

<b>Report to:</b>	<b>Trust Board</b>	<b>Agenda item:</b>	<b>14.</b>
<b>Date of Meeting:</b>	<b>9 February 2011</b>		

<b>Title of Report:</b>	<b>Clinical Governance Committee report</b>
<b>Status:</b>	<b>Information</b>
<b>Board Sponsor:</b>	<b>Michael Earp, Non-Executive Director</b>
<b>Author:</b>	<b>Alexandra Lucas, Head of Risk and Assurance</b>
<b>Appendices</b>	<b>None</b>

<b>1. Purpose of Report (Including link to objectives)</b>
To update the Trust Board on the key issues discussed at the January Clinical Governance Committee meeting.

<b>2. Summary of Key Issues for Discussion</b>
<ul style="list-style-type: none"> <li>▪ Improvement in the Trust HSMR position;</li> <li>▪ Provisional HTA licence status;</li> <li>▪ Medical records audit and progress against action plan.</li> </ul>

<b>3. Recommendations (Note, Approve, Discuss etc)</b>
Note

<b>4. Quality &amp; Safety standards (which apply)</b>
<p>Outcome 1: Respecting and involving people who use services</p> <p>Outcome 4: Care &amp; welfare of people who use service</p>

<b>5. Legal / Regulatory Implications (NHSLA / ALE etc.)</b>
<p>NHSLA:</p> <p>Criterion 1.2: Procedural documents</p> <p>Criterion 4.4: Consent</p> <p>Criterion 5.5: Investigations</p>

<b>6. Risk (Threats or opportunities link to risk on register etc.)</b>
Should the Trust not have a robust, embedded Assurance Framework, which is the key mechanism by which the Trust monitors its Strategic risks, the Trust may be exposed to significant risk and thus fail to achieve its Strategic aims.

The Trust may be open to significant external scrutiny if reporting incidents that fall within the 'Never Events' category.

**7. Resources Implications (Financial / staffing)**

The Specialty Division are reviewing the funding sources to provide a dedicated post for safeguarding of children.

**8. Equality and Diversity**

None identified

**9. Communication**

None identified

**10. References to previous reports**

This is a regular report

**11. Freedom of Information**

Public

## Report from the Clinical Governance Committee

### 1. Introduction

The Clinical Governance Committee met on the 19 January and the purpose of this report is to update the Trust Board on the key issues discussed at the meeting.

### 2. Clinical Risks

- a. The Committee reviews the current hospital standardized mortality ratio (HSMR) as a standing agenda item. Following the re-basing of the standard in October, the RUH is currently at 91. While there had been a gap between the RUH and the national average, it was evident that this gap was closing. At the start of the year there were two hospitals in the South West with HSMRs higher than that of the RUH. There are now eight.
- b. The Committee reviewed the investigation reports into three internal and one national Serious Untoward Incidents (SUIs), covering:
  - A patient who received an anaesthetic block to the wrong leg. Through the routine safer surgery checks, this was identified prior to surgery and the surgery was undertaken on the correct leg, with an alternative anaesthesia.
  - A patient was transferred from one ward area to another, where it was found that the oxygen administration system had not been connected correctly, resulting in a deterioration of the patient's condition. The ward involved has completed intensive training on oxygen administration and there has been a rollout of revised oxygen training across the Trust. A newly created oxygen therapy policy and guidance has also been ratified and well received by staff.
  - The failure of the Infection Control network for transmitting results. The network is controlled from Bristol, by an external provider. The incident identified the need for the pathology department to develop further contingency plans for such occurrences.
  - The failure to appropriately screen pregnant women for sickle cell disease across England. While maternity services are provided by Wiltshire Healthcare Community Services, part of NHS Wiltshire, the testing service is provided by RUH pathology. No inappropriate screening was identified in this area and the Pathology service and the Maternity service have implemented an antenatal screening form and a local testing procedure that ensure full compliance with the requirements of the national action plan to prevent reoccurrence.
- c. The Committee reviewed the external audit into medical records management. This report identified that while the work of the Medical Records User group has addressed many of the actions detailed within the audit report, there still remain significant areas of work to reduce the identified risks. Further work, including the involvement of senior clinicians, has been identified to address the issues.
- d. The Committee reviewed the risk management quarterly reports, which detail the trends in incident reporting and linking these to claims and complaints

Author : Alexandra Lucas, Head of Risk & Assurance	Date: 27.01.11
Document Approved by: Francesca Thompson, Director of Nursing	Version: 1
Agenda Item: 14	Page 3 of 4

reporting. The Trust has an appropriate governance group with responsibility for monitoring each type identified and is progressing with work and developing actions to reduce occurrence.

**3. Assurance Framework**

- a. The Board Assurance Framework is a standing agenda item. The Committee was appraised of the review of the Board Assurance Framework by the Director of Nursing and the Trust Board Secretary. The following were highlighted:
  - (1a1) Further action relating to the management of SUIs and the training of Operational Managers to use the Datix risk management system;
  - (1a2) The timescales for the completion of the dependency toolkit review have been revised to Quarter 4 as national guidance had not been revised;
  - Following the publication of national guidance for Eliminating Mixed Sex Accommodation the action to implement this guidance had now been clarified and action completion date set as January 2011.

**4. Action Plans from External Assessment**

- a. The Trust was inspected by the Human Tissue Authority (HTA) in September 2010. The final report from the visit identified that the HTA licence status is currently provisional, due to areas shortfalls in compliance concerning consent for post-mortem (PM). The Trust consent policy, which follows the DH model, and other policies relating to post-mortem, will urgently be revised to address the elements identified in the report. Progress against the action plan to achieve compliance with the recommendations will be monitored by the Operational Governance Committee and reviewed again by the Clinical Governance Committee in March.

**5. Procedural documents**

On behalf of the organisation, the Committee ratified the Oxygen therapy administration policy and guidelines (7017).

**6. External Governance Links**

The Committee attendance includes a key lead from NHS BaNES, although apologies were noted for this occasion.

Author : Alexandra Lucas, Head or Risk & Assurance	Date: 27.01.11
Document Approved by: Francesca Thompson, Director of Nursing	Version: 1
Agenda Item: 14	Page 4 of 4