

NHS Borders

Chair & Chief Executive's Office

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Date 18 September 2018
Your Ref
Our Ref JD/mep

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Dear Jeane

NHS Boards Governance Assurance Mechanisms

Thank you for your recent letter requesting NHS Boards Governance Assurance Mechanisms for the Cabinet Secretary for Health and Sport. Please find responses from NHS Borders below.

NHS Complaints

NHS Borders is a small Board with good informal local intelligence and communications which facilitate early awareness of clinical eccentricities or errors, and persistent attitudinal or communication skills deficits. Our formal Clinical Governance and Complaints mechanisms identify any patterns of Adverse Events Review findings and investigated complaints, triangulated alongside our surgical morbidity and mortality reviews, we are confident that any issues similar to those which have emerged in Tayside would have been identified and addressed at an early stage.

Surgical Safety and M&M Reviews

In relation to surgical safety and M&M reviews, there is a national meeting held around Morbidity and Mortality and information has been circulated to Clinical Directors encouraging them to attend so that we learn and develop processes in line with national approaches. Our orthopaedic and surgical teams hold regular M&M meetings and strive to enable all clinicians available to attend.

Our orthopaedic team receives feedback via the national hip fracture audit and Scottish arthroplasty projects if we are outliers. Our infection, dislocation and death rate for arthroplasty, are within the best quartiles which is reassuring.

Orthopaedics hold monthly departmental "no fault" meetings that offer a safe space for surgeons to report on their activity, morbidity and mortality with learning points discussed and followed up by the team clinical governance lead clinician who also collects the presentations and figures presented. The data is compiled and sense checked by the Registrar. A review of the format of M&M meetings was recently discussed in a divisional format with the other

surgeons today at the Clinical Governance board meeting and we aspire to report on this joint working in the future. We are reflecting on what additional data could be collected via Datix to ensure key information is included given Datix incidents are self-reported. This would help better identify recurring themes which could be flagged to the Clinical Lead for follow up with colleagues and discuss in a non-critical environment.

Surgical lists in theatres are monitored on a regular basis by central booking – all lists include morning briefing, regular “pauses” before each case and debriefing on conclusion of a list. Preoperative marking is included as part of the pre-operative check list and patients are not allowed in to the theatre if they are not appropriately marked and/or marking does not correspond with the consent form. This is also covered during the surgical pause. Outcomes are clearly monitored by SCAN meetings – this is a very robust national system with multiple QPIs monitored annually for cancer treatment.

Supervision of Junior Medical Staff

Most operations are performed either by consultants or with Consultant supervision. We are obliged to allow juniors some unsupervised work but this is at the discretion of individual consultants depending on the case and on the experience of the junior doing it. There is always consultant available to step in and support if required.

Openness and Transparency

Our corporate values state explicitly the behaviours that are expected of all staff across NHS Borders and we have been undertaking values based recruitment for some time now in support of this.. NHS Borders encourages its staff to raise genuine concerns openly and has a number of policies in place to support this. Staff can access independent advice from a professional body or trade union but can also raise a concern with their line manager or lead clinician.

Each consultant is expected to document their reflections in connection with complaints and feedback at their annual appraisal and these are checked by the RO or deputy before revalidation. Any issues in relation to undesirable behaviours are addressed via communications skills courses etc as required to reinforce NHS Scotland values

In terms of reporting and transparency, we are developing mechanisms within the Borders General Hospital clinical governance structure to identify trends in significant adverse events and complaints with the expectation that Clinical Directors will manage the situation in house with support of the Associate Medical Directors and the Clinical Governance & Quality team.

I trust that this provides sufficient answers and assurance to the questions you have raised but please do not hesitate to get in touch if you require further information.'

Yours sincerely



Jane Davidson
Chief Executive