

Borders NHS Board



Meeting Date: 24 September 2020

Approved by:	Lynn McCallum, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality
QUALITY & CLINICAL GOVERNANCE REPORT SEPTEMBER 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 across areas of:-</p> <ul style="list-style-type: none"> • Patient safety • Clinical effectiveness • Research and innovation • Person centred care 	
Recommendations:	
The Board is asked to note this report.	
Approval Pathways:	
This report has been reviewed by the Board Executive Team.	
Executive Summary:	
<p>This report reports on the following areas across the Quality and Clinical Governance portfolio:</p> <ul style="list-style-type: none"> • Patient safety <ul style="list-style-type: none"> ○ Hospital Standardised Mortality Rate (HSMR) ○ Intravenous Fluid ○ National Early Warning Scoring System 2 (NEWS 2) • Clinical effectiveness <ul style="list-style-type: none"> ○ Adult Unitary Record ○ Child and Adolescent Mental Health Services (CAMHS) • Research and innovation <ul style="list-style-type: none"> ○ COVID Studies • Person-centred health and care <ul style="list-style-type: none"> ○ Patient experience ○ Scottish Public Sector Ombudsman (SPSO) ○ Volunteering 	
Impact of item/issues on:	
Strategic Context	The 2020 Vision for Healthcare in Scotland and NHS Borders Corporate Objectives guide this report.

Patient Safety/Clinical Impact	Patient safety, person centred care, clinical effectiveness, research and innovation, and quality improvement sit within the Quality and Clinical Governance portfolio.
Staffing/Workforce	Service and activities are provided within agreed resources and staffing parameters
Finance/Resources	Service and activities are provided within agreed resources and staffing parameters.
Risk Implications	In compliance as required.
Equality and Diversity	Compliant.
Consultation	The content of this paper is reported to Clinical Boards, Clinical Governance Groups, the Clinical Executive Strategy Group and to the Board Clinical and Public Governance Committees.
Glossary	<p>HSMR - Hospital Standardised Mortality Rate BGH - Borders General Hospital NEWS - National Early Warning Score AUPR - Adult Unitary Patient Record PDSA - Plan Do Study Act CAMHS - Child and Adolescent Mental Health Services WHO - World Health Organisation SPSO - Scottish Public Service Ombudsman CPN - Community Psychiatric Nurse</p>

Patient Safety

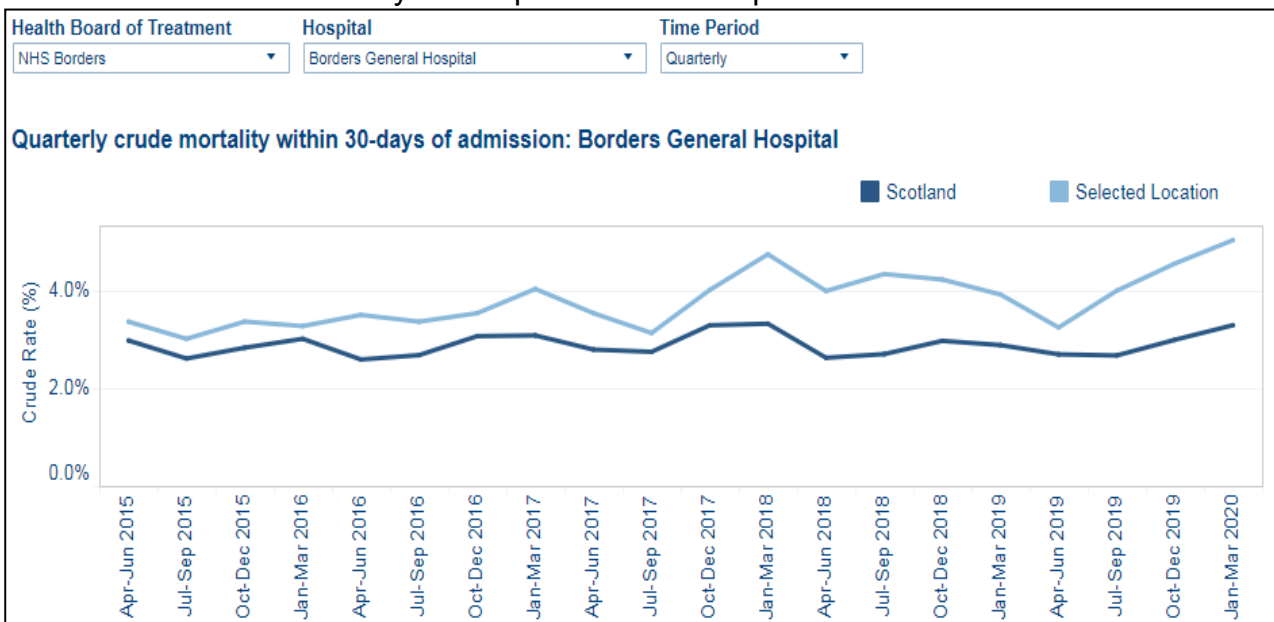
Hospital Standardised Mortality Ratio (HSMR)

