

Borders NHS Board

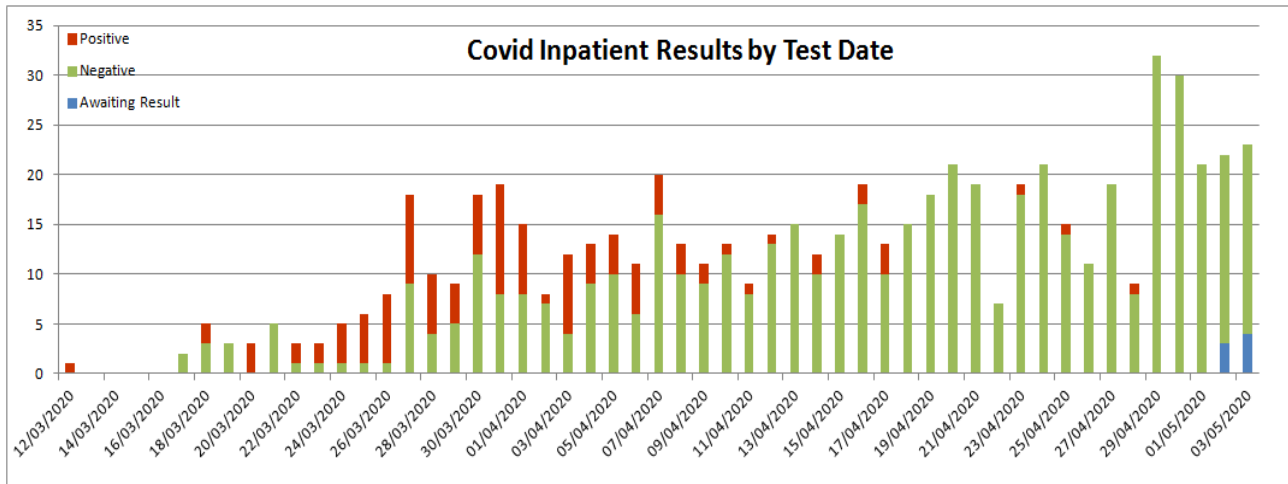
Meeting Date: 7 May 2020

Approved by:	Cliff Sharp, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality
QUALITY & CLINICAL GOVERNANCE EXCEPTION REPORT MAY 2020	
Purpose of Report:	
<p>The purpose of this report is to provide the NHS Borders Board with an exception report on activities and progress during COVID 19 across areas of:-</p> <ul style="list-style-type: none"> • Patient Safety • Clinical Effectiveness • Person Centred Care • Research and Innovation 	
Recommendations:	
The Board is asked to note this report.	
Approval Pathways:	
This report has been reviewed by the Board Executive Team.	
Executive Summary:	
<p>The Clinical Governance and Quality (CGQ) function has deployed 80% of their staff to support the frontline delivery of care as registered nurses or healthcare support workers. The remaining staff have worked across the functions of CGQ to maintain a core service and deliver on aspects of the organisational response to COVID 19 such as the co-ordination of the Corporate Services response; patient and family liaison; staff deployment systems; Medical Certificate Cause of Death (MCCD) process; COVID 19 research; COVID 19 ethical advice and support; and data modelling and analysis.</p> <p>Patients and families who were involved in complaints investigations or Significant Adverse Event Reviews were advised in the middle of March 2020 that whilst our review of their case remained of significant importance to NHS Borders investigations, meetings and final responses would be delayed as the organisation deployed resources to respond to the pandemic. National and local clinical audit activity has also been reduced to focus on case ascertainment and new recruitment to research studies outwith COVID 19 has been suspended.</p> <p>There is detailed modelling of the predicted and actual impact of COVID 19 on service delivery. All COVID deaths are being reviewed through the NHS Borders mortality review process.</p>	

