Borders NHS Board

Meeting Date: 1 April 2021

Approved by:	Nicky Berry, Director of Nursing, Midwifery, AHPs and Operations
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QUALITY & CLINICAL GOVERNANCE REPORT MARCH 2021

Purpose of Report:

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.

Recommendations:

The Board is asked to **note** this report.

Approval Pathways:

This report has been reviewed by the Board Executive Team.

Executive Summary:

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:

- Patient safety
  - HSMR
  - COVID 19 deaths
  - Adverse events
  - Emergency access standard and waiting time performance
  - Enhanced quality and safety monitoring
  - Patient safety programme priorities for 2021/22
  - Patient feedback

The Board is asked to note the report and detailed oversight on each area delivered through the Board Clinical Governance Committee.

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	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.
Staffing/Workforce	Service and activities are being provided within agreed

	resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response.
Finance/Resources	Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response.
Risk Implications	Each clinical board is monitoring clinical risk associated with the need to adjust services as part of the heightened pandemic response.
Equality and Diversity	Compliant.
Consultation	The content of this paper is reported to Clinical Board Clinical Governance Groups, the Pandemic Committee and Board Clinical Governance Committee.
Glossary	HSMR – Hospital Standardised Mortality Rate BGH – Borders General Hospital SAEs – Significant Adverse Events SAERs – Significant Adverse Event Reviews CGC – Clinical Governance Committee

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

Patient Safety

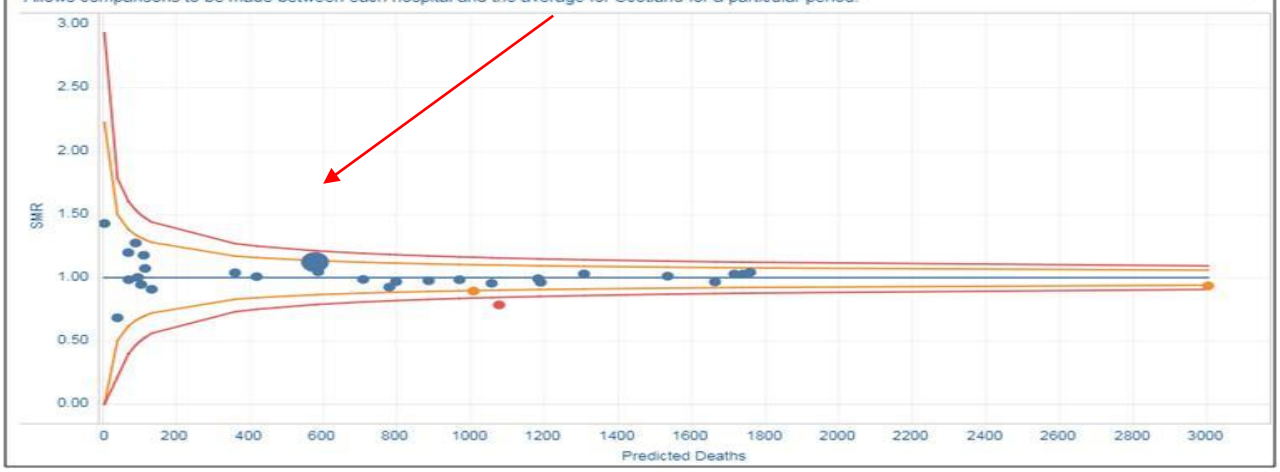
1 HSMR

1.1 The NHS Borders HSMR for the sixth data release under the new methodology is **1.12.** This figure covers the period **October 2019 to September 2020** and is based on 650 observed deaths divided by 579 predicted deaths. The funnel plot below shows **NHS Borders HSMR remains within normal limits** based on the single HSMR figure for this period:

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	26,292	26,292	576,457	4.6%	1.00	n/a
NHS Borders	650	579	9,746	6.7%	1.12	n/a
Borders General Hospital	650	579	9,746	6.7%	1.12	●

