

Borders NHS Board



Meeting Date: 3 December 2020

Approved by:	Lynn McCallum, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality
QUALITY & CLINICAL GOVERNANCE REPORT NOVEMBER 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 • 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) and Crude Mortality • Clinical Effectiveness <ul style="list-style-type: none"> ○ Reshaping Urgent Care - Borders Urgent Care Centre (BUCC) ○ Dementia in Hospitals Collaborative • Person Centred 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

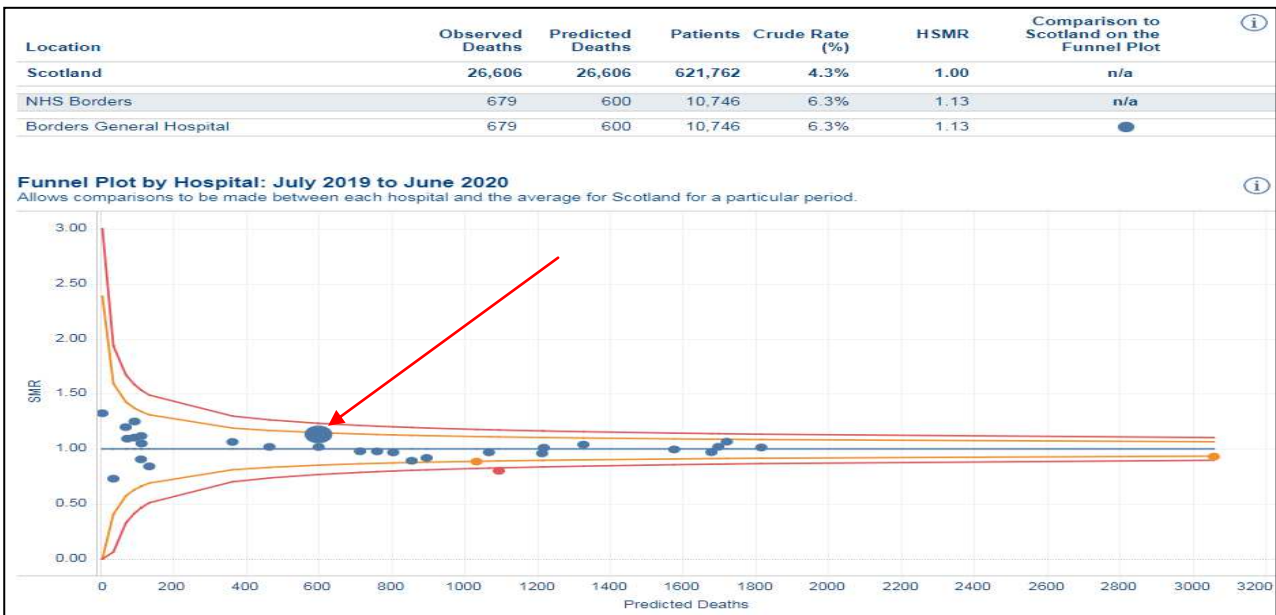
	resources and staffing parameters.
Finance/Resources	Service and activities are provided within agreed resources and staffing parameters.
Risk Implications	In compliance as required.
Equality and Diversity	Compliant.
Consultation	The content of this paper is reported to Clinical Boards, Clinical Governance Groups, the Clinical Executive Strategy Group and to the Board Clinical and Public Governance Committees.
Glossary	HSMR - Hospital Standardised Mortality Rate BGH - Borders General Hospital BUCC - Borders Urgent Care Centre PET - Patient Experience Team SPSO - Scottish Public Service Ombudsman SCN - Senior Charge Nurse

