Borders NHS Board

Meeting Date: 24 June 2021

Approved by:	Lynn McCallum, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality

QUALITY & CLINICAL GOVERNANCE REPORT JUNE 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 COVID 19 pandemic response and remobilisation of services within NHS Borders, including:

- Patient safety
  - HSMR
  - COVID 19 deaths
  - Emergency access standard and waiting time performance
- Clinical Effectiveness
  - Realistic Medicine
  - Research and Innovation
- Person Centred Care
  - Patient feedback
  - Volunteering

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

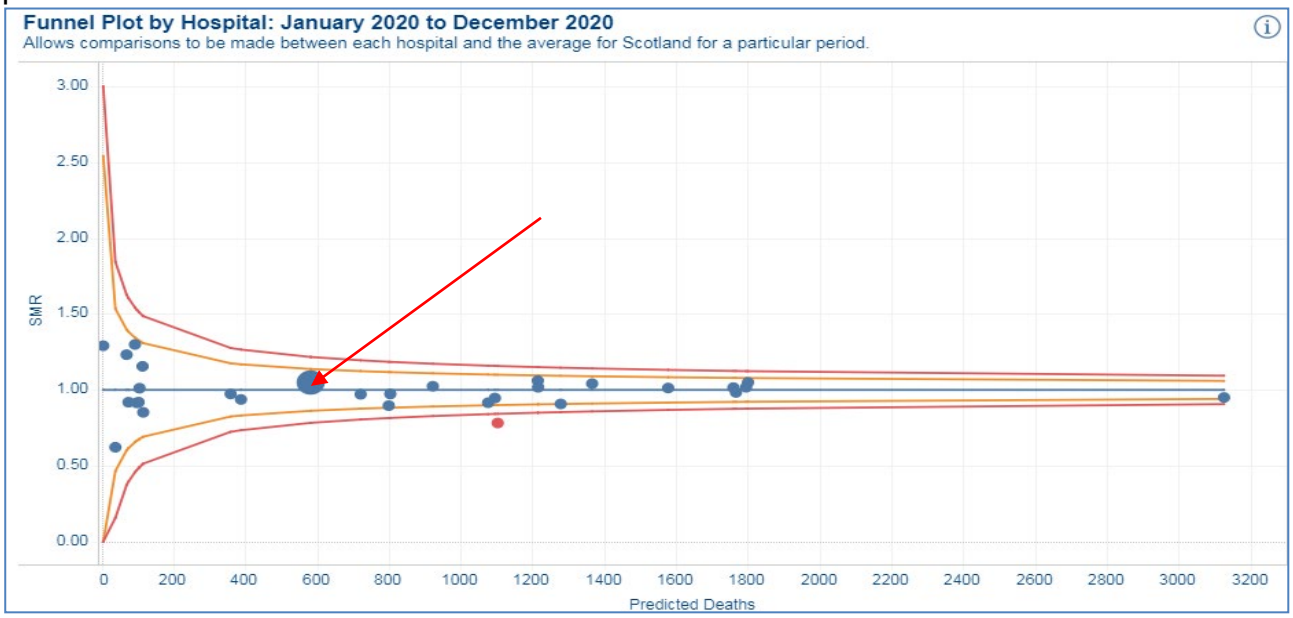
	pandemic. This has required adjustment to core services and routine care.
Staffing/Workforce	Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response.
Finance/Resources	Service and activities 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 CGC – Clinical Governance Committee SPSO – Scottish Public Services Ombudsman

DELIVERY OF PATIENT SAFETY, CLINICAL EFFECTIVENESS AND PERSON CENTRED CARE DURING THE COVID 19 PANDEMIC RESPONSE AND REMOBILISATION

Patient Safety

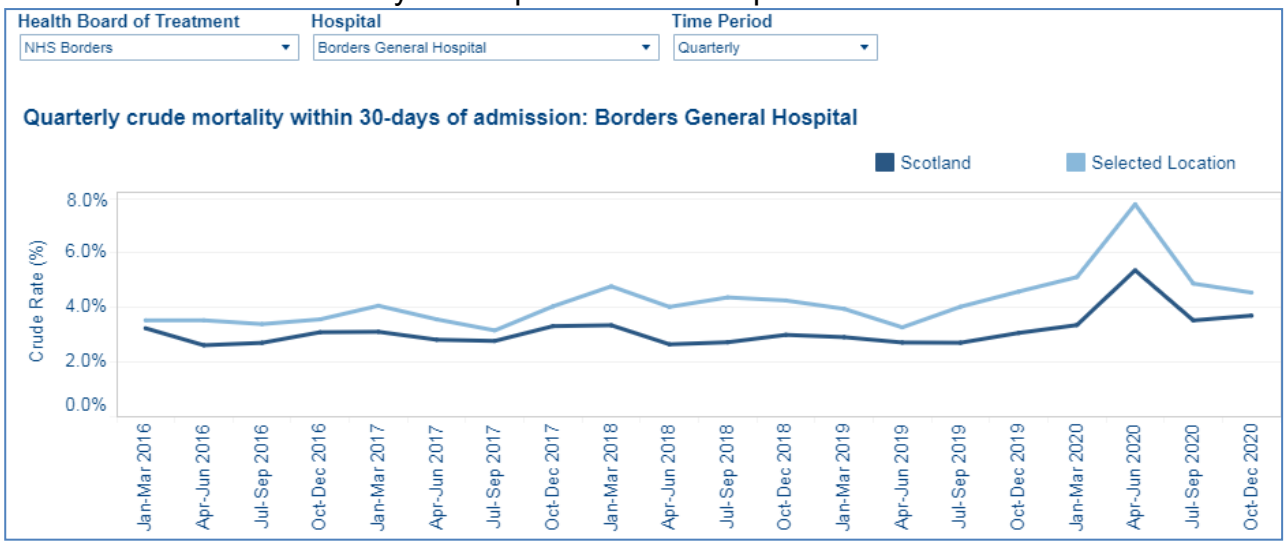
1. HSMR

1.1 The NHS Borders HSMR for the eighth data release under the new methodology is **1.05.** This figure covers the period **January 2020 to December 2020** and is based on 611 observed deaths divided by 583 predicted deaths. The funnel plot below shows **NHS Borders HSMR remains within normal limits** based on the single HSMR figure for this period:



*Contains deaths in the Margaret Kerr Palliative Care Unit

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



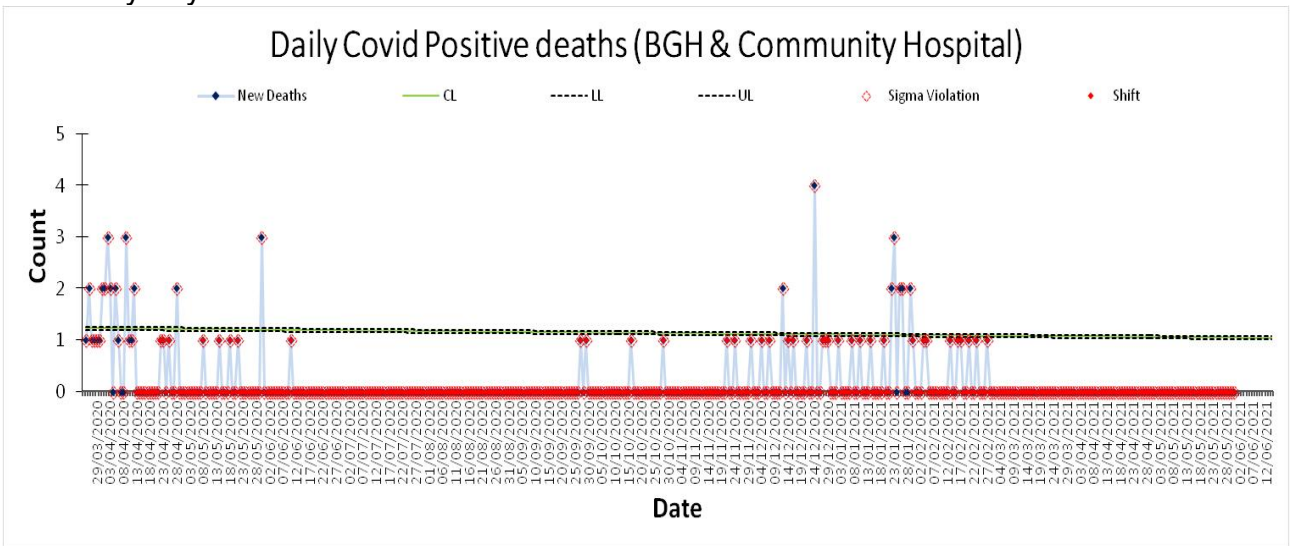
*Contains deaths in the Margaret Kerr Palliative Care Unit

1.2 NHS Borders crude mortality rate for quarter October 2020 to December 2020 was **4.5%**. 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.

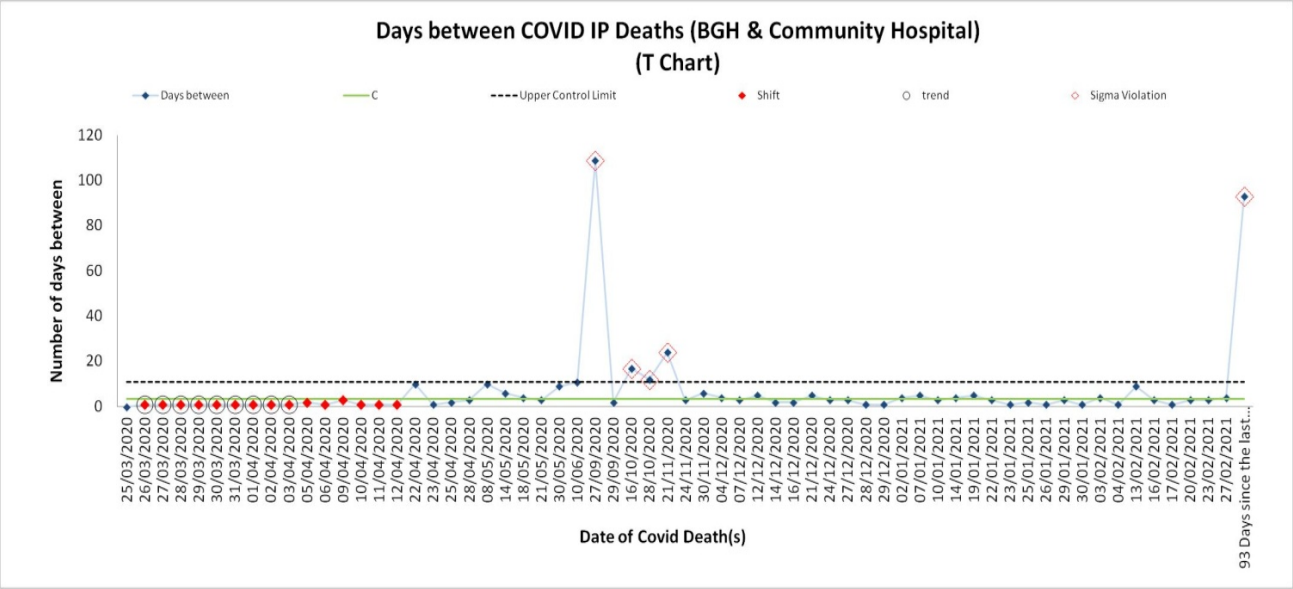
1.3 COVID 19 deaths contributed to an elevated crude mortality rate for the last quarter of 2019/20 and first quarter of 2020/21. During the period January to June 2020 there were additional deaths relating to COVID 19, at the same time there was a significant reduction in admissions to the BGH. As a result the crude mortality rate for this quarter was elevated. COVID 19 deaths between March 2020 and February 2021 occurring in a hospital within 30 days of admission have been reviewed for learning to inform the local delivery of care. 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 31 May 2021. Graph 2 shows the COVID positive deaths by day:



Graph 3 shows the days between COVID 19 deaths. As at the 31 May 2021 it has been 93 days since the last COVID 19 deaths in the BGH or NHS Borders community hospitals:



3. Emergency Access Standard and Waiting Times Performance

3.1 The Board Clinical Governance Committee (CGC) considered two topics of significant clinical priority at their meeting in May 2021. A detailed presentation was considered relating to emergency access looking at a range of whole system measures and improvements which are required to improve performance and waiting times for patients. In addition, a detailed paper was discussed outlining the progress with the remobilisation of inpatient and day case treatment, outpatients and diagnostics.

3.2 The CGC recognised the significant strain services were under as a result of the COVID 19 pandemic response and that full recovery of services remained very fragile dependent on what will be to come in relation to COVID 19. The CGC was assured by the steps that had been taken to introduce a clinical prioirtisation process in the early stages of the pandemic to ensure patients were being prioritsed and booked based on clinical urgency and were also assured that NHS Borders was following the processes, guidance and route map set out by NHS Scotland. However, the CGC remained concerned by the backlog of patient demand which has developed as a result of the pandemic response and the Boards ability to address this in a timely manner within the resources available. The CGC will maintain a continued focus on these areas for the coming year and have requested more detailed trajectories for recovery in both areas set in the context of the clinical prioritisation work.

3.3 Current demand and waiting times for dental services, child and adolescent mental health services and psychological therapies will also be considered at the July 2021 meeting of the CGC.

Clinical Effectiveness

4. Realistic Medicine

4.1 The NHS Borders 2021/22 Realistic Medicine Action Plan has been refreshed to reflect priority workstreams within the COVID 19 remobilisation plan. This has been submitted to the Scottish Government for consideration. Key priority areas within the action plan include the work underway to look at consistency of approach to anticipatory care planning, Older Peoples Pathway redesign, development of Community Treatment

and Assessment Centres, continued development of musculoskeletal pathways, strengthening of community falls prevention and safe prescribing.

4.2 A key element of the local realistic medicine action plan will be to increase the dialogue with healthcare professionals, patients and the public in relation to realistic medicine.

5. Research and Innovation

5.1 Normal research governance reviews of new research projects and amendments to existing projects are returning to normal following the decline in COVID 19 admissions. The COVID 19 RECOVERY trial remains open however there have been no admissions to hospital recently. New COVID 19 research projects continue to be received for review. A new UK national priority project PROTECT-CH is currently being scoped which will seek to recruit care homes to provide prophylactic treatment for COVID 19.

5.2 All clinical trials within cancer and haematology have been open and recruiting again since autumn 2020. A new clinical trial in breast cancer which had originally been scheduled to open in April 2020 opened early 2021 and another delayed trial should open locally in June 2021. Cardiology reopened its inpatient clinical trial in June 2020 and it continues to recruit steadily and the outpatient study in Cardiology remains closed as potential participants are still being seen remotely. This study is among a small number of studies that remain closed to recruitment until outpatient services fully resume. Lack of clinic space and the backlog of patient demand are the main issues for being unable to reopen studies. This will continue to be monitored as remobilisation plans progress and services resume.

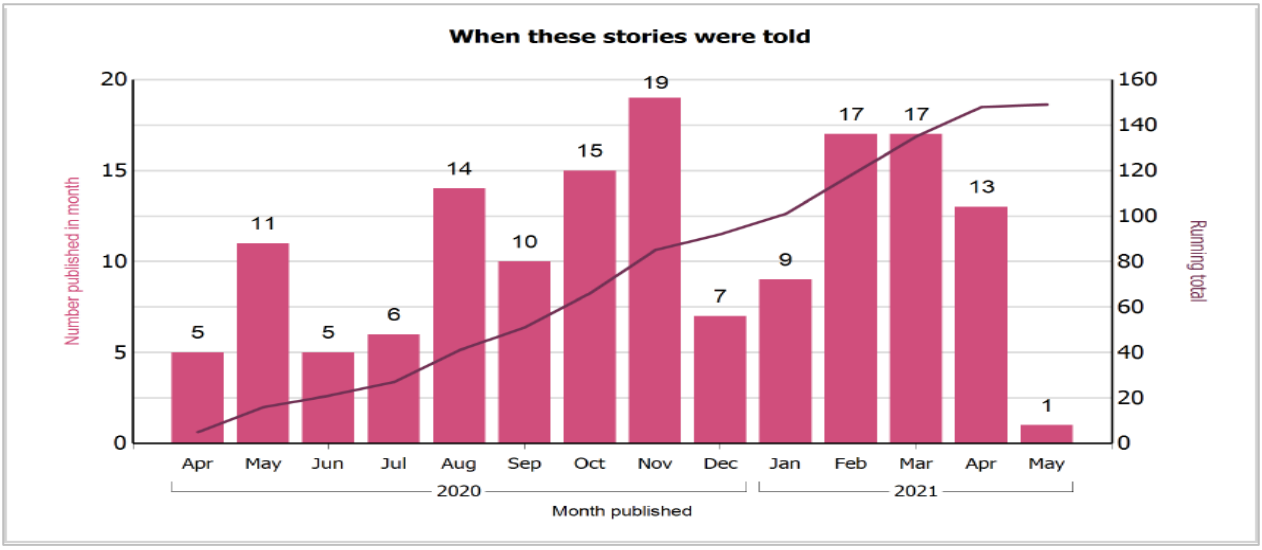
5.3 NHS Borders pulmonary rehabilitation team are involved in the Respeck innovation project which sets out to test an app that is linked to the Respeck device which monitors breathing and activity levels in patients following an exacerbation of COPD. The pulmonary rehabilitation team are helping develop the clinical pathway for its use and assessing the apps ability to provide clinical data for monitoring patient's condition post exacerbation in relation to their recovery. It is hoped it will assist in preventing further exacerbations and reduce home oxygen requirement as the physiotherapist works with the patient to undertake pulmonary rehabilitation exercises as part of their self-management. The initial pilot project is due to be completed in June 2021.

Person Centred Care

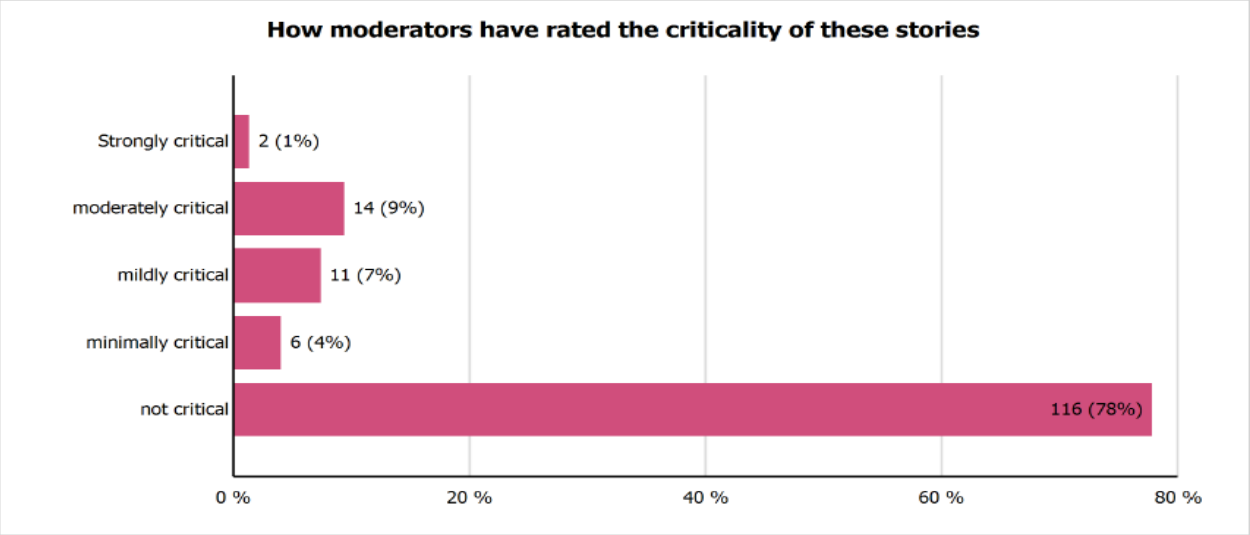
Patient Experience

6. Care Opinion

6.1 For the period 1 April 2020 to 30 April 2021 149 new stories were posted about NHS Borders on Care Opinion. Graph 4 below shows the number of stories told in that period, as at 31 May 2021 these 149 stories were viewed 24,143 times:



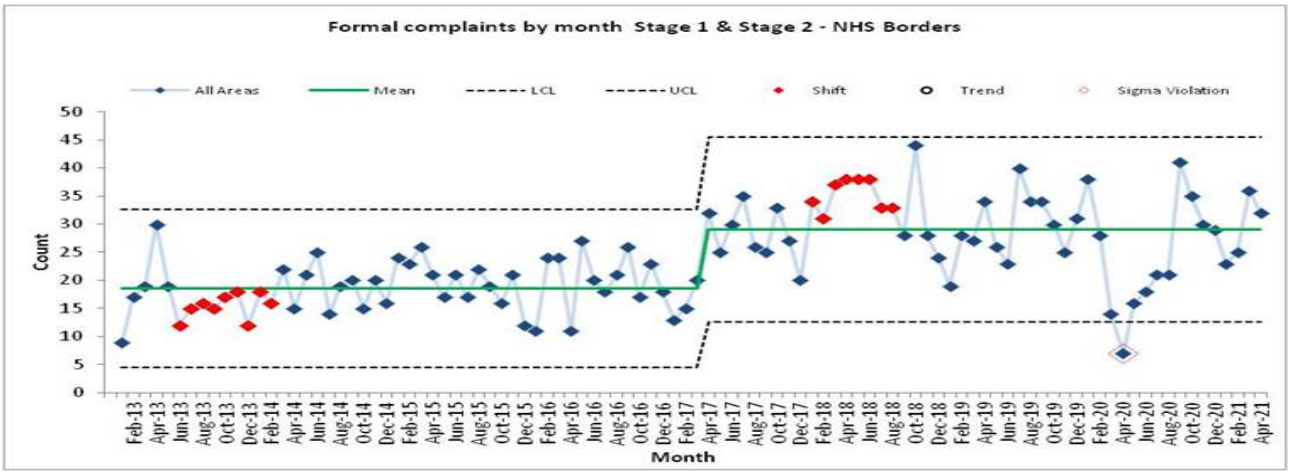
Graph 5 provides a description of the criticality of the 149 stories:



The “Wordle” below summarises ‘what was good’ in Care Opinion posts for this period:

7. Complaints

7.1 There was a reduction in complaints during Wave 1 of the COVID 19 pandemic between March and May 2020. From May 2020 onwards formal complaints began to return to normal levels. Graph 6 below gives the number of formal complaints received by month:

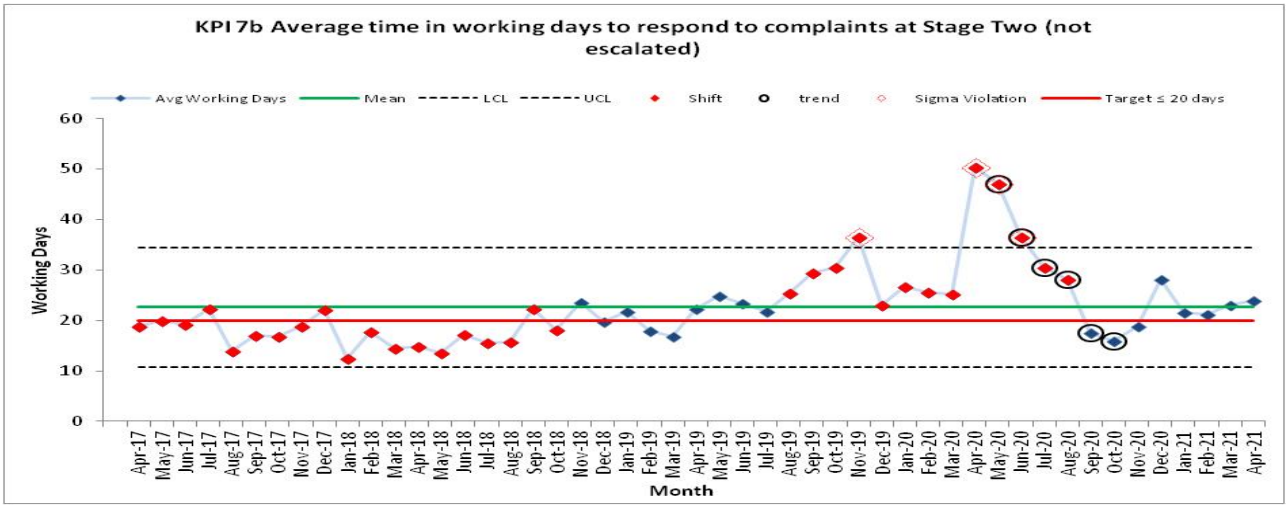


7.2 Following a review of the Clinical Governance and Quality function adjustments were made in 2019 to reposition some additional resources to the patient experience team in recognition of the increased workload in this area. Some early gains were made from this increase in capacity between September 2019 and February 2020.

7.3 During the wave 1 of the COVID 19 pandemic response the majority of patient experience team were deployed to support frontline clinical care. This greatly affected the ability to deliver responses within the 20 day timescale, in addition to frontline clinician's ability to respond to complaints investigations. Complainants were kept informed of this impact to our normal service and of any extensions to the timeline for responding to their concerns.

7.4 Further pressures have been experienced between September 2020 and March 2021 by informal patient experience queries generated through the large scale Flu and COVID 19 vaccination programmes. Additional short term capacity has been put in place to support this workload and to improve timeliness. In March 2021 70% of responses were sent within the 20 working day target.

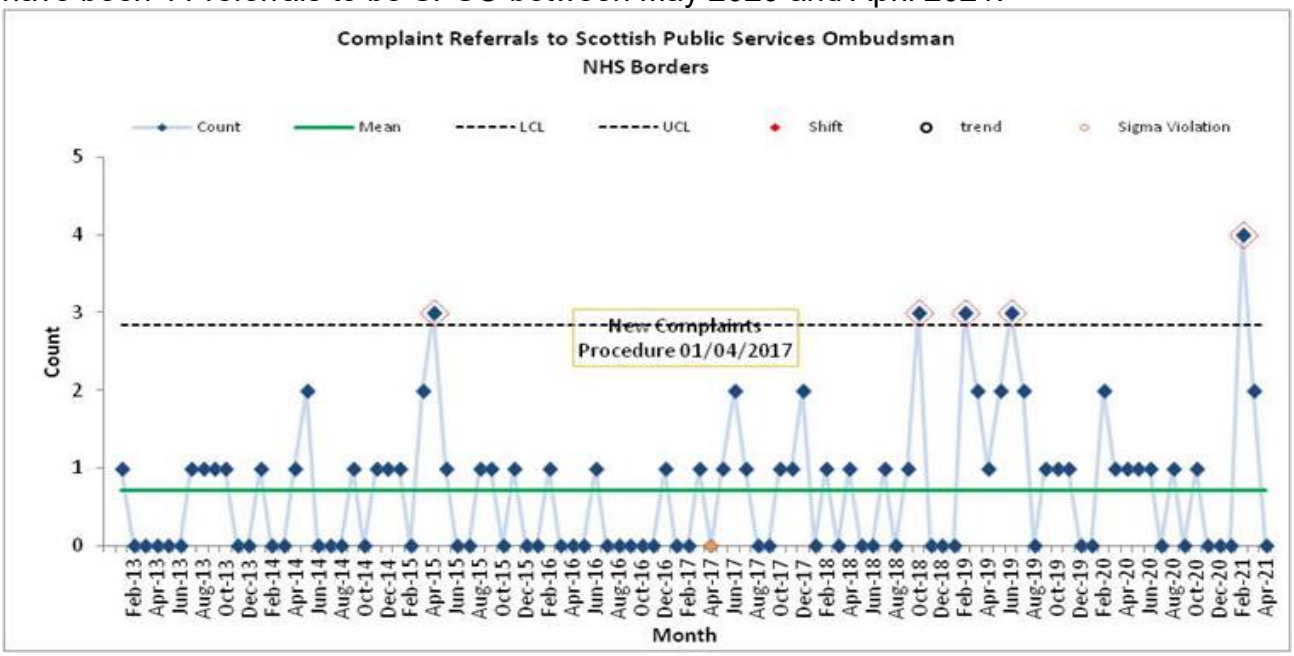
7.5 Graph 7 below shows that there was an increase in the average time taken to respond to Stage two (not escalated) complaints with a breach to the upper control limit for three consecutive months during April, May and June 2020. The average response time has reduced and is currently just over 20 working days:



8. Scottish Public services Ombudsman (SPSO)

8.1 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 by NHS Borders as this enables us a further opportunity to improve both patient care and our complaint handling processes.

8.2 The Graph 8 below shows complaint referrals to the SPSO to April 2021. There have been 11 referrals to be SPSO between May 2020 and April 2021:



9. Volunteering

9.1 The volunteering programme was suspended in March 2020 by the Scottish Government to ensure the safety of our volunteers due to COVID 19. Healthcare Improvement Scotland provided Strategic Leads with guidance to support the recovery of the volunteering programme; this was released on 24 July 2020.

9.2 From this guidance low risk roles have been reinstated with no direct patient contact. Risk assessments and safe systems of work are being carried out by the relevant departments to ensure the volunteer's safe return as lockdown is eased.