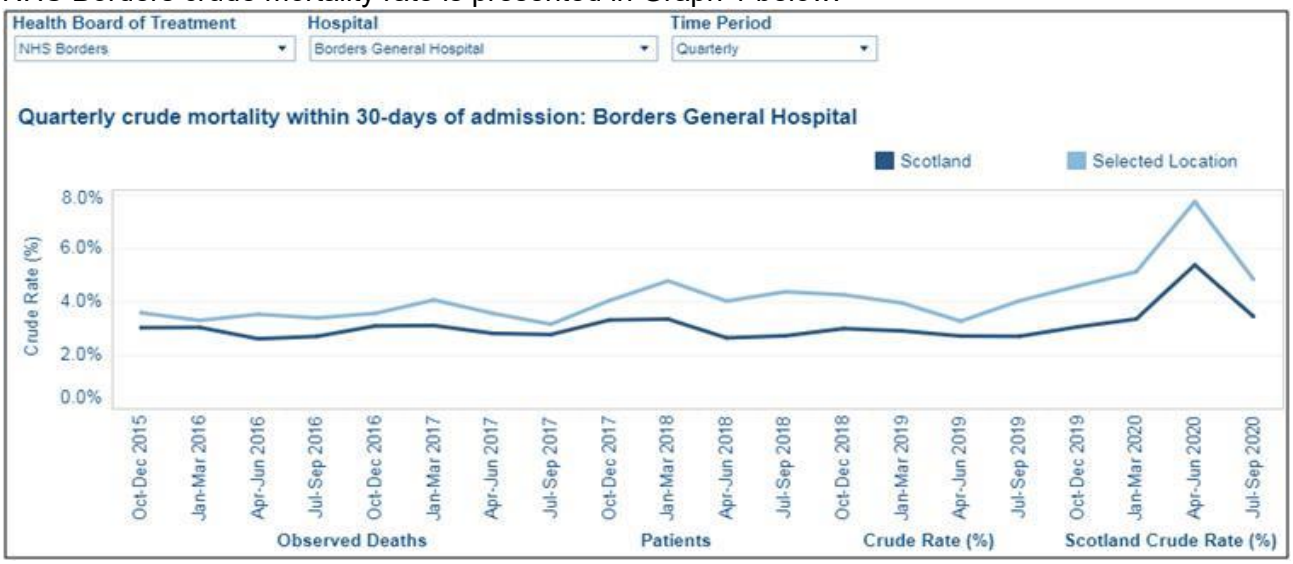
Funnel Plot by Hospital: October 2019 to September 2020

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



*Contains deaths in the Margaret Kerr Palliative Care Unit

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



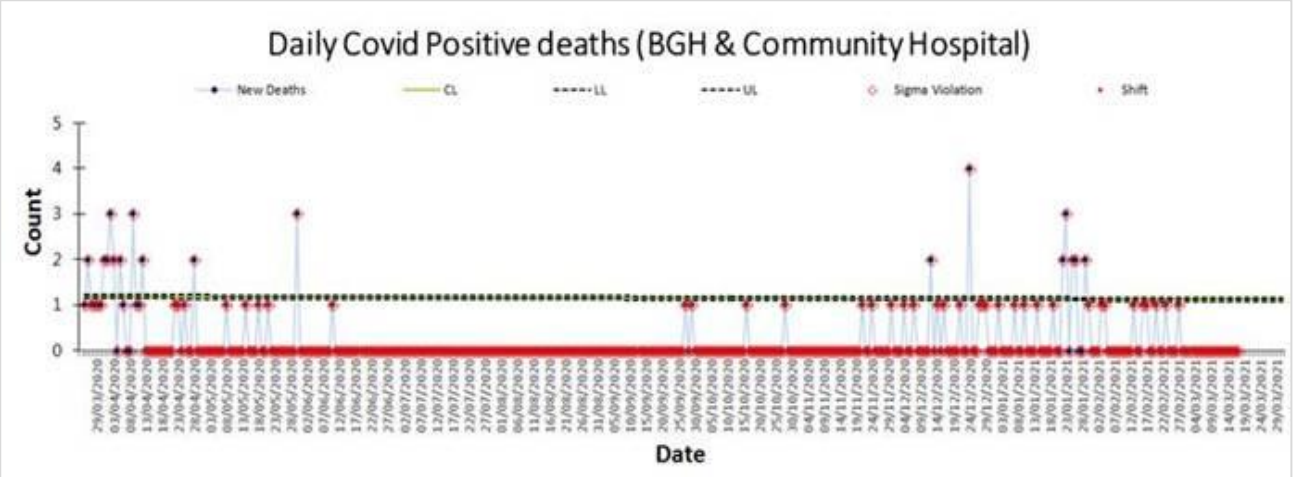
*Contains deaths in the Margaret Kerr Palliative Care Unit

1.2 NHS Borders crude mortality rate for quarter July 2020 to September 2020 was **4.8%** following the trend across NHS Scotland. 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.