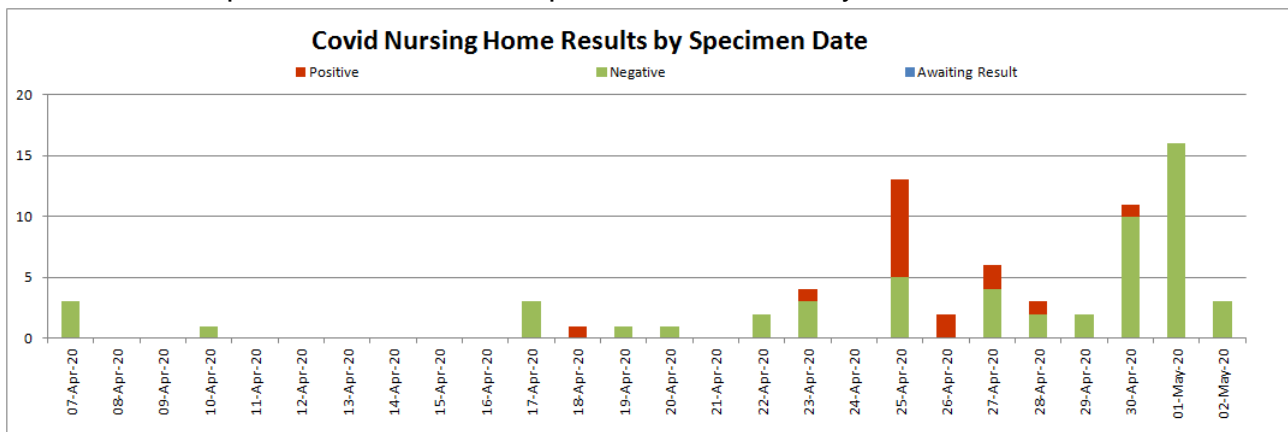
<p>An Ethical Advice and Support Group has been established to provide an advisory role to the Chief Executive, NHS Board and to frontline clinical teams during COVID 19.</p> <p>There is a growing body of research activity in response to COVID 19 and NHS Borders is deploying additional resource to support this area.</p>	
Impact of item/issues on:	
Strategic Context	Aligned to national priorities and ambitions for safe, person centred and effective care. Aligned to Scottish Government response to COVID 19 and emerging guidance from the Scottish Government, professional bodies and national societies where it exists.
Patient Safety/Clinical Impact	Oversight of patient safety, person-centred care, clinical effectiveness, research and innovation, and quality improvement sit within the Clinical Governance and Quality portfolio and are reported by exception in this report.
Staffing/Workforce	Service and activities will be adjusted to meet the unprecedented demand anticipated on NHS services during COVID 19.
Finance/Resources	There will be additional cost associated with the Board wide response to COVID 19.
Risk Implications	COVID 19 presents significant risk to all areas of the Boards responsibilities.
Equality and Diversity	Compliant.
Consultation	The content of this paper is reported to Clinical Board Governance Groups and to the Board Clinical Governance Committee.
Glossary	MCCD, Medical Certificate Cause of Death. CGQ, Clinical Governance and Quality BGH, Borders General Hospital. GRO, General Registrars Office ICU, Intensive Care Unit.