Patient Safety

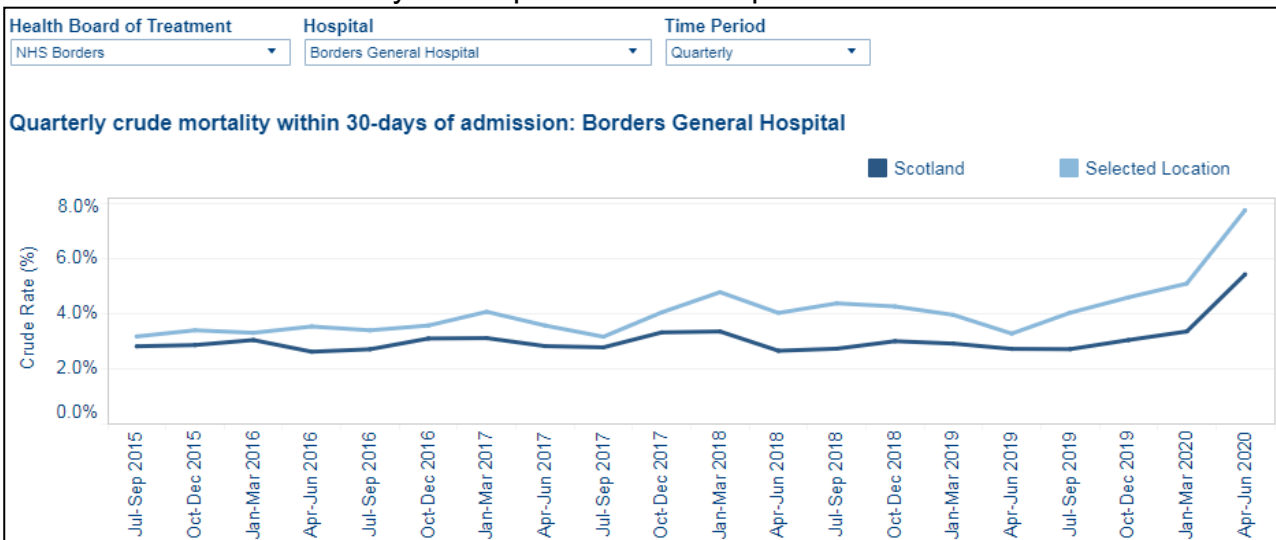
Hospital Standardised Mortality Ratio (HSMR)

This release of the HSMR covers the period July 2019 to June 2020 which includes the first four months 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 **1.13** and is based on 679 observed deaths divided by 600 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:



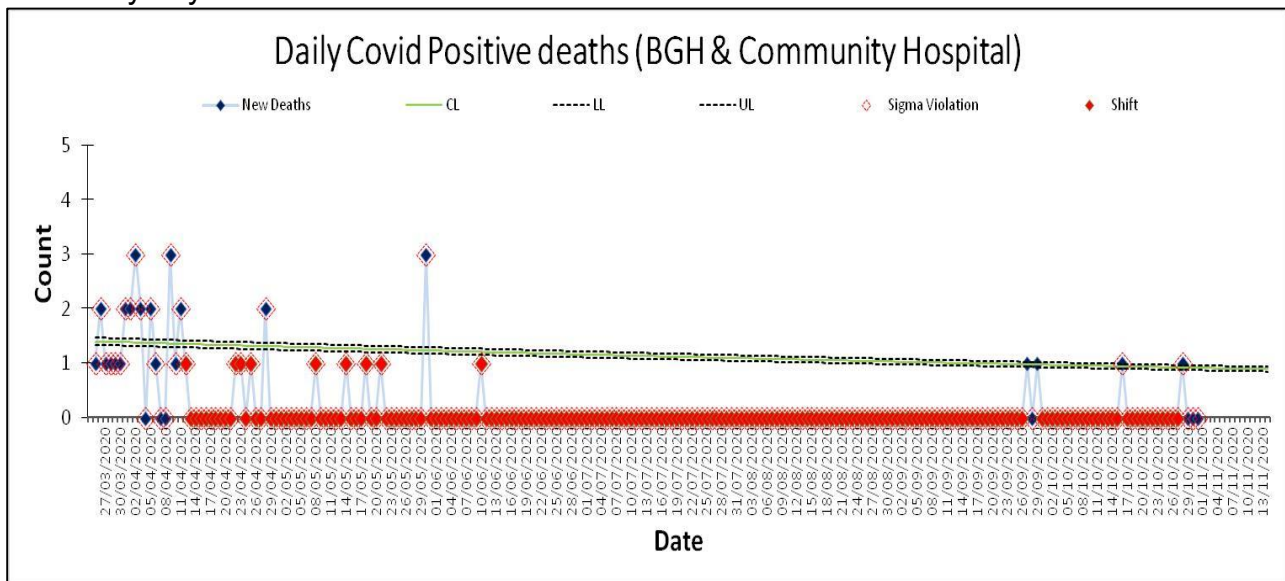
*Contains deaths in the Margaret Kerr Palliative Care Unit

