

**Borders NHS Board****BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – MARCH 2013****Aim**

The aim of this report is to provide the Board with an overview of progress in the areas of:

- Patient Safety
- Person Centred Health and Care
- Clinical Effectiveness

**Patient Safety****Patient Safety in Acute Care**

NHS Borders have been actively engaged in the Scottish Patient Safety Programme (SPSP) since 2008 and have made significant achievements over that time. Sustained improvements have been made against many of the initial priorities of the SPSP in both process and outcome measures.

As with other NHS Boards NHS Borders are working with Healthcare Improvement Scotland (HIS) to assess progress against the ten patient safety essentials which are now to be embedded in core practice. This is being done using a self assessment process laid out in the recently produced Acute Adult Safety Measurement Plan. As part of this process there is ongoing communication between the national and local team to both assess the current state of progress against the 10 patient safety essentials and implementation plans for the point of care priorities launched in August 2013.

Revisions have been made to the national reporting of measures for the safety programme moving from the national extranet system to a excel template reporting tool to be submitted on a monthly basis. Progress assessments will now be made routinely by the national team every four months.

The neonatal and paediatric workstream is being reviewed by the National team to fall in line with the adult acute workstream. In addition the primary care workstream is also under review by the national team. The next phase, expected in May 2014, will involve community pharmacists and focus on medicines reconciliation at discharge.

**10 Patient Safety Essentials – PR Campaign**

In order to embed the 10 patient safety essentials within core practice the patient safety and communications teams have been exploring strategies to increase awareness and recall of the essentials in staff and patients within the Borders General Hospital (BGH).

NHS Borders have developed a marketing campaign around the 10 patient safety essentials. Materials have been produced to raise awareness in staff and patients and will

be testing in five areas across the BGH. A baseline assessment is underway to determine the current level of awareness and recall of the 10 patient safety essentials.

### **Emergency Flow**

The Emergency Department's improvement hub (Alpha Zone) continues to undertake small tests of change around stroke, fractured hip pathways, and sepsis interventions, as well as maintaining an overall focus on the four main flow groups to improve systems and processes.

### **Management of Adverse Events**

Consultation for the revised Adverse Event Management policy closed on 17<sup>th</sup> January. The revised policy consolidates the revisions requested of NHS Borders within the National Approach to Learning from Adverse Events Framework cascaded by HIS. The revised policy will be launched in April 2014.

NHS Borders are participating in national working groups which are focusing on building a consistent approach to the management of adverse events across NHS Scotland. A working group on culture is developing a network for Non-Executive Directors involved in NHS Board Clinical Governance activities. NHS Borders have nominated two representatives for the network. A second working group is focusing on the development of a national learning system which will operate across Scotland with a view to sharing information and learning widely.

The Clinical Governance Committee continues to oversee adverse events on behalf of Borders NHS Board.

### **Person Centred Health and Care**

NHS Borders has integrated several workstreams within an overarching Person Centred Health and Care Programme. These work streams include the Patient Rights (Scotland) Act (2011), complaints, patient feedback, advocacy, carer support, voluntary sector engagement, volunteering and public involvement. Governance of the Programme is provided by the Healthcare Governance Steering Group and Public Governance Committee.

### **Person Centred Health and Care Collaborative**

Mapping exercises have taken place locally to assess progress against the care experience and staff experience components of the Person Centred Health and Care Collaborative. The outcomes of this mapping will be used to inform the focus of local improvement work in 2014/15. The next National Learning Session for the Collaborative is scheduled for 27 and 28 May 2014. Learning will be shared from across all NHS Boards.

### **Patient Feedback and Complaints Training**

NHS Borders welcomes patient feedback and complaints. As a new requirement of the Patient Rights (Scotland) Act (2011), all frontline staff that could potentially be the first point of contact with patients or carers, should be equipped with the skills to resolve the complaint at the earliest possible opportunity. The Scottish Public Services Ombudsman (SPSO) and NHS Education for Scotland have developed [e-learning modules](#) that are now available on the NHS Borders LearnPro system. As part of NHS Borders clinical update

training, all participants undertake the Valuing Feedback and Complaints Training Programme.