COVID 19

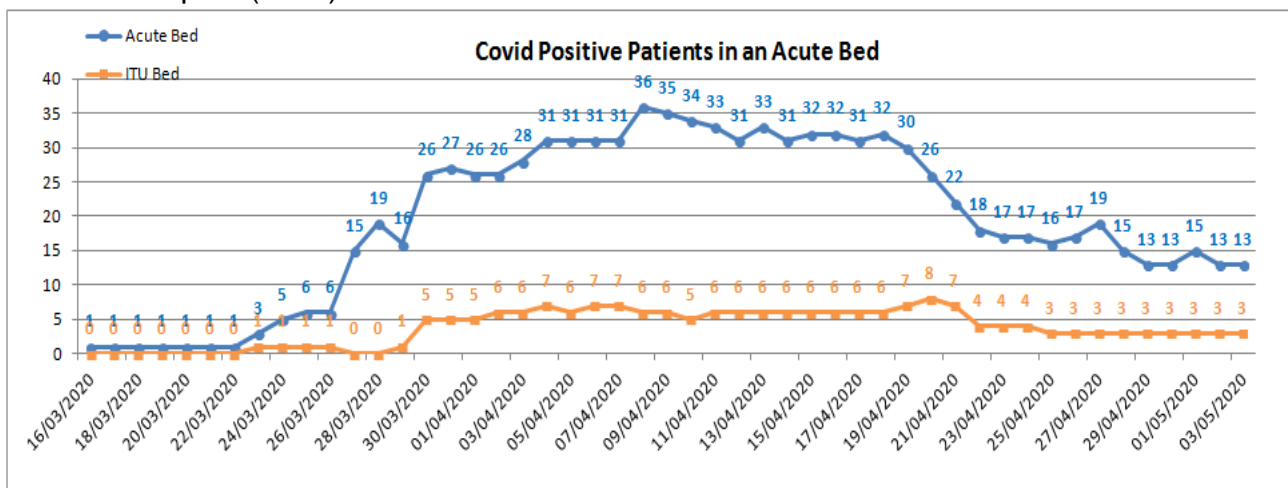
As at the 3 May 2020 there has been 272 positive cases of Coronavirus across the Scottish Borders (based on board of testing). There are 284 positive cases based on board of residence. Graph 1 shows the number of positive and negative cases by day since the first reported case on the 12 March 2020 to the 3 May 2020:



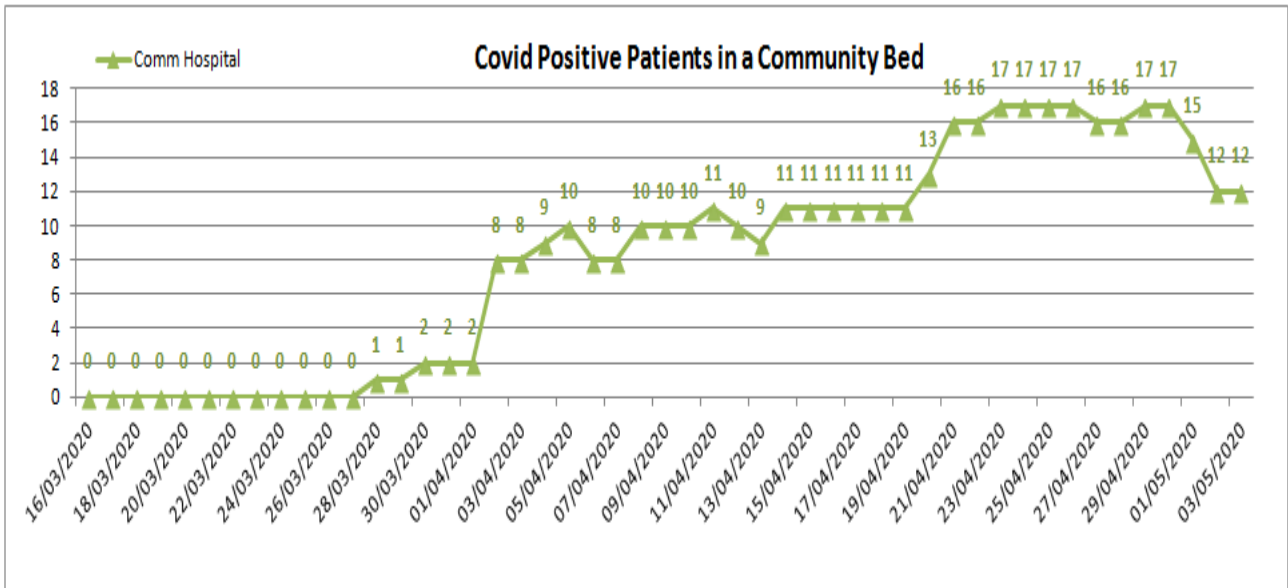
Graph 2 shows the number of positive and negative cases in nursing and care homes since the first reported case on the 7 April 2020 to the 3 May 2020:



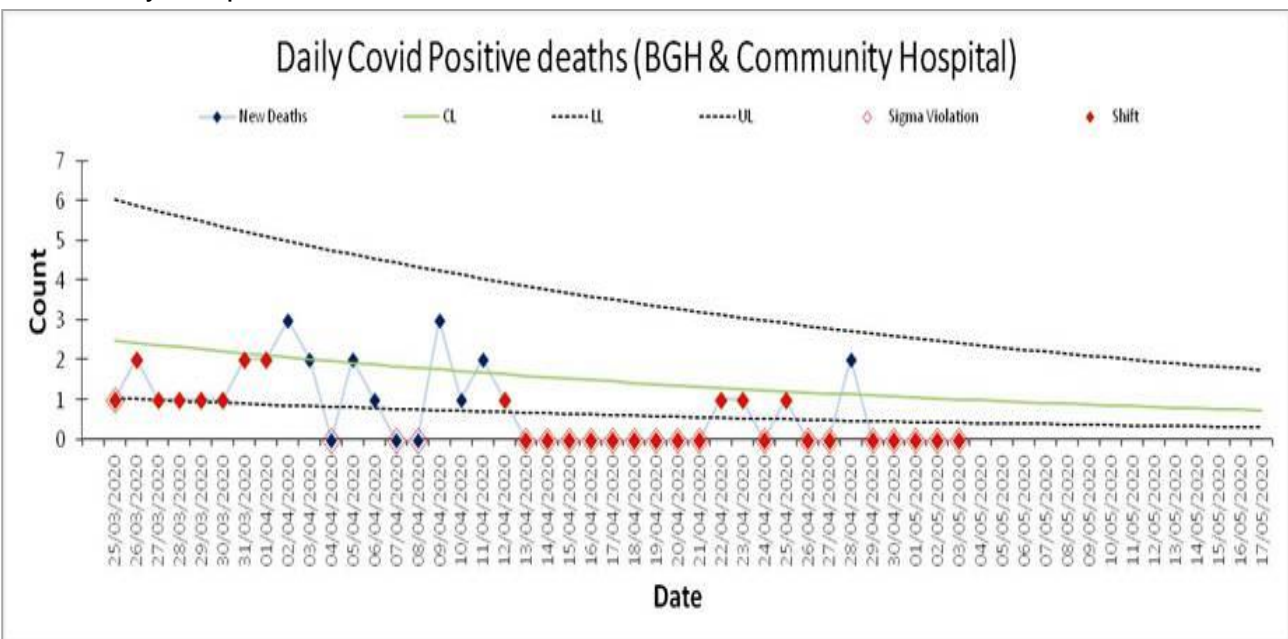
Graph 3 shows the number of positive cases in acute hospital beds within the Borders General Hospital (BGH):



Graph 4 shows the number of positive cases in NHS Borders community hospitals:

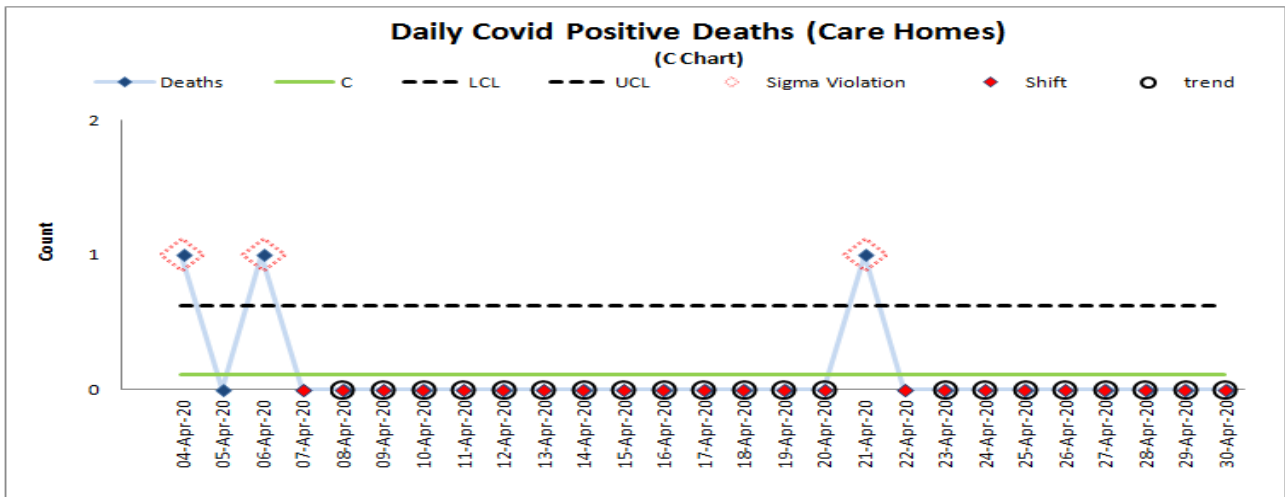


Of those who tested COVID positive in the BGH or NHS Borders Community Hospitals up to the 3 May 2020, 31 people have died from all causes, not solely COVID 19 viral pneumonia. Graph 5 shows the COVID positive deaths by day across the BGH and Community Hospitals:



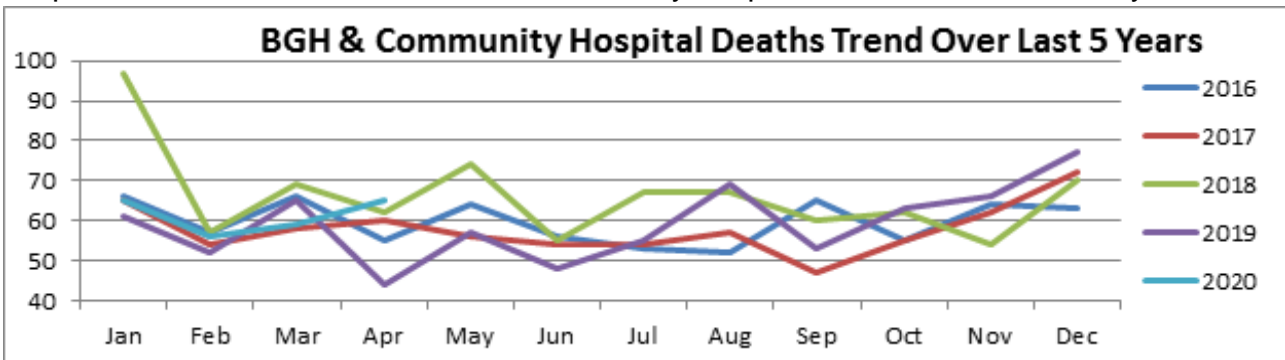
Note: As at the 3 May 2020 there are a further 7 deaths which have tested as COVID negative but have shown clinical signs of COVID 19 with presumed COVID being recorded on the death certificate.

Graph 6 shows the COVID positive deaths by day across Nursing, Care and Residential Homes in the Scottish Borders:

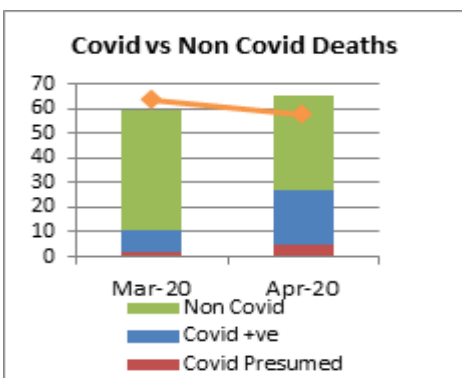


Note: This date is taken from the General Registrars Office (GRO) report provided to NHS Boards on a weekly basis. There is a lag time of about 10 days in reporting.

