

Borders NHS Board

Meeting Date: 4 June 2020

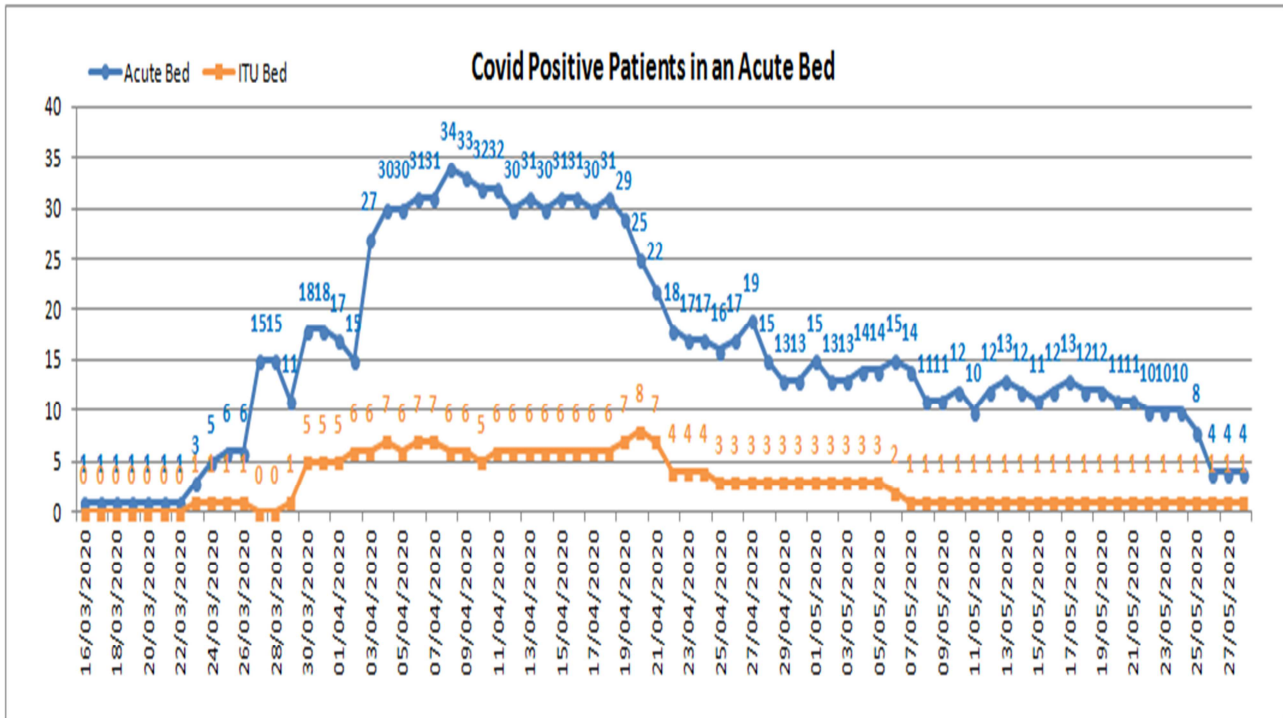
Approved by:	Cliff Sharp, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality
QUALITY & CLINICAL GOVERNANCE EXCEPTION REPORT - JUNE 2020	
Purpose of Report:	
<p>The purpose of this report is to provide the NHS Borders Board with an exception report on activities and progress 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 during COVID 19. Whilst maintaining additional services initiated under COVID 19 the CGQ function is now working to recovery normal service provision.</p> <p>Patients and families who were involved in complaints investigations or Significant Adverse Event Reviews (SAERs) 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. As part of recovery planning complaints and SAERs will be gradually brought back on stream.</p> <p>All COVID deaths are being reviewed through the NHS Borders mortality review process. NHS Borders HSMR remains within normal limits for the period January 2019 to December 2019.</p> <p>A support and governance system has been established in support of care homes during COVID 19 with the Director of Nursing, Midwifery and Acute Services now taking accountability of leadership and guidance to care homes and providing professional leadership and guidance to care at home.</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	CGQ, Clinical Governance and Quality. MCCD, Medical Certificate Cause of Death. SAERs, Significant Adverse Event Reviews. BGH, Borders General Hospital. GRO, General Registrars Office. HSMR, Hospital Standardised Mortality Rate. AGP, Aerosol Generating Procedure. PPE, Personal Protective Equipment. CPR, Cardio Pulmonary Resuscitation.

