

Report to:	Trust Board (public)	Agenda item:	SFT 4017
Date of Meeting:	12 April 2018		

Report Title:	Clinical Governance Committee	Date:	22 March 2018	
Prepared by:	Claire Gorzanski, Head of Clinical Effectiveness			
Sponsor (presenting):	Dr Michael Marsh, Non-Executive Director			
Appendices (list if applicable):	None			

Recommendation of items for escalation :				
Following the CGC meeting in March 18 the following items were agreed for escalation:				
<ul style="list-style-type: none"> • Older People's Assessment Liaison (OPAL) service – positive assurance on the achievements of the OPAL team in the assessment and supported discharge of frail older patients admitted via emergency routes. • Inability to staff and open the new ward and the financial consequences associated with loss of income. 				

1. Business Undertaken

- 1.1 Updated CGC terms of reference were agreed.
- 1.2 Older People's Assessment Liaison (OPAL) team presentation – the CGC were assured on the achievements of the team in the rapid assessment of frail older people admitted via emergency routes and the supported discharge available for same day (70%) or short stay discharges. The chair commended the outstanding work provided by the team.
- 1.3 Assurance Framework – the people and resource items need to be reviewed following the remodelling of beds and the creation of a new ward. Currently, the ward is unable to open due to a lack of staff. Mitigation is a robust and ongoing recruitment campaign.
- 1.4 End of life care annual report 17/18 - the CGC were assured that the quality of end of life care has continued to improve.
- 1.5 Learning disabilities annual report 17/18 – assurance on the good support for patients with learning disabilities was demonstrated. Two learning events are planned in 18/19 focusing on the MENCAP 'Treat me well' campaign.
- 1.6 Q3 Customer care report provided assurance that the Trust is responding and acting on patient feedback.
- 1.7 Quality indicators – HSMR is now within the expected range. Areas of concern remain never events in surgery with theatres receiving intensive support.
- 1.8 Draft quality account – was discussed and broadly agreed. A pocket-book version will be published for easy read.
- 1.9 National clinical audit bi-annual 17/18 report – positive assurance on the excellent percutaneous coronary intervention performance, year on year improvements in the national emergency laparotomy audit and neonatal intensive

care unit audit performance showed better care and treatment than nationally. Actions from 15 previously published audit reports are progressing.

- 1.10 External enquiries and external agency visits bi-annual 17/18 report – positive assurance on progress of recommendations and improvement actions.

2 Items for escalation

- 2.1 Older People's Assessment Liaison (OPAL) service – positive assurance on the achievements of the OPAL team in the assessment and supported discharge of frail older patients admitted via emergency routes.
- 2.2 Inability to staff and open the new ward and the financial consequences associated with loss of income.

3 Key Risks Identified and Impact

- 3.1 Inability to staff and open the new ward and the financial consequences associated with loss of income.

4 Key Decisions

- 4.1 None.

5 Exceptions and challenges

- 5.1 None.

6 Governance and Other Business

- 6.1 The CGC were asked to make recommendations on topics for TIAA to audit for discussion at the March 18 meeting. Deferred to May 18 as internal audit currently out to tender.

Future Business

- 7.1 Meeting in May 2018 with items agreed at the pre-meet.