

Cover page	
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Responsible Director	Edwin Borman
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Executive Summary	
<p>The Directorate for Clinical Effectiveness was created in order to provide greater capacity within the Trust to deal with the broad range of challenges that we are addressing, and to allow the Trust to identify, at an earlier stage, areas requiring improvement.</p> <p>The Directorate began functioning in June 2019, with changes being made in accordance with the needs of the organisation, in line with the evolving nature of the directorate and the departments that are included. This is the second report to the Board from the Directorate, and provides an overview of progress.</p>	
Previously considered by	

The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

*Select the strategic objective which this paper supports*

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

*Is there a financial impact associated with the paper?*

## Report from the Director for Clinical Effectiveness

### Introduction

The Directorate for Clinical Effectiveness commenced functioning in June 2019. The directorate was created to provide greater capacity within the Trust to deal with the broad range of challenges that we are addressing, and in order to allow the Trust to identify, at an earlier stage, areas requiring improvement.

This is the second report to the Board from the Directorate and, as this is a summary report, for a more comprehensive review of all areas addressed, it should be read alongside the report to Board at the end of November 2019.

### Developing the team(s)

The heads of department are:

- Clinical Audit Sally Allen
- Clinical Informatics Julie Waters
- Complaints and PALS Julia Palmer
- Patient Safety Pete Jeffries
- Research and Innovation Kelly Hard, Helen Moore
- Chaplaincy Petro Hryziuk
- Director Edwin Borman

The team meets regularly - once every six weeks - with an agenda that uses the methodology supported by the Transforming Care Institute, following a “standard work” agenda format, with a short update from each department, a focus on areas of shared importance, confirmation of actions completed and of those to be performed.

Following the development of the Directorate, there has been increased connection between the departments, with co-operation on shared audit projects, joint working on research projects and improved learning based on the sharing of knowledge and experience.

### Research and Innovation

The Research and Innovation team is working hard to address a difficult combination of reduced regional funding, falling research activity and staffing challenges. Currently, performance is at 63% of the yearly target for the main Key Performance Indicator (number of patients recruited into trials), and at 100% for second KPI which is Recruitment to Time and Target. The team is consolidating its existing portfolio of research - for which it has a good reputation for delivery - whilst exploring new options for research activity.

Developing the next generation of researchers:

- Drop in and education sessions are being delivered for staff members potentially interested in research, with a view to raising awareness and promoting what the department can offer.
- ‘hybrid’ CNS/Research Nurse posts in haematology, and possibly in breast, lung and prostate oncology, are being developed, to help increase cancer trial recruitment
- a new Preceptorship Programme is being developed, so that all newly qualified nurses will have an introduction to research within their first year in post. The first 4 week clinical placement for student nurses in R&I will be commencing in March 2020
- the team is engaging Clinical Nurse Specialists (CNSs) in clinical research with aim of them becoming Principal Investigators in nationally-approved studies (the first nurse working in this capacity is a Sepsis CNS)

Exploring new options for research activity:

- the first Trust-led submission to the NIHR Health Technology Assessment funding programme, worth potentially worth £2 million, was submitted; this is being re-worked based on constructive feedback.
- the team recently has met, and continues to work with commercial partners TrinetX to develop and utilise digital platforms for maximising the potential for access to research for our patients. TrinetX provides an international platform for linking research opportunities.
- the team has strengthened working relationships with the Research Design Service and Clinical Trials Unit at Keele University, with the aim of developing joint projects
- there have been successful preliminary meetings with Pfizer to establish contacts, with a view to securing more commercial income.
- Strategic bids have been submitted to the West Midlands Clinical Research Network (CRN) for collaborative work across the region for research, innovation and education. The CRN is also proposing a project manager to map patient pathways and to support greater sharing of resources and services for research across the region.
- the team continues to work on a number of grant applications, proposed to be led from SaTH, to national funders, which hopefully will secure further funding over the coming years.

And some positive results:

- the Trust's results from the national 100.000 genome project have been received; these are in the process of being shared with the oncology patients who took part in this major trial
- SaTH's Radiotherapy and Physics Team won Clinical Research Network West Midlands 'Team of the Year' for their significant contribution to clinical research.

## **Patient Safety (including Learning from Mortality)**

### **Serious Incident Pathway / learning from incidents:**

The team has continued to support the embedding of the Executive Serious Incident Review Group (ESIRG) as a key step in the serious incident pathway. This has provided the means for all cases that may meet the national criteria to be reviewed, on a regular basis, by the relevant members of the Executive team. Key learning points from serious incidents - in terms of quality of investigations, and clinical and operational learning - are identified to reduce risk and improve quality and safety of care. This is now summarised monthly as a key output from ESIRG and reported to CGE.

A quarterly summary of systems learning (pathway, department and Care Group) is also being taken to CGE. The report identifies if action already is being taken to address the issue identified, or if additional action needs to be taken. In addition, a bi-monthly cross Care Group safety learning forum has been agreed. The Terms of Reference, and the process for this forum are being drafted, with a view to the first meeting being held in March 2020.

### **Audit of compliance against the statutory Duty of Candour:**

The Patient Safety team has co-ordinated and supported the completion of an audit of two years' worth of serious incidents (SIs) and high-risk case reviews (HRCs) to determine the extent of completeness of SaTH's compliance against the Duty of Candour regulations. The audit of SIs was completed in December 2019 and presented to the Clinical Governance Executive (CGE). The audit of HRCs has now been completed and is in the process of being reviewed. The safety team will be working with colleagues in the Care Groups to consider the results of the audit outcomes and to ensure that recommendations and actions can be taken to the Clinical Governance Executive, in February.

