

Borders NHS Board



BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – NOVEMBER 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 Priorities

The second phase of the Scottish Patient Safety Programme (SPSP) was officially launched at the Adult Acute Learning Session held at the end of August 2013. A final measurement plan was issued to all NHS Boards in December 2013 which encompasses process and outcome measures for the Scottish Patient Safety Indicator (SPSI), the ten safety essentials and the nine priority areas, including several new bundles that will require testing. Data submissions are required by all NHS Boards, via spreadsheets, for all workstreams from January 2014 onwards.

Locally, NHS Borders is gathering clinical teams together, identifying leads and identifying test sites for the new bundles. Established workstreams are reviewing their data, their data collection methods and the revised measures which are to be submitted on a monthly basis.

Healthcare Improvement Scotland (HIS) made a site visit to the Sepsis and VTE workstreams in late December. A formal written report is still awaited but verbal feedback on the day was extremely positive for both teams.

There are a number of national learning sessions before the end of the financial year at which NHS Borders are asked to participate:

28 January	Primary Care
11 February	Mental Health Programme Leads
19 February	Mental Health Learning Session 4
28 February	Heart Failure Learning Session 1
6 March	Sepsis and VTE Learning Session 4
13/14 March	Maternity and Children's Quality Collaborative Learning Session
27 March	SPSI Learning Session

10 Patient Safety Essentials

As a result of the first five years work to embed safety within NHS Scotland acute hospitals, 10 interventions have been shown to be most consistently and comprehensively spread. HIS have recommended that these 10 interventions are removed from testing

within SPSP and repositioned as an expected part of day to day clinical practice across NHS Scotland. These interventions have now been proven to reduce harm to patients and therefore it is proposed that a zero tolerance approach is now adopted.

In addition to the internal monitoring arrangements being out in place to ensure these essentials are embedded and sustained, the Communications Team are working on a communications programme to engage the public, patients and staff around the 10 safety essentials. This work is being supported by the National Clinical Lead for Patient Safety who hopes to use the lessons learnt from this work in other NHS Boards.

Emergency Department Flow

Work is underway with the Emergency Department (ED) to improve the quality of care provided and the flow of patients through the system. An improvement zone has been developed, 'Alpha Zone', which is the site of a weekly team improvement huddle with representation from across the system from ED staff, acute physicians, Chief Executive, Medical Director, ambulance staff, operational managers and improvement advisors. The zone contains data on a range of Plan Do Study Act cycles (PDSAs) which are underway to improve care within each patient flow group.

The principles of patient safety have been applied to introduce a 'Hip 6 bundle' to ensure the effective and timely management of hip fractures, and a 'Sepsis 6 bundle' to support early recognition of Sepsis and deterioration. In addition testing is underway of two models of working practice, the first being the sole use of extended scope practitioners in the management of minor patients in flow one, and the second being a model of support between ED consultants and acute physicians in the management of patients requiring medical admission through flow three. All changes are supported by run and control charts which are reviewed to assess the impact of changes informing further testing, implementation and spread.

Management of Adverse Events

The Incident Management Policy, Standard Operating Policy (SOP) and Significant Adverse Event review pack are currently under local review following receipt of the National Approach to Learning from Adverse Events Framework cascaded by HIS. The framework was accompanied by a NHS Scotland Chief Executive Letter (CEL) advising NHS Boards that they are expected to adopt this framework to improve their local approaches to handling adverse events. The framework sets out the following action points for NHS Boards:

- Action 1: NHS Boards should continue to implement recommendations 18-23 from 'The management of significant adverse events in NHS Ayrshire and Arran' report and the associated recommendations following their NHS board adverse event review
- Action 2: NHS Boards should review their policies and processes to reflect the definitions and principles outlined in the national framework by April 2014
- Action 3: NHS Boards should continue to contribute to continuous development of the framework by working with Healthcare Improvement Scotland, colleagues across NHS Scotland and beyond.

The local policy has now been updated to reflect the requirements of the National Framework as requested of each NHS Board and a local consultation process on the revised policy has just concluded. The SOP and review pack are now being refined to reflect the revisions to the local policy.

Person Centred Health and Care

NHS Borders has a work stream of quality improvement activity and a local handbook of good practice to ensure effective delivery of the national programme. NHS Borders' approach also integrates existing work streams into an overall programme. These work streams include the Patient Rights (Scotland) Act (2011), complaints, feedback, advocacy, carer support, voluntary sector engagement, volunteering and public involvement work. Governance of the Person Centred Programme is provided by the Healthcare Governance Steering Group and Public Governance Committee.

Person Centred Health and Care Collaborative (PCHCC)

Since the first PCHCC learning session a number of person centred improvements have been initiated. These include patient stories to the Board, the roll out of the Caring Behaviours Assurance System with ward based teams, the introduction of the Supervisory Charge Nurse with a greater focus on person centred practice within Wards, revisions to the complaints handling processes to provide a more person centred approach, an increase in the role of volunteers in supporting person centred practice such as peer support breastfeeding volunteers, and the development of a local handbook of person centred practice across NHS Borders.