This release of the HSMR covers the period April 2019 to March 2020 which includes the first month of the COVID-19 pandemic. During the pandemic hospitals have been required to adjust their normal ways of working to react at a local level and therefore the model methodology has been updated to ensure the emergency ICD-10 codes assigned by the World Health Organisation are included within the primary diagnosis model adjustments.

The HSMR value for NHS Borders is **1.05** and is based on 639 observed deaths divided by 606 predicted deaths. The funnel plot below shows NHS Borders HSMR remains within normal limits.



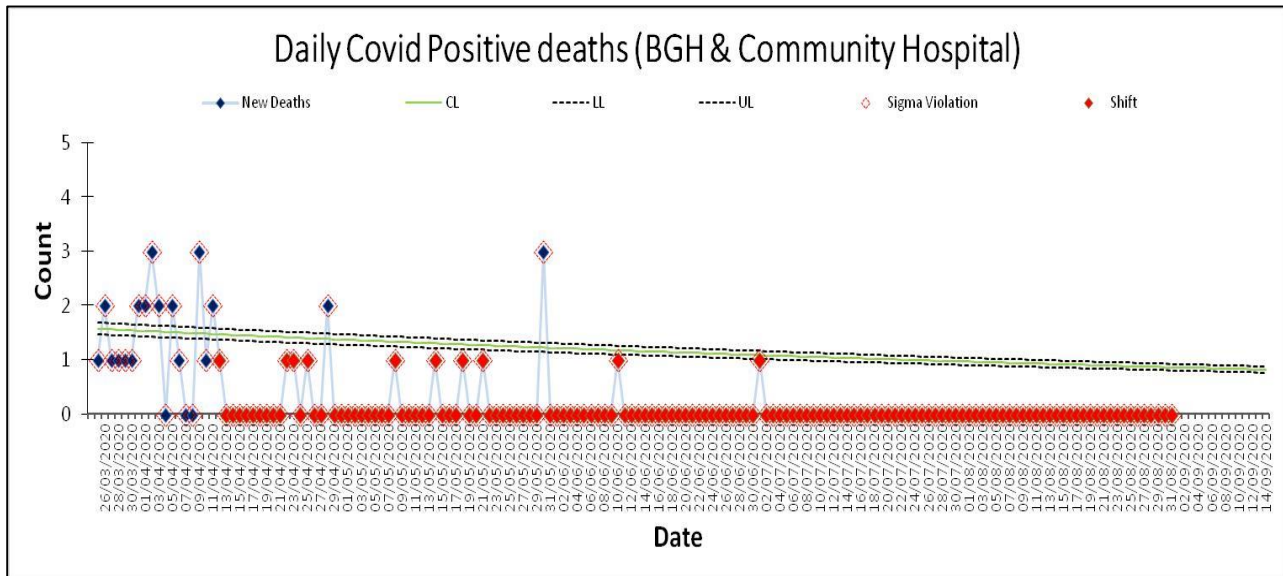
NHS Borders crude mortality rate is presented in Graph 1 below:



Borders General Hospital (BGH) crude mortality rate for quarter January 2020 to March 2020 was **5.0%**. Additional COVID deaths in the month of March have contributed to the increase observed

in the last quarter. Each COVID death has been reviewed by the Associate Director of Clinical Governance and Quality under the mortality review programme to identify any themes or learning.

