confirmed that he was in the process of getting the key points put onto the risk register. The committee were advised that in the past there had been a great deal of focus on anticoagulant matters outside of the Trust but he was now focusing on the practices in the Trust itself.</p> <p>The Hospital Thrombosis Committee (HTC) had been reinstated recently and had its first meeting co-chaired by the Medical Director.</p> <p>The Consultant Haematologist advised that he would like to build up the current team with the view to getting them out into the Trust seeing patients and providing advice on managing complex medications.</p> <p>The Consultant Haematologist assured the Committee that he was confident further assurance would be gained in the future and that success was being measured through reporting to the HTC, regular audit, clear recalls analysis and a change in education within the Trust.</p> <p>The Committee gave the process Partial Assurance and asked for it to come back in 12 months for an update. It was requested by the Committee that the Consultant Haematologist should submit a one page update report to the Committee within six months.</p> <p>Effectiveness of Infection Prevention & Control Systems and Processes (including C.Diff)</p> <p>The Senior Infection Prevention and Control Nurse presented her report to the</p>

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Committee, highlighting the key systems and processes for preventing and controlling infection. She highlighted that there remained two main risks for the Trust: reduction in E coli infections and C.diff infections.

The E coli target was shared within the community and a lot more work was required as the Trust had not seen the 10% target achievement being reached. Nationally figures were not coming down and the main causes of E coli were arising from urinary tract infections, gall bladder disease and liver disease. The Senior Infection Prevention and Control Nurse reported how it was very difficult to prevent these causes at home.

In relation to C.diff, the Senior Infection Prevention and Control Nurse reported that from July to October 2018 there had been 20 cases against a tolerance of 21. The Senior Infection Prevention and Control Nurse reported that she felt it would be difficult to achieve the tolerance of 21 by the end of March 2019.

A Root Cause Analysis had been completed for each C.diff case and an action plan compiled. This was then taken to the relevant divisional clinical governance committee meetings. However, the team felt more work was required to ensure that effective joined up learning was taking place Trust wide. Training had been undertaken recently on the wards and a C.diff work book was in use on the adult wards. Currently the compliance with completion of the work book was 68% and it was recognised that this needed to improve. The lack of isolation facilities was also a risk. The Trust currently had a limited number of single side rooms.

In relation to Education, it had been reported that the aim was for 90% of all staff working in clinical areas to have their Level 2 training. At present the overall compliance with Level 2 training was 85.84%. Nurse Bank training remained an issue and work was currently being done to bring the figures up.

With regard to Audit, it was reported that the Infection Control Team were working with staff groups to undertake regular audits. There was currently a delay in reporting the results of environment, hand hygiene, peripheral venous cannulae and catheter audits (always a month late) and this had been raised with the Director of Nursing and Midwifery in order to improve this.

The Committee recognised that strong processes were in place for infection prevention and control in the Trust but there were some problems with delivery and identifying and sharing learning. The team were requested to develop an action plan to address adherence issues.

The Committee gave the process Significant Assurance with Minor Improvements and asked for it to come back in 8 months.

Effectiveness of Microbial Stewardship Systems and Processes

The Consultant Microbiologist and Antimicrobials & HIV Pharmacist attended the meeting to present their report on the systems and processes in place for monitoring the effectiveness of antimicrobial stewardship systems and processes. They noted that this was the first time that this matter had been considered by the Committee.

The Antimicrobials & HIV Pharmacist summarised key sections of the report, and the Consultant Microbiologist outlined in detail the risks which the department were experiencing at present which were mainly as a result of staffing/capacity issues, due to impending maternity leave and a lack of clarity around locum cover.

After discussion with the presenting clinicians, the committee were in agreement that the systems and processes in place were robust, but that it was unclear what was being done to manage the potential capacity issues. The Board of Directors' Secretary suggested that the capacity risk needed to be on the risk register and requested that the Consultant Microbiologist discuss this with her Clinical Lead and the Heads of Division for Medicine and Surgery.

The Committee gave the process Significant Assurance with Minor Improvements and requested to review in 12 months.

Inquest – Regulation 28 Action: Baby King Action Plan Follow-up

The Consultant Obstetrician and Gynaecologist attended the meeting to update on the action plan follow-up. He explained to the Committee the different categories of caesarean section, and that the Coroners Regulation 28 Action had related to making sure that plans for category 3 caesarean sections were properly documented. He noted that category 3 caesareans covered a very wide range of procedures; some were potentially more complex, and warranted full documentation, whereas others were very straightforward. He reported that audit results demonstrate that the team are good at documenting their plans for the more complex category 3 deliveries, but that documentation was less consistent for the more straightforward and lower risk category 3 caesareans. It was emphasised that handover was taking place every morning and the team are routinely capturing and discussing all categories of planned delivery. It was therefore felt that there is a good distribution of targeted focus stratified against risk.

The Consultant Obstetrician and Gynaecologist advised the Committee that the risk of this incident occurring again was low and that the case had been discussed with other hospitals and every stop had been put into place to ensure that all were aware of the risk.

The Committee requested that this should come back for a further update to the Committee meeting scheduled for March 2019. A level of assurance was not given.

Management and Mitigation of Clinical Risks associated with the move to EPR in Outpatients

The Medical Director reported that the Paperless Outpatients Project was on track to be delivered by the end of the financial year.

The Committee gave the process Partial Assurance and requested to review in one year.

Key Risks and their impact on the Organisation
No key risks were raised at the Committee.
Key Decisions
<p>The Clinical Governance Committee recommends that the Board of Directors note:</p> <ul style="list-style-type: none"> a) That Partial Assurance was provided in relation to the Effectiveness of Systems and Processes for the Management of Anticoagulants including Warfarin and asked for it to come back in 12 months for an update. It was also requested by the Committee that the Consultant Haematologist should submit a one page report to the Committee within six months. b) That Significant Assurance with Minor Improvements was provided in relation to the Effectiveness of Infection Prevention & Control Systems and Processes (including C.Diff) and the Committee asked for it to come back in 8 months. c) That Significant Assurance with Minor Improvements was provided in relation to the Effectiveness of Microbial Stewardship Systems and Processes and requested that this be reviewed in 12 months. d) That a level of assurance was not given in relation to the Inquest – Regulation 28 Action: Baby King Action Plan Follow-up. The Committee requested that this should come back for a further update to the Committee meeting scheduled for March 2019. e) That Partial Assurance was provided in relation to the Management and Mitigation of Clinical Risks associated with the move to EPR in Outpatients and the Committee requested to review in one year.
Exceptions and Challenges
None identified.
Governance and Other Business
The meeting was convened under its revised Terms of Reference.
Future Business
<p>The Committee conducted business in accordance with the 2018/19 work plan. The next meeting of the Clinical Governance Committee, to be held on 22nd January 2019 would review the following:</p> <ul style="list-style-type: none"> • Delayed Follow-Up Appointments -effectiveness of patient follow-up systems & processes • Status of Microbiology Accreditation for C.Diff and Norovirus • Systems and Processes supporting PoCT Equipment oversight and management • Effectiveness of systems and process for assessing Capacity and Consent • Lung Cancer Audit Outcomes and Action Plan Delivery • Effectiveness of Safeguarding Adults system and processes • Effectiveness of Safeguarding Children system and processes • Board Assurance Framework

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| <ul style="list-style-type: none">• External Agency Visits• Audit Tracker• Work Plan, Horizon Scanning & Next Agenda Review |
| Recommendations |
| It is recommended that the Board of Directors note this report. |