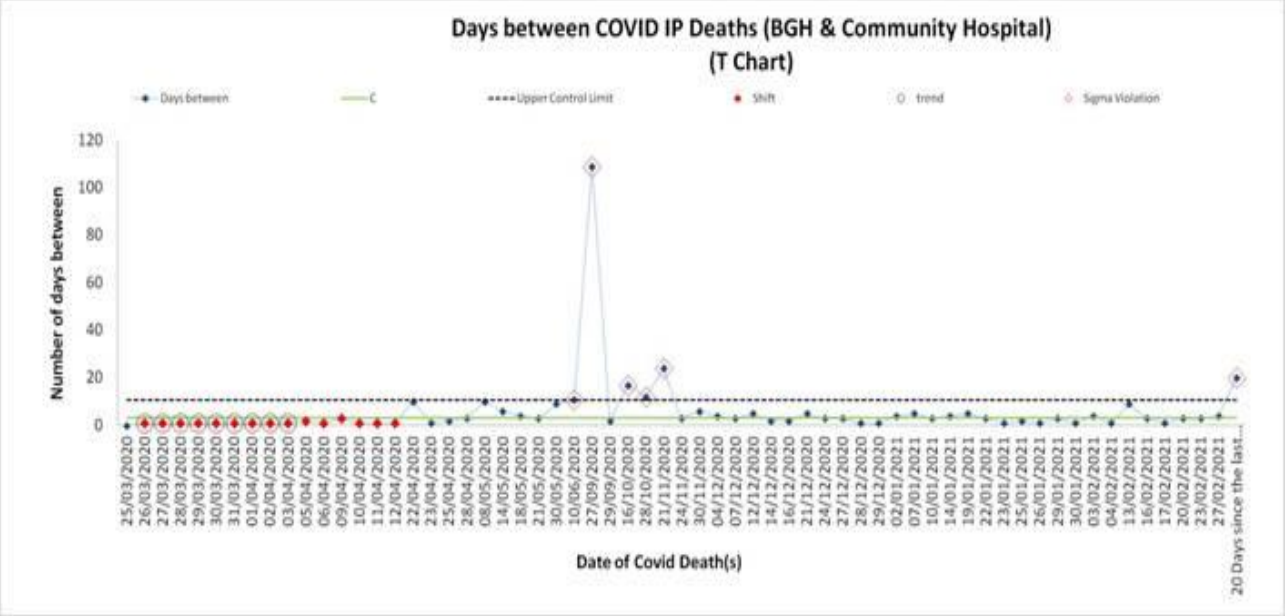
1.3 COVID deaths have contributed to an elevated crude mortality rate for the last quarter of 2019/20 and first quarter of 2020/21. During the period January to June 2020 there were additional deaths relating to COVID 19, at the same time there was a significant reduction in admissions to the BGH. As a result the crude mortality rate for this quarter is elevated. COVID deaths between March and June 2020 occurring in a hospital within 30 days of admission have been reviewed for learning to inform the local delivery of care. During the second Wave of COVID 19 NHS Borders have experienced increased deaths from COVID 19 and an elevated crude mortality is anticipated in the next quarter as a result. Deaths from COVID 19 occurring in Wave 2 are currently being reviewed for learning to influence the organisations on-going response to the pandemic. In addition, twenty percent of non-COVID 19 deaths are reviewed as part of the continual mortality review system.

