Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	19
Date of Meeting:	25 July 2018		

Title of Report:	Clinical Governance Committee Update Report
Status:	For Information
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Appendices:	

Purpose

To update Board of Directors on the activity of the Clinical Governance Committee's held on 19th June 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

Outcome of Accreditation Visit for Cellular Pathology

The Laboratory Manager attended to present and referenced her previous presentation in March and in particular the various items of non-conformance which had prompted the Committee to require her attendance today. She confirmed that these items had all been cleared and the laboratory had now received its accreditation. There will be a further surveillance inspection in September 2018 as part of the new surveillance and inspection regime.

Some issues were still ongoing, namely the pathology specimen storage site in John Apley building had water ingress. This is in the process of being moved to another site, but had been held up due to other work requirements across the Trust. An interim solution has been identified, which will ensure a stable position until the longer term plan is ready to progress.

Cytology is progressing to primary HPV (human papillomavirus vaccine) testing, but they have some staffing issues which has had an impact on achieving the quality expectations required by UKAS (United Kingdom Accreditation Service) for accreditation. There is work ongoing to ensure that these issues are mitigated and cross-cover is provided.

The Committee noted that the risks identified are tracked on the pathology risk register but only the specimen storage risk is on the Trust risk register. The Laboratory Manager will ensure that the staffing issue is also listed.

The Laboratory Manager confirmed that recruitment to replace the pathology quality manager post is underway, with a view to filling the post in October 2018.

Point of Care Testing (PoCT)

The Senior Clinical Lead Nurse, Neonatal Care, outlined the key points from the

paper and noted that a key change is the planned appointment of a PoCT Coordinator, for which recruitment is currently underway. This individual will work to provide assurance that there are consistent standards in place across the Trust and that there is consistent use of equipment and competencies.

The Senior Clinical Lead Nurse advised that the purpose of the PoCT Committee was to provide assurance on the process for accessing and using new PoCT equipment, and underlines why input and engagement is required from all areas of the hospital.

The Senior Clinical Lead Nurse confirmed that she had sufficient support from management to take forward the business of the Committee and was confident that it would have oversight of the vast majority of the PoCT equipment across the Trust.

The Head of Medical Division advised that PoCT testing needed to be on all Divisional Boards/Governance meetings and there also needed to be medical equipment representation on the PoCT committee. The Clinical Governance Committee asked that the Medical Director and Heads of Division/Clinical Leads consider how the PoCT Committee might be given some additional strength and powers to ensure compliance with the PoCT testing policy and be better embedded in the divisional governance structure.

Readmissions
The Committee noted that readmission rates are tracked because they can represent an issue with the quality of care.

The Medical Director noted that he would expect the Trust's number of "true" readmissions to be lower if we coded some aspects of our ambulatory care activity differently.This is reviewed regularly through the Clinical outcomes Group andhe advised that he was confident that patients are on the right pathway and receiving the right care, and the level of readmissions does not hide a quality of care issue.

Assessing Capacity and Consent Follow-up
The Medical Director provided a verbal update to the Committee and reported that this work arose from the consent audit, which was reviewed by the Committee in 2017.

The Medical Director has met with relevant staff within the Trust and the need to focus on this issue has been taken to the relevant group in Surgical Division. They are now taking forward a review of training for taking consent from those with capacity issues and this will be carried out electronically, freeing up the L&D team to work more with patients with learning disabilities.

Anticoagulation including Warfarin
The Consultant Haematologist and team attended the Committee and provided an outline of the issues faced by the Trust in this area. It was noted that the number of patients on anticoagulants has increased significantly and there are more anticoagulants available now than 10 years ago. The increase in complexity of this has lead to the Consultant Haematologist advising that there are a number of issues identified within the RUH that may contribute towards making anti-coagulation prescribing a risk., This includes managing prescription changes at point of discharge.

It was explained that a business case is being developed for increasing specialist nursing input into the process. It was also determined that the Thrombosis Committee will be reformed to further strengthen the governance around these areas.

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 which was provided in relation to Outcome of Accreditation Visit for Cellular Pathology and that the Committee requested to review in three years;
b) The partial assurance provided in respect of Point of Care Testing and that the Committee requested to review in six months;
c) The significant assurance which was provided in relation to Readmissions and that the Committee requested to review in three years;
d) The Committee did not assess assurance in respect of Assessing Capacity and Consent Follow-Up and that the Committee requested to review in January 2019;
e) The Committee did not assess assurance in respect of Anticoagulation including Warfarin and that the Committee requested to review in July 2018.

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
- Effectiveness of Medical Appraisal and Revalidation Process
- Clinical Risks Associated with Move to Electronic Patient Records in Outpatients
- Lung Cancer Outcomes
- Inquests Regulation 28 Action: GT Follow-Up
- Duty of Candour Follow-Up
- QIPP Management Framework (Quality Assurance in Biochemistry)
- William Budd Improvement Plan
- National Diabetes Inpatient Audit
- Safeguarding Adults Follow-Up
- Safeguarding Children Follow-Up
- 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.