The Training and Development Department will be working with Napier University to test a Masterclass training programme with NHS Borders between April and June 2014. The Masterclass 'Person Centred Care: Valuing Feedback; Listening, Learning and Responding Using a Person Centred Approach,' will be tested in Kelso Community Hospital with the possibility of roll out once completed.

### Patient Feedback and Complaints Review

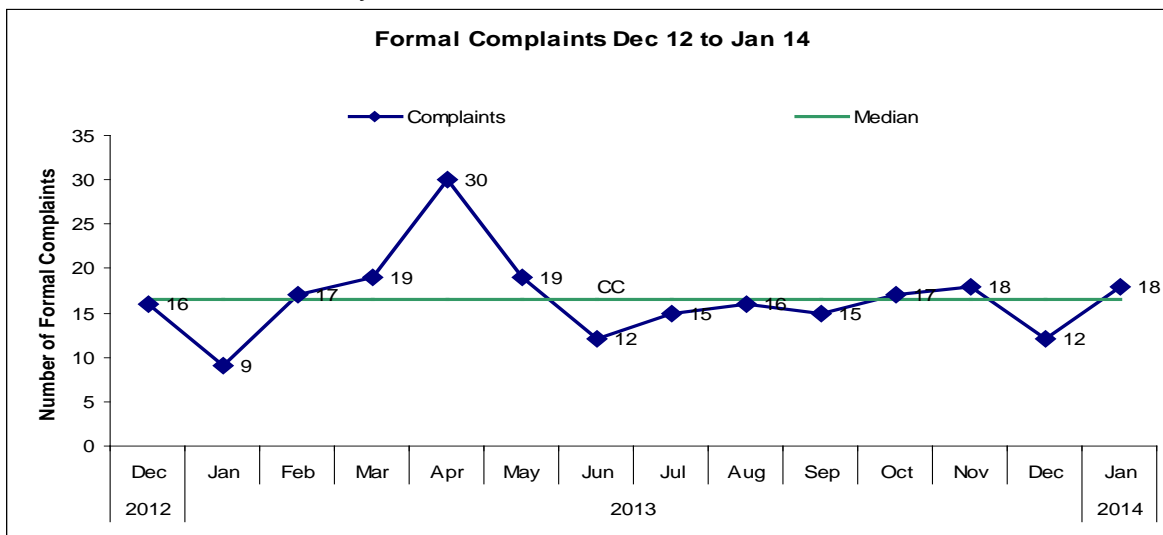
NHS Borders hosted an event on the 10 February 2014 to support the Scottish Health Councils national review of Complaints and Feedback. The review is aimed at understanding the current picture in relation to complaints and feedback across NHS Scotland with a view to using this information to share and spread good practice and to identify areas for improvement. The feedback from the event will inform the findings and recommendations to be made in a final report to the Scottish Government in April 2014.