Graph 7 shows the trend in BGH and community hospital deaths over the last 5 years:



Graph 8 shows the split of COVID and Non COVID Deaths for March 2020 and 30 April 2020:



The Associate Medical Director for Clinical Governance and Quality is leading on the review of all COVID-related deaths under the NHS Borders mortality review process. On the 22 April 2020 NHS Borders experienced the loss of a staff member resulting from Coronavirus. Mrs Angela Cunningham was a dedicated and widely loved staff member. This is a time of great sadness for her family and for the many colleagues who worked with her.

Ethical Advice and Support during COVID 19

An NHS Borders COVID 19 Ethical Advice and Support Group has been formed to undertake an advisory role to the Chief Executive, NHS Board and to frontline clinical teams. The group aims to make ethical use of potentially limited health resources and to do so with transparent, consistent and equitable decision making support. The Group has been developed to have a flexible approach and be readily available and able to offer timely support to clinical teams relating to:

- Complex decisions around withdrawal of care
- Situations where clinical decision makers feel uncomfortable with the application of national guidance
- Challenging decisions around escalation planning and ceilings of care
- Complex decisions related to patient discharge due to high clinical demand
- Challenges related to reduced ability to provide normal standards of care, in particular in the community or for patients at the end of their lives

The Group will be guided by a set of ethical principles and guidance, where available, from national bodies and professional groups.

If the status of COVID 19 in any Clinical Board is triggered as “Red” by the COVID 19 Pandemic Committee, an operational Ethical Advice and Support Team will be triggered to provide accessible and responsive support on behalf of the group.

The group has focused on reviewing plans for the worst case COVID scenarios, in relation to the demand which could be imposed on frontline services, to ensure robust ethical consideration has been given to clinical protocols and decision making tools which would need to be enacted if demand was to exceed capacity. Given the latest demand predictions for the current wave of COVID 19 it is thought unlikely that resources will be overwhelmed or reach full capacity. To date the group has reviewed the following areas and is in the process of summarising their advisory position on each:

- Admission to hospital during COVID 19
- Oxygen provision during COVID 19
- Resuscitation processes during COVID 19
- Restraint processes during COVID 19
- Access to surgery during COVID 19
- Critical care provision during COVID 19

COVID 19 Research:

NHS Borders is currently participating in 3 studies for COVID 19 patients and is considering participation in a number of other studies.

RECOVERY has been open 3 weeks and has recruited 17 patients. The study has different treatment arms (usual standard management; Lopinivar/Ritinoar; Hydroxychloroquine; Dexamethasone; (the Azithromycin arm is not yet open in the Borders setting). There is a primary care equivalent study linked to RECOVERY called

PRINCIPLE which may be opened using the COVID Testing Hub however there are ongoing national discussions as to how this will work. This study would offer standard treatment or Hydroxychloroquine to patients testing positive in the community which is hoped may prevent admissions to hospital. Another study currently being reviewed is linked to RECOVERY: **PROTECT-SURG** is aimed at giving prophylactic treatment to patients about to undergo surgery who may be at risk of COVID 19. This is currently under discussion with local services.

In addition, NHS Borders is recruiting to the **GenOMICC** study. This genetic study was already open in the NHS Borders Intensive Care Unit (ICU) but has now been extended to include COVID 19 participants. Seven participants have been recruited in the last 2 weeks and it is hoped that this study, led by Edinburgh University, will help identify causes and future treatments.

All patients who were admitted to the BGH with a positive COVID 19 test or who subsequently acquired COVID 19 are being entered into the worldwide **ISARIC** study. This involves data collection which includes presenting symptoms, co-morbidities, treatment and outcome. Nearly 90 patients have been identified for data collection.

NHS Borders is also developing an internal research project looking at COVID 19 from a local perspective. The project is currently awaiting Caldicott approval and has been approved for sponsorship by the Research Governance Committee.