There have been a total of 40 COVID positive deaths in the BGH or NHS Borders Community Hospitals up to the 31 August 2020. Graph 2 shows the COVID positive deaths by day:



Intravenous Fluids

Clinical improvement work is underway in relation to intravenous fluids. Prescription and monitoring charts have been developed trialled and printed in line with the National Fluid Programme Guidelines. These charts were introduced throughout NHS Borders acute areas in the middle of March 2020 to support the management of fluids in COVID 19 patients in particular.

The Quality Improvement Nursing Lead for this area was deployed to frontline clinical practice during the pandemic response. Since returned to post in August 2020 work will resume to:

1. increase awareness, provide education and improve compliance with national guidelines and protocols for fluid management
2. re-audit prescribing practice and fluid monitoring
3. review intravenous fluid stock and supply to streamline the products available in line with best practice
4. improve fluid storage in clinical areas and stock management

National Early Warning Scoring System 2 (NEWS 2)

The NEWS2 was rolled out to adult acute inpatient areas in March 2020 following testing in clinical areas. Introduction of NEWS2 is considered to have gone well and clinical audit is underway to ensure it is being used effectively and to identify any training and support needs. The next steps are to:

1. provide education in community hospitals and begin roll out of a NEWS2 adapted for a community hospital setting

2. develop online education and support resources for staff to enable staff to access materials over other medias as opposed to class room training in response to pandemic restrictions

Clinical Effectiveness

Adult Unitary Patient Record (AUPR)

Work has been underway to review the NHS Borders AUPR and testing has begun in four different inpatient areas within the BGH. During the pandemic response a shortened admission document was introduced on a temporary basis. The learning from the use of this document has been captured in discussions with stakeholders and several areas for improvement identified.

The nursing assessment has now been revised to become more person centred, this includes a new patient care plan section and discharge tool. Testing is now underway using a quality improvement approach to ensure these revisions are clinically appropriate and user friendly. Using the feedback from teams and continual audit of completion the AUPR is being adapted and retested using Plan Do Study Act (PDSA) cycles. When this phase is complete the final version of the tested document will be rolled out with appropriate training and support for staff.

Child and Adolescent Mental Health Services (CAMHS)

A service review session took place in August 2020 with support from Scottish Government leads for the new National CAMHS Service Specification. CAMHS staff participated in an assessment of the service against the national service specifications and developed ideas for improvement in local services. These ideas combined with feedback from the Scottish Government team will now be used to form the basis of a local CAMHS Improvement Programme.

Research and Innovation

COVID Studies

NHS Borders continues to be involved in COVID 19 research projects. Twenty patients were recruited to the RECOVERY clinical trial in April and May 2020. In addition, data from the admissions of 98 patients who were admitted to hospital and had a positive COVID test or subsequently tested positive during their stay have been included in the World Health Organisation (WHO) ISARIC study. These studies remain open but have had no new recruitment as COVID admissions have declined.

Focus has switched to antibody and vaccine studies. The Scottish Government is supporting a national antibody testing study of healthcare workers. SIREN is already open in England and is being extended to Scotland. It is expected to open in Lothian and Glasgow at the beginning of September before being rolled out to remaining health boards. Resource and funding issues are currently being discussed nationally. An official letter from the Chief Scientist Office to Chief Executives is expected in the near future. Several vaccine studies are also in preparation and a UK wide panel is assessing studies and prioritising the most appropriate. In Scotland it is expected a hub and spoke