### Complaints, Concerns and Commendations

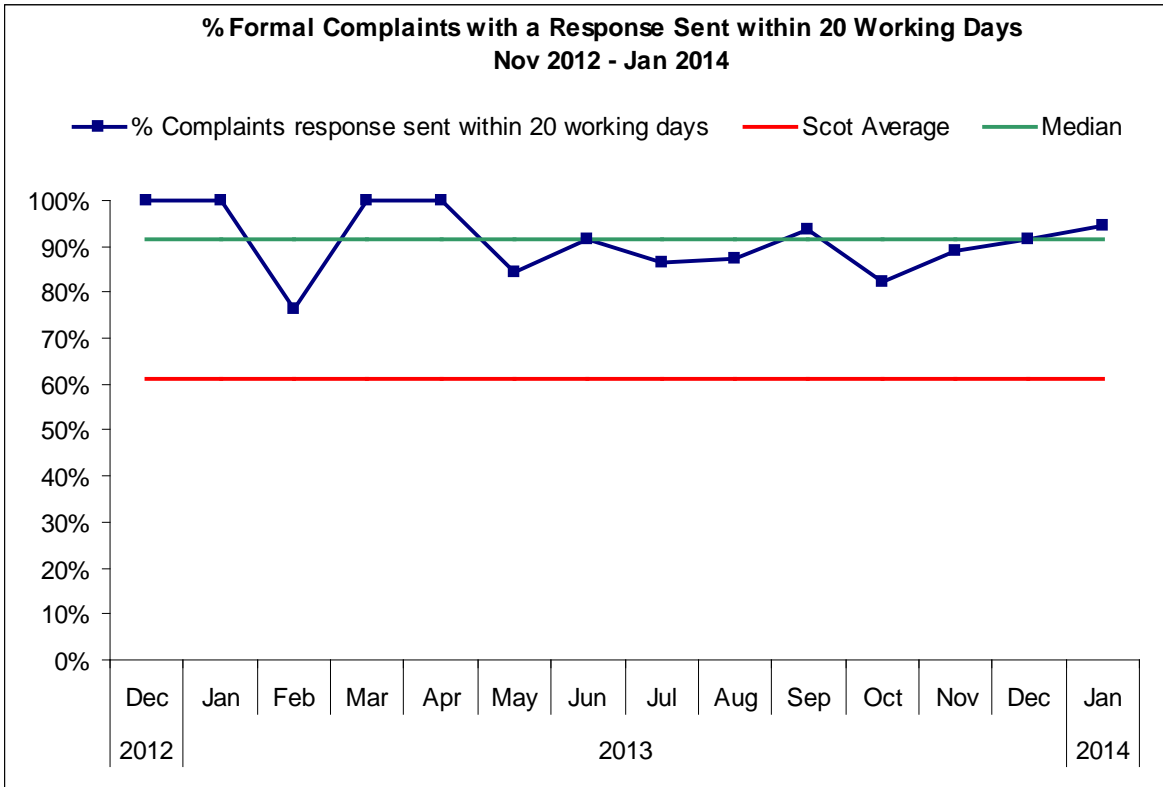
A summary of patient feedback for 2013/14 is outlined below from the following sources:

- Complaints, concerns and commendations for the period December 2012 – January 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period December 2012 – January 2014

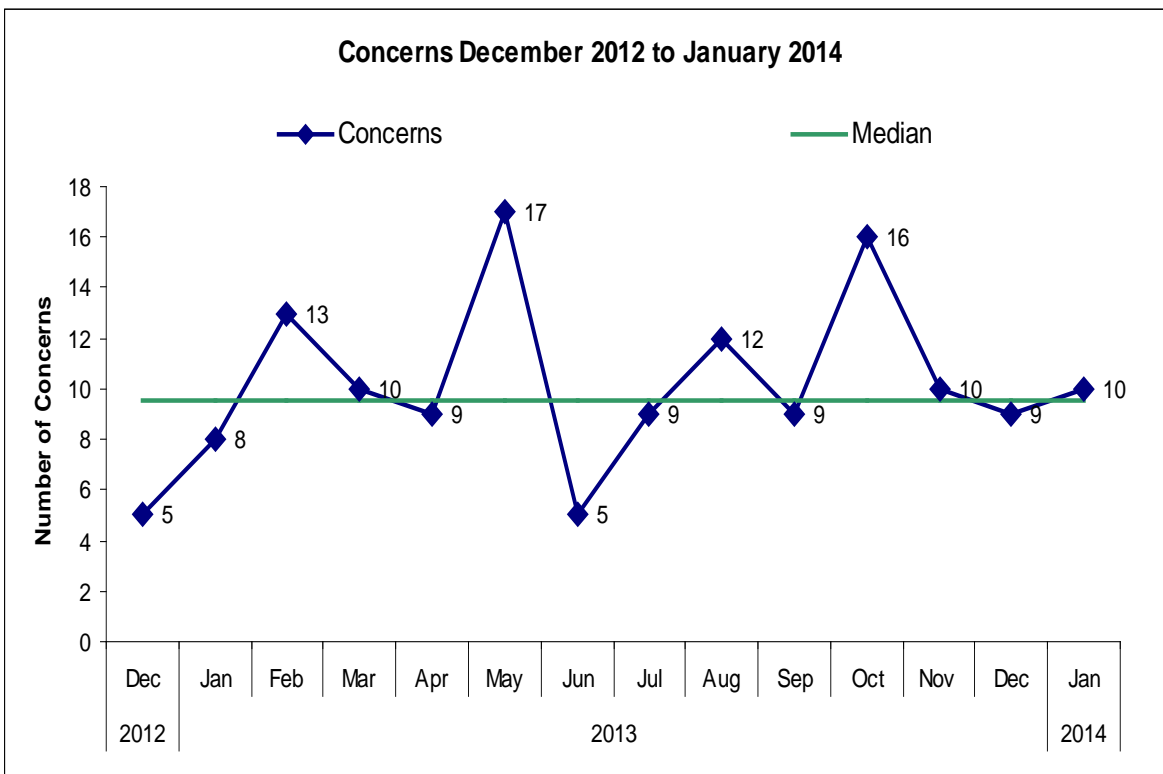
The graph below detail the number of formal complaints we have received for the period December 2012 – January 2014:



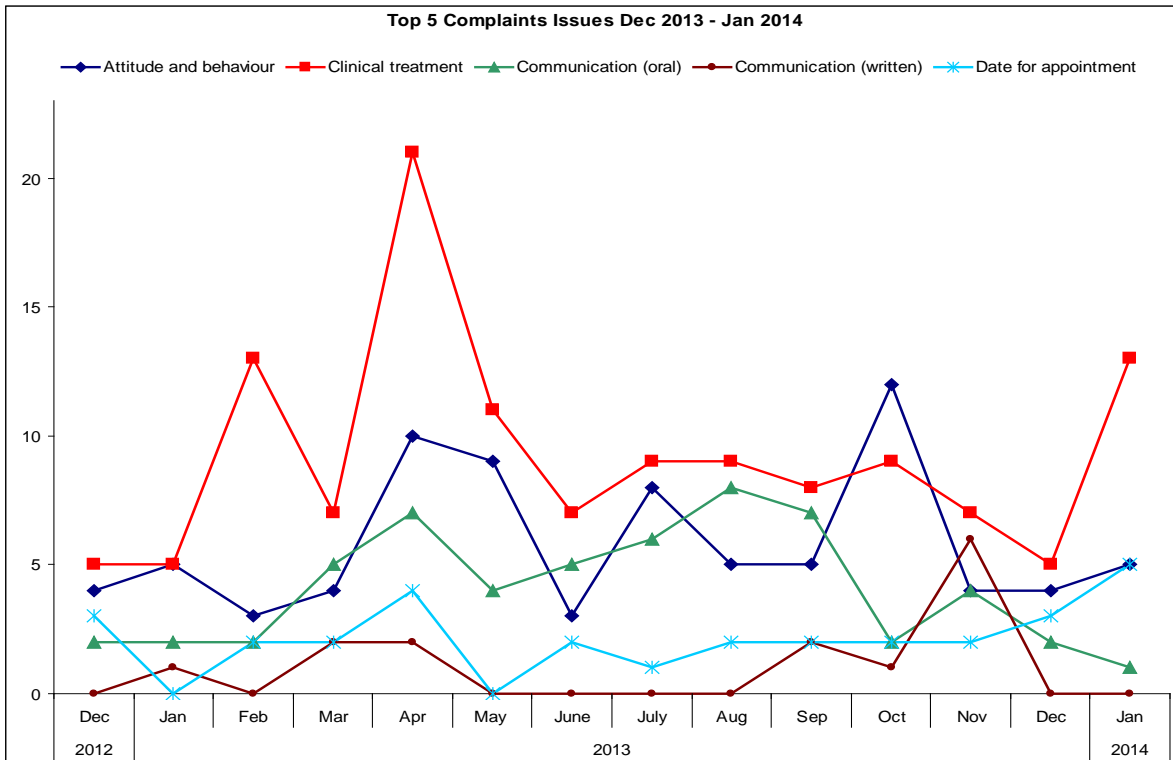
NHS Borders 20 working day response rate for formal complaints for the period December 2012 to January 2014 is outlined in the graph below:



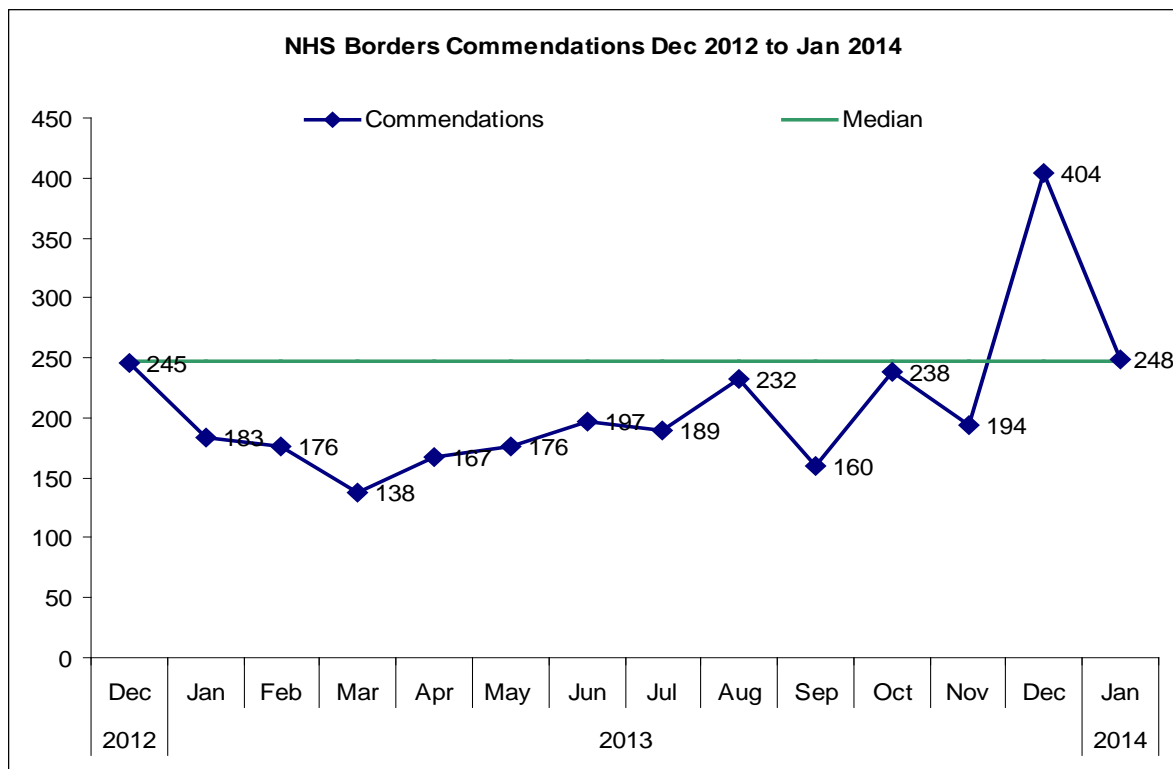
The graph below details the concerns received between December 2012 and January 2014:



A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graph below provides a summary of the themes contained in complaints received between December 2012 and January 2014:



The graph below details commendations received between December 2012 and January 2014:



### Patient Opinion Feedback

The table below outlines feedback received in February and March 2014 through the Patient opinion website relating to patients experience of NHS Borders services:

Title	Date	Critical rating	What was good	What could be improved	Action taken
ENT clinic appointment	11.03.14	Minimally critical	Nothing	-	Patient was provided with appropriate contact details of booking team staff and alternative numbers to call if difficulties persist.
In my opinion these nurses should be their patients' advocates.	25.02.14	Mildly critical	Care in general, hospital, nurses	Advocate, listening	A response was formulated and provided by the Senior Nurse Managers and Director of Nursing and Midwifery.