NHS Borders crude mortality rate for quarter April 2020 to June 2020 was **7.7%**. No adjustments are made to crude mortality for local demographics. It is calculated by dividing the number of deaths within 30 days of admission to the Borders General Hospital (BGH)

by the total number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

COVID deaths have contributed to an elevated crude mortality rate for the last quarter of 2019/20 and first quarter of 2020/21 mirroring the trend across Scotland. During the period January to June 2020 there were additional deaths relating to COVID 19, at the same time there was a significant reduction in admissions to the BGH. As a result the crude mortality rate for this quarter is elevated. NHS Borders continue to monitor this closely and mortality reviews are continuing to sample COVID and non-COVID deaths occurring in hospital to identify any themes and learning.

There have been a total of 43 COVID positive deaths in the BGH or NHS Borders Community Hospitals up to the 31 October 2020. Graph 2 shows the COVID positive deaths by day:



Clinical Effectiveness

Reshaping Urgent Care - Borders Urgent Care Centre (BUCC)

The Scottish Government have set a directive to redesign urgent care to ensure access to the right care, at the right place, at the right time, first time for patients within NHS Borders. A small local working group has been established and is planning and implementing change ideas.

The new urgent care model will direct service users to more appropriate and safer care closer to home; optimising clinical consultations through digital health; minimising the risk of crowding in the emergency department by scheduling attendances wherever possible.

Minor works have been completed within the organisation to accommodate the BUCC situated in the previously named 'Day Hospital', services such as the COVID Assessment Centre, Borders Emergency Care Service and Ambulatory Care are now all functioning from this area. Regular updates are being received from the national teams and work is underway with a range of clinical staff to help support the services required.

From 1 December 2020 the aim is that NHS Borders will have a functioning flow navigation centre and senior decision maker appointed within the BUCC. Work is underway to prepare clinical pathways which will be influential in directing the patient to

the correct point of care. Once the BUCC is operating as a flow navigation centre ongoing quality improvement involvement will be essential in identifying areas for improvement through data collection and feedback from service users.

Dementia in Hospitals Collaborative

The Scottish Government commissioned an improvement collaborative from September 2019 to September 2021 to support improvements in hospital care for people with dementia with a focus on the prevention and management of stress and distress. In March 2020, as a result of COVID 19, the collaborative was placed into hibernation to avoid placing additional pressure on teams at a time when they were involved in preparing for and responding to the pandemic. The Focus on Dementia team engaged with key stakeholders to agree plans for remobilisation of the collaborative. The importance of a person centred approach was highlighted by stakeholders in relation to the experiences of the pandemic. Issues identified included balancing infection control measures with what matters to individuals and meaningfully involving carers during visiting restrictions.