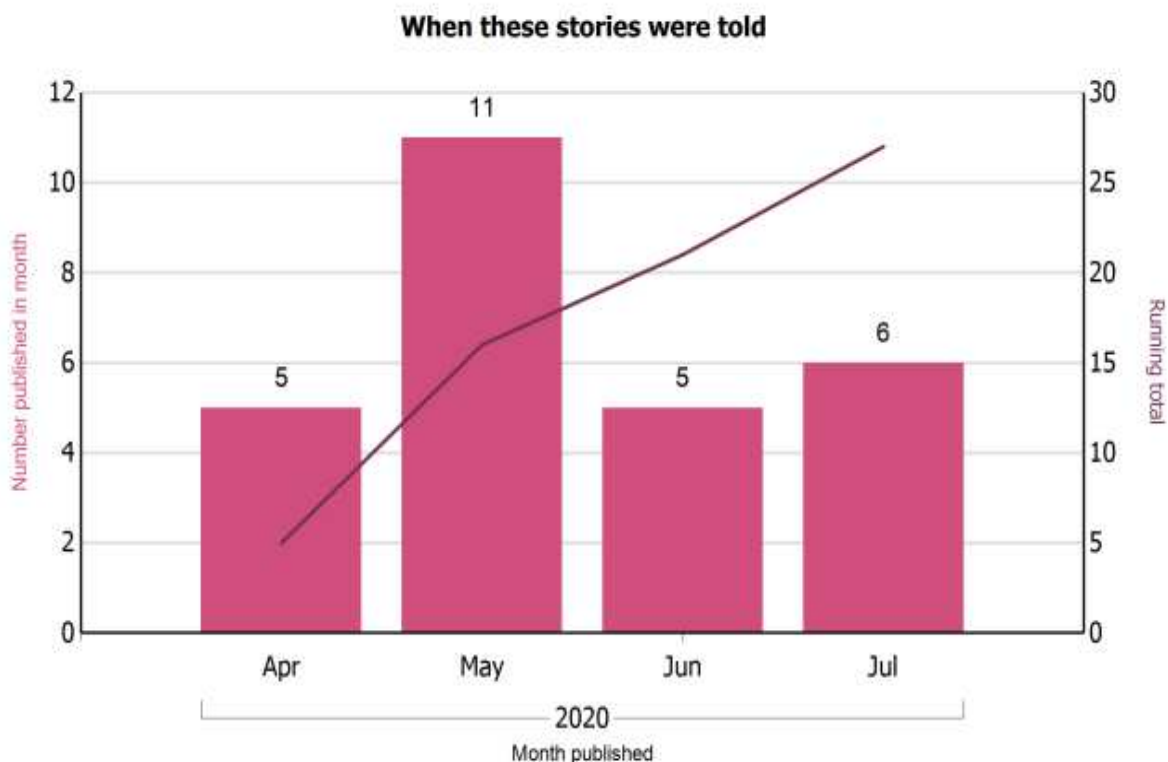
model will be used to deliver these trials. Initial talks are being held with Lothian but it is envisaged that NHS Borders will be expected to support screening of potential eligible recruits, and follow up of recruits. The consent and vaccination itself would take place in the clinical research facility in Lothian which has the appropriate experience and resources this part of the studies. This will allow Borders residents to be involved in the research.

In March 2020 all other recruitment to research projects was halted in line with national guidance. Risk assessments are underway to restart recruitment where it is safe to do so and follows the national route map. All cancer clinical trials have reopened. Some studies remain closed until face to face outpatient appointments resume, although concerns have been expressed by clinical teams that reduced clinical space may mean there is no space available to recruit patients. This will be explored further as part of the remobilisation planning.