*\* Note – ratings and feelings assigned are as described on the Patient Opinion website and all feedback is passed*

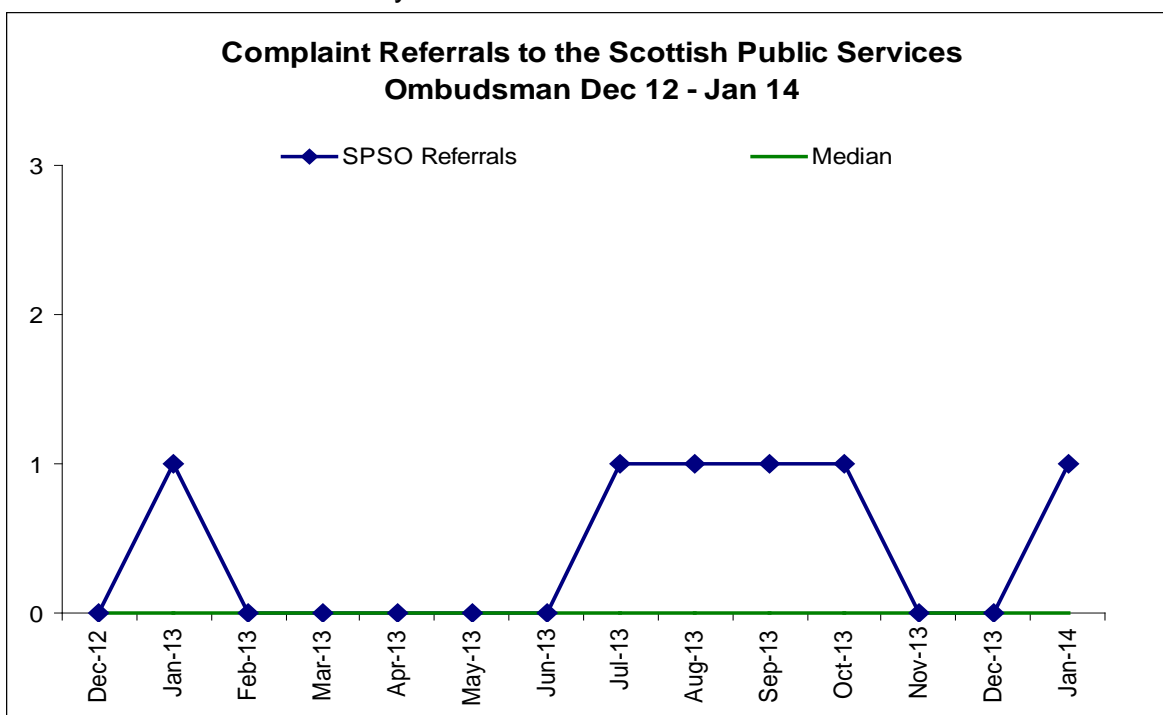
*onto the relevant staff and service areas.*

### Patient Opinion Developments

The Scottish Government are funding Patient Opinion across all NHS Boards for a further year, until 31 March 2015. Professor Craig White from the Planning and Quality Division of the Scottish Government is visiting all NHS Boards to discuss Patient Opinion with the designated Executive Leads. The purpose of his visits is to “accelerate the development of a culture of openness and transparency that actively, welcomes feedback as a vital source of information on what is, and is not, working well across Scotland”.

### Summary of SPSO Investigation Reports and Decision Letters

NHS Borders have received no formal outcomes from the SPSO since the last Board report. One new complaint was referred to the SPSO during January 2014. The graph below outlines the number of complaints which have been referred to the SPSO between December 2012 and January 2014:



### **Patient Advice and Support Service**

Building on the update provided in the last Board report a local advisory group comprising of the Citizens Advice Bureau, NHS Borders and the Scottish Health Council has been established to oversee the delivery of the service. This is a national requirement to ensure consistency of provision across Scotland and will facilitate continual development of our local service. The group have completed an Equality Impact Assessment of the service the outcomes of which will be overseen by the advisory group.

### **Independent Advocacy Tender**

The contract for independent advocacy services in the Borders is out for external tender. A note of interest was placed on the Public Contracts Scotland website and a tendering group has been established by Scottish Borders Council with input from NHS Borders, the Third Sector and service users. The new service aims to address the gaps in advocacy, as identified in the NHS Borders-commissioned 'Review of Independent Advocacy in the Scottish Borders'. It is anticipated that the new service will be fully operational from October 2014.

