

Borders NHS Board



Meeting Date: 3 December 2020

Approved by:	Laura Jones, Head of Clinical Governance and Quality
Author:	Laura Jones, Head of Clinical Governance and Quality
CLINICAL GOVERNANCE COMMITTEE – UPDATE REPORT	
Purpose of Report:	
<p>The purpose of this report is to brief the Board on areas of focus for the Board Clinical Governance Committee at its October 2020 meeting, in order to provide assurance of the scrutiny being applied to the delivery of local clinical services for the population of the Scottish Borders.</p>	
Recommendations:	
<p>The Board is asked to note the update from Clinical Governance.</p>	
Approval Pathways:	
<p>This report has been prepared for the Board.</p>	
Executive Summary:	
<p>The latest CGC meeting was held on 2 October 2020. This report is a summary of pertinent business at that meeting.</p> <p>Assurance The Clinical Governance Committee (CGC) has continued to provide an assurance position on each agenda item discussed using:</p> <ol style="list-style-type: none"> 1. assured 2. partly assured (but require further information) 3. not assured <p>Infection Control: Guidance from Health Facilities Scotland on approaches to improve social distancing for patients and staff in different contexts was described by the Infection Control Manager. Work has taken place on how the guidance can be applied, in particular in the six bedded bays in the BGH. The layout of six bedded bays limits how guidance can be applied due in the main to the fixtures in the room. Measures have been implemented to address this with all patients screened prior to admission thus giving a degree of confidence regarding assessment and decision making relating to patient placement. Patients are supported to wear face masks whilst moving around bay. Even with these measures the risk remains high.</p> <p>Recent infection prevention and control audits have identified recurring issues in the Department of Medicine for the Elderly (DME) Ward within the Borders General Hospital</p>	

(BGH). As a session was planned with the Infection Control Manager, Senior Charge Nurse, Clinical Nurse Manager, Associate Director of Nursing and Midwifery and Head of Domestic Services to agree an action plan on improvements. Full mock inspections were to be reinstated.

Community Hospital audits were performed and a number of issues identified, the Infection Control team have done face to face training in both the Knoll and Kelso Hospital. Spot checks performed in the Knoll following training showed an improvement with achievement of 93% compliance.

Given the recurring issues in DME the CGC were not assured by the report and the Director of Nursing, Midwifery and Acute Services requested further work around the recurring issues in DME with a planned discussion at the Board Executive Team.

Care Home Clinical and Care Governance:

The CGC were assured with the Director of Nursing, Midwifery and Acute Services update relating to care home clinical and care governance. It was reported that inspections in Care homes are complete and improvement plans produced. Focus continues on the care of deteriorating patients, establishment of multidisciplinary virtual ward rounds, anticipatory care plans and multi-disciplinary team meetings. The plan is owned by the care home operational group progress reported up to the care home oversight group. Fortnightly meetings with the care home managers take place. NHS Borders are working with the Care Inspectorate to address a failure to improve against recommendations in a Borders private care home.

Duty of Candour Annual Report:

The annual report on NHS Borders compliance with Duty of Candour (DoC) in 2019/20 was considered. Of the 49 significant adverse events there were 15 identified where the DoC process applied. An internal audit was requested and has taken place to further assist in the drive to implement DoC in the organisation. Extensive work has taken place since January 2020 to improve compliance based on gaps identified through the Clinical Governance and Quality teams review against the local implementation plan and the internal audit process. The CGC were assured of the work underway to ensure full implementation of the duty could be evidenced.

Hospital Standardised Mortality Rate:

NHS Borders HSMR remained within normal limits within the NHS Scotland funnel plot. Crude mortality has shown an increasing trend in the last 2 quarters mirroring the NHS Scotland trend. During the last quarter COVID 19 had a significant impact on the numbers of deaths observed as did the reduction in admissions. All COVID 19 deaths occurring in a hospital setting within 30 days of admissions from wave one of COVID 19 pandemic have been reviewed to look for any learning or trends. Additional mortality reviews are also underway to look at deaths in the non-COVID group of patients. The CGC were assured by the additional vigilance that is being applied to this area.

Mortality Review Annual Report:

The Associate Medical Director for Acute Services and Clinical Governance and Quality provided an overview of the annual mortality review approach. A random sample of twenty percent of deaths occurring are reviewed to identify harm, trends and learning. The findings are used to inform continuous quality improvement activities and annual priorities of the local patient safety programme. During the first phase of pandemic all 39 COVID 19 deaths were reviewed. The CGC were keen to see a continued focus on the review of COVID 19 deaths in any future waves of the pandemic. The CGC were assured by the approach being taken.

COVID 19 Clinical Prioritisation:

The CGC were briefed on the approach being developed in relation to clinical prioritisation resulting from the extreme challenges in providing services resources during the COVID 19 pandemic. The clinical prioritisation process was put in place for three main reasons. Firstly so that scarce resources can be fairly allocated, secondly to ensure clinicians were central to decision making and thirdly to provide support to clinicians who are dealing with decision making and interfacing with patients on a daily basis. An oversight group has been established to support these decisions. A risk matrix has been adapted and testing is ongoing. The CGC was assured that work was underway to ensure robust clinical prioritisation of services during remobilisation.

