

## Borders NHS Board



Meeting Date: 4 February 2021

<b>Approved by:</b>	Lynn McCallum, Medical Director Nicky Berry, Director of Nursing, Midwifery and Operations
<b>Author:</b>	Laura Jones, Head of Clinical Governance and Quality
<b>QUALITY &amp; CLINICAL GOVERNANCE REPORT JANUARY 2021</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to provide the NHS Borders Board with an exception report on activities and progress across areas of patient safety, clinical effectiveness and person centred care.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> this report.	
<b>Approval Pathways:</b>	
This report has been reviewed by the Board Executive Team.	
<b>Executive Summary:</b>	
<p>This exception report covers keys aspects of patient safety, clinical effectiveness and person centred care in the context of the current pandemic response to COVID 19 within NHS Borders, including:</p> <ul style="list-style-type: none"> <li>○ Staffing pressures across acute services and clinical boards</li> <li>○ Additional quality and safety monitoring arrangements</li> <li>○ Clinical prioritisation of care across mental health, learning disabilities, primary, community and acute services</li> <li>○ COVID 19 deaths</li> <li>○ COVID 19 vaccinations</li> </ul>	
<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	The 2020 Vision for Healthcare in Scotland and NHS Borders Corporate Objectives guide this report.
<b>Patient Safety/Clinical Impact</b>	Clinical prioritisation is underway to manage the NHS Borders response to the demands of the COVID 19 pandemic. This has required adjustment to core services and routine care.
<b>Staffing/Workforce</b>	Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response.
<b>Finance/Resources</b>	Service and activities are being provided within agreed

	resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response.
<b>Risk Implications</b>	Each clinical board is monitoring clinical risk associated with the need to adjust services as part of the heightened pandemic response.
<b>Equality and Diversity</b>	Compliant.
<b>Consultation</b>	The content of this paper is reported to Clinical Board Clinical Governance Groups, the Pandemic Committee and Board Clinical Governance Committee.
<b>Glossary</b>	CNO - Chief Nursing Office RN - Registered Nurse BGH - Borders General Hospital LD - Learning Disabilities

### **Delivery of Patient Safety, Clinical Effectiveness and Person Centred Care during the COVID 19 Pandemic Response**

#### ***Staffing within Acute Services***

Recent increases in community cases of COVID 19 are resulting in increased demand for hospital services. In order to meet this demand the NHS Borders Pandemic Committee has approved the reduction in routine activity to allow the release of staff to support emergency and urgent clinical activity. There are significant pressures on Registered Nursing numbers resulting from a number of things including the inability to recruit to vacancies, the additional services in operation as part of the ongoing COVID 19 response such as test and trace and the vaccination programme and the need to maintain services that were stepped down in the wave 1 response.

All steps are being taken to divert Registered Nurses (RNs) to the areas of greatest need to maintain patient safety. The Chief Nursing Officer (CNO) has issued COVID 19 workforce guidance and NHS Borders is using this to guide the local approach. As demand continues to increase additional COVID 19 wards have been opened including COVID 1, 2, 3 and ITU 2. Preparations are now underway to open COVID 4 and 5 should demand continue to increase. The release of staff from routine work and restrictions to annual leave, for a limited period, has facilitated the staffing of COVID 1, 2, 3 and ITU 2. The supervisory time of Senior Charge Nurses has also now been adjusted to provide additional clinical hours as part of this response. In addition, the RN to patient ratios in acute services have been adjusted in line with the CNO workforce guidance to a 1 RN to 10 patient ratio. A proactive approach has been taken to recruitment of additional Healthcare Support Workers (HCSWs) to enhance the numbers of staff in each ward. An additional 30 whole time equivalents will start work over the coming month with some already in post.

Further reductions to routine work in Primary and Community Service and Mental Health and Learning Disabilities will support staffing required to open COVID 4. If demand increases to the level which would require COVID 5 to open this would place significant pressure on staffing numbers and would require a response from across the whole organisation and those not currently in clinical facing roles.

### ***Additional Monitoring of Quality and Safety***

The Deputy Director of Nursing and Midwifery has established a Programme Board to ensure robust oversight of staff ratios as we move through the coming weeks. Each clinical board is assessing risk resulting from the release of staff to ensure appropriate mitigating actions are put in place and that risk to other services is minimised as far as possible. In addition Clinical Governance Quality will provide an enhanced presence in inpatient wards to undertake core quality and safety audits and to follow up on any significant adverse events. This has begun initially in Adult Inpatient areas across the Borders General Hospital (BGH) and will be rolled out to Community Hospitals.

### ***Clinical Prioritisation Mental Health Services***

Mental Health Services have experienced growing pressures over the last six months. There has been an increase in both the number of referrals to services and the acuity of patients. People continue to struggle with their mental health during the pandemic and particularly during periods of lockdown. Resources are being clinically prioritised to deliver care as safely and efficiently as possible. Community mental health teams have introduced a clinical prioritisation RAG status to aid them in allocating support.

Huntlyburn has experienced a period of increased occupancy and patient acuity in comparison to pre-pandemic levels. Staffing has been challenging due to a number of factors including ability to recruit and take up of bank and agency shifts. Staff from other mental health services have been deployed to provide support and to maintain safe staffing levels. Due to a recent outbreak of COVID 19 in Huntlyburn staffing pressures have been heightened and further support has been deployed from community teams and other mental health wards to support this. The ward has been thoroughly and professionally supported by the Infection Control Team, Track and Trace and Occupational Health.

