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| <b>Report to:</b>       | <b>Public Board of Directors</b> | <b>Agenda item:</b> | <b>17</b> |
| <b>Date of Meeting:</b> | <b>30 May 2018</b>               |                     |           |

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

### **Purpose**

To update Board of Directors on the activity of the Clinical Governance Committee's held on 16<sup>th</sup> April 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**

#### **PREVENT Follow Up**

The Head of Security & Safety and Trust Prevent Lead reported that training compliance figures for quarter 4 for PREVENT Basic Awareness were currently at 96.4%. Progress had been made against the PREVENT WRAP training level to 76.1% which indicated a small improvement.

The Committee noted that since September 2016 WRAP training had been delivered via two methods, through safeguarding and additional standalone training sessions. In the first year other community sites, e.g. the birthing centres had also been included. This had given a steady trajectory towards the compliance figure which was now easily in sight. The compliance level was anticipated to be achieved within this financial year.

The Committee noted that the Trust was currently performing very well compared to peers, all non-priority regions and other acute hospitals.

The Head of Security & Safety and Trust Prevent Lead reported that the CCG had lowered their target from 95% and we were now working to a lower, more achievable target of 85%, which was now in line with the NHS England Strategic Framework.

The Head of Security & Safety and Trust Prevent Lead advised that there was no longer funding for the standalone sessions and he was looking at alternative methods to deliver training in order to reach the majority of the staff.

To provide further assurance, the Head of Security & Safety and Trust Prevent Lead also confirmed that he had trained another member of staff on his team and this member of staff was now a qualified WRAP trainer.

The Committee resolved to provide the Board of Directors with significant assurance

and requested to review in two years.

### **Inquests – Regulation 28 Action: Baby King Follow-Up**

The Consultant Obstetrician and Gynaecologist presented an update on Regulation 28 Action: Baby King Follow-Up, advising that this tragic case related to a mother who had been listed for a category 3 caesarean section following admission at 42 weeks with a suspicious CTG (Cardiotocography). The Consultant decision had been to delay surgery until the following morning's elective caesarean section list and allowed the mother to go home. The mother was readmitted during that night with severe abdominal pain and a terminal bradycardia. An emergency caesarean section had taken place but unfortunately the baby died a few days later.

The Consultant Obstetrician and Gynaecologist reported that the Coroner had requested that all category 3 caesarean sections should be accurately recorded with a clear plan of care made prior to delivery and that all mothers who had a previous caesarean section should have a clear documented plan in their notes about options and risks for subsequent birth following a clinic review at 28 weeks.

The Consultant Obstetrician and Gynaecologist reported that, following the Coroner's inquest, it was agreed that all category 3 caesarean sections should be requested on Millennium and a clear plan recorded as to the requirements for inpatient or outpatients, as well as the need for any monitoring during this time. This provided a clear audit trail and would be done in addition to the recording in the hand held maternity records and in the caesarean section book kept on the Bath Birthing Centre.

Audits of compliance had shown that although audits of case notes had shown good compliance with this order (90%+), the electronic reporting on Millennium had been poor (10%). The Committee noted that the reasons for this were that the majority of category 3 caesarean sections were inpatients and therefore delivered on the day that the decision to deliver was made. Secondly, with large numbers of staff and high numbers of locums, staff had not always been aware of the need to additionally record on Millennium. Following the initial audits and to provide further assurance, the system of booking category 3 caesarean sections had been changed to having a list on the white board in the Bath Birthing Centre which was then discussed at each multi-disciplinary handover.

The Medical Director outlined that one of the other Coroner requests had been in relation to when it was decided that a woman did not need to be in hospital awaiting delivery, and that evidenced discussion should be documented about why this decision had been taken.

The Committee enquired whether this item had been reported through the Women's & Children's Divisional Governance Committee, noting that it had been discussed in the Perinatal Mortality and Morbidity Committee but not the Divisional Governance Committee.

The Committee resolved to provide the Board of Directors with partial assurance and requested to review in six months.

### **Sepsis: Overview of Programme of Work**

Following an action from the January Board of Directors, the Medical Director presented a paper to the Committee to provide assurance that the Sepsis work was progressing according to plan and that the commitment required by the organisation was in place in order to realise the full benefits of this work and to see that it was comprehensively implemented and sustained.

The Medical Director described how the recognition and early treatment of Sepsis remained a key focus for all health care providers and had been supported by a number of national and local initiatives. Sepsis remained a key objective and featured as one of the Patient Safety priorities for the Trust, although the work was complex and required a strong commitment from a range of staff working across all areas of Trust clinical activity, including the front door, maternity, medical and surgical inpatients and paediatrics.

The Medical Director reported that one of the main challenges was the ability for staff to undertake their day job versus how it was evidenced what was happening. In relation to the work that went on at the front door, the challenge related to the way in which the process of monitoring was set up and evidenced. This relied on a retrospective analysis of patients who had fulfilled a certain set of clinical criteria and triggered through the Business Intelligence Unit as patients who formed part of the population that might have been at risk from having sepsis, revisiting their notes and evaluating retrospectively how people acted. Clinicians were required to examine the notes in detail to check they were the right cohort of patients and then further examination of how they were treated and whether this was appropriate.

At January Board of Directors it was observed that there had been a decline in the percentage of adult emergency admissions with Sepsis receiving antibiotics within 60 minutes. The last data point available related to data from May 2017 and this raised some concern due to the lag in data. This was impacted by problems with obtaining the data from FirstNet, the system did have ability to offer real time data to understand what was happening, but wasn't working at present.