The third learning session of the PCHCC took place on 21 and 22 November at the Scottish Exhibition and Conference Centre (SECC) in Glasgow. The focus for this learning session was on what we can do "now" to enhance person centred approaches to care. The session looked at Boards' processes and activities that are necessary to support person centred care for every person all of the time. During the team planning NHS Borders proposed to test person centeredness in a number of areas, which included:

- Trialling flexible visiting times in the Knoll Hospital
- Test involving carers in the MDT meetings in the Knoll Hospital
- Test involving public involvement volunteers as part of the Scottish Patient Safety Executive Walkrounds
- Test 'getting to know me' as part of the anticipatory care planning
- Include public members in the review of the day hospital
- To include an article about person centeredness in the staff update, with a focus on staff experience
- Scottish Health Council (SHC) to support gathering volunteer feedback via a "question of the month"
- Develop a partnership approach with the Borders College to provide beauty therapy in ward 10 of the Borders General Hospital (BGH), in the first instance
- Test mentoring for clinical staff working in acute/primary care with staff in learning disability / mental health, with a focus on person centred practices

The next National Learning Session is scheduled for 27 and 28 May 2014. The collaborative will focus on a celebration of Scottish examples of person centred work. To help inform the development of May's programme, all Boards have been asked to develop a workshop to showcase person centred practices.

Investing in Volunteers

On the 21 January 2014, following an extensive assessment process, the UK wide Investing in Volunteers (IIV) Quality Assurance panel reaccredited NHS Borders as an IIV organisation. The assessment highlighted some areas for improvement that will be considered by the Volunteering Steering Group and be included in the existing

improvement plan. New plaques will be ordered and a celebratory event will be arranged from April 2014.

Borders Public Partnership Forum

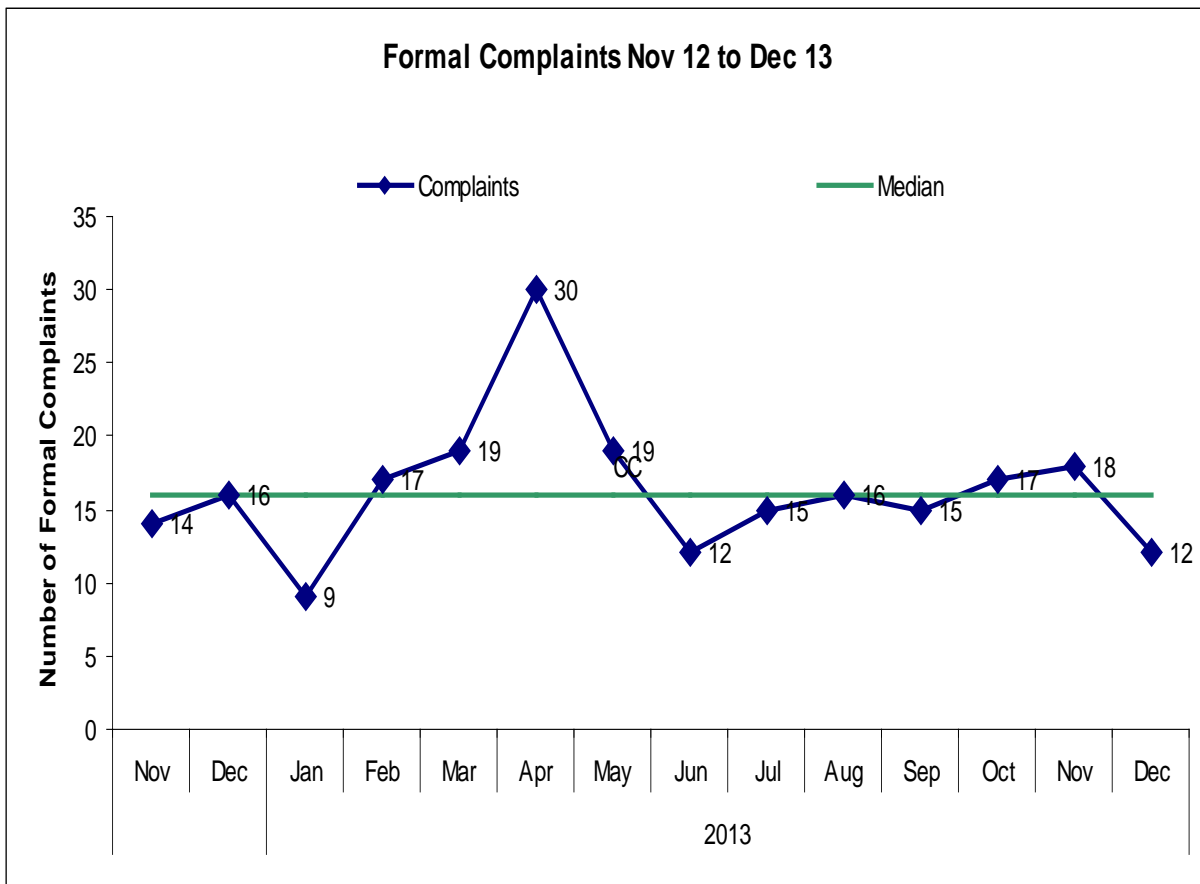
The Public Partnership Forum (PPF) continues to meet on a bi-monthly basis to provide a public perspective on health and social care services. The PPF met on 17 December 2013 which provided the opportunity for Calum Campbell, Chief Executive - NHS Borders, to inform members of the NHS Borders Clinical Strategy and seek their views on the "key principles" of the strategy. An update on the National Person-Centred Health and Care Programme was provided by Stephen Bermingham, Public Involvement Manager, which relates to the key principles of the Clinical Strategy. The Infection, Control Manager, Colin Redmond, updated the group on NHS Borders healthcare associated infection rates against the Scottish Government HEAT targets and provided an update on hand hygiene audits, cleanliness monitoring and surgical site infection surveillance.