2 COVID 19 Deaths

2.1 There have been a total of 85 COVID 19 positive deaths in the BGH or NHS Borders Community Hospitals up to the 17 March 2021. Graph 2 shows the COVID positive deaths by day:



Graph 3 shows the days between COVID 19 deaths. As at the 19 March 2021 it has been 20 days since the last COVID 19 deaths in the BGH or NHS Borders community hospitals:



3 Adverse Events

3.1 Adverse events are reported and managed through the electronic adverse recording system (Datix) system across NHS Borders.

3.2 Within the national framework the adverse outcome grading for all reported adverse events has been broken down into three categories:

Category 1 – Major or extreme adverse outcomes
Category 2 – Minor or moderate adverse outcomes
Category 3 – Negligible adverse outcomes

3.3 All adverse events are subject to a review. The level of review is determined by the extent of any harm caused to a person (the grading of the event) and decisions made by the Commissioning Manager and a triumvirate of senior managers within the organisation.

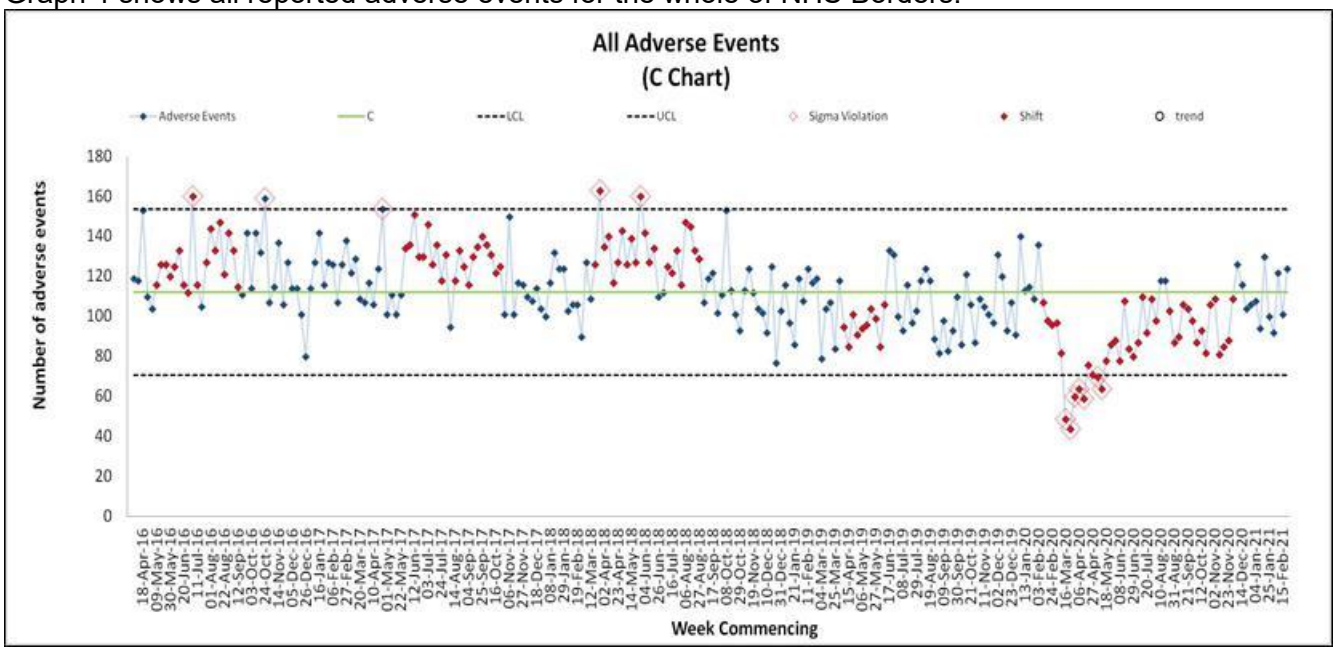
3.4 The review will be either an:

Level 1: Significant Adverse Event Review
Level 2: Management Review

Level 2: Fall Review
Level 2: Pressure Ulcer Review
Level 3: Initial Review

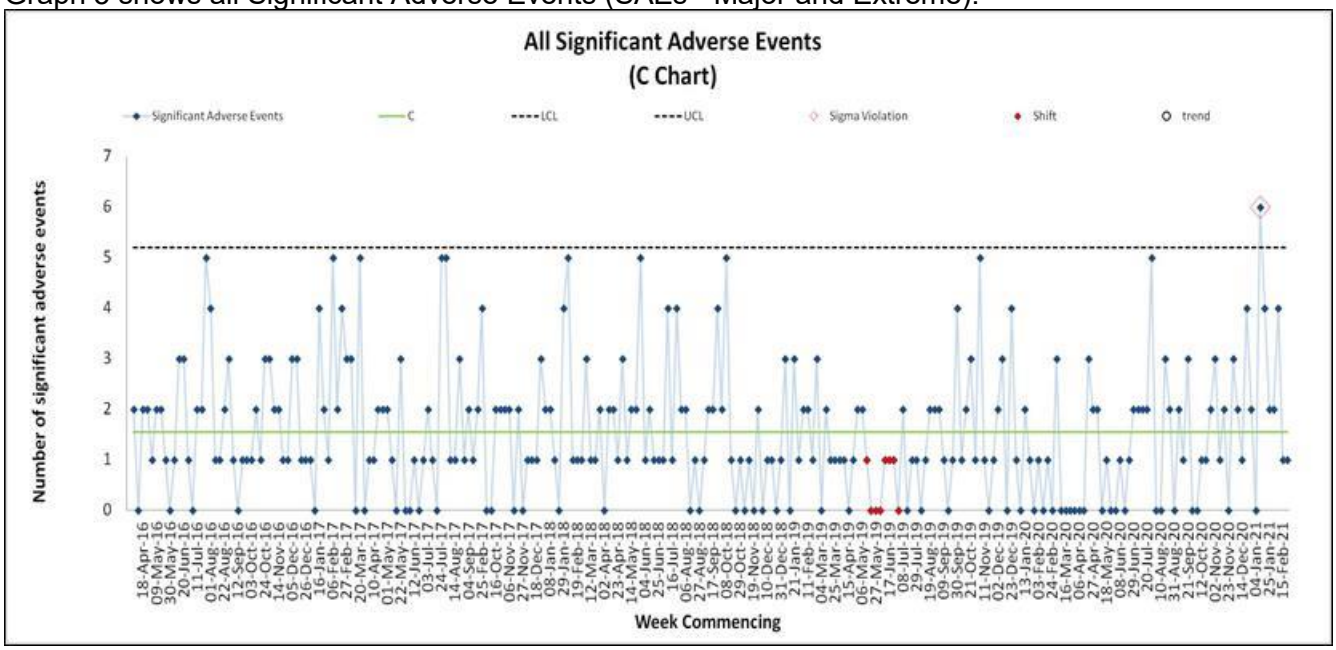
3.5 This process is guided by the Adverse Event Management Policy which has been reviewed and updated to reflect the Duty of Candour requirements.

Graph 4 shows all reported adverse events for the whole of NHS Borders:



3.6 There was a reduction in adverse events during the period of February to June 2020 (during the first wave of COVID 19) as demonstrated in the shift below the average, returning to normal variation at the end of July. Another shift occurred below the average during August to November 2020 (second wave of COVID 19) returning to normal variation from December 2020 as activity has increased again. The reduction in reported adverse events during the first and second wave of COVID 19 mirrors the reduction in attendances, admissions and face to face consultations.

Graph 5 shows all Significant Adverse Events (SAEs - Major and Extreme):



3.7 The control chart above shows the number of significant adverse events graded as major and extreme. All significant adverse events are investigated to ensure the appropriate review is carried out.

3.8 During the pandemic response NHS Borders has made all attempts to continue to deliver Significant Adverse Event Reviews (SAERs) but have been unable to meet the normal timescales for delivery as a result of the reliance on senior clinical staff and managers as Lead Reviewers. During remobilisation Lead Reviewers are prioritising the completion of reviews. Table 1 detail's the SAE's where a review is in progress and the type of review which is underway:

Type of Review	Number of Reviews Underway
Level 1 Significant Adverse Event Review	13
Level 2 Management Review	10
Level 2 Fall Review	3
Level 2 Pressure Ulcer Review	11
Level 2 Drug Death Review	6
Level 2 Safety Management Review	1
Child Death Review	1
Awaiting Review Decision by Quadumvariate	5
Total	**50**

3.9 Mental health services have been experiencing a period of heightened demand with several significant adverse events underway. The mental health management team has a plan in place to progress all open reviews and a dedicated group working on improvement plan implementation.