Person Centred Care

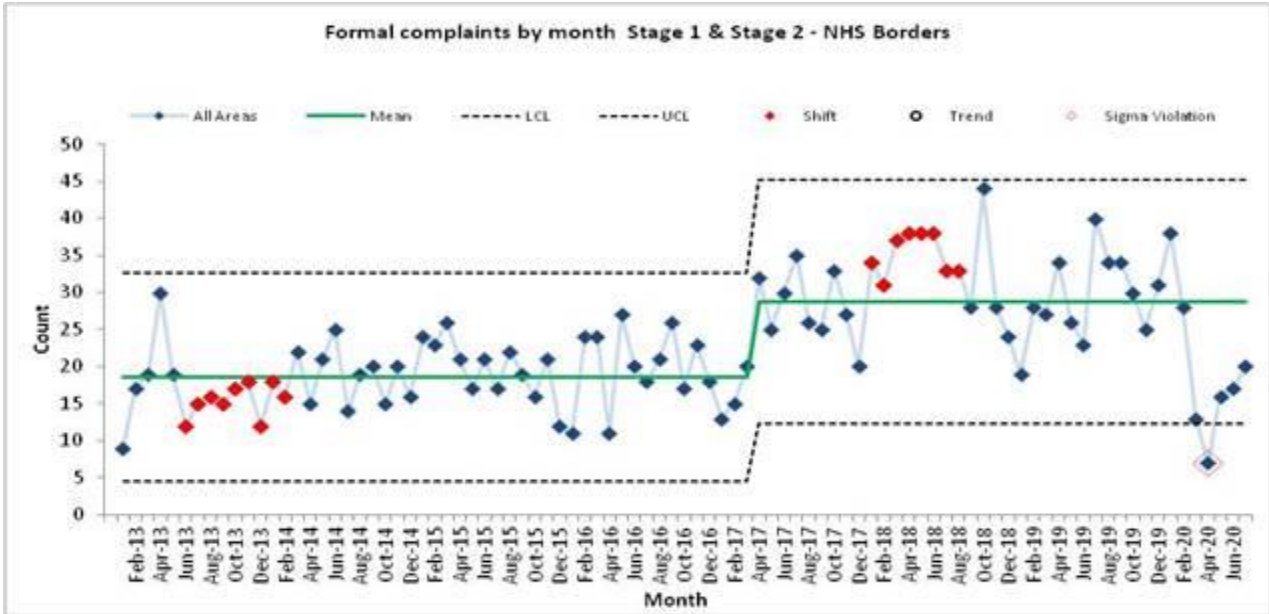
Patient Experience

For the period 1 April to 31 July 2020 27 new stories have been posted about NHS Borders on Care Opinion. Graph 3 shows the number of stories told covering the period 1 April to 31 July 2020. These 27 stories have been viewed 4,406 times to date:



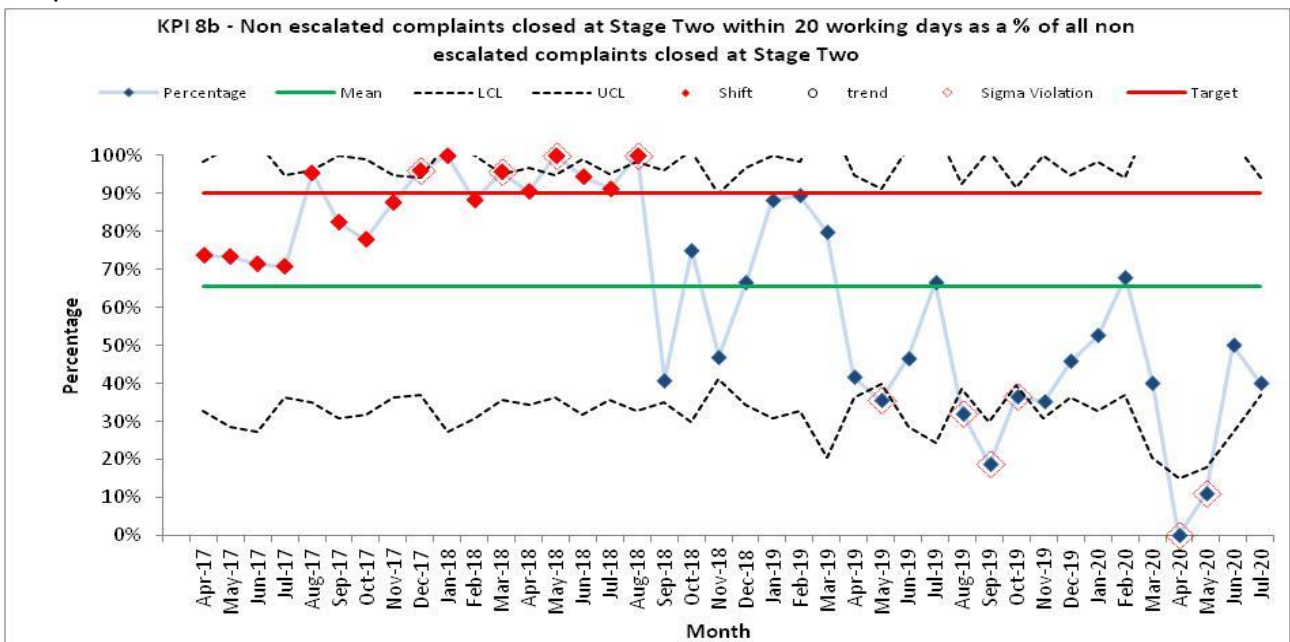
From January 2020 to April 2020 there was a reduction in the number of complaints received by NHS Borders. It is likely that this reduction was due to the COVID 19 outbreak.