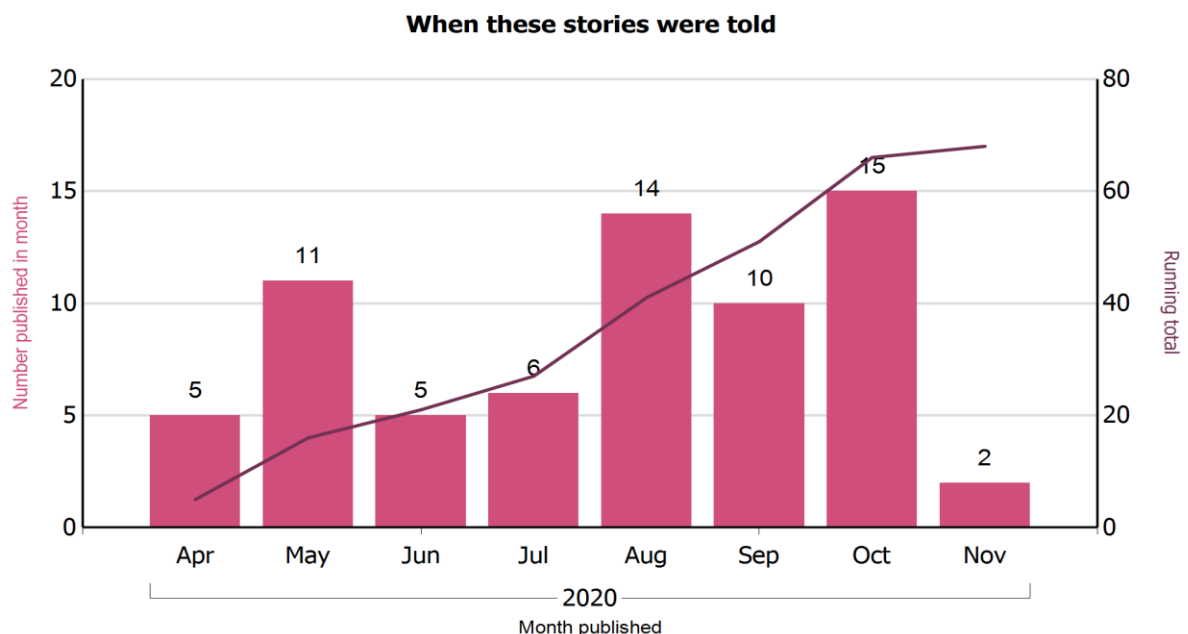
The collaborative has restarted and in the short term the local improvement programme will support the rapid testing and implementation of person centred approaches to care planning for people with dementia in hospitals. Within NHS Borders two areas are involved in the next phase, Haylodge Community Hospital and the Department of Medicine for the Elderly Ward in the BGH. Both are focusing on aspects of person centred care including engagement with patients and families and individualised activities. The teams meet monthly with the national collaborative and have attended regular networking sessions to share good practice.