Patient Feedback and Complaints Review

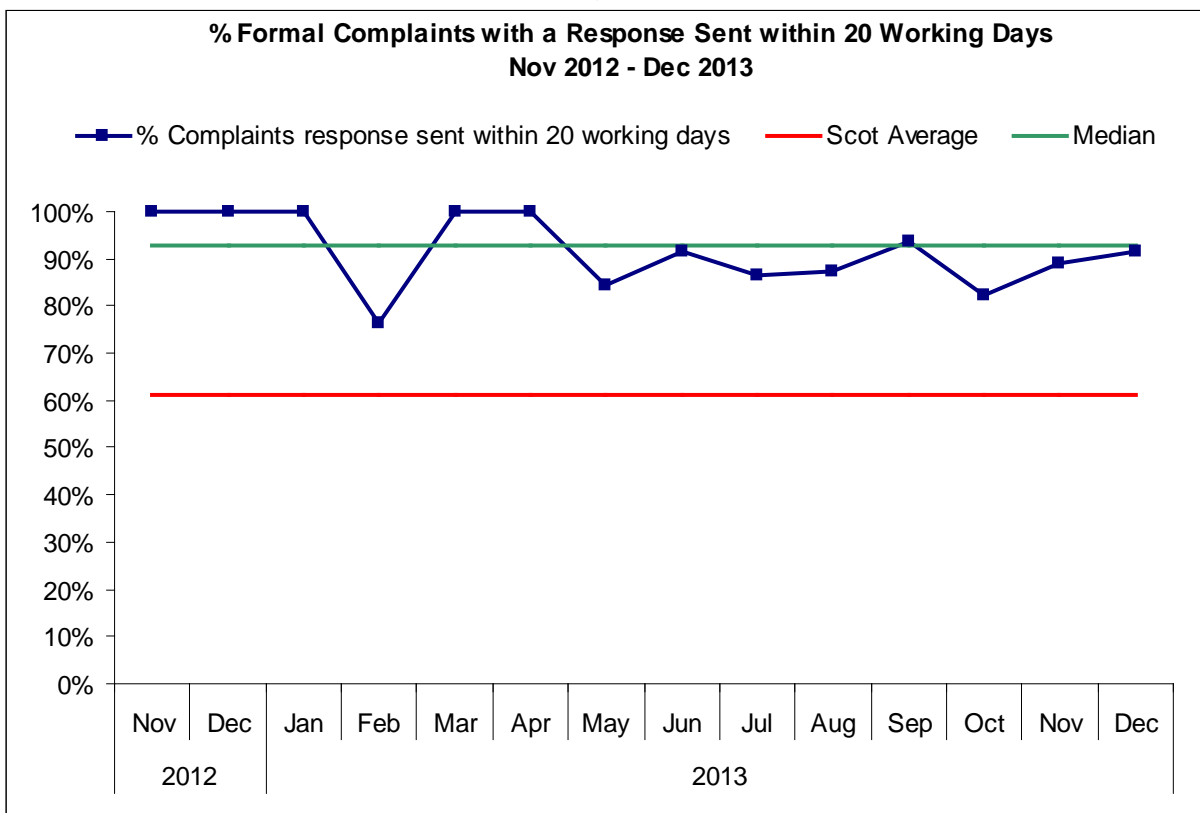
The Scottish Health Council (SHC) has been asked by the Scottish Government to visit all NHS Boards in January and February 2014 to undertake a review of Complaints and Feedback. NHS Borders is hosting a review meeting on the 10 February 2014. The visits will form part of the country-wide review of Complaints and Feedback in NHS Scotland that will report findings and make recommendations to the Scottish Government for the way forward in the Spring of 2014. The review is aimed at understanding the current national picture in relation to complaints and feedback and to use this information to share and spread good practice and to identify areas of focus for improvement moving forward.