### **Volunteering**

A Volunteer Coordinator has been recruited and will start with the Clinical Governance and Quality Team on the 31 March. They will work with services to develop high quality volunteering roles and ensure that NHS Borders complies with the Investing in Volunteers Standards.

### **Public Partnership Forum**

The Public Partnership Forum (PPF) meeting bi-monthly provides a public perspective on NHS Services provided by NHS Borders, Scottish Borders Council and the Voluntary Sector. The PPF met in February 2014 and discussed NHS Borders performance management and HEAT scorecards with Planning and Performance.

The Public Reference Group (PRG) is a sub-group of the Public Partnership Forum. In January 2014 Alison Wilson, Director of Pharmacy discussed the management of unwanted medicines. Dr Craig Wheelans, Interim Clinical Lead for Borders Emergency Care Service, and Sheena MacDonald Medical Director updated the group members on the Out of Hours Service. Julie Murray, Public Health Principal discussed with the group the plans for Health Promoting Health Services: Action in Hospital Settings Scottish Government (2012). In February 2014 Karen Grieve, Associate Director of Nursing discussed the Community Nursing Review. Stephanie Errington, Head of Planning and Performance and Joanne Weir, Planning and Performance Officer updated the members on the NHS Borders Clinical Strategy and the NHS Borders Local Delivery Plan. A further update was provided at the February meeting by Dr Craig Wheelans on the Out of Hours Service.

### **Carers Bill**

The Scottish Government is consulting on changes to the laws that apply to carers living in Scotland. The formal consultation runs until 16 April 2014. The proposals announced by Alex Salmond, extend and strengthen the rights of carers and young carers. The aim is to ensure that unpaid carers can access services via a Carer's Support Plan in their own right, not just as an appendage to the person they care for. An ageing population, shifting the balance of care, health and social care integration, preventative approaches and an increase in the level of unpaid care provided, has made support for carers a Government priority.

NHS Borders is supporting a consultation event on the 7 April 2014 at the Buccleuch Arms, St Boswells, which will give carers the opportunity to hear about the proposals and respond to the Scottish Governments consultation.

### **Clinical Effectiveness**

The role of the Clinical Effectiveness function involves supporting a range of quality improvement activity to implement evidence based practice in order to improve patient safety, the care and treatment delivered to patients, and patient experience. Key areas of activity include Clinical Audit and Information Analysis, National Clinical Guidelines, Patient Information, Clinical Documents, Research Development and Governance, External Reviews and analysis of Significant National Reports.

### **Research Governance**

In a two week period the Research Governance Committee received five new research projects for their consideration. The studies range from clinical trials in urology to genetic studies in childhood epilepsy. This is a positive development in line with NHS Borders aspiration to promote growth in research activity this year.

NHS Borders continues to support the SHARE campaign. 183 Border residents have now registered their interest to participate in research projects. The information stand has been displayed at Hawick Community Hospital, Haylodge Hospital, Peebles and is currently at The Knoll, Duns. It is also hoped that an opportunity will arise to hold an event at Borders College. Information has also been disseminated to the Scottish Borders Council for display within libraries.

NHS Borders Research Strategy has been under development and will be circulated for consultation. The aspirations of the strategy focus on growing the research portfolio in both NHS and commercial research to continually develop the quality of services delivered locally. This will extend to building the research portfolio across health and social care in support of an integrated model of working. In addition the strategy focuses on building and enhancing linkages with academic partners to undertake research and to provide clinical academic career opportunities.

### **Patient Information**

A review of patient and visitor information displayed and available to patients and visitors in wards and departments was carried out across NHS Borders during October/ November 2013. A total of 39 wards/departments were visited and all patient information displayed, 395 different leaflets were catalogued.

The review has highlighted a need to prepare an agreed core set of patient information to be displayed in all wards/departments. In addition each area will be asked to ensure a process is in place to maintain leaflet displays and stock levels.