Person Centred Care

Patient Experience

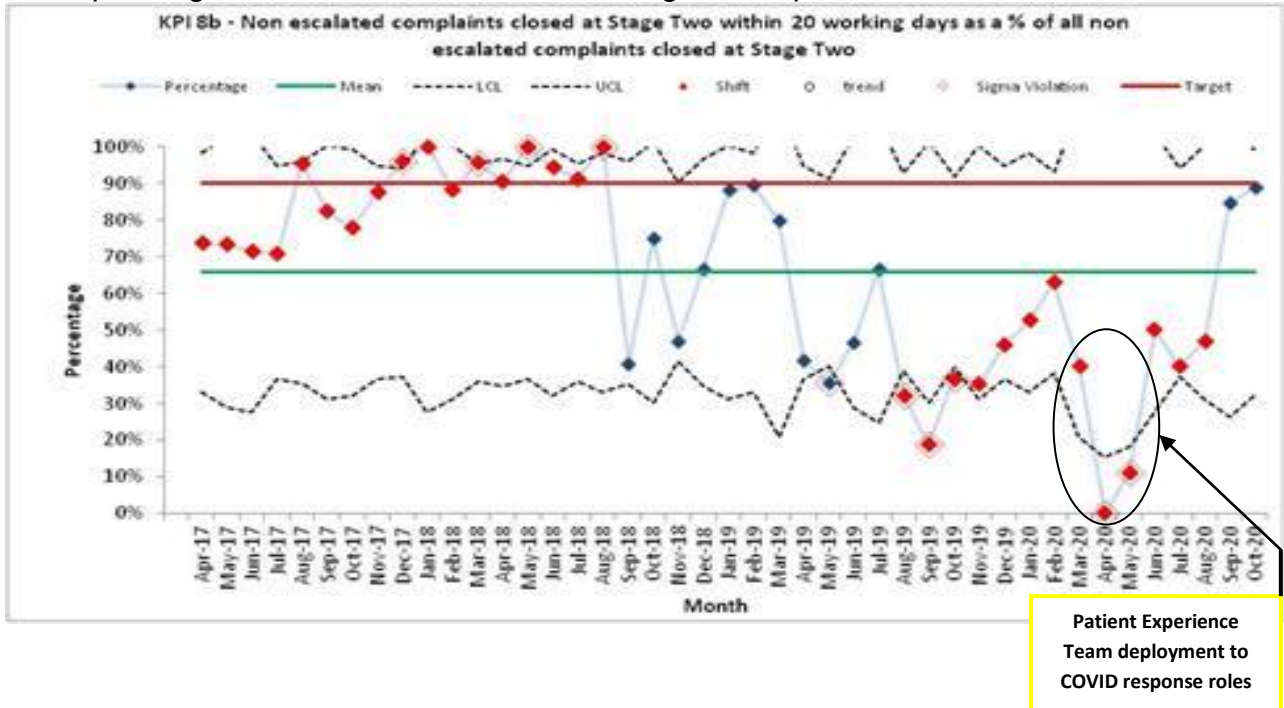
Care Opinion

For the period 1 April 2020 to 6 November 2020 68 new stories were posted about NHS Borders on Care Opinion. The graph below shows the number of stories told in that period, as at 6 November 2020 these 68 stories were viewed 9,884 times.



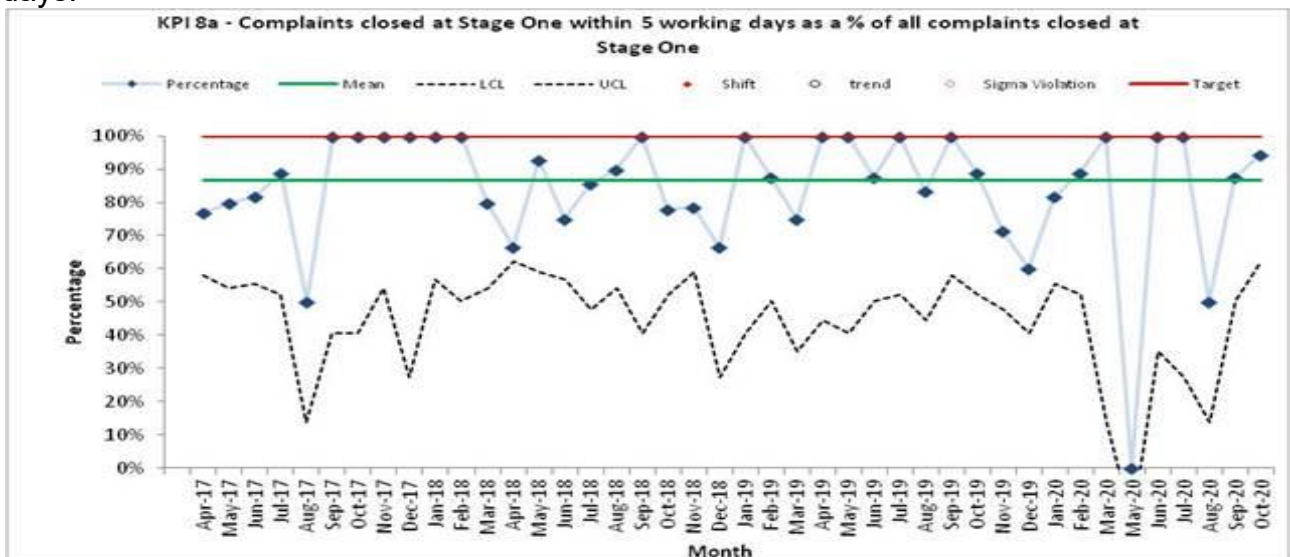
It is thought that the reduction in the number of complaints submitted in March and April 2020 was due to the COVID 19 outbreak. Since then the numbers of complaints submitted has steadily increased. There were several complaints in September 2020 regarding flu vaccinations as the local programme got up and running at pace. In addition to formal complaints the Patient Experience Team (PET) took a large volume of calls relating to Flu Vaccination enquiries.

The graph below shows NHS Borders performance against the 20 working day timescale for responding to number of non-escalated Stage 2 complaints:



Since returning to normal business on 1 June 2020, the PET have been working to improve performance against this timescale and to provide responses to the complaints that had been delayed due to staff being deployed to provide support frontline services. The graph below shows that since May the percentage of complaints responded to within 20 working days has increased, with 90% being achieved in October 2020.

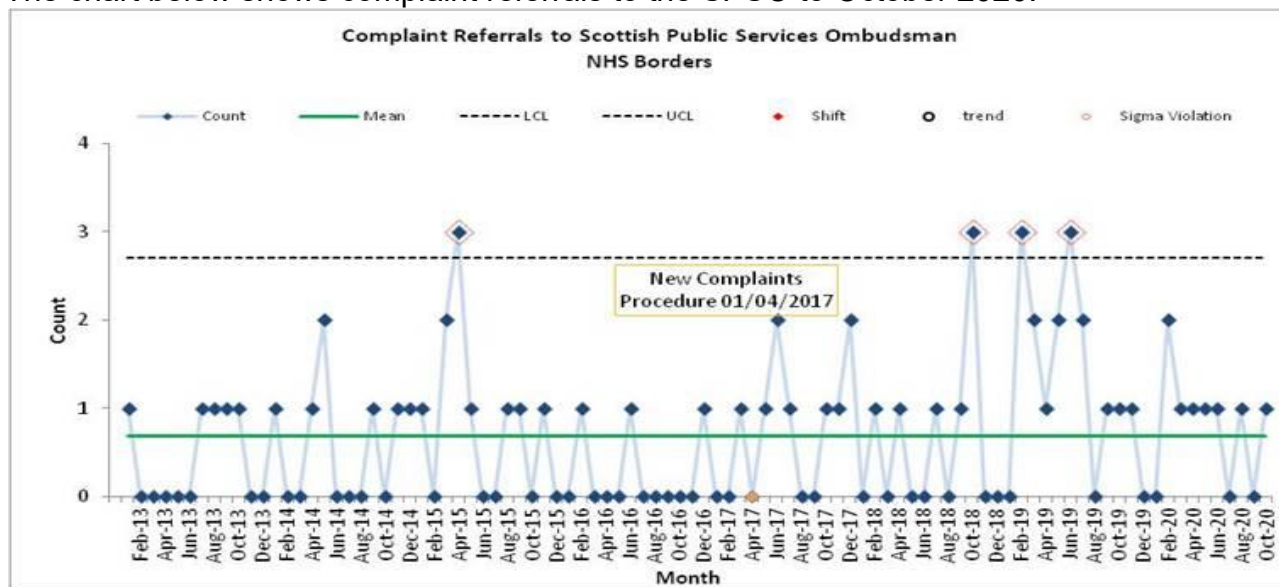
The graphs below give the percentage of complaints closed at stage 1 within 5 working days:



Scottish Public Services Ombudsman (SPSO)

The SPSO are the final stage for complaints about most devolved public services in Scotland including the health service, councils, prisons, water and sewerage providers, Scottish Government, universities and colleges. The additional scrutiny provided by the involvement of the SPSO is welcomed as this enables us a further opportunity to improve both patient care and our complaint handling.