3.10 The most prevalent type of adverse event during this period has been Falls/Slips and Trips. Further work is underway to gain a deeper understanding of recent increase in falls in the BGH and NHS Borders community hospitals. Each fall resulting in harm is subject to a falls review.

4 Emergency Access Standard and Waiting Times Performance

4.1 The Board Clinical Governance Committee (CGC) considered two papers at its meeting on the 17 March 2021 including a full paper detailing the position in relation to adverse events across NHS Borders and an annual overview of the local patient safety programme progress. These papers formed part of a wider conversation at the CGC in relation to the impact of patient safety on system wide performance measures including the emergency access standard and elective waiting times.

4.2 The CGC will consider a more detailed paper on the emergency access standard and elective waiting times at its meeting in May 2021 recognising the performance challenges present in these 2 areas and the clinical risk this can present.

5 Enhanced Monitoring of Quality and Safety

5.1 Clinical Governance Quality has been providing an enhanced presence in inpatient wards to undertake core quality and safety audits and to follow up on any significant adverse events. This has extended across Adult Inpatient areas across the BGH and

the four Community Hospitals and has been in support of the increased pressure and demand on inpatient services during wave 2 of the pandemic.

5.2 On the basis of the audit programme a tailored ward improvement plan is now being developed for 2021/22 to set the focus on ward based improvement activities.

6 Patient Safety Programme Priorities for 2021/22

6.1 A review of the progress against the key workstreams of the local patient safety and excellence in care programme has taken place in February 2021 alongside a review of learning obtained from adverse events, mortality reviews, patient feedback and clinical audit. This has been used to inform discussions with the directorate of nursing, midwifery and allied health professions and the medical directorate in relation to setting the priorities for the local safety programme for 2021/22.

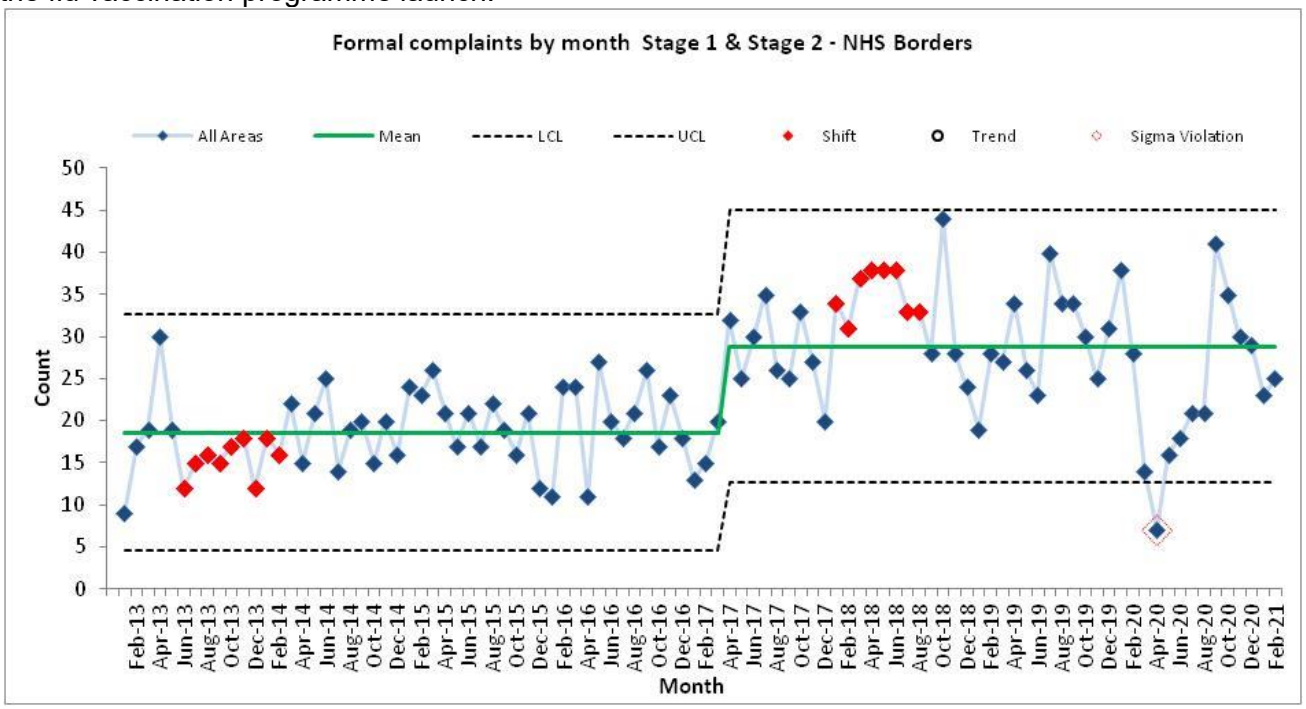
6.2 Key priority areas will include:

1. Falls
2. Tissue viability
3. Deteriorating patient
4. Food, fluid and nutrition
5. Communication and documentation
6. Medicines
7. Frailty
8. Maternity
9. Paediatrics
10. Mental health

Person Centred Care

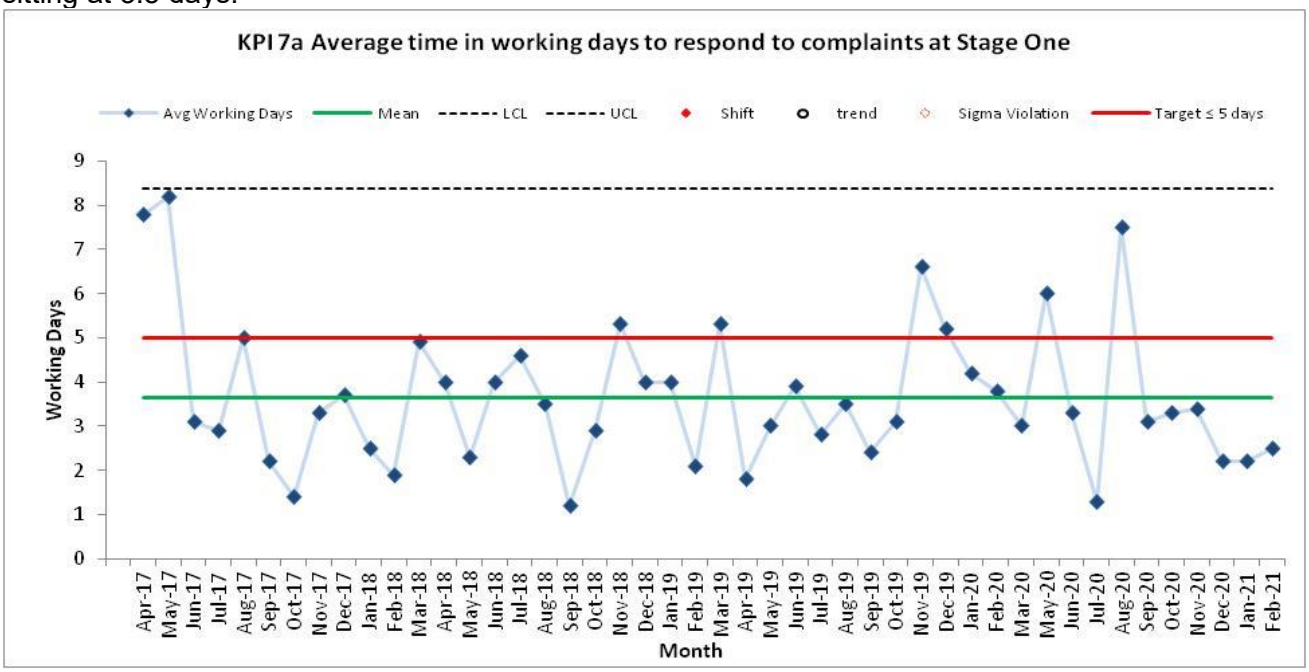
7 Patient Feedback

Graph 6 shows the numbers of formal complaints received across NHS Borders a reduction was experienced in the initial months of the COVID 19 pandemic and an increase was observed during the flu vaccination programme launch:

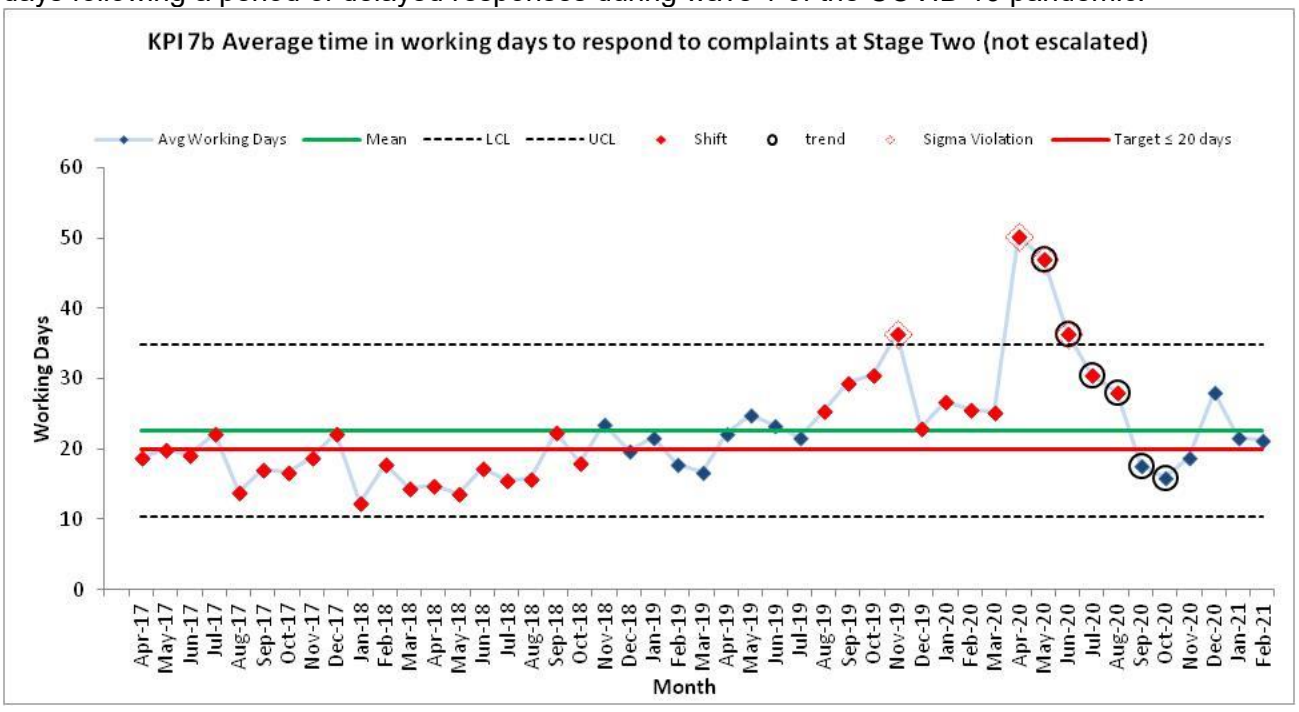


7.1 Complaints can be managed as a Stage 1 or Stage 2 depending on the nature of issues identified.

Graph 7 shows the average response time for Stage 1 complaints with the average response time sitting at 3.5 days:



Graph 8 outlines the average time in working days for Stage 2 responses with the average at 22 days following a period of delayed responses during wave 1 of the COVID 19 pandemic:



7.2 In addition to formal complaints NHS Borders continue to receive a high proportion of their patient feedback through care opinion. The vast majority of care opinion posts have a positive slant to their feedback.

7.3 Maternity services continue to take a very proactive approach to promoting care opinion to their patients with a view to gaining as much insight as possible into experiences of their services to continually drive improvement.

7.4 Patient feedback volunteers have been used for many years to proactively seek feedback from inpatients. This has always been well received with a high level of willingness from patients to share their experiences when asked. Due to the COVID 19 pandemic the volunteering programme has been paused to ensure compliance with national measures. The volunteering programme will be gradually reinstated in line with national guidance ensuring a focus on maintaining the safety of our wide network of over 300 NHS Borders volunteers.