Complaints, Concerns and Commendations

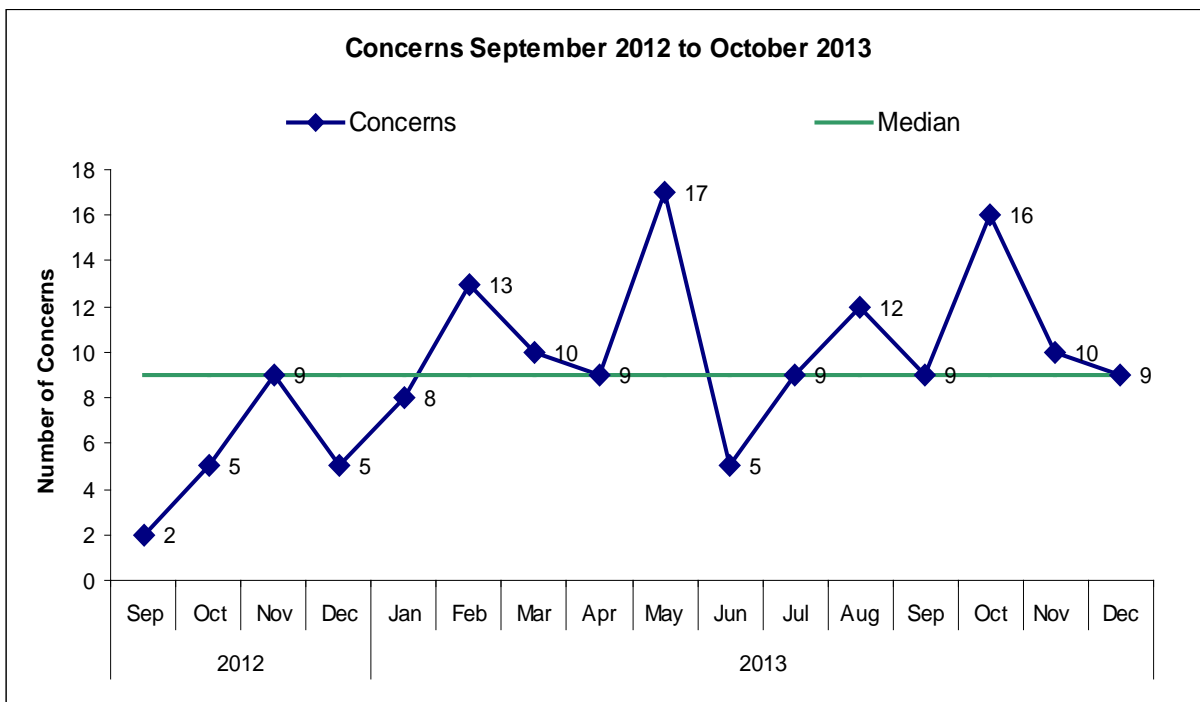
In line with the Patient Rights (Scotland) Act (2011), complaints and concerns are managed following the same process. The graphs below detail the number of formal complaints we have received for the period November 2012 to December 2013:



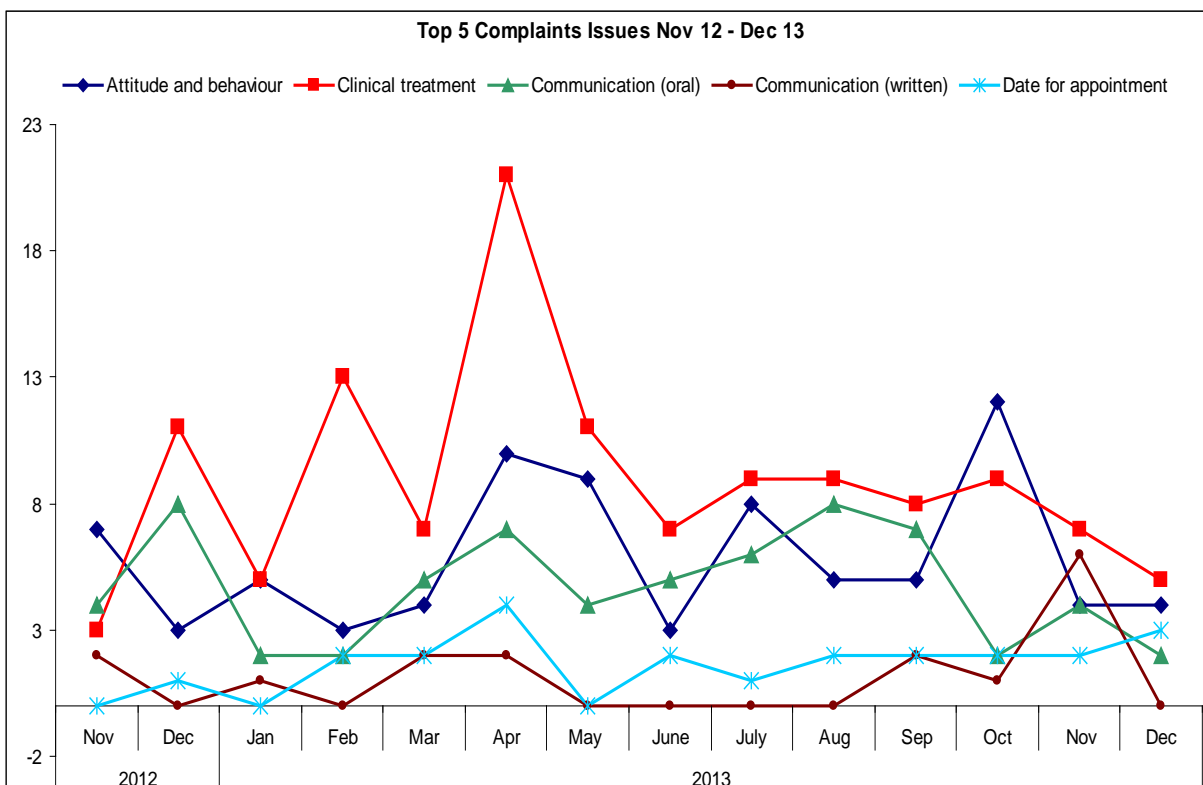
NHS Borders 20 working day response rate for formal complaints for the period November 2012 to December 2013 is outlined in the graph below:



The graph below details the concerns received between November 2012 and December 2013:



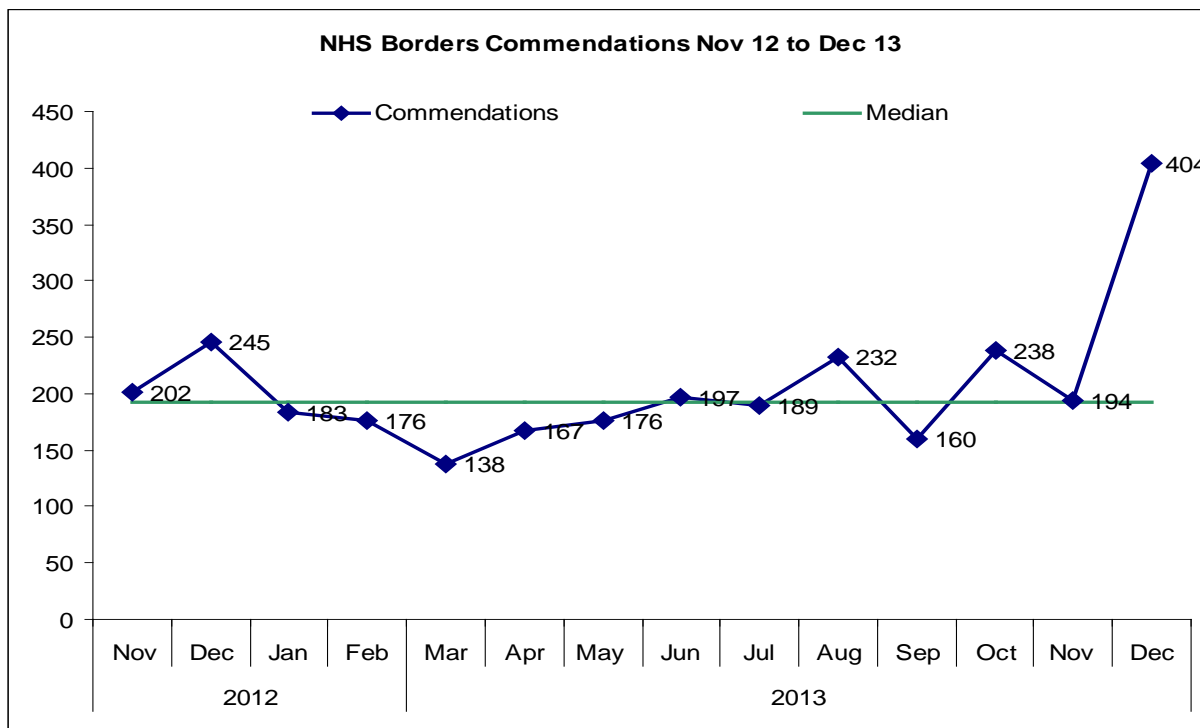
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graph below provides a summary of the themes contained in complaints received between November 2012 and December 2013:



*Note

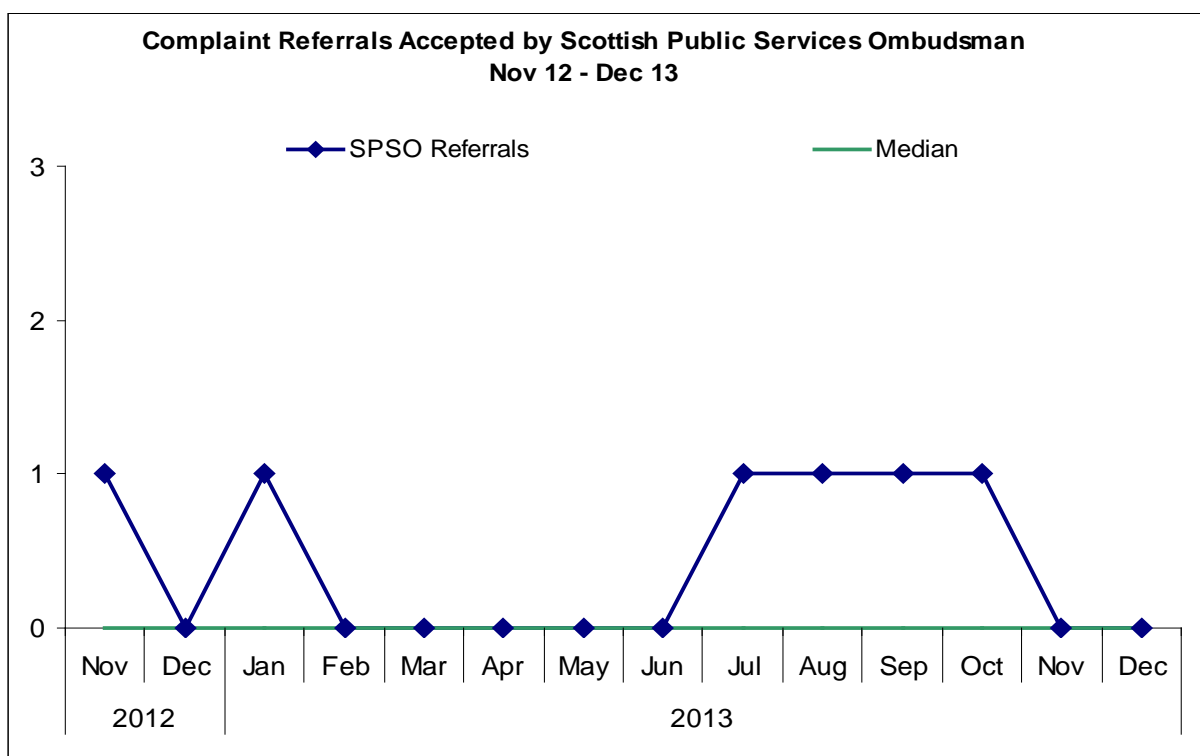
- up to three issues raised in complaints are recorded and therefore the total number of issues may be more than the number of complaints received.