The Medical Director confirmed that a Task and Finish Group had been established to galvanise the support of clinicians and described how the work had largely fallen to one Emergency Department senior clinician and one Acute Medical clinician.

The Non-Executive Director asked if this was an issue for the Trust, noting that it required continuous attention and the Sepsis Working Group had undertaken a lot of work regarding re-launching Sepsis focus, e.g. creating local champions for education to drive this forward. The Medical Director explained that there were some more positive elements of the report, and that on an inpatient basis we continued to perform well in terms of our ability to screen inpatients and get antibiotics into those patients who triggered as positive. In Paediatrics 100% of patients were receiving screening.

The Committee asked how many patients would be seen within the Emergency Department with Sepsis and the Medical Director confirmed that 15% of medical admissions were but the front door should be the easier process but it seemed that the inpatient work was currently slightly more robust.

The Director of Nursing and Midwifery and Medical Director confirmed that this was one of their main priorities for this year and as a result would be meeting with the Consultant Anaesthetist and Patient Safety Lead to define new objectives which would then be taken forward through the Sepsis Steering Group which would provide assurance back to the Committee in three months.

The Committee resolved to provide the Board of Directors with partial assurance with improvements required and requested to review in three months.

### **Lung Cancer Outcomes**

The Respiratory Consultant provided an update on the national audit for lung cancer outcomes which outlined that the Trust had alerted for two of four metrics – Surgery in all NSCLC (Non-Small Cell Lung Cancer) and One Year Survival which put the Trust in the bottom seven in the country for surgical reception and in the bottom three for Outcomes for the One Year Survival. The Committee noted that the Trust was in the bottom for the whole of the South West and, when looking at other comparative Trusts, our one year survival was 25%.

The team were disappointed with the results and after reviewing the data looked at ways to improve the service which would impact on several different specialties and a different hospital which would be challenging.

The Respiratory Consultant reported that if the lung cancer pathway was adhered to, our survival rate would improve. Treatment should be at 49 days which the Trust was not currently achieving. If the pathway was shortened survival rates would improve. To quicken the pathway, the Respiratory Consultant felt that improvements would be required in the following areas:

- GP referral pathway;
- Radiology;
- Oncology;
- Lung Nurse Specialist;
- Clerical Support;

The Committee noted that the Respiratory Consultant had discussed these issues with the Clinical Outcomes Group and the action plan in place to address these included writing a business case for a lung nurse specialist, additional clerical support and that dialogue should be commenced with the Oncology team.

The Head of Division, Medicine confirmed that this remained a high priority for the division and Trust and the Respiratory Consultant confirmed that he would discuss this at Divisional Governance level in the first instance.

The Committee resolved to provide the Board of Directors with partial assurance with improvements required and requested to review in three months.

### **William Budd Improvement Plan**

The Head of Nursing, Medicine, described that a chemotherapy peer review had taken place on 31<sup>st</sup> May 2017 by the Quality Assurance Surveillance Team and that they had reviewed 53 standards for chemotherapy as part of the National Specialist

Commissioning Directorates.

The peer review had raised an immediate risk with the Trust surrounding staffing levels on William Budd:

They also issued the Trust with a serious concern surrounding a business base for additional nursing staff within the chemo day unit.

Since the visit regular meetings have occurred regarding the actions taken and a business case for increased establishment was devised and a new action plan had now been completed.

The Director of Nursing and Midwifery reported that the Haematologists had approached the Head of Division, Medicine with various concerns and a meeting had been arranged with the team to discuss these. The Director of Nursing and Midwifery reported that the Trust still carried a risk in relation to William Budd and the Oncology Service's nursing and medical capacity.

The Head of Nursing, Medicine, reported that daily acuity scores had been taken to monitor the situation and recruitment open days (purely for Oncology) had also taken place. It was confirmed that the recruitment problem remained a national picture. Currently gaps were being filled with experienced bank and agency staff and a practice facilitator was also in place on the ward (four days a week) which was helping the staff to feel more prepared.

The Committee resolved to provide the Board of Directors with partial assurance with improvements required and requested to review in four months.

### **Board Assurance Framework (BAF)**

The Board of Directors' Secretary confirmed that a new 2018/19 BAF had been drawn up and would be taken to the next Board of Directors meeting in April.

### **External Agency Visits**

The Board of Directors' Secretary requested that action 59 (Emergency General Surgery Review) should be closed as agreed by the Committee.

### **Audit Tracker**

The Board of Directors' Secretary confirmed that this would be taken to Executive Team on a quarterly basis for further executive oversight of the actions.

### **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 was provided in relation to PREVENT Follow Up and that the Committee requested to review in two years;
- b) The partial assurance provided in respect of Inquests – Regulation 28 Action: Baby King Follow-Up and that the Committee requested to review in six months;

- c) The partial assurance provided in respect of Sepsis: Overview of Programme of Work and that the Committee requested to review in three months.
- d) The partial assurance provided in respect of Lung Cancer Outcomes and that the Committee requested to review in three months
- e) The partial assurance provided in respect of the William Budd Improvement Plan and that the Committee requested to review in four 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 2018/19 work plan. The next meeting of the Clinical Governance Committee, to be held on 19<sup>th</sup> June 2018 would review the following:

- Cardiology – Review of Implementation Plan
- Outcome of Accreditation Visit for Cellular Pathology
- Falls Follow-Up
- Effectiveness of Medical Appraisal and Revalidation Process
- Nutrition and Hydration Follow-Up
- Readmissions
- Assessing Capacity and Consent Follow-Up
- Anticoagulants including Warfarin
- 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.