Volunteering

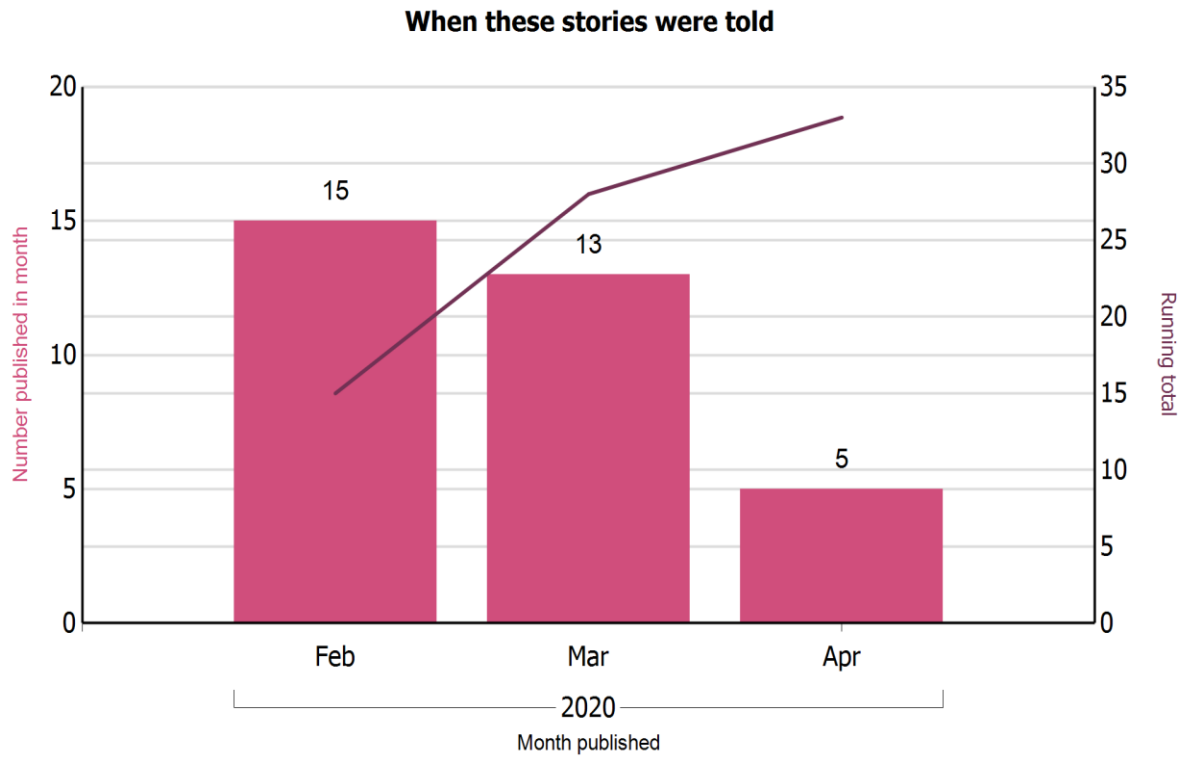
NHS Borders normal volunteering programme has been stood down to ensure the protection of volunteers during the COVID 19 pandemic. There are a number of volunteers such as a group of breastfeeding peer support volunteers who continue to carry out their roles remotely making telephone contact with new mothers.

A large number of the Scottish Borders community came forward to offer to volunteer in support of NHS Borders response to COVID 19. NHS Borders have been so grateful for this response. Given that demand has not increased in the way originally anticipated no volunteers have been activated at this time but all have been issued with a letter of thanks advising them of the current position. It is essential that we balance the risk of exposing members of the public unnecessarily against the benefits which volunteering would bring in supporting patients and staff during the pandemic.