There have been an increased number of adverse events across mental health linked to the increased patient demand and acuity. Each of these has been looked at for immediate learning and a number of changes to practice have been implemented. All significant adverse events will be reviewed followed the NHS Borders process and external review support is being sought to support this workload.

### ***Learning Disability Services***

The Learning Disability (LD) service continues to support their patients through a range of methods including face-to-face appointments where appropriate and has identified a clinical prioritisation RAG status for all patients known to service. The service has a close working relationship with external service providers and has periodically been required to work flexibly to support beyond their own service. Most recently there has been a COVID 19 outbreak in a large residential accommodation unit, staff from the LD service have been on stand-by but as yet have not been required to be deployed.

### ***Primary and Community Services***

Community teams continue to maintain the delivery of care to patients in their own homes, care homes and community hospitals and like all other clinical boards are prioritising clinical care and making adjustments to routine services to deal with the increased demand.

Additional support is in place for care homes and in particular for those who have experienced an outbreak of COVID 19 in recent weeks.

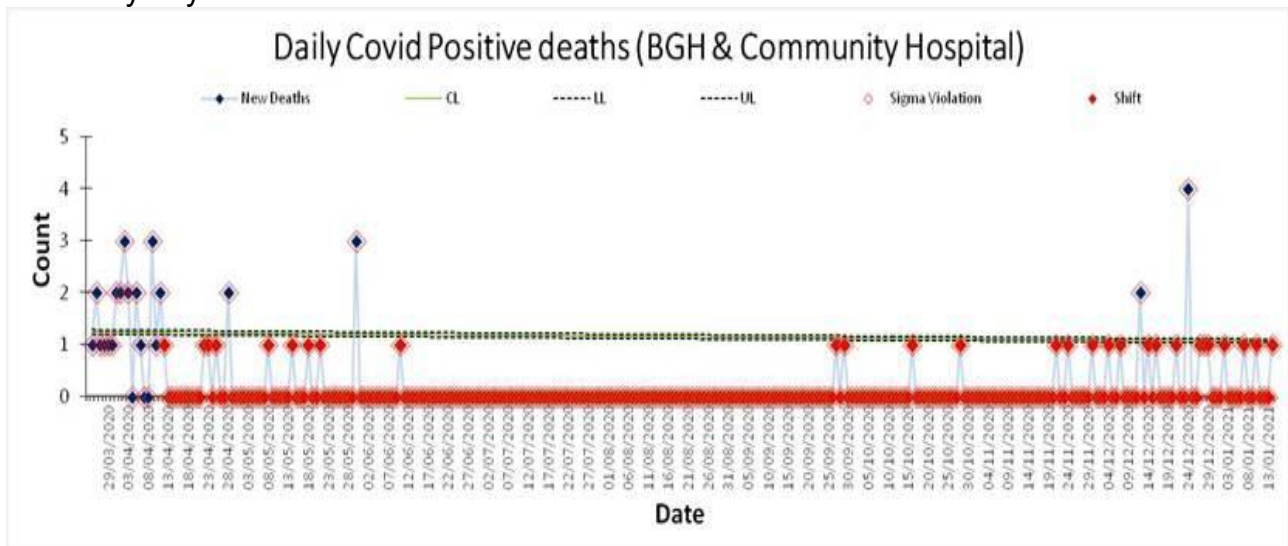
### Acute Services

The NHS Borders Pandemic Committee approved the step down of routine electives and the prioritisation of cancer cases and urgent electives. A clinical prioritisation Board meets to review each patient to ensure urgent and cancer cases are booked in order of clinical priority. Due to the release of the protected elective ward for COVID patients electives are now being managed with Ward 9 in a dedicated 6 bedded bay and cubicles across Wards 7 and 9.

Urgent and routine outpatients continue to be delivered. Should COVID 4 open the pandemic committee has approved the step down of routine outpatient appointments to facilitate the release of medical staff and specialist nursing teams.

### COVID 19 Deaths

There have been a total of 64 COVID positive deaths in the BGH or NHS Borders Community Hospitals up to the 14 January 2021. Graph 2 shows the COVID positive deaths by day:



All COVID 19 deaths continue to be reviewed through the NHS Borders mortality review process to identify any learning and actions required. In addition, twenty percent of non-COVID 19 deaths are reviewed as part of this process. Based on the learning of caring for patients with COVID 19 to date, a set of guidelines have been prepared for use across NHS Borders by Dr Catherine Kelly, Consultant Physician.

### COVID 19 Vaccinations

The vaccination roll out programme is split across 9 priority categories including:

Wave 1 – covering categories 1 and 2

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers

Wave 1 of the vaccination roll out is progressing well. NHS Borders are expected to meet the national deadline subject to supplies of AstraZenaca being delivered as scheduled.

Wave 2 – covering categories 3, 4 and 5

3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over

It is expected that first doses are provided to groups three and four by the middle of February 2021, and group five by the end of February 2021. A total of circa 21,949 people are eligible in wave two. Preparations for wave 2 are in the final stages using a mixed delivery model with a GP health board split of roughly 80/20.

Wave 3 – covering categories 6, 7, 8 and 9 all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality

- 6. all those 60 years of age and over
- 7. all those 55 years of age and over
- 8. all those 50 years of age and over

Wave three is to commence on 1 March 2021 with cohort 6 and cohorts 7 to 9 from 1 April 2021, with all within the cohorts to be offered their first doses by early May 2021. A total of circa 44,000 people are eligible within wave three. There is work underway to prepare a mass vaccination mixed model using Kelso showground to be finalised and agreed this week.

The picture below provides a summary of the progress to date with vaccine delivery across the Borders:

