

**Scottish Borders Health & Social Care
Integration Joint Board**



Meeting Date: 28 July 2021

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CLINICAL AND CARE GOVERNANCE REPORT 2020/21	
Purpose of Report:	The purpose of this report is to provide the Integrated Joint Board (IJB) with an overview of Clinical and Care Governance within integrated services focusing on the areas of clinical effectiveness, patient safety and person centred care
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) note this report.
Personnel:	Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response
Carers:	Non applicable
Equalities:	Compliant
Financial:	Service and activities are being provided within agreed resources and staffing parameters with additional COVID 19 resources being deployed to support the pandemic response
Legal:	Compliant
Risk Implications:	Each clinical board is monitoring clinical risk associated with the need to adjust services as part of the heightened pandemic response
Glossary	IJB - Integrated Joint Board CGC - Clinical Governance Committee PCS - Primary and Community Services BECS -Borders Emergency Care Service BUCC - Borders Urgent Care Centre BSH - Borders Sexual Health Service PDS - Public Dental Service SAERs - Significant Adverse Event Reviews SOP - Standard Operating Procedure

	<p> OPAH - Older People in Acute Hospitals HIS - Healthcare Improvement Scotland DNACPR - Do Not Attempt Cardio Pulmonary Resuscitation HEI - Healthcare Environment Inspection ADON - Associate Director of Nursing SCN - Senior Charge Nurse AHP - Allied Health Professions MUST - Malnutrition Universal Screening Tool HSCP - Health and Social Care Partnership RAG - Red, Amber, Green MH - Mental Health CMHTs - Community Mental Health Teams CAMHS - Child and Adolescent Mental Health Services MDT - Multidisciplinary Team MHOAS - Mental Health Older Adults Service RTT - Referral to Treatment Time SDMD - Scottish Drug Misuse Database MWC - Mental Welfare Commission BSDU - Borders Specialist Dementia Unit PMAV - Prevention of Aggression and Violence LD - Learning Disabilities PPE - Personal Protective Equipment ITU - Intensive Therapy Unit BGH - Borders General Hospital RNs - Registered Nurses CNO - Chief Nursing Officer HCSWs - Healthcare Support Workers CNMs - Clinical Nurse Managers TTG - Treatment Time Guarantee OPD - Outpatient Department ED - Emergency Department EAS - Emergency Access Standard GP - General Practitioner MAU - Medical Assessment Unit DME - Department of Medicine for the Elderly ISD - Information and Statistics Division HSMR - Hospital Standardised Mortality Rate CNORIS - Clinical Negligence and Other Risks Indemnity Scheme CLO - Central Legal Office SAEs - Significant Adverse Events SPSO - Scottish Public Sector Ombudsman </p>
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Integrated Joint Board **Clinical and Care Governance Report**

Clinical Effectiveness

Primary and Community Services (PCS)

Work continues to meet the challenges and demands from workforce and service delivery across all facets of PCS. Patient safety, incident reporting and risk management continue to be a priority alongside staff governance and wellbeing.

The continuation on quality of service and the re-establishment of restricted services due to the present pandemic is of paramount importance to ensure that services delivered are as effective and efficient as possible in order to mitigate the impacts of the pandemic to as great an extent as possible.

With the changes in leadership within the PCS management team the opportunity has been taken to refresh the agenda, terms of reference and membership of the PCS clinical governance group. In addition to this, there is an agreed expectation that all service leads will report into the group allowing for engagement with the governance agenda and defined accountabilities. All members are aware that reports must be submitted into the chair prior to the monthly meetings, with relevant information being escalated/addressed at this meeting. The agenda has been cross referenced with recently completed Clinical Governance “stock take” to ensure all agenda items are included. This current report reflects discussions and contents of all the service reports collated prior to the PCS meeting. Services reporting in the PCS clinical governance group include:

- Borders Emergency Care Service (BECS)/Borders Urgent Care Centre (BUCC)
- Borders Sexual Health
- Care Homes
- Community Hospitals
- Community Nursing
- Dental
- Dietetics
- Health Visiting
- Home First
- Occupational Therapy
- Physiotherapy
- Podiatry and Orthotics
- School Immunisations Team
- School Nursing
- Speech and Language Therapy
- Audiology - this service will now be reporting under Acute Services Clinical Governance structure from May 2021

COVID 19 Impact on Primary and Community Services

Community Hospitals

Demand for the beds dropped slightly throughout April with Haylodge and Hawick both having a number of empty beds through the month. Due to pressures and concern relating to patient flow, Haylodge Hospital accepted “out of area patients”. The dependency of a number of patients remains high with complex mental health presentations causing some impact on the nursing time demands. Support is provided by the specialist nurses however this does impact on time spent with other patient groups.

Work has started relating to delayed discharges with a review of the current Moving on Policy. A number of patients who no longer need CH support are being progressed through this policy with support from the Clinical Service Manager/Clinical Nurse Manager/General Manager and Associate Nurse Director.

The main changes within the four community hospitals are the changes to patient visiting. Notification was received that on 26 April 2021, all patients would be able to have a visitor to the ward. Processes have been developed, a risk assessment completed and staff have been updated to implement the change. The visiting is not tier dependant and continues to allow flexibility with “essential visits”. Visitor’s information has been developed to ensure that expectations and rules are clear and fair but mainly person centred.

Community Nursing Services and Home First Service

Both services continue to support across the localities although some limitations in certain areas due to reduction in staffing and short term sickness. The community nursing team has seen increasing demand for their services in recent months.

Primary Care

The PACS Team have to evolve quickly in order to respond to day-to-day challenges whilst keeping its eye on overall goals to prepare and meet the future needs of the Borders’ population. Primary and community care is the most visible and commonly used part of our health system and its team has expanded significantly in the last year, but with so many cogs in the wheel – how do we ensure that everyone is on the same page?

Strategic direction refers to the plans that need to be implemented for an organisation to progress towards its vision and fulfill its goals. PACS have adopted the ‘One Page’ approach to drive staff engagement, alignment and focus throughout the wider team. It provides a one-page format to communicate its vision to all staff at every level and also give them an opportunity to feed into the design of setting priorities or objectives and come to a mutual agreement on how the outcomes will be delivered. The simple principle is that if the plan can fit on one page – it is achievable and realistic.

Borders Sexual Health Service (BSH)

The BSH service has had to dramatically change their ways of working over the last 12 months and while they continue to recover BSH to previous capacity have adopted many new approaches to delivering Sexual Health care.

Allied Health Professions

AHPs like many other specialities providing outpatient consultations have had to adjust their practice in line with national restrictions and have made wide use of Near Me consultations. AHPs have been critical in the ward based pandemic response maintaining effective rehabilitation services and timely discharge at a time of heightened demand.

Public Dental Service (PDS)

Dental services continue to by COVID 19 safety restrictions in relation to full remobilisation of services. Many dental staff have been deployed to support the COVID 19 pandemic response services which has been critical to the organisation response. Most staff have been gradually returning to substantive posts where possible. The PDS is trying to maintain contact with patients who are waiting to advise them of continued wait for routine examinations and car. In addition, the PDS is communicating with all primary care referrers to advise of waiting times for Paediatric GA.

Adverse Events

In order to have complete grip and control of the numbers of Significant Adverse Event Reviews (SAERs); stage of investigation and action planning PCS have initiated a process within the board. Each week the Quadumvirate have a core meeting with the following agenda:

1. Datix incidents – graded extreme
2. Updates from key meetings
3. Matters for decision
4. Quality
5. Staff governance
6. Finance
7. Performance

The outstanding SAERs are also highlighted under item 1. Further to this, there is now a process whereby admin support will follow up on the action plans from SAERs to ensure that these are completed within the timeframes recorded and this is then fed into the P&Cs clinical Governance meeting monthly. A Standard Operating Procedure (SOP) has been created to ensure that all members of the team understand the process relating to updating the action tracker for all SAERs on the shared drive, with all having secured access to the drive and an education session to show how to evidence the progress made with actions. There is further development underway to ensure there is a system to check that any learning from SAERs has been shared and actions sustained thereafter.

The process has had a positive impact with the number of “open” SAERs having dropped significantly over the last 4 months.

PCS have prepared a combined improvement plan for both falls and pressure damage to consolidate all the learning and actions resulting from falls and pressure damage reviews. This is monitored through the PCS clinical governance group.

Infection Control and Older People in Acute Hospitals Standards

The Older People in Acute Hospitals (OPAH) Standards were published in 2009 and were historically the basis of Healthcare Improvement Scotland (HIS) acute hospital inspections. Over the last 10 years these have been updated to the Care of Older People in Hospital Standards (2015) and augmented by Standards for Prevention and Management of Pressure Ulcers (2016), Food, Fluid and Nutritional Standards (2014), Do Not Attempt

Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy – Decision Making and Communication (2016) and many other national standards and guidelines. In addition Healthcare Environment Inspection (HEI) have been absorbed into HIS and the standards under which their inspections were undertaken have also been absorbed.

HIS have recently restarted these formal, unannounced inspections within Scotland with a focus on Community Hospitals and Specialist Dementia Units.

In order to provide assurance the Associate Director of Nursing (ADON) for Primary and Community Services has led unannounced mock inspections across community hospitals, to continue to promote a strong focus on quality of care. Two hospitals were visited in July 2020 and a number of areas of good practice were identified during mock inspections in additions to areas for improvement. Themes which now form the basis of community hospital improvement work include:

1. Inconsistent approach to documentation, minimal correlation between assessments, care planning and monitoring of patients.
2. SSKIN not always completed on prescribed time.
3. Minimal documentation in relation to communicating discharge plans with families/relatives etc in the records.
4. Person Centred approach not always evident in documentation.
5. FFN- inconsistent approach to this- recording of oral intake- ensures that assessments correlate with food charts, SSKIN and care planning.
6. Evidence of getting to know me in patient's notes - although not always consistent
7. Evidence of AWI assessment and review at times - not always consistent
8. Consistency of cleaning schedules across community hospitals

Action plans were developed to address these points with progress made on each action. The progress of the actions is now monitored through the PCS Clinical Governance group and a follow up visit will take place in both sites to observe progress.

Haylodge Inspection

Unannounced Health Improvement Scotland Inspection action plan remains a live document. Work continues to achieve and address timely the 8 requirements. Progress made is demonstrated in the updated action plan, attached in the Appendix. This has been ratified by Chair of the Board and the Chief Executive prior to submitting to HIS on 27th April.

Patient Flow in Community Hospitals

In response to the pressures on whole system flow work is underway in community hospitals to processes to support timely discharge of patients.

Discharge huddles/planning have refocused under Senior Charge Nurse (SCN) ownership to ensure visibility simultaneously on each patient and the overarching Community Hospital flow. A key objective in these huddles is to lower and maintain minimal delays experienced by any patient. To further enhance this focus there is joint working between boards and partnerships to review and simplify and re-launch specific policy and guidance. This work includes a review of the "Moving on Policy" and education in relation to Adults with Incapacity, Guardianship and legislation.

A daily integrated huddle is in development to support whole system flow. This will focus on the pull systems from district nursing, home first, community hospitals to facilitate timely discharge.

Allied Health Professions (AHPs)

Following the appointment of an Associate Director AHPs in 2020, 2021 has seen the completion of the AHP leadership review which was started in 2018. This process has sought to establish a leadership structure across Dietetics, Speech and Language Therapy, Podiatry, Occupational Therapy and Physiotherapy that will provide the appropriate levels of operational, professional and strategic leadership.

A uni-professional model with a strong AHP-wide focus on governance and performance has been developed and is in the process of being implemented. In order to ensure that each service is providing governance and assurance in an equitable way, AHP services will be developing Service Specifications as part of an AHP-wide service review. These service specifications will clarify operational and financial parameters regarding service delivery alongside establishing a safety and quality dashboard to measure the impact and governance of each service.

This safety and quality dashboard will align with both the 'Back to Basics' governance group and the Access Board to ensure that reporting is in line with local process. Measures will include demand and capacity activity data, access times, complaints, patient reported outcome measures, relevant safety measures (falls, pressure damage, Datix reporting), clinical effectiveness measures (frailty scores, MUST, functional outcomes), and whole system impacts (d/c rates, re-admission rates, population health/ inequality impacts). The combination of the service specification will provide organisational assurance regarding the clinical, staff and financial governance of AHP services alongside the ongoing measurement of key performance indicators and governance measures that will be reported through the PCS and Board reporting structures.

Clinical and Care Governance Arrangements for Care Homes during COVID 19

In May 2020 arrangements were put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

A support and governance system has been established in support of care homes during COVID 19 with the Director of Nursing, Midwifery, AHPs and Operations taking accountability for leadership and guidance to care homes, and providing professional leadership and guidance to care at home.

In doing this the Director of Nursing, Midwifery, AHPs and Operations established an oversight group as directed by the Scottish Government. This group includes the Chief Social Work Officer, Chief Officer Health and Social Care Services, Chief Officer for SB Cares, Medical Director and Director of Public Health. In addition, a daily operational group meets to review data submitted from care homes and escalates any variance to the oversight group. Supportive assurance visits have taken place to all 23 homes to assess care looking specifically at infection prevention control practice, understanding and use of PPE and the fundamentals of care.

The responsibility for this has now transferred to the newly appointed Director or Nursing, Midwifery and AHPs

On completion of the supportive assurance visits themes were drawn out and action plans prepared. A Red, Amber Green (RAG) assessment tool was developed to prioritise actions. Care homes with Red and Amber actions were revisited again to seek assurance actions were completed or that a plan was in progress to address.

A lead Nurse role has recently been developed and appointed to which will provide professional support across all 23 care homes. The Lead Nurse is working to build strong relationships with care homes teams and has begun to update the proforma used to undertake the supportive assurance visits. A short life working group will support this work.

Development of a Care Home Team will further enhance the support and assurance for the care homes within the Borders. This will include two Senior Nurses and two Clinical Educators.

Mental Health (MH) Services

The 'Framework for Measuring and Monitoring safety' is now being consistently applied to support the Mental Health Governance Steering Group. The Mental Health Governance Steering Group meetings are held bi-monthly. The group monitors clinical and care governance across mental health services.

COVID 19 Impact on MH Services

MH services have adapted to respond to the COVID 19 pandemic. People continue to struggle with their mental health during the pandemic and particularly during periods of lockdown. Resources are being prioritised clinically to deliver care as safely and efficiently as possible.

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. In addition, the service has at times struggled to access specialist beds in tertiary centres this has further compounded the complex case mix in inpatient areas.

Near Me Consultations

Mental Health services have embraced the use of video-link appointments using the Near Me platform as demonstrated by the line graph below Near Me has become a valuable tool in our clinical practice.

While this is unsurprising, in as much as one would expect services where the patient - facing roles are often fundamentally about communication to be more adaptable to this technology, it does not come without challenge, concern and risk. MH services at times find it difficult to identify suitable premises to undertake Near Me appointments where patients are not confident they can maintain their confidentiality at home.

The CMHTs have used continuous RAG rating for patients who have been referred to the service and those on current case loads, monitoring acuity and responding accordingly to the level of need required.

In the Adult teams the uptake of digital platform, Near me, has been high which has enabled assessments to continue however within the Older Adult service this has proved to be less so due to a difficulty in being able to access and use technology, therefore the face to face has increased to ensure care and treatment continues and crisis situations are avoided as much as possible.

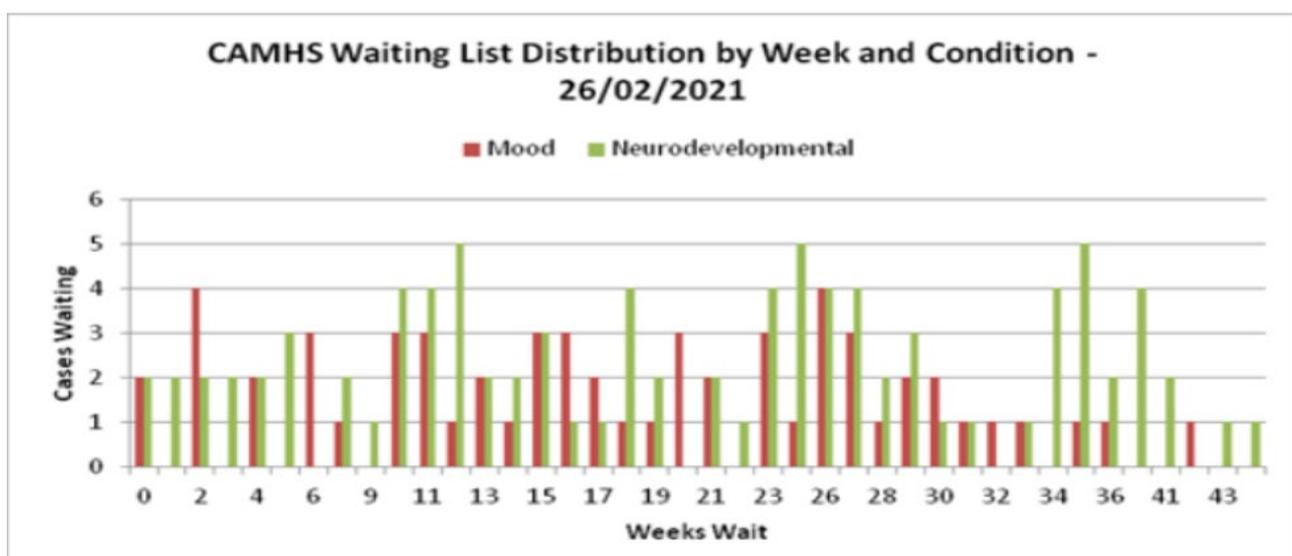
Recruitment within the Adult CMHTs has been a challenge for over two years with consequent impact on the service as a whole with additional impact from sickness/absence. All options are being explored relating to recruitment of Registered Mental Health Nurses. Ability to attract nurses with the necessary skills for the community is a national issue and is not unique to the Borders. A one year trial introduction of a peer support worker has been agreed to work alongside the Multidisciplinary Team (MDT) bringing additional skills and knowledge.

The Mental Health Older Adult Service is also facing significant vacancies, with an impact on the service. Recent recruitment will reduce some of that impact when staff commence appointments.

CAMHS

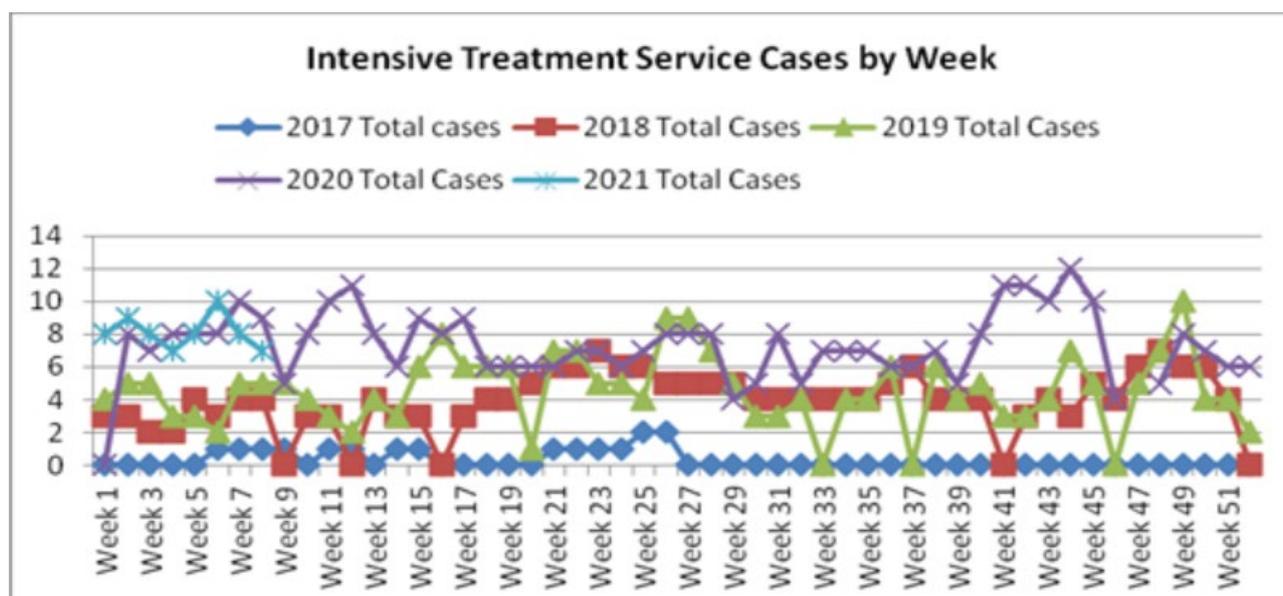
Throughout the pandemic clinicians have continued to provide both mental health and neurological developmental assessments, treatments and reviews for children and young people, irrespective of absences and vacancies within the service.

The service has used the RAG approach to review patients on the current case load and waiting list. Care plans and risk assessments have been reviewed and updated as necessary and clinicians have worked with the MDT to prioritise patients requiring ongoing support. Graph 3 below shows the CAMHS waiting list distribution between waiting lists for mood and neurological developmental disorders:



The impact of COVID 19 and lockdown on the mental health of young people can be seen in the Intensive Treatment Service which has seen an increase in referrals over the past few months. In this service, clinicians work with families to support children and young

people to stay at home as an alternative to hospital admission where clinically appropriate. Graph 4 details referrals to the intensive treatment service:



A temporary Nurse Led Opt in Assessment appointment system has commenced since January 2021 to ensure that patients on the CAMHS Referral to Treatment Time (RTT) waiting list are offered an appointment. The CAMHS Service Review is progressing well, working alongside the Scottish Government and bench marking against the CAMHS Mental Health Standards to peer CAMHS services across Scotland.

Borders Addiction Service

The pandemic has posed particular problems for the Addictions service as so much of their service can only be delivered in person.

Their performance as noted in the Scottish Drug Misuse Database (SDMD) is one to be proud of in any circumstance but in this context is particularly noteworthy:

- SDMD compliance with Drug and Alcohol Treatment Waiting Times for Borders was 98% (64.5% - nationally).
- NHS Borders was 2nd best performing board (NHS Shetland had 100% compliance).
- In 2019/20, 215 individuals had initial assessments for specialist drug treatment according to the Scottish Drug Misuse Database.

Full report can be found here: <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/scottish-drug-misuse-database/>

Borders Crisis Team

As many services did the Borders Crisis Team flexed their working practice in a number of ways during the specific demands of the pandemic, including taking direct telephone triage from the police and ambulance service, and direct referrals from BECS.

This has led to a threefold increase in the number of referrals to the service over the past year. In addition there are challenges in maintaining the duty rota for Junior Doctor which is a key step in the support process in giving the service resilience.

The service is currently reviewing the skill mix to offer Advanced Nursing Practice roles as part of the service development and to bolster service resilience.

East Brig

COVID 19 lockdown restrictions have introduced particular challenges to East Brig whose residents can be admitted for long-periods. Staff working at East Brig have undertaken to improve the experience of patients by working to improve the environment in their own time under these difficult circumstances. The pictures below provide some examples of the teams work to enhance the environment for patients:



Mental Welfare Commission (MWC) Visit to Borders Specialist Dementia Unit (BSDU)

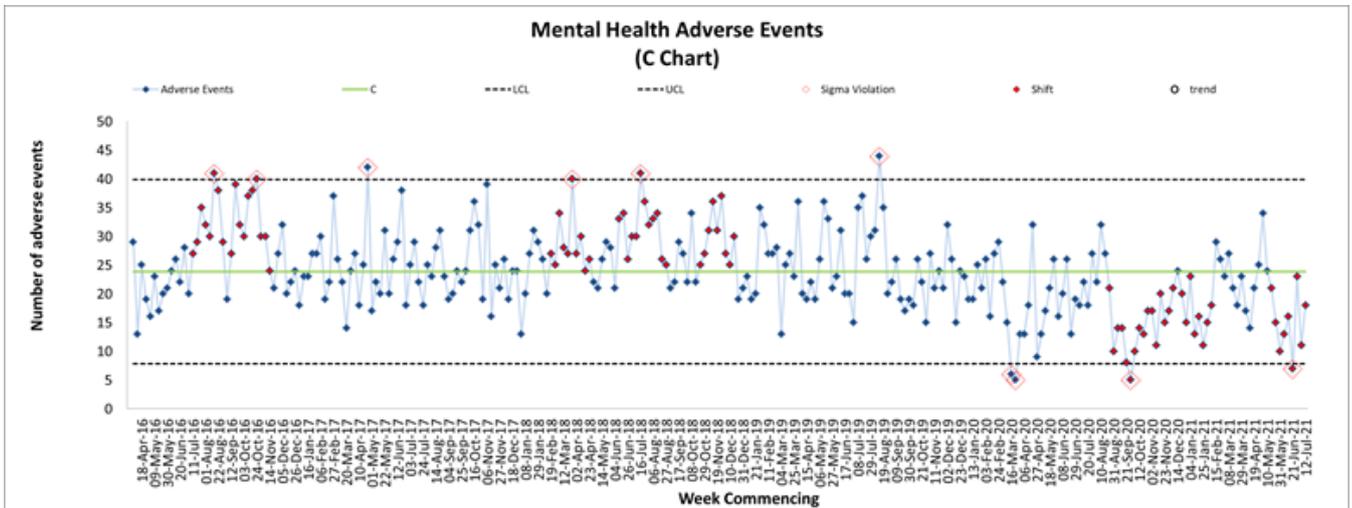
The MWC visited BSDU in February 20. Their report was misdirected and not received by MH services until December 20. In the main their comments were positive although there were three recommendations, all are responded to and complete.

Adverse Events in MH

All adverse events graded as having an outcome of major or extreme are considered significant enough to warrant a comprehensive review, usually this will be a SAER or a Management Review.

The MH clinical board has been behind in completion of the adverse event reviews for a number of reasons but we are working with Clinical Governance and Quality Department to ensure that we address the backlog. Since the last clinical governance meeting we have completed 7 SAER's and Management reviews. Action plans for these have been developed. As a number of events took place in Huntlyburn during a period of high occupancy and acuity the SCN, the Operational Manager and Associate Director of Nursing undertook a thematic review of these events. The findings have been shared with the Associate Medical Director and the wider team. The incidents were all different but there were commonalities in aspects of record keeping and changes have been undertaken to address this.

To support service wide learning from adverse events the Mental Health service produces an Adverse Event Update in newsletter format each month which contains the adverse events for the month, potential contributing factors and the reasons. Graph 5 details the adverse events in mental health service from April 2020 to March 2021:



Nutritional Care

Clinical risks associated with nutritional needs are highlighted in the daily safety brief including eating disorders, special dietary needs, and identified risks of choking and meal support.

The mental health board is working closely with regional colleagues to develop an Eating Disorder pathway which makes best use of the resources at our disposal and of our relationship with the Regional Eating Disorder Unit.

This remains a continuous service pressure Children Adolescent Mental Health Services (CAMHS) as nursing staff supervise meals for a number of patients.

Falls

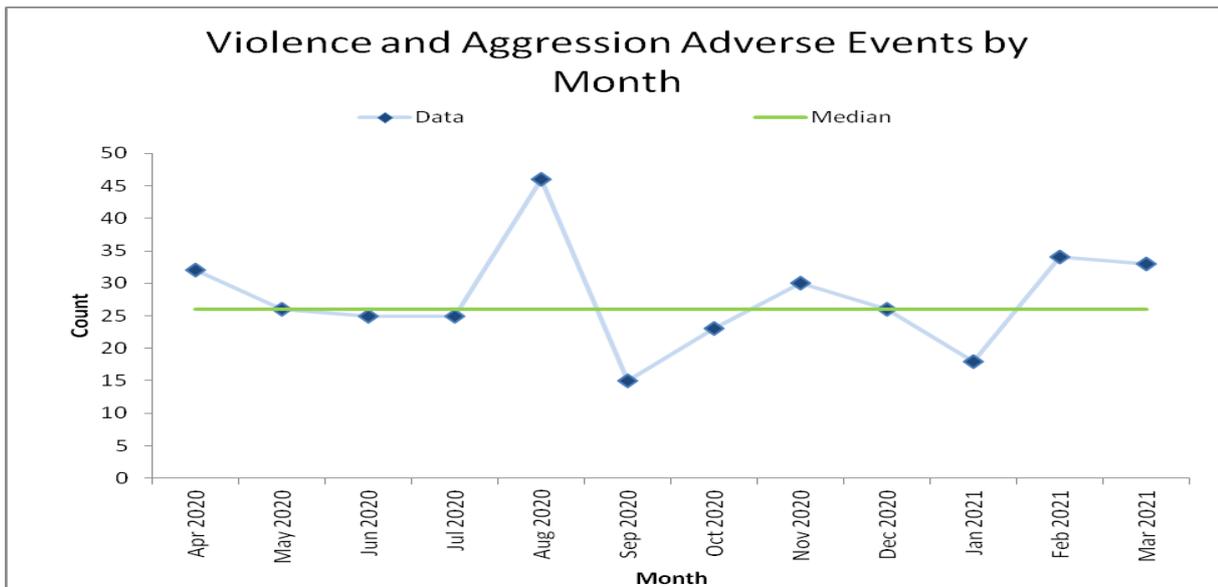
Cauldshiels closed in October 2019, and consequently we have concentrated the people with the highest level of distress and disability due to dementia. This is the patient population most likely to fall in our mental health units. However, the falls rate in mental health has reduced. This is not yet a sustained reduction but is showing encouraging signs. Graph 6 details the falls rate for mental health:



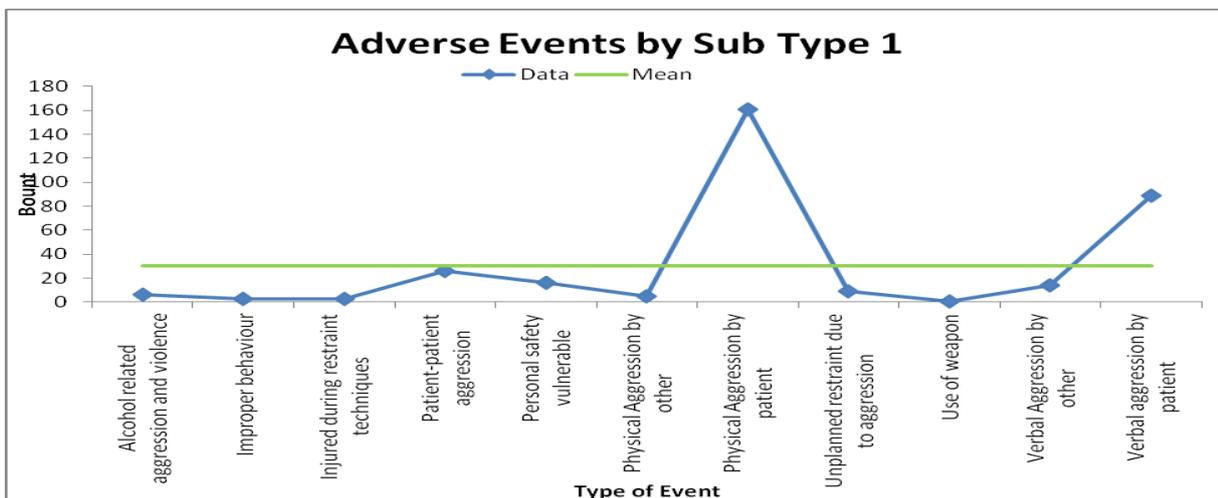
Violence and Aggression

Staff continue to work to reduce and eliminate incidents of violence and aggression in Mental Health services with particular emphasis on inpatient units. Staff have been supported in developing and applying restraint techniques which are COVID safe during the pandemic by the Prevention and Management of Aggressions and Violence (PMAV) team and guidance has been published by Scottish Government for the safe reintroduction of PMAV training in light of COVID 19.

The numbers of incidents are continually monitored to review trends in particular in clinical areas. Graph 7 details the violence and aggression adverse events in mental health:

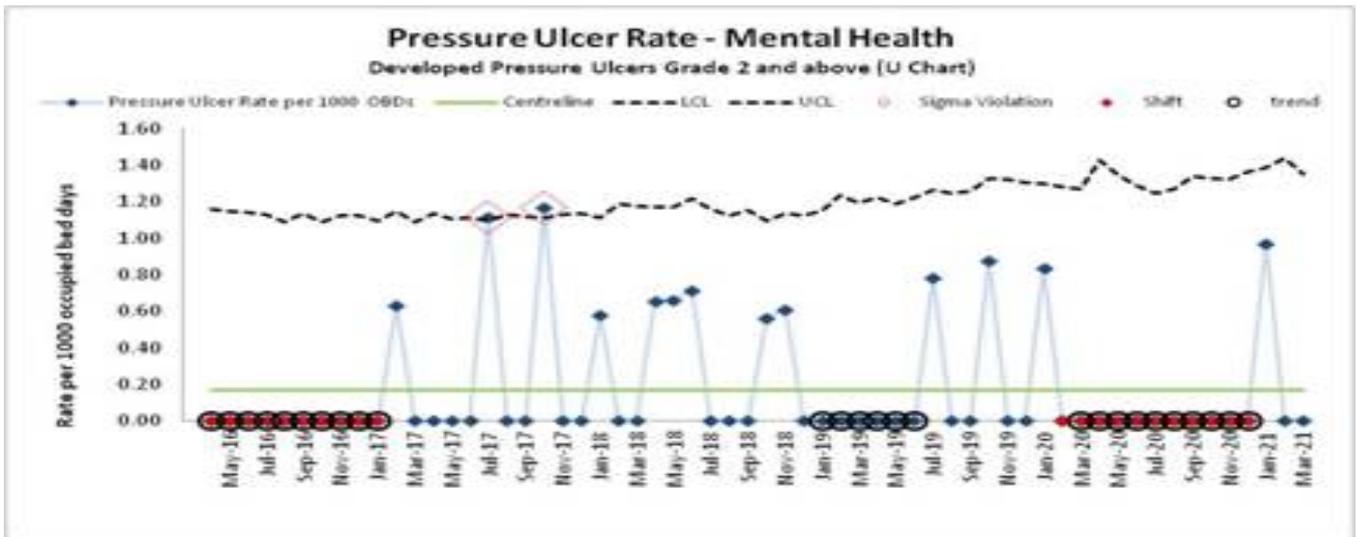


Graph 8 details the types of adverse events in mental health:



Tissue Viability

Graph 9 shows the pressure damage rate for mental health inpatient areas:



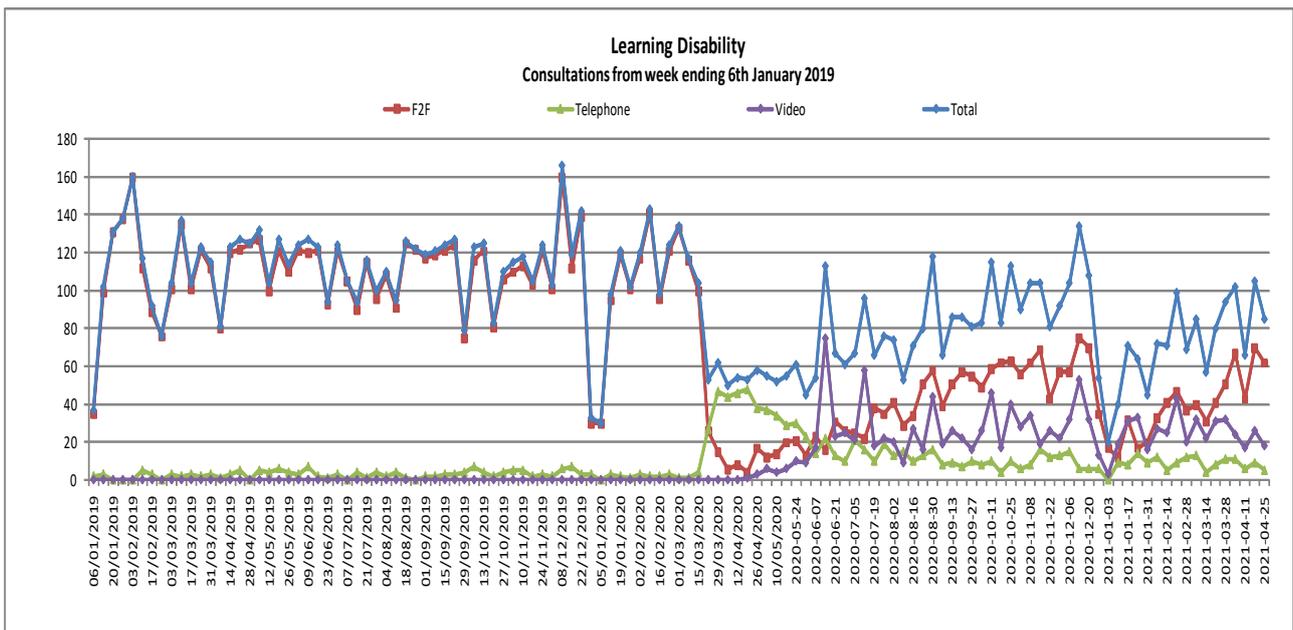
Tissue viability using the SSKIN bundle continues to be monitored via the daily inpatient safety huddle but remains as a very low rate in mental health inpatient areas.

Learning Disability (LD) Services

COVID 19 Impact on LD Services

Staff are now carrying out face to face contacts where there is no alternative method to deliver interventions. All other contacts are by telephone, Near Me or via conversations with carers.

The service continues to work to adapt and monitor the changes brought about by COVID 19 including the increased use of Near Me where appropriate as detailed in Graph 10:



The service has worked and continues to work to adapt to the changes brought about by COVID 19. Adaptions have been made to the way LD services are delivered to reduce the risks to patients and staff, taking into account the frequently changing pandemic position and advice from the Scottish Government.

COVID 19 risks to the service are detailed on the COVID 19 Risk Register. The LD services is working very closely, flexibly and innovatively with LD Service providers in the community to meet the need of this patient group and has periodically been required to work flexibly to support beyond their own service. Accessing Personal Protective Equipment (PPE) has been an issue for some providers but currently these issues have been resolved. Additionally there have been some challenges in the use of PPE causing elevated distress in some patients. Staff have had to address each case by applying and individualised risk assessment.

Out of Area LD Placements

Monitoring of out of area placements continues to be limited at the moment due to the restrictions however we are maintaining telephone contact with these services. Two of the placements inspection reports identify that they require improvement, we are liaising with them in relation to their action plans to improve:

1. North East of England, Residential Home (“Requires Improvement” CQC rating): – Patient fit and requesting to return to the Borders, has now been allocated a social worker to progress this. As yet there is still no community provision yet identified.
2. Staffordshire, Hospital – (“Requires improvement” CQC rating): – A number of Safeguarding issues have arisen regarding a patient of our service over the period from August 20 to February 21. These are reported as poor-handling, unexplained bruising on upper arm and chest (separate incidents) and non-intentional scratch to patient’s face.

A Social Worker visited patient on 22 April 2021 and reported that “the Managers had a sound knowledge of the patient with some well-informed assessments completed and is being looked after as well as can be expected”. No concerns reported at the time of the visit.

Staffordshire Safeguarding Team are now fully engaged and leading the process which gives a greater level of assurance. A Safeguarding Meeting was held on 29 April. There are two investigations ongoing in respect of the most recent concerns. There was agreement that the risk management plan in place is adequate. Measures include:

- not using agency staff with this patient
- all staff must sign a declaration that they have read patient’s support plans before working with him
- promoting female staff to work with patient
- clear guidelines in respect of off-site visits

The LD Service continues to monitor adherence to the management plan on an ongoing basis with regular digital and in-person reviews.

3. Dundee, Hospital (“Satisfactory”) – The LSI and the 2 Adult Protection investigations are now concluded, actions and recommendations have been implemented.

Quality Network in Learning Disabilities

Scottish Borders Learning Disability Service is the first in Scotland to be part of a pilot to develop standards for Community Learning Disability Teams.

The draft standards have been developed and internally reviewed by members of the service. The service was due to undergo a peer review in January however this has been postponed due to COVID 19 and the team are seeking to reschedule.

Deaths of People with a Learning Disability

The English Learning Disability Mortality Review Report 2019 states that people with a learning disability die on average between 22 and 27 years younger than the general population (22 years for males, 27 years for females). COVID 19 will have an effect on these figures as researchers have found the death rate due to COVID 19 in people with a learning disability to be much higher. England has a system to review all deaths of people with a learning disability to identify areas of good practice or learning from events and care leading up to the persons' death, while no such systemic practice is embedded in Scotland the Borders LD service recognises this is good practice.

Following an unsuccessful bid for funding to develop a system across the LD Managed Clinical Network the Associate Director of Nursing for Mental Health and Learning Disabilities, working with the person's social worker and liaison nurse, reviewed the death of an individual with a learning disability who died in the BGH using the Mortality Review Form as a test case. The findings were positive and showed that this person had received appropriate and good quality care.

A small group of staff, led by the LD Advanced Nurse Practitioner are working to develop a proforma to review deaths of individuals who die in their own home. Once this is agreed the LD Service will review a random sample of deaths of people with a learning disability and share any areas of good practice or learning.

The LD service have recently established a link in the chain to ensure that where people known to the Learning Disability Service within the last year die from a drug related death and are reviewed by the Drug Related Death Group the LD Service will be invited to contribute and informed of the outcome.

COVID 19 Vaccinations

The Chief Nursing Officer wrote to Boards in relation to Learning Disability Nurses assisting with the vaccination of people with a learning disability.

There were 3 recommendations:

- Learning Disability Nurses should vaccinate people on their case load, as part of their day to day workload, as they will have an established relationship which will be helpful in supporting their clients to receive the vaccine.
- A Learning Disability Nurse Link Person should be identified to support the Boards COVID 19 Vaccination Operational Lead to deliver the programme to this cohort of patients.
- Learning Disability Nurses should be encouraged to join the local Nurse Bank with a view to vaccinating people with learning/intellectual disabilities and or eligible people with neurological developmental issues known to Primary Care Services where possible.

In the Borders the LD Nurses continue to support the administration of COVID vaccination programme to people with a learning disability.

Acute Services

COVID 19 Impact on Acute Services

Acute Services have faced significant challenges in 2020/21 in responding to the COVID 19 pandemic. This response has placed pressure on all services and significant compromises have been required in relation to the step down of elective services in line with national lockdown requirements to enable urgent and emergency services to respond. This has creating a large backlog of patients waiting for outpatient assessment and day case and inpatient treatment.

The planning for COVID 19 has been extensive and comprehensive. Regular modelling of demand has informed the flexing up and down of COVID wards and an additional Intensive Care Unit (ITU). The limitations of Borders General Hospital (BGH) building has presented several challenges in delivering a safe service which teams have worked hard to mitigate with support from colleagues in teams such as infection control and estates and facilities. The most significant challenges have centred on the limited number of single rooms and infection control issues relating to COVID 19 in 6 bedded bays; the limited staff changing or meeting space in clinical areas; and the existing ventilation system and piped oxygen supply.

Staffing

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. Acute services continue to see a number of staff moving out to promoted positions in the community such as ANP positions and internally have a number of specialist nurse positions which are or will become vacant largely through staff retirement. In addition, there have been some early problems with the regional nurse bank model meaning fill rates have not been at the levels NHS Borders would normally expect.

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. The supervisory time of Senior Charge Nurses (SCNs) 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.

It is anticipated that staffing pressures are likely to continue given the pressures being seen across NHS Scotland in key disciplines. Ongoing steps are being taken to recruit on a permanent basis, recently offering posts to 21 students who are due to qualify later this year, in the short term bank and agency staff are being requested to cover vacancies, with a further advert currently live for RNs. Clinical Nurse Manager's (CNMs) and SCNs are considering whether the introduction of band 4 staff to their teams is appropriate to mitigate future risk. Consideration is being given to running a trial of the National Real

Time staffing tool across two ward areas recognising that running workload tools is an important part of recovery, to inform of potential areas to alter skill mix.

Out Patient Services

At the end of March 2021 the waiting times position for outpatient services was:

- 3,500 outpatients patients who had waited over 12 weeks, of which 450 patients were reported as waiting longer than 52 weeks.
- 1,260 patients on Treatment Time Guarantee (TTG) waiting lists over 12 weeks, of which 590 who are reported as waiting longer than 52 weeks.
- 620 patients waiting for a key diagnostic test for more than 6 weeks, 165 endoscopies and 465 patients waiting for radiology.

In response to increasing waiting times there are a number of actions that have been taken. Patients on outpatient, TTG and diagnostic waiting lists are carefully prioritised according to clinical need and the national clinical prioritisation guidance issued. Available capacity has been targeted to those patients in the highest clinical priority groups and urgent waits are monitored on a weekly basis to ensure these remain manageable and appropriate. There is also provision for patients on routine waiting lists to contact clinical teams to discuss any deterioration in their condition that may merit an appointment or treatment being expedited.

From the May 2021, Out Patient Department (OPD) appointments have gone up to 60% with an average of 20% virtual appointments, therefore 80% of OPD appointments are being met. We are actively reviewing social distancing arrangements to see if it would be safe to adapt pathways to increase capacity. This is in line with proposals being considered in other Health Board areas. Public Health and Infection Control guidance will be central to any proposals taken forward. We also have proposals under discussion to de-escalate our green pathways through ITU and Theatres in light of reduced risks. This will support an increase in Theatre capacity overall and move us towards delivering 60% of pre-COVID activity levels.

Colonoscopy referral rates have been significantly above historical level since the resumption of the national screening programme. This has increased colonoscopy waiting times for urgent patients to 6+ weeks. Additional weekend colonoscopy lists have been scheduled up to the end of September in order to address pressures. This is not expected to be an ongoing issue and we are anticipating referral rates to normalise during May as screening backlogs are recovered. Radiology waiting times remain manageable but are dependent on additional ad hoc capacity in order to maintain acceptable waits. Weekly monitoring remains in place.

Routine Surgery

Routine surgery has recommenced and is primarily being managed as a green pathway through ward 17, with capacity within ward 9 for those patients unable to meet the requirements of a green pathway. Green Pathway patients are advised at pre assessment that they should limit social contact for 14 days prior to admission; they are COVID tested 72 hrs before their surgery date and self-isolate for the 3 days from testing to admission.

Currently theatre capacity is running at 40% pre COVID levels, and has been shaped by both the different pathway processes established due to COVID 19 and nurse staffing levels to accommodate these. The service are currently looking at ways of being able to increase capacity to 60% and are benchmarking against processes being followed by other health boards.

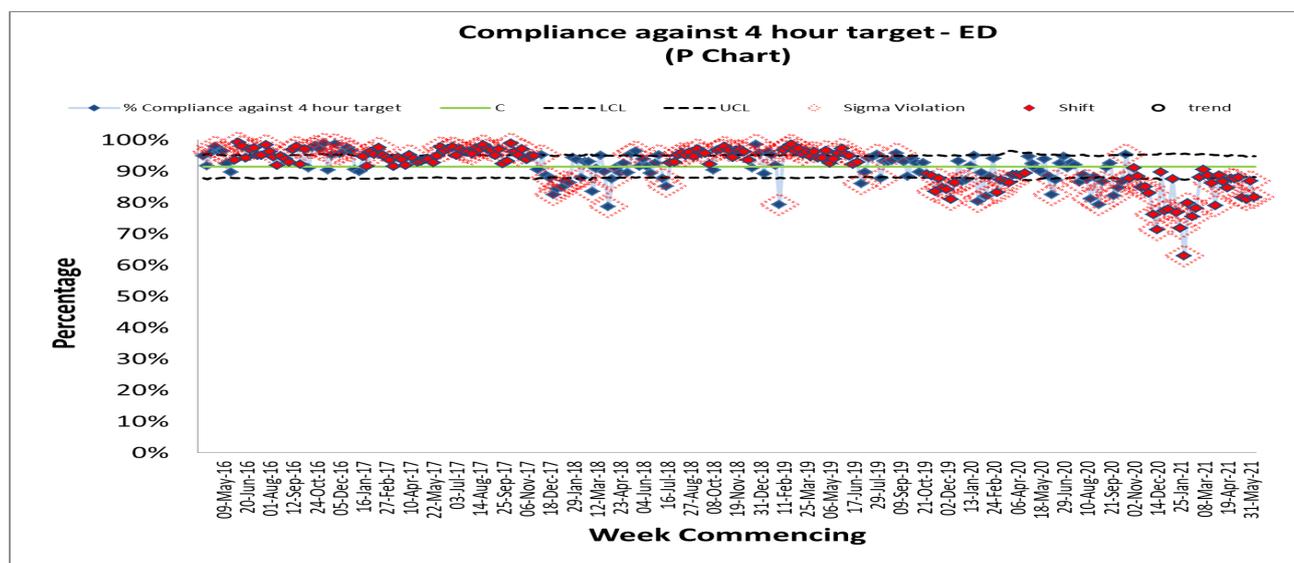
Increasing to 60% would facilitate a further 520 operations over a 6 month period. There are currently 1,733 patients waiting for routine operations in NHS Borders of which 589 have been waiting longer than one year.

Emergency Access

There has been significant pressure relating to unscheduled care with large numbers presenting to the Emergency Department (ED) for assessment and requiring admission. The Emergency Access Standard (EAS) for the first quarter of 2020/21 was:

- January 2021- 78.13%
- February 2021- 74.08%
- March 2021- 86.62% (including 2194 attendances and 284 breaches of the EAS)

Graph 11 details the compliance with the EAS:



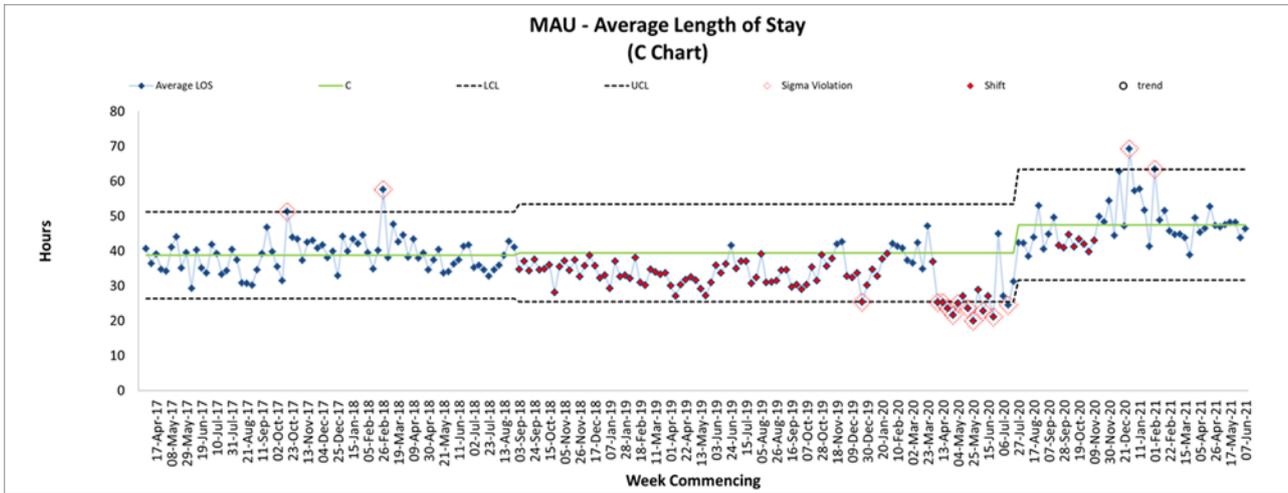
Quality improvement work is being taken forward with the ED and the wider system to improve flow now that COVID 19 levels are reduced and remobilisation activities are underway. A process mapping session has recently taken place from the patients' perspective from entering the ED through to the completion of episode of care in the department. This mapped key components of the patients' journey, which affects the overall length of stay in the ED. Nine areas for improvement were identified and Plan Do Study Act cycles are planned for each of these areas over the next three months.

As part of the ongoing remobilisation of services, improvement work is underway to remove appropriate General Practitioner (GP) referrals out of the ED. GP referrals were moved out of ward areas and into the ED as part of the COVID 19 response last year to remove patients with unknown COVID 19 status from ward areas. The first test of change, moving Gynaecology patients into the Borders Urgent Care Centre, starts the week of 10 May. The second largest group of GP referred patients in the ED are GP medical referrals. A test of change is in development to move this activity late May 2021.

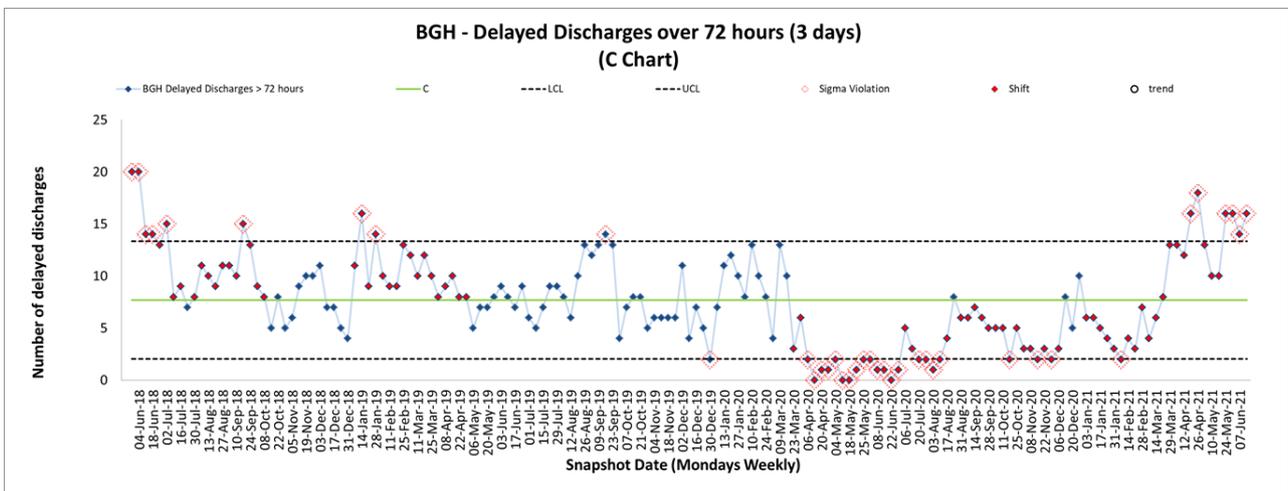
A whole system approach to achieving the EAS is being taken and a daily and weekly EAS breach review forum has been established with ownership from specialities to review their breaches and share their analysis and actions for improvement in a multi professional meeting. Ward processes to support patient flow are also being reviewed to drive forward the Daily Dynamic Discharge approach in every ward through a review of their current

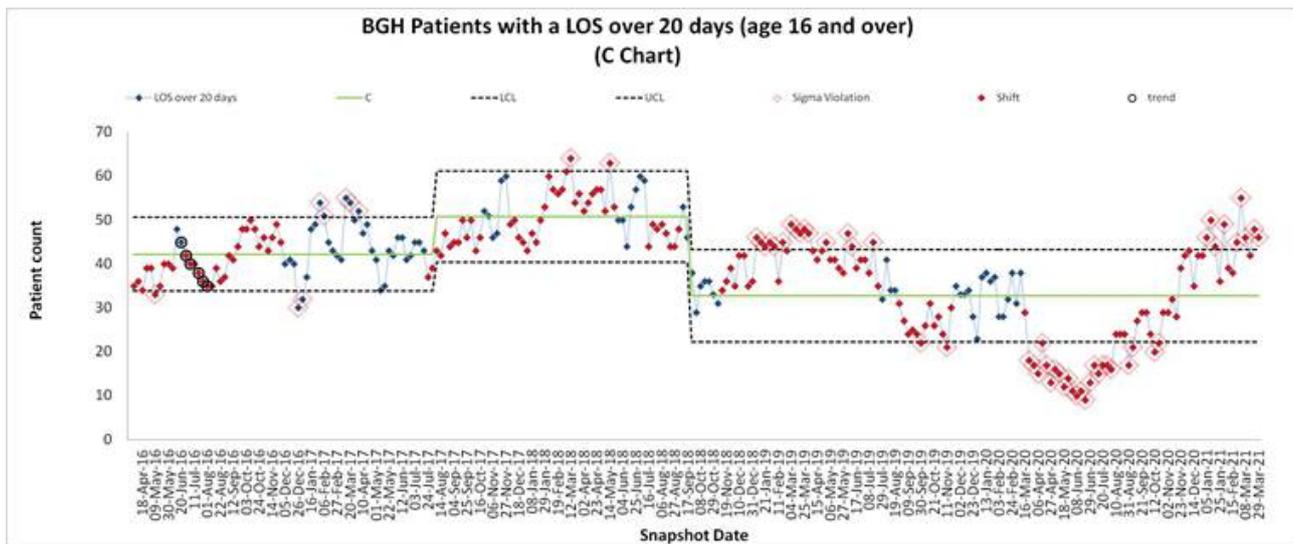
ward huddles. Training and education sessions on good flow management practice for ward teams are planned.

Due to the constraints in the system resulting from COVID 19 and increasing length of stay in downstream areas the length of stay in the Medical Assessment Unit (MAU) has moved from a norm of 34 to 47 hours. Graph 12 shows the MAU length of stay:



The well established BGH Integrated Huddle is driving forward improvements in early discharge process planning through education and supporting the clinical teams in alternative options available for patients who cannot be discharged home. With the rise in longer lengths of stays and delayed discharges this group is developing a weekly process to involve the clinical teams to review all patients with a length of stay > 20 days cases and to support the decision making at ward level. Graphs 13 and 14 provide details of delayed discharges in the BGH and patients with a LOS over 20 days:





A Day of Care Plus Audit has been carried across all acute and community hospitals to assess the status of patients and if they are clinically fit for discharge and if so where they would be placed in their next stage of care. The outputs of this are now informing the improvement work underway.

Reshaping Urgent Care – 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 aims to 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 Borders General Hospital 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 us underway with a range of clinical staff to help support the services required.

Infection Control Update

In January 2021, audits were completed in MAU, CV1/CV2, CV3 and Department of Medicine for the Elderly 14 (DME 14). All areas achieved the required standard of >90% with the exception of MAU which achieved an overall score of 65%.

Infection Control has worked with MAU to identify a strategy for improvement. The following improvements have been initiated since the spot check:

- Designated domestic supervisor allocated to ward
- Increased continuity of domestic staff within the ward
- The domestic supervisor will provide Tristel Fuse and bed cleaning training to ward staff.

- The newly developed universal cleaning standards document is being rolled out in the ward; the document is still in the trial phase but will assist in increasing collaboration between nursing and domestic staff.
- Bed ownership- where possible, patients will be transferred on a trolley or wheelchair to reduce bed movement; this will allow staff to ensure beds in the ward are cleaned appropriately.
- SCN and CNM performing regular walk-rounds/spot checks.

A follow up check carried was carried out in March 2021 returning a score of 89%.

Maintained Improvements within some areas is something which requires a continued focus moving forward as we see areas achieving real improvement in the short term however this does not always appear to be sustained. CNM's continue to work both with SCN's completing rapid checks, and infection control team.

Unannounced Mock Inspection

A mock unannounced joint OPAH and HEI was carried out in October 2020. The internal inspection was completed to provide assurance, insight into areas for focus and feedback to the clinical and management team within BGH and for the Board.

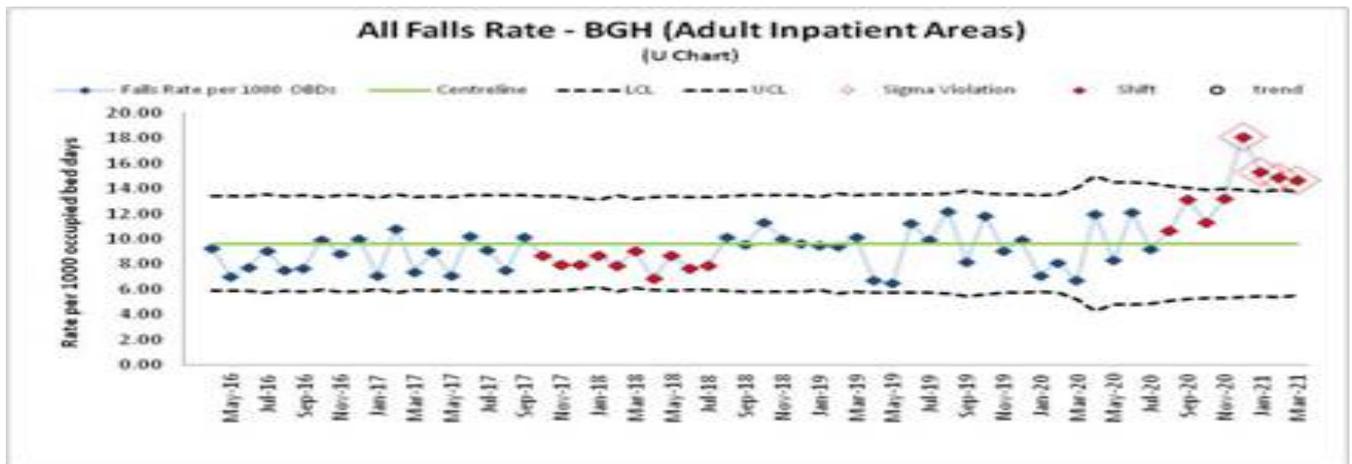
This visit focused on OPAH Self assessment within three ward areas, MAU, DME and Ward 9 (Orthopaedics Unplanned Care) and used the rapid check templates for the inspection.

Themes that emerged were around general cleanliness and cleaning schedules. Documentation and assessments in particular around MUST screening. Actions plans for each area have been produced and are being worked on. Throughout all areas inspected staffs were noted to be engaged with the inspectors and had a good understanding of areas for improvement. Of note all of the patients and visitors fed back that they felt well cared for and understood the plan of care for them. Ward 9 had only a few minor issues in relation to equipment that required cleaning and had no issue with any documentation. The SCN was commended for her and her team and other areas have been encouraged to learn from the working practises within Ward 9.

Falls

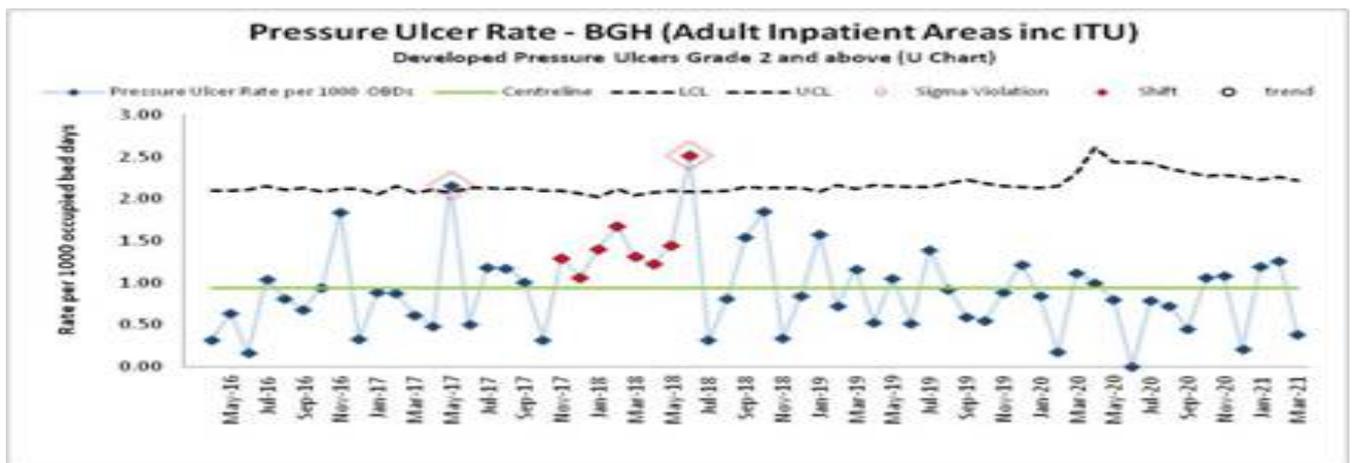
Acute services continue to see a number of falls across wards. This is a trend being noted across Scotland and is thought to partly be attributable to the apparent increase in number of patients presenting in a de-conditioned state and experiencing delirium. Additional bed and chair sensors have been purchased for each of the adult inpatient areas and reminders raised at morning safety brief in relation to importance of timely and accurate completion of patient assessments.

Our previous falls QI nursing lead from Clinical Governance has returned from her secondment and is re-establishing a focus on falls prevention along with the Back to Basics Falls group. The Strategic Falls lead is progressing with a gap analysis to refresh and refocus Fall's prevention work. Graph15 details the rate of falls across the BGH:



Pressure Ulcers

The Tissue Viability Nurse has now returned to post following her secondment to ITU during COVID, and is now reviewing and identifying the support required within the wards to help reduce developed Pressure Ulcer Incidence. Graph 16 details the pressure damage rate for BGH:



Patient Safety

Hospital Standardised Mortality Rate (HSMR)

Using HSMR

HSMR data, prepared by Information Services Division Scotland (ISD) includes all deaths within 30 days of admission to a specific hospital including deaths within that hospital and those out with that hospital. HSMR is a measurement tool which take crude mortality data and adjusts it to account for factors known to affect the underlying risk of death including age, gender, primary diagnosis, type and route of admission, number and severity of morbidities (this makes the calculation difficult to replicate locally).

The HSMR value for Scotland for the baseline year is 1. This allows quarterly hospital values to be compared to the baseline year for Scotland:

- If an HSMR value is less than 1 this means the number of deaths within 30 days for a hospital is less than expected.

- If an HSMR value is greater than 1 this means the number of deaths within 30 days for a hospital is more than expected.

However, if the number of deaths is more than predicted (HSMR is more than 1) this does not necessarily mean that these were avoidable deaths (i.e. that they should not have happened at all), or that they were unexpected, or attributable to failings in the quality of care. There are a number of factors which influence HSMR values these can include:

- random variation: number of observed deaths particularly in smaller hospitals.
- data quality: variations in completeness and accuracy of recording of data from patient records, particularly misattribution and coding of main diagnosis.
- palliative care provision: the level of palliative care and terminal care support services in the community for the local population.

HSMR cannot therefore be used as a standalone measure to make reliable judgements about the quality of care provided by a hospital. It can, however, be used alongside other clinical indicators within the NHS Borders quality dashboard to stimulate reflection on the way services are configured/delivered and to prompt quality improvement activity. If the HSMR is to be used to make comparisons between hospitals then it is essential that the measure is augmented by additional data from the dashboards to enable an understanding of what factors might be driving the overall figure.

NHS Borders HSMR – January 2020 to December 2020

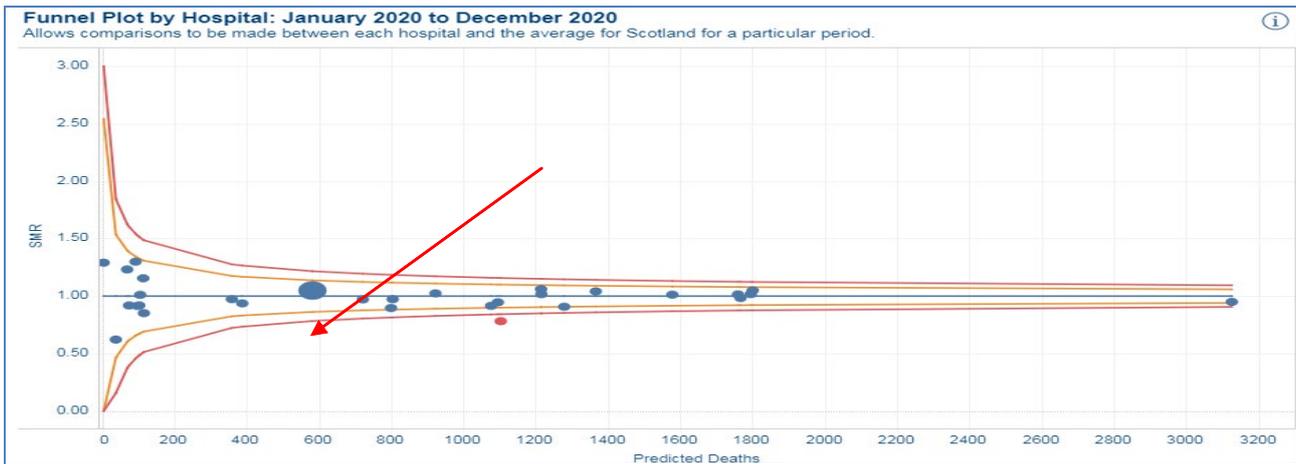
This is the eighth data release from ISD where the revised approach to calculating HSMR has been applied. These changes include:

1. re-base lining the model to a new initial three year reference period of April 2016 to March 2019. Further to this, advancing the reference period by three months for each future reporting period
2. aggregating speciality groupings within the modelling. At present, two overarching groups are used to categorise the patient activity
3. using a twelve month reporting period when drawing comparisons against the Scottish average (rather than three months used at present)

ISD have advised that the focus of HSMR will now be to allow hospitals to compare their outcomes to the Scottish average at a fixed point in time, in line with the English Summary Hospital-level Mortality Indicator, rather than monitor trends in HSMR over time. Therefore, there will no longer be quarterly data points available to indicate whether the rate is increasing or decreasing. A funnel plot will be provided by ISD to display each hospital's HSMR and the centreline will be set as 1 on this funnel plot so Boards can describe their progress against this baseline figure. Boards are now encouraged to monitor mortality trends over time using crude mortality which will continue to be provided quarterly.

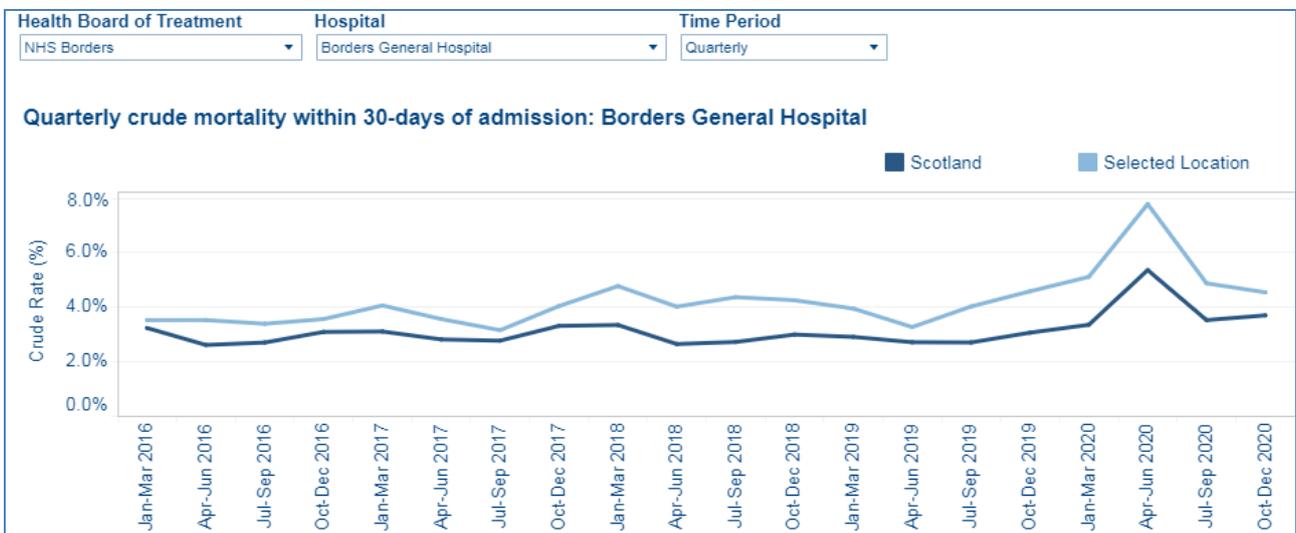
This release covers the first ten months of the COVID 19 pandemic from March to December 2020. During the pandemic hospitals have been required to adjust their normal ways of working to react at a local level and therefore the model methodology has been updated to ensure the emergency Index of Chronic Disease 10 codes assigned by the World Health Organisation are included within the primary diagnosis model adjustments.

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 therefore is not a trigger for further investigation:



*Contains deaths in the Margaret Kerr Palliative Care Unit

NHS Borders crude mortality rate is presented in Graph 17 below:



*Contains deaths in the Margaret Kerr Palliative Care Unit

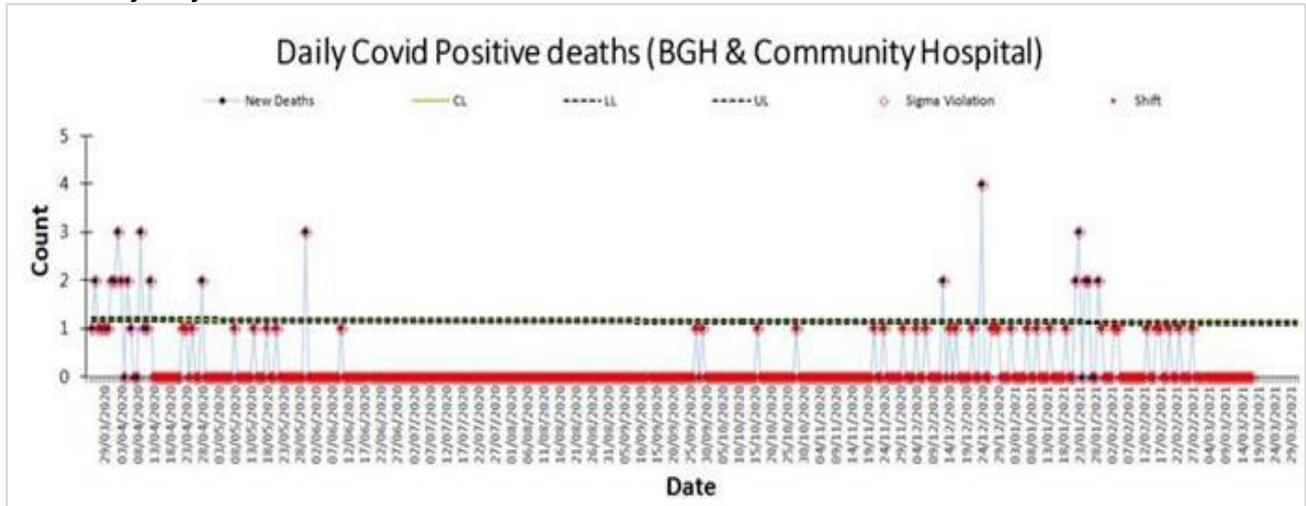
NHS Borders crude mortality rate for quarter October 2020 to December 2020 was **4.5%** following the trend across NHS Scotland. No adjustments are made to crude mortality for local demographics. It is calculated by dividing the number of deaths within 30 days of admission to the Borders General Hospital (BGH) by the total number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

COVID 19 deaths have contributed to an elevated crude mortality rate for the last quarter of 2019/20 and first quarter of 2020/21. The significant reduction in the denominator, which is the number of admissions to the BGH, has further compounded the elevated rate in these two quarters.

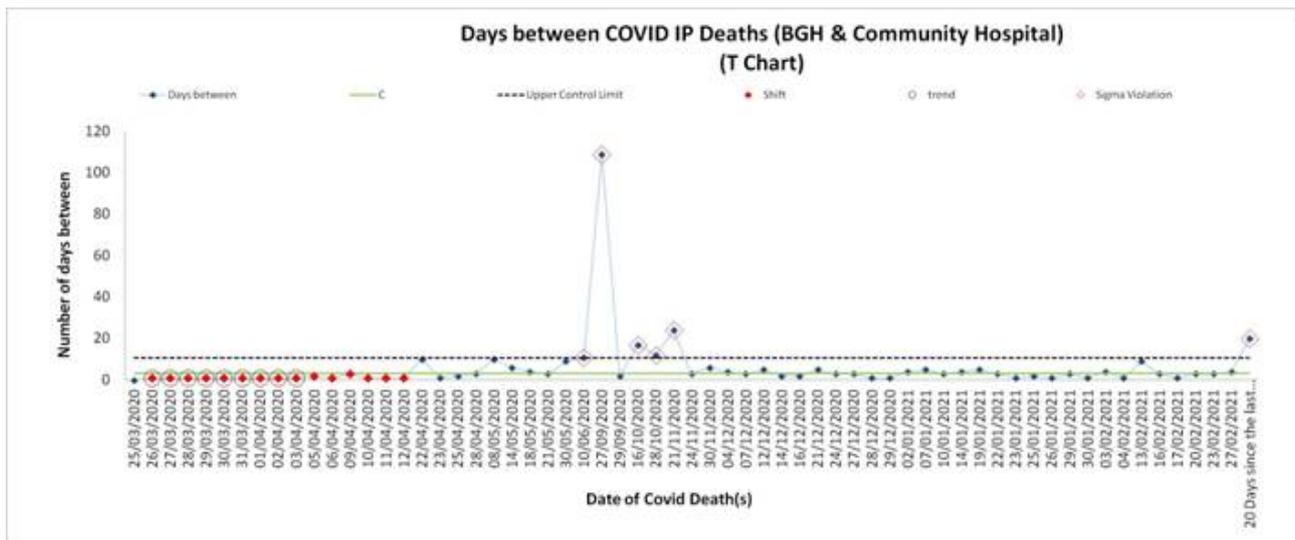
COVID 19 deaths between March 2020 and February 2021 occurring in a hospital within 30 days of admission have been reviewed for learning to inform the local delivery of care. In addition, the core mortality review programme has continued to review 20% of non-COVID 19 deaths in hospital within 30 days of admission. The collated summary of these reviews will be presented to the CGC in September 2021.

COVID 19 Deaths

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 18 shows the COVID positive deaths by day:



Graph 19 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:



Claims

NHS Borders is part of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), a not for profit, mutual scheme providing a pool of funds to meet financial claims on the NHS in Scotland, this provides cover for both clinical and safety (non-clinical) claims brought against the Board.

This report is based on a reconciliation of the Central Legal Office (CLO) monthly reports and NHS Borders database as at 1 July 2021.

Claims can be ongoing for a number of years. Estimated financial liabilities are significant and therefore a robust defence/investigation is required for each case. Robust investigation and defence where appropriate is essential to help ensure NHS Borders payments into the CNORIS fund is kept to its minimum.

Key Issues

Table 1 details the estimated total claims value at 1 July 2021:

	No of Claims	Estimated Total Value of Claims (or estimate of remaining balance of adverse expenses) £
Claims (Current)	36	2,154,000.00
Settled current financial year	0	
Outstanding from previous years	4	65,000.00
Closed other than Settled	3	
Reopened current financial year	0	
TOTAL		2,219,000.00

Of the 36 current claims 7 had a Significant Adverse Event Review undertaken and 11 had previously been through the complaint process. To date no complaints have been settled in the current financial year.

Table 2 provides a summary of the main causes highlighted in the claim:

Causes/Issues	As at 1 July 2021
Investigation/diagnosis/treatment	15
Obstetric event	2
MESH (failure of surgical mesh)	3
Medication event	2
Clinical procedural problems	2
Patient experience	2
Slip/trip/fall on level	4
Self harming behaviours	1
Moving and Handling	1
Infection control	3
Data protection/confidentiality	1
Total	36

Table 3 outlines the percentage of ongoing claims by clinical board (including clinical and safety claims):

Acute Services	Primary, & Community Services	Mental Health	Corporate Services	Learning Disabilities
72%	0%	6%	22%	0%

Acute Services are expected to experience the highest percentage of claims due to the nature of the care being delivered.

Adverse Events

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

All adverse events will be subject to a review. The level of review will be 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.

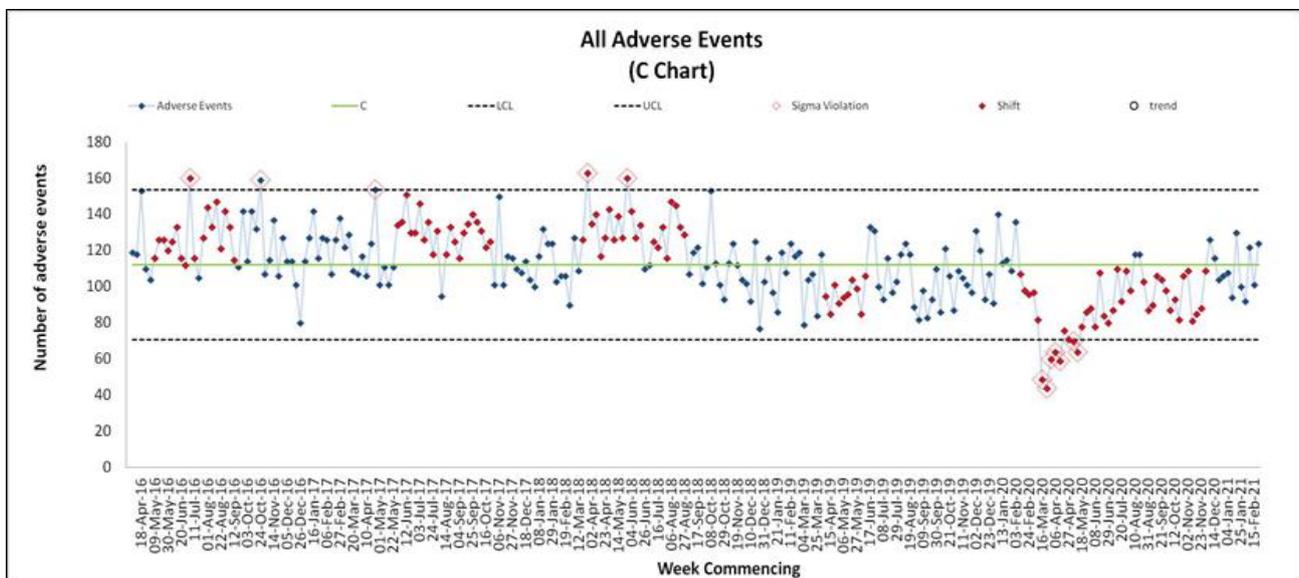
The review will be either an:

- Level 1: Significant Adverse Event Review
- Level 2: Management Review
- Level 2: Fall Review
- Level 2: Pressure Ulcer Review
- Level 3: Initial Review

One or more of these reviews may be completed and there will be occasions where, following a level 3 initial review, a category 1 event will be exempt from further review. This process is guided by the Adverse Event Management Policy which has been reviewed and updated to reflect the Duty of Candour requirements.

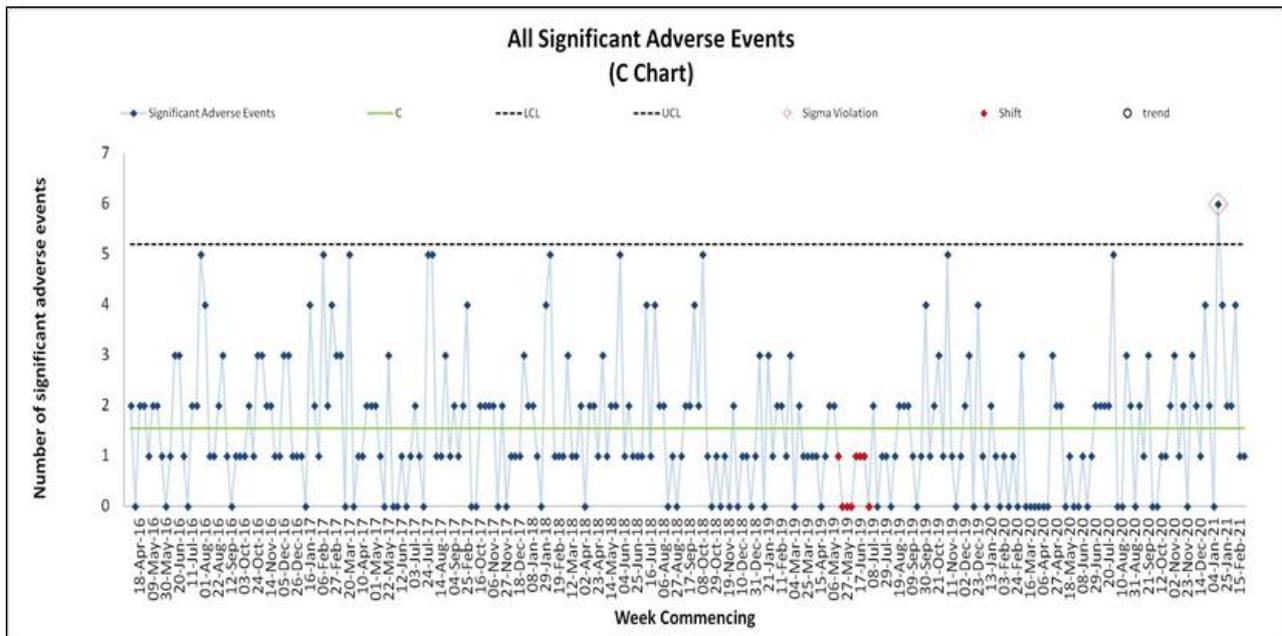
Adverse Event Activity

Graph 20 below shows all reported adverse events for the whole of NHS Borders over a 5 year trend to March 2021:



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



This control chart highlights that at the beginning of January 2021 there was a breach in the upper control limit, a deep dive into this data concluded these were all relevant and spread across several areas with no trend. All significant adverse events are investigated to ensure any areas of concern are identified and that local systems, processes and practice can be addressed where required.

Table 4 detail's the SAE's where a review was in progress at the 31 March 2021 and the type of review which was 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

Since the end of March 2021 significant effort has been made to conclude SAERs which had been delayed due to the Wave 1 and 2 COVID 19 response and the current status of SAERs is 38 underway.

Table 5 details the 38 active SAE's on the system at 1 July 2021. These are distributed amongst the following services:

Service	Number of SAE's
Unscheduled Care	4
Planned Care & Commissioning	15
Primary & Community Services	4
Mental Health & Learning Disabilities (including Drug Death Reviews)	15
Total	38

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.

Table 6 shows the types of events of all SAE's on the system at 1 July 2021:

Type of Adverse Event	Number of SAE's
Pressure Damage	9
Tobacco/Alcohol/Illicit Substance Event	8
Suicide	6
Investigation, Diagnosis & Treatment Problems	4
Unexpected Death	3
Obstetric Event	2
Medication Event	2
Nutrition	1
Fall/Slip/Trip	1
Aggression & Violence/Personal Safety	1
Absconson/Self Harming Behaviour	1
Total	38

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. Patient and families are being kept informed of any delays in concluded their review within the normal timescales. In the short term the Clinical Governance and Quality patient safety team have de-prioritised other work to devote as much capacity to support this as possible.

Learning and Improvement

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.

The Clinical Risk Coordinator has been working with the Primary and Community Services management team to develop overarching improvement plans for falls and pressure

damage to ensure appropriate actions are completed within an appropriate timeframe. These plans draw on themes identified from any falls and pressure damage reviews.

The Patient Safety team is focusing on delivering training to Senior Management and their Administration Team in relation to the learning and improvement plans / trackers to ensure these are prioritised and the designated responsible person(s) for the actions complete these in an appropriate timeframe.

Duty of Candour

Clinical Governance and Quality are liaising with the Infection and Prevention Control team to identify any definite and probable hospital acquired COVID 19 cases and consider if any cases would activate the Duty of Candour criteria for 'death of a person' and 'an increase in the person's treatment'. Due to the complexity of the global pandemic and the lack of clear guidance to Boards in relation to the application of the Duty in COVID 19 scenarios an assessment is required to confirm whether or not these cases were preventable within the first and second wave. This assessment needs to be done in the context of the policy and guidance in place at that point of the pandemic response. Discussions with other NHS Boards have confirmed that they have not yet enacted the Duty of Candour but are currently having similar discussions internally as to whether the Duty will apply to COVID 19 cases developed during a hospital outbreak or where delays to diagnosis and treatment have been identified in relation to the step down of services. This topic has been escalated for national discussion and guidance through the Medical Directors group and to the CLO. The CLO have now issued some advice which is being used to guide local decision making in this area.

A meeting was arranged with Clinical Governance and Quality, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals together with the Infection and Prevention Control Team to agree if Duty of Candour should be applied to these cases given the highly infectious nature of COVID 19 and NHS Boards ability to eliminate all risk of transmission during a global pandemic.

Clinical Governance and Quality are focusing on the completion of the annual Duty of Candour report which will detail the application of the Duty of Candour in 2020/21. This will be submitted to the Chief Executive for approval prior to sending to the Scottish Government. The NHS Borders CGC will receive the annual report at the September 2021 meeting.

Enhanced Monitoring of Quality and Safety

During wave 2 of the pandemic response the Clinical Governance and Quality team provided an enhanced presence in inpatient wards to undertake core quality and safety audits and to follow up on any significant adverse events. This begun initially in Adult Inpatient areas across the BGH and was rolled out to Community Hospitals.

The patient safety team have been consistently reporting and collating data every week in the adult inpatient areas of the BGH. Each week this information is shared with management teams and feedback to the nurse in charge following each audit.

The data is supplied to teams, with a HEAT map and flash report, using these teams can easily identify learning opportunities specific to their areas. Improvement plans are currently being developed with the support of the patient safety team which are tailored to each area setting priorities for 2021/22.

This enhanced monitoring has extended to Community Hospitals and tailored improvement plans are also now in development for these areas to set the focus for the coming year.

Patient Safety Priorities for 2021

Moving into 2021/22 the priority following the COVID 19 pandemic response is to re-establish core patient safety priority groups. Following a review with the Directorate of Nursing and Medical Directorate and an assessment by the Clinical Governance and Quality team of key sources of data and intelligence the following areas will form that basis of the clinical priority work streams for our local programme in 2021/22:

1. Falls
2. Tissue Viability
3. Deteriorating Patient
4. Food, Fluid and Nutrition
5. Medicines
6. Communication and documentation
7. Frailty
8. Maternity
9. Paediatrics
10. Mental health

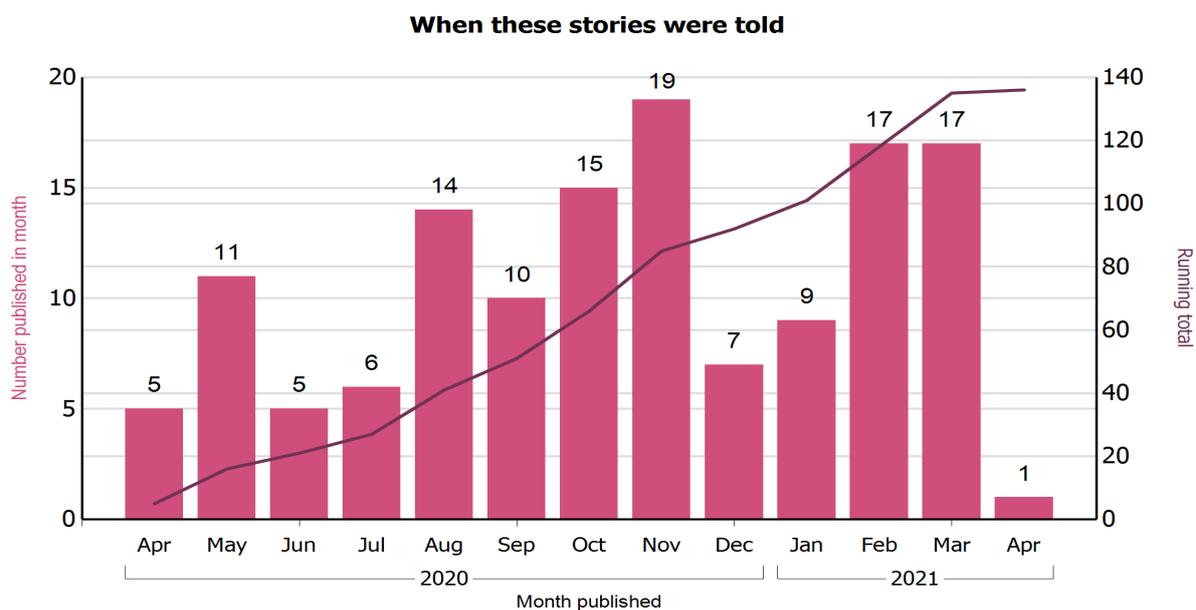
This programme of work will be directed by the Back to Basics Steering Group and strategic leads from across the Nursing and Medical Directorates and support by the Clinical Governance and Quality team.

Person Centred Care

Patient Experience

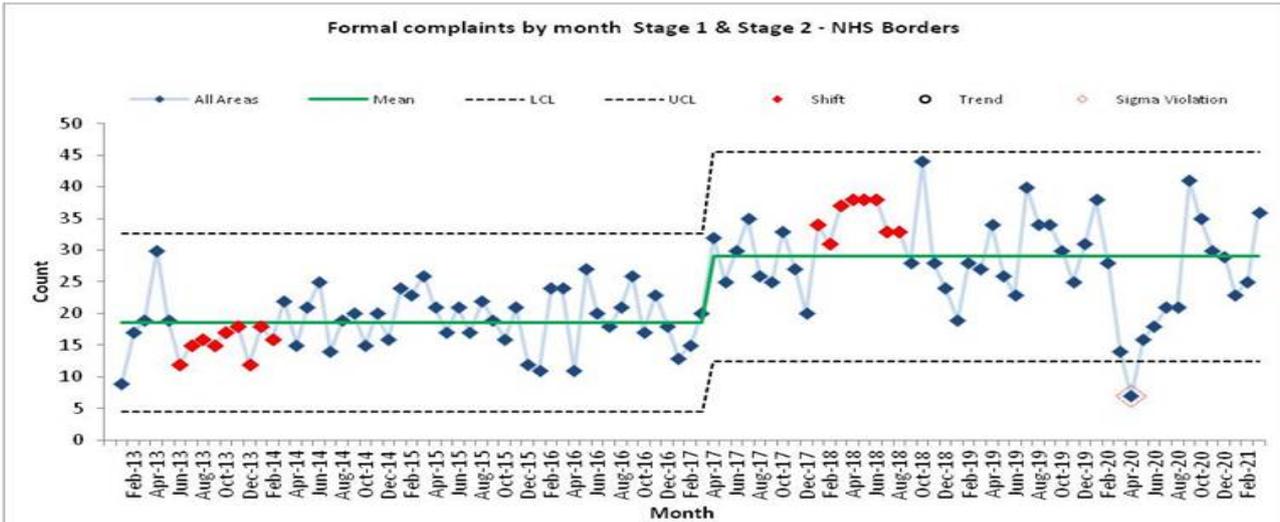
Care Opinion

For the period 1 April 2020 to 31 March 2021 136 new stories were posted about NHS Borders on Care Opinion. Graph 22 below shows the number of stories told in that period, as at 7 May 2021 these 136 stories were viewed 21,912 times:



Complaints

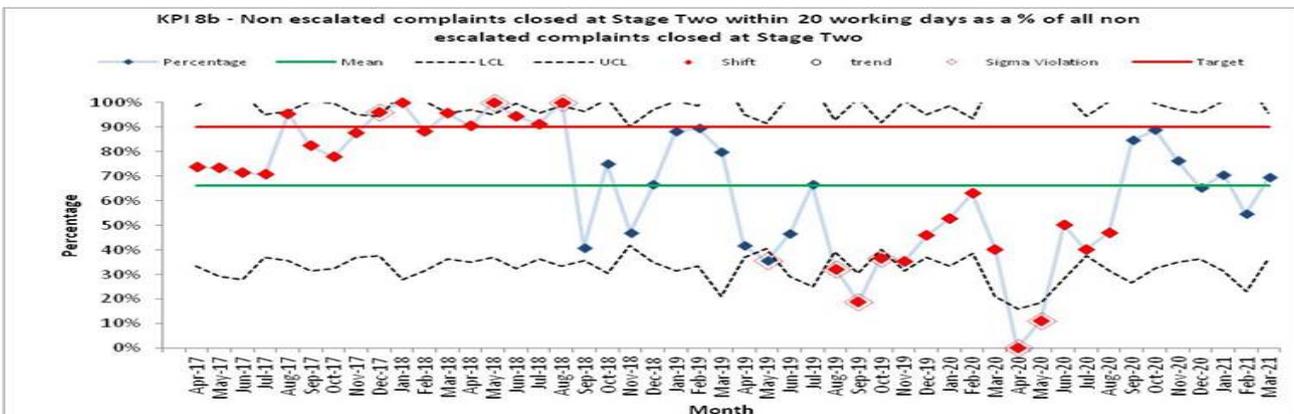
Graph 24 below gives the number of formal complaints received by month. There was a drop in complaints submitted between March and April 2020 during Wave 1 of the COVID 19 pandemic. The spike in complaints in September 2020 was due to the number of complaints received regarding flu vaccinations. However, the numbers of complaints have remained within normal variations between 1 May 2020 and 31 March 2021.



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.

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.

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. Graph 25 below shows the performance against the 20 working day timescale for responding to all non-escalated Stage 2 complaints.

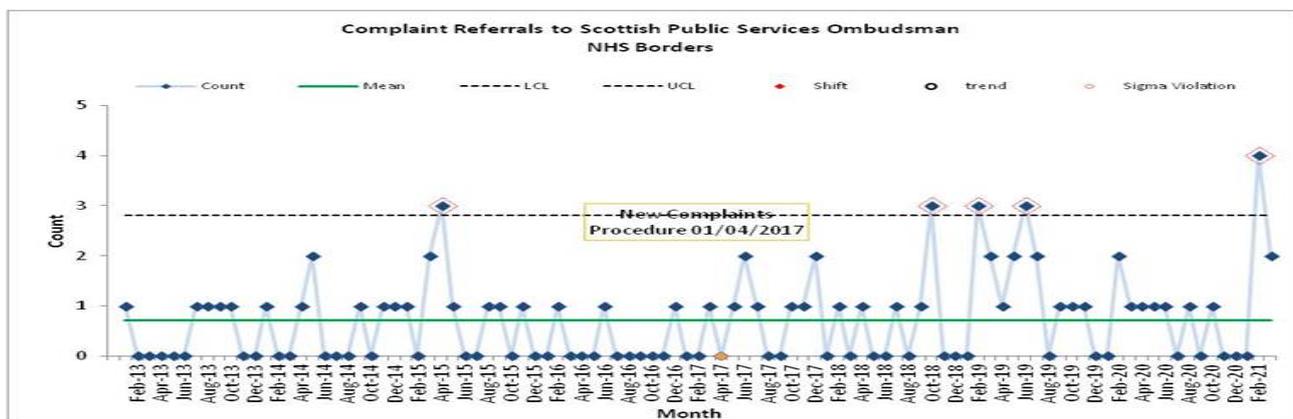


Scottish Public Service Ombudsman (SPSO)

In relation to SPSO cases, due to the COVID 19 outbreak the SPSO office is currently not open to visitors. The SPSO are responding to emails and are operating a limited telephone service for complaints related enquiries.

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 processes.

Graph 26 below shows complaint referrals to the SPSO to March 2021:



New SPSO case referrals

Of the six new referrals the SPSO have confirmed they do not plan to take two of them any further, one related to planned care services so has not been detailed in this report:

Case 202007278 – received 16 February 2021

- This relates to nursing care, and the lack of follow up communication.
 - Low risk to Board reputation – SPSO have decided they will not take this complaint further and have closed their file.

A decision is awaited on the other four cases, two cases related to planned care services so have not been included below:

Case 202001654 – received 17 February 2021

- This relates to the medical care and treatment provided to a patient.
 - Medium risk to Board reputation

Case 202007186 – received 24 March 2021

- This relates to mental health care.
 - Low risk to Board reputation

Recent SPSO decisions

Of the nine decisions received from the SPSO five related to planned care services not under the remit of the IJB so the outcome has not been detailed for the purposes of this report. Of the other five decisions received one complaint was upheld, three were not and one required a follow up response to the complainant. For the one case which was upheld no further actions were required:

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 201910096 – received 10 June 2020

- This relates to mental health care and treatment.
 - The SPSO upheld the complaint. However as NHS Borders had previously apologised to the complainant no further recommendations were made.

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.

Cases Still awaiting decision from SPSO

There are two cases accepted by the SPSO for which NHS Borders await final decisions:

Case 201902208 – received 5 May 2020

- This relates to medical and nursing treatment; attitude of staff, loss of belongings and discharge arrangements.
 - Medium risk to Board reputation

Case 201909530 – received 7 October 2020

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

Ethical Advice and Support during COVID 19

An NHS Borders COVID 19 Ethical Advice and Support Group was formed to undertake an advisory role to the Chief Executive, NHS Board and to frontline clinical teams (Terms of Reference attached). The group aimed to make ethical use of potentially limited health resources and to do so with transparent, consistent and equitable decision making support. The Group was developed to have a flexible approach and be readily available and able to offer timely support to clinical teams relating to:

- Complex decisions around withdrawal of care
- Situations where clinical decision makers feel uncomfortable with the application of national guidance
- Challenging decisions around escalation planning and ceilings of care
- Complex decisions related to patient discharge due to high clinical demand
- Challenges related to reduced ability to provide normal standards of care, in particular in the community or for patients at the end of their lives

The Group was guided by a set of ethical principles and guidance, where available, from national bodies and professional groups.

If the status of COVID 19 in any Clinical Board was triggered as “Red” by the COVID 19 Pandemic Committee, an operational Ethical Advice and Support Team would be triggered to provide accessible and responsive support on behalf of the group.

The group focused on reviewing plans for the worst case COVID scenarios, in relation to the demand which could have been imposed on frontline services, to ensure robust ethical consideration has been given to clinical protocols and decision making tools which would need to be enacted if demand was to exceed capacity. To date the group reviewed the following areas:

- Admission to hospital during COVID 19
- Oxygen provision during COVID 19
- Resuscitation processes during COVID 19
- Restraint processes during COVID 19
- Access to surgery during COVID 19
- Critical care provision during COVID 19
- Birth partner access for caesarean sections during COVID 19
- Care home testing during COVID 19
- Patient cohorting during COVID 19
- Access to cancer treatment during COVID 19

The group has stood down but remains available to be recalled should COVID 19 demand rise to a level which require service restrictions.

Volunteering

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 'Volunteering in NHS Scotland – COVID-19: Shared practice and guidance for volunteering management in NHS Scotland' to support the recovery of the volunteering programme, this was released on 24 July 2020.

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.

Appendix

Improvement Action Plan

Healthcare Improvement Scotland: unannounced hospital inspection

Hay Lodge Hospital, NHS
Borders

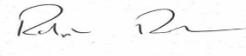
Tuesday 8 December 2020

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

NHS board Chief Executive

Signature 	Signature 
Name Karen Hamilton	Name Ralph Roberts
Date 16.02.2021	Date 16.02.2021

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	<p>NHS Borders must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This assessment includes nutritional screening and assessment, including oral health assessment, falls assessment and pressure ulcer risk assessment. There must be evidence of accurate reassessment, where required(see page 11).</p>				
2	<p>NHS Borders must ensure that patients have person-centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs. The care plans should also reflect that patients are involved in care and treatment decisions (see page 12).</p>				
4	<p>NHS Borders must ensure that the SSKIN bundles are consistently and accurately completed to ensure that the frequency of repositioning is carried out within the prescribed timeframes.</p>				
8	<p>NHS Borders must ensure that all assessments are signed and dated. They must also ensure that loose-leaf documentation has patient identifiable details recorded. This should be at a minimum, the patient's full name, and date of birth or Community Health Index number.</p>				

	<p>NHS Borders Action:-</p> <p>a) NHS Borders will review the admission and transfer process including the completion of patient risk assessments to ensure consistency.</p>	May 2021	Director of Nursing, Midwifery and Operations	<p><u>December 2020</u> A review of the assessment documents identified an older version was in use at the time of the inspection. The new version is now in use facilitating recording of baseline weight assessments.</p> <p><u>April 2021</u> A new patient transfer document to improve communication for safe transfer has been developed, implemented and is now being tested with ongoing monitoring of compliance.</p>	April 2021
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	<p>b) NHS Borders will support and coach staff to identify and address learning needs and ensure accurate completion of documentation.</p> <p>c) Completion of patient risk assessments and care bundles with adherence to the NMC Code in relation to record keeping will be included in a programme of ward based audits. These will be reviewed at Clinical Board Governance Groups and NHS Borders Clinical Governance Committee.</p>	<p>October 2021</p> <p>May 2021</p>	<p>Associate Directors of Nursing</p> <p>Associate Directors of Nursing</p>	<p><u>April 2021</u> 73% of staff have had a training needs analysis completed through 1:1 meetings with the SCN. A training plan will be formulated once process has been completed.</p> <p><u>February 2021</u> An audit tool has been developed and piloted in the acute areas, this will be used to guide improvements at Hay Lodge</p> <p><u>April 2021</u> Ward quality audits of risk assessments and care bundles are now incorporated onto Trakcare with reporting through governance groups and committees.</p> <p>A weekly completion Log has been created and an SOP and audit Log are included in the RN training.</p>	<p>April 2021</p>
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3	<p>d) NHS Borders will develop and deliver an education programme in relation to Person Centered Care Planning.</p> <p>NHS Borders must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented (see page 12).</p>	October 2021	Excellence in Care Lead and Associate Directors of Nursing	<p>Recent audit outcome demonstrates compliance with SSKIN completion at the prescribed frequency according to the Waterlow score.</p> <p>Completion of MUST within 24 hours of admission has improved with the most recent data showing 100% compliance.</p> <p><u>February 2021</u> An education template for person centred care planning has been developed and used in acute wards. This will be utilised to deliver education at Hay Lodge Community Hospital</p>	
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	<p>NHS Borders Action:-</p> <p>e) NHS Borders will ensure that patients are prepared and supported appropriately prior to and during meal times.</p> <p>f) NHS Borders will re-educate staff on the principles of Making Meals Matter and ensure this is integral to the ward routines.</p> <p>g) NHS Borders will re-establish the role of meal time coordinator at Hay Lodge Community Hospital.</p>		<p>Associate Director of Nursing , Primary and Community Services</p> <p>Associate Director of Nursing , Primary and Community Services</p>	<p>Staff breaks are now allocated to ensure staff are present to prioritise and support patient meals.</p> <p>Making Meals Matter principles are visible in the ward area and included on the ward Safety Brief.</p> <p>Mealtime coordinator role re-established.</p> <p><u>April 2021</u> Weekly audits of the mealtime process are undertaken. An observational audit will also be completed every month to ensure compliance with the SOP.</p>	<p>December 2020</p> <p>February 2021</p> <p>February 2021</p>
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