The graph below details commendations received between November 2012 and December 2013:



Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

NHS Borders have received no formal outcomes from the SPSO since the last report to the CGC in November 2013. The graph below outlines the number of complaints which have been referred to the SPSO between November 2012 and December 2013:



Patient Opinion Feedback

The table below outlines feedback received in October and November 2013 through the Patient opinion website relating to patients experience of NHS Borders services:

Title	Date	Critical	Initial	What was Good	Action
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		Rating	Feelings		Taken
My mum is looked after by the best	25.11.13	Not critical	Amazing	Attention, Caring, Great care	Cascaded to BGH clinical teams
Second new hip = new lease of life	07.10.13	Not critical	Happy and thank you	Care in general, Cleaners, Excellent care and service, Hip replacement, Wonderful	Sent to Orthopaedic ward and medical team and catering department

** 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 announced on the 30 December 2013 that they are funding Patient Opinion across all Boards for a further year, until 31 March 2015. In addition Professor Craig White from the Planning and Quality Division of the Scottish Government is visiting all NHS Boards (by the end of March 2014) 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”.

Patient Stories

NHS Borders continues to produce and collate patient stories and has been commended for doing so. Patient and carer stories can be a useful learning tool for improving patient experience. The stories give patients and carers a chance to reflect on their experience in a person-centred way. Stories have been captured on DVD so they can be used as a learning tool across NHS Borders.

Patient Advice and Support Service

The Patient Advice and Support Service (PASS) is delivered by the Borders Citizens Advice Bureau (CAB). The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland. During 2013 there has been a significant increase in demand for the service; the quarterly report is available on request. A local advisory group has been established to oversee the effective delivery of the services.

Independent Advocacy Provision

NHS Borders has commissioned Borders Independent Advocacy Service to pilot a dedicated hospital based advocacy service. The evaluation for the first half of 2013 has shown an increase in referrals from acute settings. Patients who have accessed the service, particularly those with complex health needs, have reported improved outcomes due to the advocacy support. The pilot will be extended into 2014, and subject to positive evaluation, will be mainstreamed into the Borders-wide independent advocacy contract.

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'.

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.

Clinical Audit Orthopaedics

The audit work plan for 2014 has been set for the Muskulo Skeletal (MSK) audits. The conditions included in the MSK audit plan include:

- Hip fracture
- Enhanced Recovery Patients
- Fracture clinic
- Spinal referrals

The identified audits will be run on a four weekly rolling programme commencing 13 January 2014. The Scottish Government will issue the results of each cycle within three weeks of the data submission. This will facilitate timely implementation of improvement plans and a move towards the continuous use of data for improvement.

Cancers

Work continues on the Colorectal enhanced recovery after surgery programme with ongoing data analysis.