### **Learning from Mortality:**

The Board is aware of the Trust's existing mortality review system, that is well-developed, functions well in most specialities, and provides regular reports to the Board. The governance pathway for this follows the route from the Mortality Committee, to the Clinical Governance Executive, to the Quality and Safety Committee, the Trust's commissioners and regulators. In addition to this, SaTH is working with partners on a system-wide review, commissioned by the CCGs, being performed by Niche Consulting.

### **Support for completion of serious incident investigations:**

Following a review of the threshold for investigation, there has been an increase in the number of cases being reviewed by the Patient Safety team. This, combined with staff shortages within the team, has resulted in significant on-going challenges regarding assigning appropriate investigating officers to support timely completion of SI investigations.

In addition, a number of complex cases have required particularly detailed investigation, with external expert engagement, further challenging the current resources of the team. A business case is being developed, in order to ensure that the team is appropriately resourced and the Trust is able to focus on learning more fully from clinical incidents.

### **Complaints & PALS**

The Complaints team is continuing its efforts to improve the timeliness and quality of responses to concerns and complaints. This is being conducted using Transforming Care Institute methodology, and already has identified that a significant rate-limiting step is the time taken to get a response from the relevant clinician(s). The current increase in emergency workload also is having an effect, with a significant drop in timely responses being received for complaints received in November, only 25% of which were received in time. Further work is under way to explore supportive ways of working with clinical colleagues. These aspects are covered in more detail in the Complaints report to the Trust Board.

The Complaints team and the PALS continue to explore innovative approaches to their work, including:

- the trial of paperless working has commenced in complaints
- the team is using ThinkOn and TCI methods
- participation in the Equality & Diversity Stakeholder Day, to ensure that services are accessible and that we identify where any specific groups may be disadvantaged. As part of this, work is ongoing with Signal to ensure that the service is accessible to the hard of hearing community, for whom there are specific constraints to communication.
- improved links with secretaries to further support consultants in responding to complaints (e.g. by facilitating more timely access to notes)

The Medical Examiner Service continues to function well at RSH, with the focus now on ensuring timely implementation at PRH. In order to achieve this, recruitment efforts are continuing to appoint sufficient numbers of Medical Examiners to support the roll-out of this service at PRH. A lesson learned from implementation at RSH is the importance of having designated office space for this confidential service; potential areas are being explored. The Trust has been successful in appointing Medical Examiner Officers, who support the work of the Medical Examiners; all are required to complete face-to-face accreditation with the Royal College of Pathologists.

### **Clinical Audit**

Much work has been done by the team to ensure that the many forms of guidance and standards, that are provided by NICE, the Royal Colleges and other standard-setting bodies, are reviewed and implemented as appropriate.

The historical backlog of outstanding NICE guidance, that had not been benchmarked, has been further reduced, from 111 guidelines to 21. This was achieved by changes to the process that has been applied, enabled by time saved from not carrying out national patient surveys in-house. Members of the clinical audit team now meet with the relevant speciality lead for NICE guidelines to facilitate completion of the benchmark template, rather than doing this by email. In addition, this improved process has been presented at speciality Clinical Governance meetings, in order that colleagues are more informed of the importance of reviewing NICE guidance.

In addition, out of date clinical guidelines and policies, that had been live on the Trust's intranet, have been reduced from 468 to 45. This has been achieved by providing greater clarity about the requirements, and implementing a more directive review process, using email voting buttons for ease of response.

As mentioned above, the Clinical Audit team has worked closely with the Patient Safety team to ensure that two audits were completed of the Trust's fulfilment of the duty of candour, both cases defined as Serious Incidents (SIs) and for those investigated as High Risk Case Reviews (HRCRs).

The year ahead will be a particularly busy one for the Clinical audit team with projects including:

- working with the Clinical Audit Patient Panel, following a joint audit, to make improvements to clinic appointment letters for the Therapies team
- incorporating the entry of data from the Friends and Family Test (FFT) on the Trust's RATE system to make it more accessible
- expanding the use of the online Survey Monkey tool to increase ease of access for patients, hence, hopefully, also increase responsiveness
- provide increased resources for more detailed audits of identification of deteriorating patients, and the speed of escalation and management
- audit of the use of RESPECT forms (implemented in the Trust on 31st October 2019), with results due at the end of January year 2020
- supporting the extensive work needed to audit the delivery of the 2019-2020 CQUIN areas, and prepare for the new CQUINs for the next NHS year.

## **Chaplaincy**

Like most departments in the Trust, but for rather different reasons, the Chaplaincy service has been more busy than usual towards the end of the calendar year and the start of the new one. Carol services were held at both hospitals, and there were "singing visits" from the Salvation Army visits at RSH and the group Tempronilla at PRH.

While the end of one year and the start of another is a festive time for many people, for patients in hospitals, and their families, it can be a particularly challenging time. There is increased activity on the wards with and many patients and coming to terms that they may not be home for Christmas. For bereaved families, they may feel, even more powerfully, the loss of their loved one. This is particularly so for families who have suffered the loss of a child or baby during this time. The Chaplaincy service provides support for all who wish to receive this, from pastoral care, to support for patients and families, to providing a special service for families who have lost a baby, to spiritual support for members of staff.

The Chaplaincy service also has been busy, in anticipation of improvements: with plans for refurbishment of the chapels, and a peer-review visit by the Rev. Dr Cameron Langlands, Head of

Spiritual and Pastoral Care, and Freedom to Speak Up Ambassador for South London and Maudsley  
NHS Foundation Trust.

Edwin Borman  
Director for Clinical Effectiveness