Graph 5 highlights the number of formal complaints received by month:

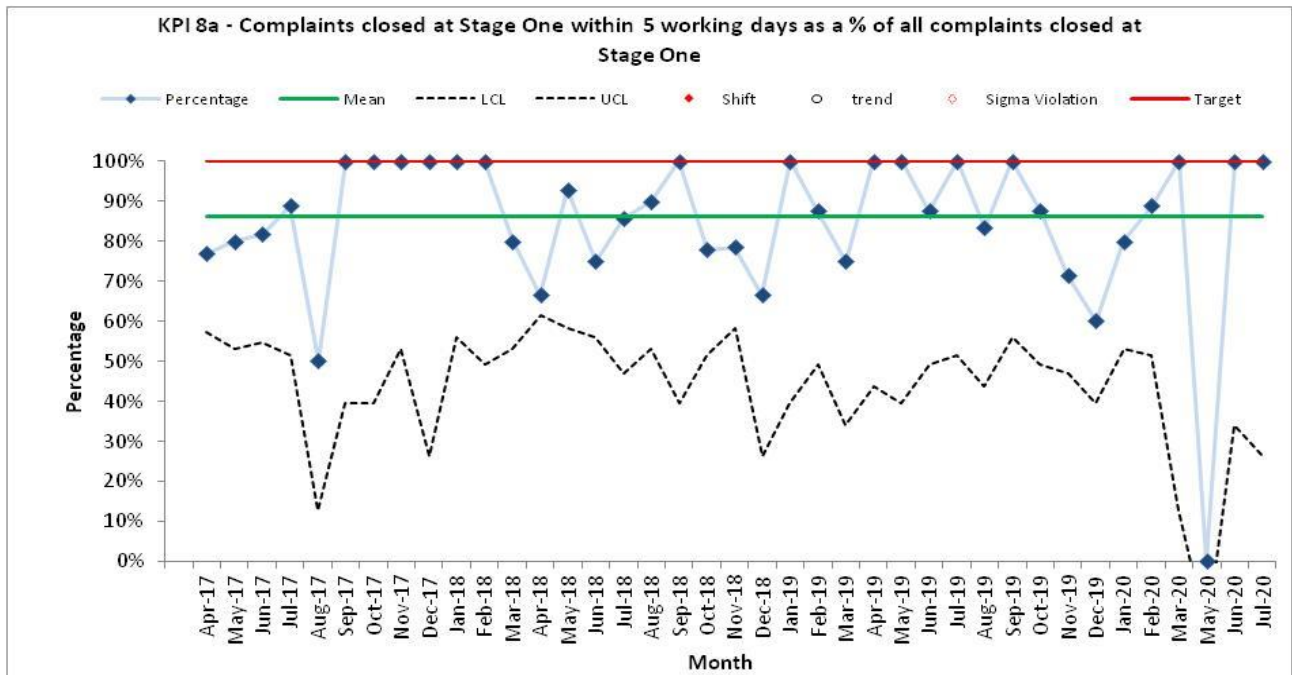


Graphs 6 and 7 below indicate the percentage of complaints responded to within 20 and 5 working days. Due to the COVID 19 pandemic and members of the Patient Experience team taking on alternative duties the complaint handling process was on hold from end of March 2020 to end May 2020 with provision made to deal with any urgent patient experience queries. From June 2020 steps were taken to reinstate complaint investigations and responses and the Patient Experience Team have now managed to address any backlog of cases from this period.