Patient Experience Annual Report:

The CGC considered the patient experience annual report covering 2019/20. The Committee noted the feedback gained through the use of patient feedback volunteers and the high rates of positive feedback received to the three key questions commending staff. In addition, the level of feedback on care opinion of a non-critical nature is high. Due to volume of complaints the 20 day response times have not been consistently delivered in 2019/20 but the committee were assured by the work which has been done to address this acknowledging recent increases in patient experience workload relating to the flu vaccination programme.

Research Governance Annual Report:

The CGC were assured that research governance activities were working as intended. NHS Borders are effectively participating in COVID 19 research and have remobilised key research areas in line with the national route map following a short pause on studies during wave of the pandemic.

Acute divisional report:

The Associate Director of Nursing and Head of Midwifery updated the committee on the difficulties in remobilising services and delays being experienced for patients in outpatients and inpatient and day case pathways. Acute services are part of the clinical prioritisation group and are working to follow these principles within their mobilisation plans.

Staffing for the Intensive Care Unit was highlighted and work underway to build resilience and ensure staff are upskilled. There have been positive discussions with NHS Lothian who have agreed to provide support. The CGC were assured with the steps being taken and awaited further detail on the clinical prioritisation of acute services pathways at a forthcoming meeting.

Primary & Community divisional report:

Healthcare Improvement Scotland inspections have taken place in the Community Hospitals. The focus of inspections has been on communication with relatives and anticipatory care planning. Improvements have been noted during the inspections.

Delayed discharges were highlighted and concern expressed that there are still significant delays effecting patient pathways and their movement to the correct place of care. This was a concern in preparations for the winter period. It was highlighted that this issue has been raised at the Board and is to be given greater focus at Board level with this becoming a standing item on Board agendas.

Committee members enquired about our progress in identifying a new lead for falls. It was confirmed that the Associate Director for Allied Health Professions will now take on this role. The CGC requested an update relating to the falls strategy be scheduled. The CGC were assured with the update provided by Primary and Community Services and noted the need for additional scrutiny supported by the Board in relation to delayed discharges.

Mental Health divisional report:

It was noted that mental health inpatient areas are experiencing a period of high patient acuity placing additional risk into the areas. Additional nursing support has been deployed in support of this. The CGC were assured by the steps taken.

Learning Disabilities divisional report:

An issue with an out of area placement was highlighted in relation to adult safeguarding. Assurance was provided that steps had been taken to escalate the issues and ensure the placement was safe. The CGC were assured by steps outlined.

Blood Transfusion report:

The CGC had asked for a more frequent update on blood transfusion to ensure areas of concern highlighted at an earlier CGC meeting had been addressed. The Clinical Director for Laboratory Services attended to discuss the Scottish National Blood Transfusion Annual report and Blood Transfusion action plan for NHS Borders. One of the biggest challenges had been staffing issues and although not completely resolved the risk has been reduced. Discussions had taken place with the acute services management team to improve attendance at the Hospital Transfusion Committee and actions were being taken in this area.

A visit from the Medicines and Healthcare products Regulatory Agency (MHRA) had taken place, the inspection concentrated mainly on the laboratory aspect of the service. Solutions were now being worked through to address actions required from the visit. A brief overview was given of blood transfusion and blood stock levels due to COVID 19, this is being addressed nationally and at present the risk to the organisation is low. There is an emergency blood plan arrangement in place within NHS Borders. The CGC were assured by the actions under to address the original areas of concern and the actions resulting from the MHRA visit. The CGC requested an update to be scheduled for a forthcoming meeting to be fully assured all areas have been addressed.

Medical Education report:

The CGC had requested a more frequent update on medical education due to couple of areas of concern highlighted by the Director of Medical Education during the annual update to the committee. These areas included accommodation for trainees and supervision. An update was provided and positive improvements had been made particularly in relation to accommodation for trainees which has now been refurbished to bring it up to a good standard. Trainers have been asked to prioritise supervision in their job plans. The CGC were now assured that progress had been made to address the areas of concern from the 2019/20 report.

Impact of item/issues on:

Strategic Context	The 2020 Vision for Healthcare in Scotland and NHS Borders Corporate Objectives and guidance relating NHS Scotland's Pandemic response guide this report.
Patient Safety/Clinical Impact	As detailed in the report.
Staffing/Workforce	Additional resources have been required to facilitate response to COVID 19 and remobilisation.
Finance/Resources	Impact of COVID 19 response and remobilisation of services.
Risk Implications	Associated risks detailed within NHS Borders strategic and operational risk and COVID 19 risk register.
Equality and Diversity	Compliant.
Consultation	The content of this paper is reported to Clinical Boards,

	Clinical Governance Groups and to the Board Clinical Governance Committee.
Glossary	CGC - Clinical Governance Committee DME - Department of Medicine for the Elderly DoC - Duty of Candour MHRA - Medicines and Healthcare products Regulatory Agency