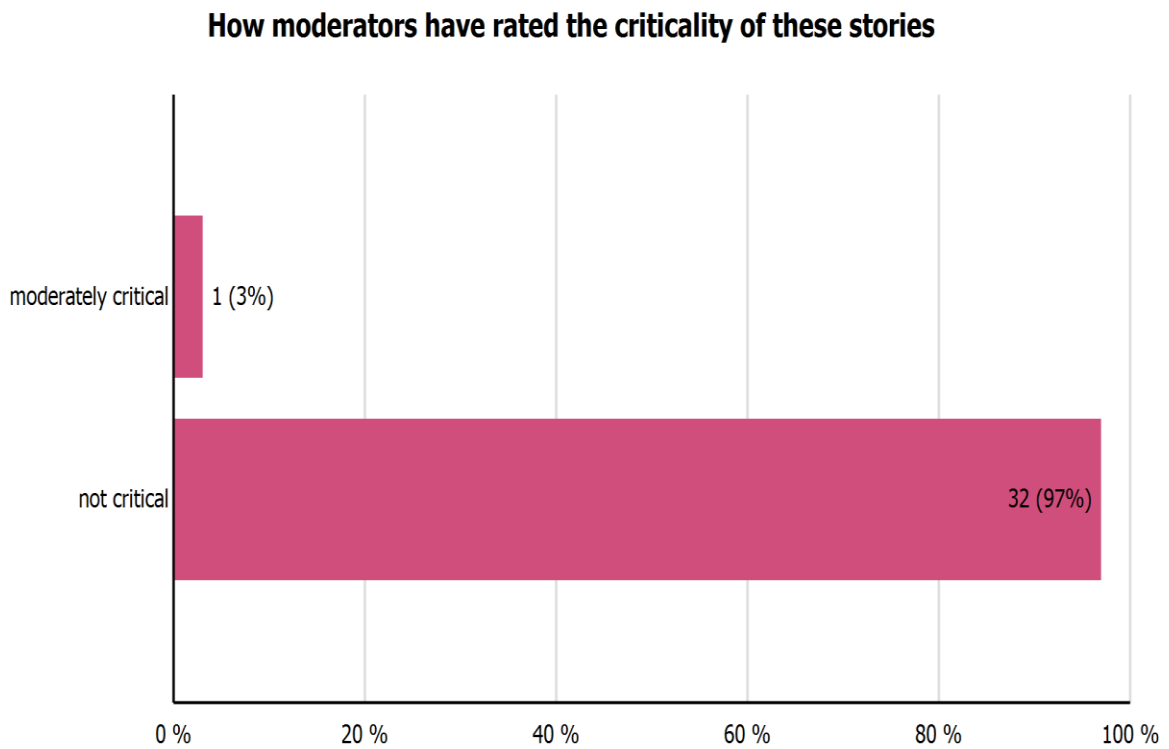
Patient Experience

For the period 1 February to 28 April 2020 33 new stories have been posted about NHS Borders on Care Opinion.

Graph 9 shows the number of stories told covering the period 1 February to 28 April 2020. These 33 stories have been viewed 2,642 times to date:



Graph 10 details the rating of the 33 stories:



Scottish Public Services Ombudsman (SPSO) CasesNew SPSO cases

Case 201905575 – received 12 February 2020

- This relates to the medical treatment provided to a patient and complaint response.
 - Medium risk to Board reputation

Case 201906679 – received 27 February 2020

- This relates to the medical care and treatment provided to a patient and the way medical staff dealt with the patient.
 - Low risk to Board reputation

Case 20190729 – received 7 April 2020

- This relates to the treatment provided to a patient when they attended hospital for treatment.
 - Medium risk to Board reputation

Recent SPSO decisions

Case 201805164

- This relates to changes to the treatment and follow-up arrangements.
- Further documentation was identified following receipt of the SPSO's decision. NHS Borders is currently awaiting a response from the SPSO before progressing the actions in this complaint.

Case 201808371

- This relates to the patient's discharge from hospital.
- The SPSO upheld the complaint and have requested the Board to:
 - Apologise for failings in communication.
 - Feedback the findings of SPSO investigation to relevant staff for them to reflect on.
- NHS Borders has issued an apology letter and submitted an action plan for this case. One recommendation remains outstanding. NHS Borders has advised the SPSO that due to the ongoing COVID19 situation it is unlikely that we will be able to take forward this action over the coming months.