

Borders NHS Board



Meeting Date: 27 June 2019

Approved by:	Dr Stephen Mather, Chair Clinical Governance Committee
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CLINICAL GOVERNANCE COMMITTEE	
Purpose of Report:	
<p>The purpose of this report is to brief the Board on any key issues within the Committee's remit, in order to provide assurance to the Board that those matters have been identified and are being addressed.</p>	
Recommendations:	
<p>The Board is asked to note the update from the Clinical Governance Committee.</p>	
Approval Pathways:	
<p>This report has been prepared for the Board.</p>	
Executive Summary:	
<p>The Clinical Governance Committee met on 31 May 2019. Out of the matters discussed, the Committee would like to highlight the following to the Board:-</p>	
<p>1. Infection control:</p> <ul style="list-style-type: none"> • staffing still under strength and external support probably not sustainable • recent external inspection of community hospitals was very positive • Borderline oxycillin resistant staph aureus (BORSA) recently reported - unusual but probably an incidental finding • independent hand hygiene audit showed self-reporting audits to be flawed and grossly over-estimating compliance. New audit process initiated 	
<p>2. Annual training report on moving and handling and prevention of aggression and violence showed significant improvement in training uptake</p>	
<p>3. Annual patient safety report shows:</p> <ul style="list-style-type: none"> • resuscitation records incomplete and varied in quality • increase in total falls but reduction in falls leading to harm • increase in number of pressure sores - thought possibly to be result of better reporting • SEPSIS management may be less than optimal - CGC requested a full report on training/ guidance for sepsis management 	

<p>4. Risk management:</p> <ul style="list-style-type: none"> • very high risks noted and discussed where relevant to Clinical Governance • CGC requested a report on the risk regarding ophthalmology services <p>5. HSMR</p> <ul style="list-style-type: none"> • NHS Borders shown as outlier in national statistics. Investigated by HIS and spikes in Borders HSMR correspond to MKU activity. Previously reported that NHS Borders is the only Board to have a palliative care unit in the acute hospital setting which skews the figures <p>6. Clinical Board reports</p> <ul style="list-style-type: none"> • received from acute, primary/community, mental health and learning disabilities <p>7. Audiology whistleblowing incident discussed. CGC assured that proper process had been followed and that competency issues were being addressed with the help of external agencies</p> <p>8. Research & Development co-ordinator post has been advertised and recruitment is underway</p>	
Impact of item/issues on:	
Strategic Context	Not Applicable
Patient Safety/Clinical Impact	As set out above
Staffing/Workforce	As set out above
Finance/Resources	As set out above
Risk Implications	As set out above
Equality and Diversity	Complaint
Consultation	Not Applicable
Glossary	<p>BORSA - Borderline Oxycillin Resistant Staph Aureus</p> <p>SEPSIS -</p> <p>CGC – Clinical Governance Committee</p> <p>HSMR – Hospital Standardised Mortality Ratios</p> <p>MKU – Margaret Kerr Unit</p>