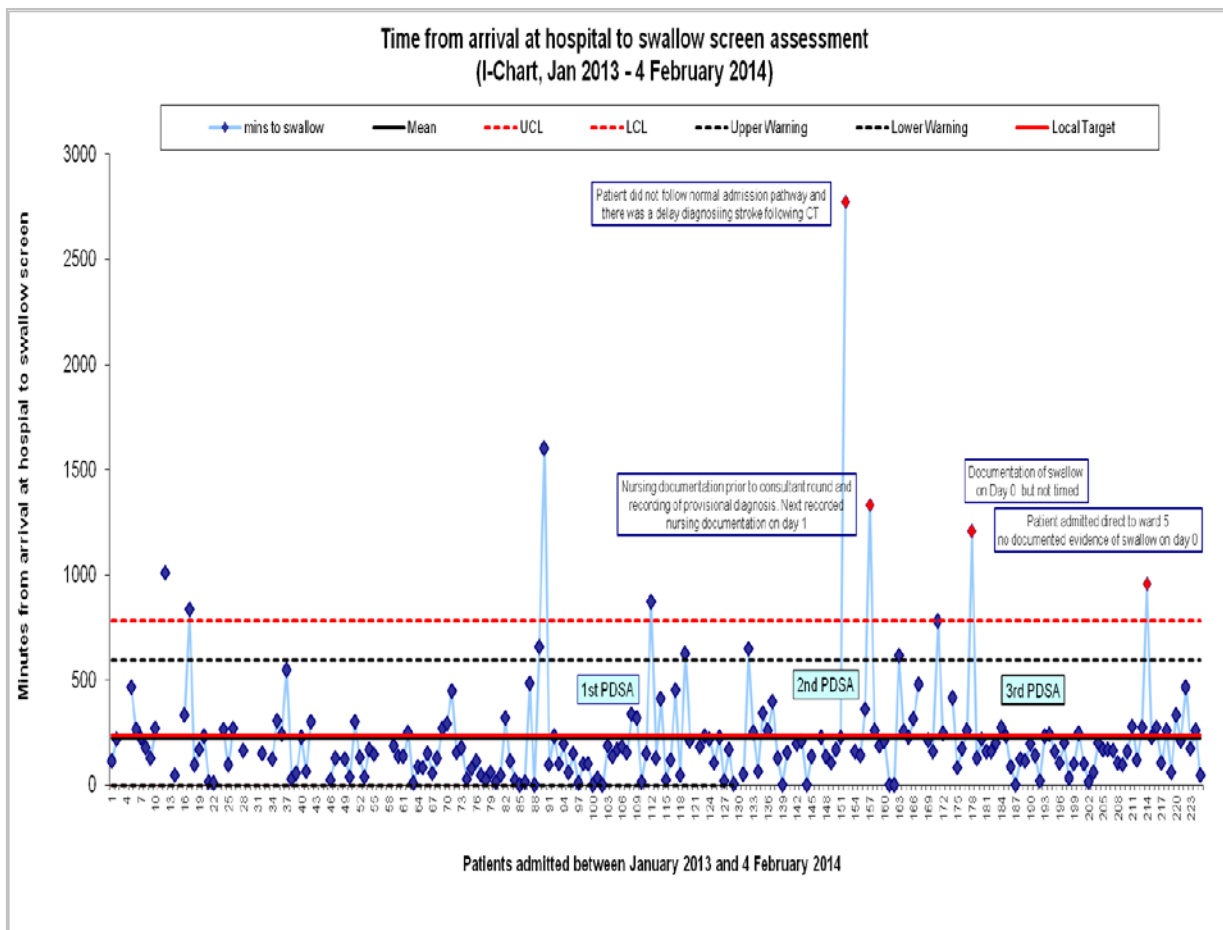
Current data submissions to the Information Services Division (ISD) will be used to establish a baseline for the Detect Cancer Early programme. The date for final submission of 2012 data is 17 January 2014, following this data will be available for a 2 year rolling comparison against 2010 and 2011 baseline data.

New Quality Performance Indicators (QPI) datasets are being developed for bladder and prostate cancers. NHS Borders is contributing to this work. In addition case ascertainment is continuing for lung, colorectal and urology cancers.

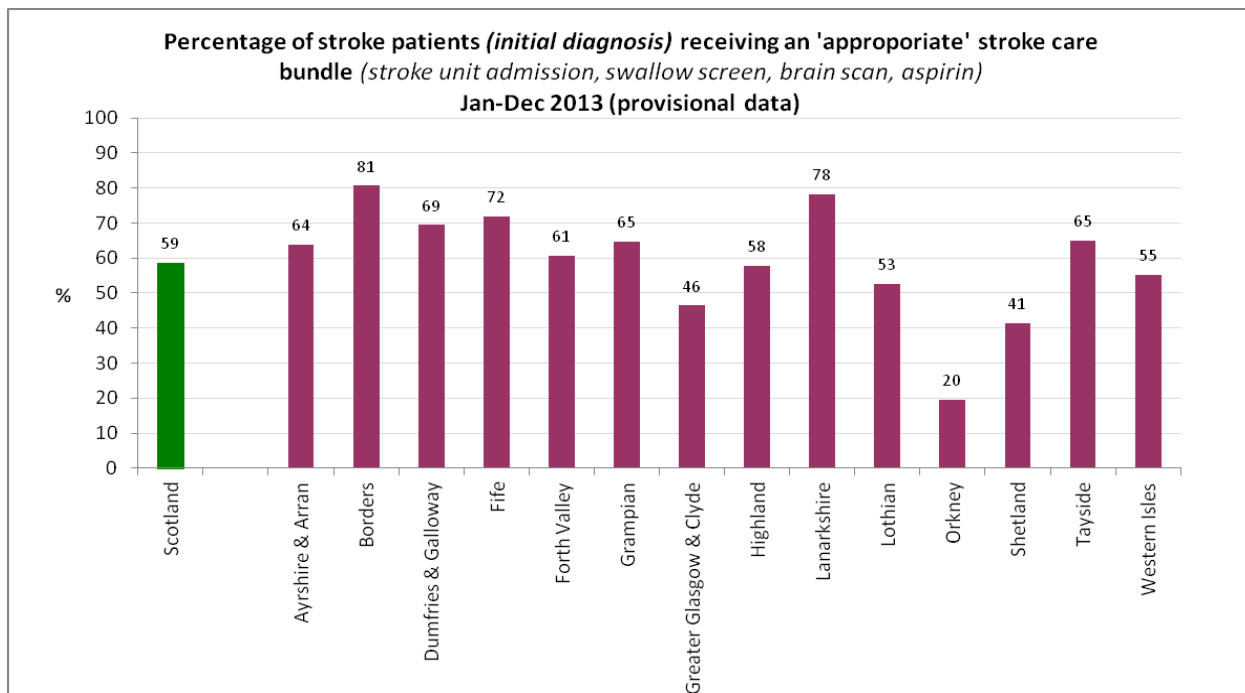
Stroke

Improvements against the Scottish Stroke Care standards continue to be progressed. Following varied outcomes from a number of tests of change in relation to swallow screen assessment, carrying out the assessment in the Emergency Department for all patients presenting with a provisional diagnosis of stroke or Transient Ischaemic Attack (TIA) was tested. Analysis of data collected over a five week period demonstrated a positive shift in the process indicating a successful change. Data analysis will continue to identify sustainability of the change.