The chart below shows complaint referrals to the SPSO to October 2020:



SPSO Cases

There has been 1 new case referred to the SPSO since the last report to the Board:

Case 201909530 – received 7 October 2020

- This relates to medical treatment and the Board's complaint response.

Below are recent SPSO decisions:

Case 201905575 – received 12 February 2020

- This relates to the medical treatment provided to a patient and complaint response.
 - The SPSO upheld both complaints and gave the following recommendations
 - Apologise for (i) a failure to keep contemporaneous records of discussions and decisions in the clinical records; (ii) a failure to consider surgical treatment for a third degree prolapse when banding failed to improve symptoms of haemorrhoids and (iii) a failure to provide a clear response to the complaint which referred to the patient's particular experience.
 - Ensure clinical staff keep accurate records of appointments, examinations and discussions
 - Ensure clinical staff discuss, assess and document alternative treatments.
 - Ensure responses to complaints are specific to the patient in question and address all points raised.
 - NHS Borders apologised and has submitted an action plan taking account of the above recommendations to the SPSO.

Case 201805164 – received 5 February 2020

- This relates to medical treatment, consent and follow-up arrangements.
 - The SPSO upheld two complaints and did not uphold one and made the following recommendations:

- Apologise for failing to clearly and consistently communicate with the patient in relation to their surgery. Apologise for not offering the opportunity to meet with a different orthopaedic consultant as part of our final complaint response.
- Clearly communicate the details of the surgery including the procedure consented to and the procedure actually carried out detailing whether that involved decompression of the deep peroneal nerve.
- consider offering the patient the opportunity to meet with an orthopaedic consultant to discuss their concerns about surgery,
- NHS Borders asked for a review of the decision. The SPSO have since advised that their decision remains unchanged. An apology and action plan an action plan taking account of the above recommendations is being prepared.

Case 201906679 – received 27 February 2020

- This relates to the medical care and treatment provided to a patient and the way medical staff have dealt with the patient.
 - The SPSO decided that this was not a complaint that they would take forward.

Case 201907297 – received 2 April 2020

- This relates to the medical and nursing treatment provided to a patient who attended the Borders General Hospital.
 - The case was not upheld by the SPSO

Case 202002063 – received 25 August 2020

- This relates to complaint handling and the decision not to respond to a complaint as the patient lacks capacity to provide consent.
 - The SPSO asked the Board to provide a further response to the complainant. This action was completed on 30 September 2020.

Volunteering

In preparation of second wave of COVID 19 the Voluntary Services Manager and Quality Improvement Facilitator – Person Centred Care have devised a Patient and Family Liaison Volunteering role supported by the Palliative Care Team to be responsive if required. Volunteers will support patients and their families by delivering patient belongings. This will support services by releasing staff of this duty so they can continue caring for patients without having to leave their area.

On receipt of iPads, testing of the virtual support End of Life Care Programme will be carried out using improvement methodology. In addition, as we are heading into the winter months the Voluntary Services Manager is looking at developing a 'Virtual Visitor' role. This role will provide social support by way of telephone and iPad to patients while they are in hospital and, if required, when returning home whilst under the care of our Hospital at Home service.

Health Improvement Scotland (HIS) contacted NHS Borders Voluntary Services Manager to take part in a filmed case study to raise awareness of the Volunteering in NHSScotland Programme. The short film will be published on the Community Engagement website together with HIS social media channels.

On the 3 November 2020 NHS volunteers were issued with the quarterly volunteering newsletter advising them of Wellbeing Services if they required support during these unprecedented times as well as their entitlement to the flu vaccination.