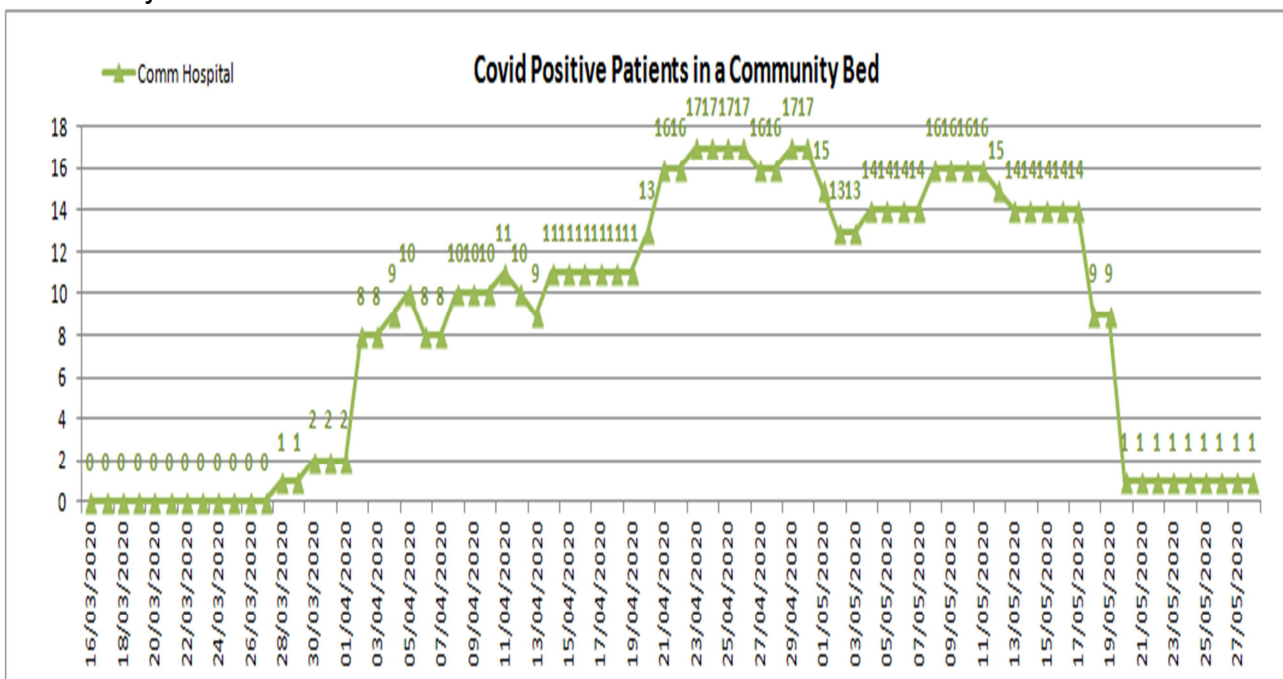
COVID 19

As at the 28 May 2020 there has been 308 positive cases of Coronavirus across the Scottish Borders (based on board of testing).

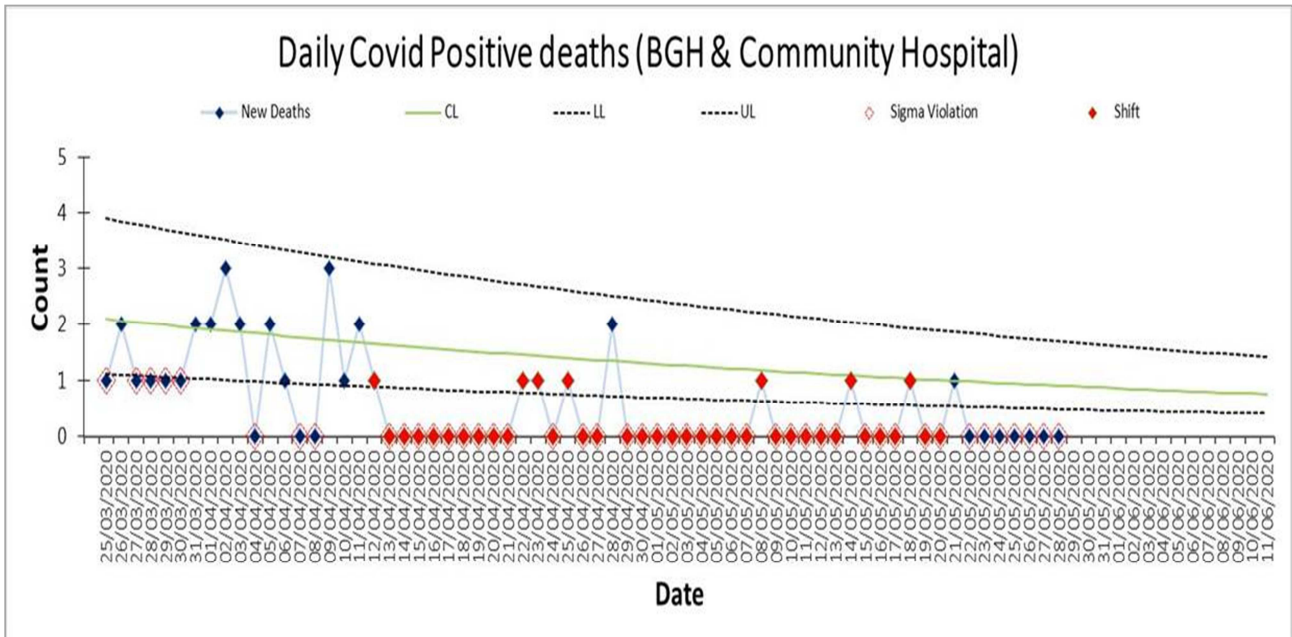
Graph 1 shows the number of positive cases in acute hospital beds within the Borders General Hospital (BGH) up to the 28 May 2020:



Graph 2 shows the number of positive cases in NHS Borders community hospitals up to the 28 May 2020:

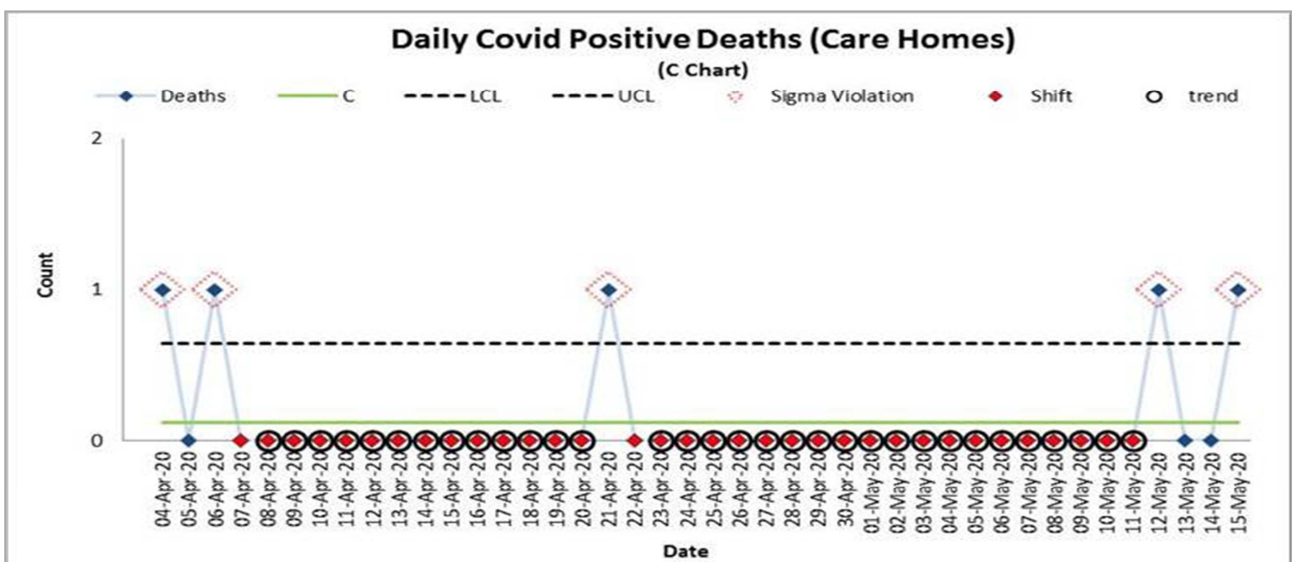


Of those who tested COVID positive in the BGH or NHS Borders Community Hospitals up to the 28 May 2020, 35 people have died from all causes, not solely COVID 19 viral pneumonia. Graph 4 shows the COVID positive deaths by day across the BGH and Community Hospitals:



Note: As at the 28 May 2020 there are a further 13 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 5 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.

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.

Hospital Standardised Mortality Rate (HSMR)

The NHS Borders HSMR for the fourth data release under the new methodology is 1.01. This figure covers the period January 2019 to December 2019 and is based on 613 observed deaths divided by 604 predicted deaths. The funnel plot 1 below shows NHS Borders HSMR remains within normal limits based on the single HSMR figure for this period therefore is not a trigger for further investigation.



The NHS Board Clinical Governance Committee continues to monitor HSMR along with a range of additional safety measures in their assurance role of clinical care delivery.

It is likely that HSMR will rise with the additional COVID 19 deaths observed during March, April and May 2020 alongside the reduction in admissions to acute hospitals.

Resuscitation During COVID 19

There has been conflicting guidance issued in relation to the recommended practice for resuscitation during COVID 19. Evidence is inconclusive about whether chest compressions should be considered as an Aerosol Generating Procedure (AGP). The Resuscitation Council UK have issued guidance stating that Chest Compressions are Aerosol Generating and that full level 3 Personal Protective Equipment (PPE) should be worn during Cardio Pulmonary Resuscitation (CPR) attempts.

NHS Borders have risk assessed the situation weighing up the risks to staff during a pandemic and the risks to patients. The outcome of this risk assessment which remains under regular review is that patients who suffer a cardiac arrest during COVID 19 will be offered CPR following guidelines where staff in hospitals and GP practice settings must be wearing full PPE in order to apply chest compressions or undertake airway procedures.

The guidance permits staff to trigger a 2222 or 999 call and to defibrillate patients with shockable rhythms before donning full PPE but they must wear level 3 PPE prior to undertaking chest compressions or airway procedures. There is a potential for patients to experience an additional delay in receiving CPR whilst staff put on the higher-level of PPE, which may result in higher mortality. This is balanced by the lower risks to key staff undertaking CPR who would otherwise be subject to potentially higher viral loads if using lower-level PPE for chest compressions. Community staff coming across an arrest in the general community or whilst attending a patients home must call 999, if access to a community defibrillator is in the near vicinity staff can administer defibrillation and only commence CPR if they have access to full PPE.

This risk assessment has been prepared across Clinical Boards and has been considered by the COVID 19 Ethical Advice and Support Group, who are supportive of the current position, ahead of approval at the NHS Borders Pandemic Committee. The risk assessment will remain under regular review to ensure the approach to resuscitation is adapted in line with the risk of COVID 19 balanced against risk to patients.

A full copy of the risk assessment is attached as well as the main pieces of supporting guidance issued by Health Protection Scotland and the Resuscitation Council UK. In addition, an evidence review conducted by Healthcare Improvement Scotland is also attached.

Clinical and Care Governance Arrangements for Care Homes During COVID 19

A support and governance system has been established in support of care homes during COVID 19 with the Director of Nursing, Midwifery and Acute Services now taking accountability for leadership and guidance to care homes, and providing professional leadership and guidance to care at home.

In doing this the Director of Nursing, Midwifery and Acute Services has established an oversight group as directed by the Scottish Government. This group includes the Chief Social Work Officer, Chief Officer Health and Social Care Services, Chief Officer for SB Cares, Medical Director and Director of Public Health. In addition, a daily operational group meets to review data submitted from care homes and escalates any variance to the oversight group. Supportive visits are taking place to all 23 homes under the direction of the Director of Nursing, Midwifery and Acute services to assess care looking specifically at infection prevention control practice, understanding and use of PPE and the fundamentals of care.

A meeting is taking place on the 3 June 2020 with external care providers to identify any support needs they have during COVID 19. In addition, a second meeting is scheduled with Senior and Executive Nurses for each external care home to establish relationships and way of working.