A draft core patient information list has been prepared and a short consultation will now be undertaken prior to cascade with key internal groups and a number of public involvement groups including the Scottish Health Council, Public Partnership Forum and the BGH Participation Group.



### **Older People in Acute Hospital (OPAH)**

NHS Borders participated in an announced test inspection of the care of Older People in Acute Hospitals (OPAH) on Monday 3 and Tuesday 4 March 2014.

The Inspection Team from Healthcare Improvement Scotland (HIS) included inspectors and clinical advisers, visited Borders General Hospital (BGH) where they met with a group of NHS Borders' staff for a presentation on the work being undertaken in respect of improving services and the progress that has been made particularly in relation to various improvement bundles.

The Inspectors visited two wards in BGH to test the methodology to be used for OPAH visits to other NHS Boards across Scotland. There will be no formal inspection report published following this test inspection, however, there were areas identified where improvements could be made. The BGH is now working towards addressing these.

A summary/evaluation document will now be produced by HIS to highlight their findings from their test of the revised methodology within NHS Borders. The summary/evaluation document will be shared with NHS Borders.

### **Medical Revalidation**

A requirement of the new Medical Revalidation process is for medical staff to obtain patient feedback which will be used during the revalidation process. The Clinical Governance and Quality Team have absorbed this work providing a system to collect and analyse patient feedback independently. The eleven staff required to go through revalidation in 2013/14 have concluded the process. A further 42 medical staff will go through revalidation in 2014/15.

### **Senior Charge Nurse (SCN) Supervisory Programme**

A six month improvement programme was implemented in September 2013, to support 13 SCNs across three clinical boards to test working in a supervisory capacity to lead and deliver improvements against a range of quality indicators. A comprehensive quality dashboard was developed in March 2013 to support the development of a culture of continuous improvement culture. Dashboard measures have consequently been framed within the Leading Better Care (LBC)<sup>1</sup> domains of practice and SCNs have identified priority areas for improvement within individual ward driver diagrams:

**Table 1: Dashboard Measures aligned to LBC Role Domains of Practice**

<p><b>Safe and Effective Clinical Practice</b></p> <ul style="list-style-type: none"> <li>• Clostridium Difficile</li> <li>• Staphylococcus Aureus</li> <li>Bacteraemia</li> <li>• Hand Hygiene</li> <li>• Early Warning Score</li> </ul>	<p><b>Enhancing the Patients Experience</b></p> <ul style="list-style-type: none"> <li>• Pressure Injury</li> <li>• Falls</li> </ul>
<p><b>Managing and Developing the Performance of the Team</b></p> <ul style="list-style-type: none"> <li>• Annual Leave</li> <li>• Sickness Absence</li> </ul>	<p><b>Effective Contribution to the Organisations Objectives</b></p> <ul style="list-style-type: none"> <li>• Supplies Budget</li> <li>• Nursing Budget</li> </ul>

Reference: SGHD (2008)<sup>1</sup>, Leading Better Care, Report of the Senior Charge Nurse review and Clinical Quality Indicator Project

Monthly learning sets combined with education topics are being used to explore activity and progress with the clinical, financial and workforce indicators identified within the quality dashboard. The following education topics identified by the SCNs and organisational need are also being utilised to support program implementation.

- September 13    Review of Francis, Keogh and Berwick Reports
- October            Level Loading Annual Leave
- November        Budgets and Supplies
- January 14        Review of Walk Round Process
- February          Nursing and Midwifery Workload Workforce Planning Tools

A report to consolidate the outcomes from the six month programme is currently being prepared to inform discussions on next steps.

### Recommendations

The Board are asked to **note** the Clinical Governance and Quality report.

<b>Policy/Strategy Implications</b>	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
<b>Consultation</b>	The content is reported to Clinical Boards through the Clinical Governance Steering Group and to the Board Clinical & Public Governance Committees.
<b>Consultation with Professional Committees</b>	As above
<b>Risk Assessment</b>	In compliance as required
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Yes
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters.

### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Evelyn Fleck	Director of Nursing and Midwifery		

### Author(s)

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