

Borders NHS Board



Meeting Date: 5 March 2020

Approved by:	Dr Stephen Mather, Chair Clinical Governance Committee
Author:	Dr Stephen Mather, Non-Executive Director
CLINICAL GOVERNANCE COMMITTEE UPDATE	
Purpose of Report:	
<p>The purpose of this report is to brief the Board on any areas of concern 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 Clinical Governance</p>	
Approval Pathways:	
<p>This report has been prepared for the Board.</p>	
Executive Summary:	
<p>The Clinical Governance Committee would like to highlight the following to the Board:- The latest CGC meeting was held on 22 January 2020. This report is a summary of that meeting.</p> <p>Assurance The chair proposed a new method of recording the Committees position on each agenda item discussed. The Committee agreed a move to referencing for each item one of the follow outcomes:</p> <ol style="list-style-type: none"> 1. assured 2. partly assured (but require further information) 3. not assured <p>Infection control: Discussion took place around compliance with infection control policies and procedures. The Committee were assured that processes are in place to monitor infection control practice. However, the committee felt further information was required for future meetings in the form of audits and repeat audits from clinical areas to enable full assurance that these processes are effective. The Committee will look at this area in further detail at the next meeting.</p> <p>Adverse events: The Committee were assured with the overview provided on adverse events. Falls and aggression and violence are the two highest reported events. There is a reduction in falls with harm reported in the acute services division as a result of the targeted improvement</p>	

work in this area.

SPSO:

There has been a sustained increase in referrals to the SPSO which, it is believed, results from the changes in approach to complaints handling across NHS Scotland. The Committee were assured that all appropriate actions were being managed resulting from SPSO reports.

Claims:

There are 49 active claims at present. There are no particular themes of note with the exception of claims relating to Mesh which is a national trend for all areas. The Committee will consider trend information in the next claims report for full assurance.

Medical Education:

The Director of Medical Education provided a summary of current issues which are the focus of local improvement work these relating to undergraduate accommodation on the BGH campus, rota compliance and availability of supervisors for trainees. The Committee was not assured that all areas were being fully addressed and requested further work is undertaken promptly through the Acute Service Board with the support of the Associate Medical Directors to ensure all areas of concern were being addressed. An action plan will be brought back to the Committee.

Blood Transfusion:

A report was provided by the Clinical Director for Laboratory Services, it was noted that the service are coping with the reduction in capacity from the Scottish National Blood Transfusion Service but this has placed increased pressure on other roles within the laboratory service. The shortage of Haematology Consultants is a key area of concern at present and NHS Borders is actively out to recruitment at present but it is unlikely that a full complement of staff is available to recruit. The Committee wished to monitor the actions currently underway to be assured and a further report will be discussed at the May 2020 meeting to review these risks.

Acute divisional report:

The acute services report detailed a range of governance activities underway within the acute service. The Committee was assured that systems and processes were in place to manage any issues highlighted and that the Committee was being kept apprised on progress in these areas.

Primary & Community divisional report:

The Committee considered timeliness of completion of an outstanding SAER report and the Director of Nursing, Midwifery and Acute Services agreed to follow up on this case. Medical cover for community hospitals was considered and remains an area of risk particularly at the Knoll due to availability of GP cover. The Committee was assured that systems and processes were in place to manage any issues highlighted and that the Committee was being kept apprised on progress in these areas.

Mental Health and Learning Disabilities divisional report:

The Committee consider the Scottish Borders position on Drug Related Deaths and agreed that they would like this to be included in the annual workplan for the Committee for 2020/21 to ensure appropriate scrutiny of activities in this area. Mental Health services were praised for their reporting on Duty of Candour and other Clinical Boards were asked to adopt this approach in their reporting to the Committee moving forward. The review of

mortality and morbidity in patients with a learning disability was discussed and it was requested that local processes for this be considered and detailed in a future report to the Committee. The Committee was assured that systems and processes were in place to manage any issues highlighted and that the Committee was being kept apprised on progress in these areas.

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	NHS – National Health Service SPSO – Scottish Public Services Ombudsman BGH – Borders General Hospital GP – General Practitioner SAER – Significant Adverse Event Report CGC – Clinical Governance Committee