Graph 6:



Graph 7:



Scottish Public Services Ombudsman (SPSO) Cases

There have been 2 new SPSO cases since the last report to the Board:

Case 201902208 – received 5 May 2020

- This relates to the care and treatment provided to a patient and discharge arrangements.
 - Medium risk to Board reputation

Case 201910096 – received 10 June 2020

- This relates to the mental health care provided to a patient.
 - Medium risk to Board reputation

There have been 2 recent SPSO decisions:

Case 201802643 (opened 28 June 2019) – decision received 24 July 2020

- This relates to changes a patient's mental health hospital and community care and treatment
- The SPSO did not uphold the issues relating to the patient's hospital care. The complaint around community mental health care was upheld.
- The SPSO have requested the Board to:
 - Apologise for failing to carry out a face-to-face assessment following concerns that were raised by multiple individuals.
 - For those patients with Community Mental Health Team follow-up (who show evidence of a significant deterioration in mental state or social circumstances; or where a significant deterioration in mental state is indicated by the expressed concerns of family or significant others) consideration should be given to having a face-to-face review and screening for presenting clinical risks/vulnerabilities.
- NHS Borders has issued an apology letter and actions will be submitted for the remaining recommendation by the SPSO's deadline of 18 September 2020

Case 201810366 (opened 1 July 2019) – decision received 20 May 2020

- This relates to the patient’s medication and complaint handling.
- The SPSO upheld the complaint handling aspect of the complaint. The issue around medication was not upheld. The SPSO requested the Board to:
 - Apologise for not handling the complaint about the patient's previous Community Psychiatric Nurse (CPN) having a conflict of interest appropriately.
 - Investigate the complaint about the previous CPN having a conflict of interest in line with the NHS Scotland's Complaints Handling Procedure and provide the patient with a response to the extent possible in accordance with data protection legislation.
- NHS Borders has issued an apology letter and provided a response regarding the outstanding complaint.

Volunteering

The NHS Borders volunteering programme was drawn back during COVID 19 to ensure the safety of our volunteers. Roles were able to continue on a risk assessed basis where there was no direct patient contact. Roles are being gradually reintroduced using alternative methods or where it is deemed safe to do so.

To ensure the continuation of the End of Life Care programme funded by Helpforce a new project plan was submitted supporting patients and their families virtually using iPads and Headsets. This was well received by Helpforce informing us this was an innovative way to progress under the circumstances. Risk assessments are being undertaken with support from the Data Protection and Health and Safety departments to ensure robust processes are in place.

Breastfeeding Peer Supporters and Diabetes Peer Supporters are providing virtual support to patients from the safety of their own homes. An article was produced ‘Volunteering through COVID 19’ for Volunteering Week showcasing the virtual role of a Breastfeeding Peer Supporter.

Healthcare Improvement Scotland have provided guidance ‘Volunteering in NHSScotland – COVID 19: Shared practice and guidance for volunteering management in NHSScotland’ to support the recovery of the volunteering programme. From this guidance NHS Borders are supporting our Hospital Radio Volunteers to be reinstated due to this role being low risk with no patient contact. Risk assessments and safe systems of work have been carried out in the Hospital Radio Studio and volunteers supported by the relevant departments to ensure their safe return.

The Voluntary Services Manager has been working with the Research Governance Manager to support a feasibility study ‘The Kindocoin Volunteering Innovation Challenge’ hosted by the NHS Scotland South East Region Innovation Test Bed. Phase 1 of this challenge is focusing on developing a solution to reduce hospital delayed discharges and seeking innovation solutions with support of volunteering within the community.