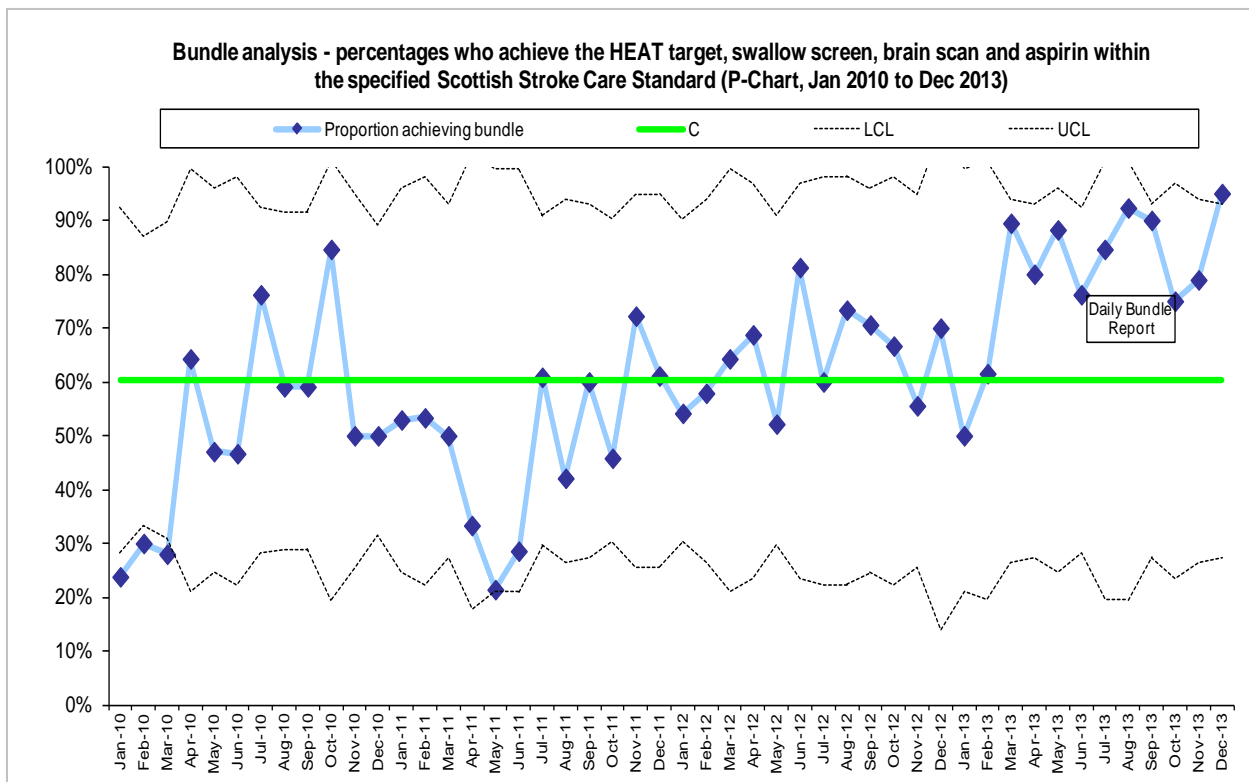
The graph below details time from arrival to swallow screen assessment between January 2013 and February 2014:



NHS Borders has been identified as the best performing board in NHS Scotland in relation to the percentage of patients with stroke, receiving the appropriate stroke care bundle in 2013. The graph below shows performance within each NHS Board against the stroke bundle:



Performance within NHS Borders continues to improve as detailed in the graph below:



A weekly improvement huddle has been implemented within the stroke unit attended by members of the multidisciplinary team.

Work is underway on population of data gaps and data comparison against previous performance for the Annual Scottish Stroke Care Audit report for submission in March 2014.

Diabetes

Work is ongoing on population of data gaps and data comparison against previous performance for the Annual Scottish Diabetes Survey. Data is to be submitted January 2014.

An improvement initiative has been identified for diabetic outpatient clinics to improve attendance and reduce DNAs. This project will be commenced in February 2014.

Early Years Collaborative

In support of the Early Years Collaborative work is underway on the identification and collation of baseline data, and development of a reporting framework. This dataset will be used to track the impact of changes being tested by clinical teams and to demonstrate progress against the desired outcomes of the Collaborative.

Connected Care

In support of the Connect Care workstream being led by the Deputy Chief Executive work is underway to collate a baseline assessment of data from across health and social care. This dataset will be used as part of an improvement approach to inform changes required to deliver the programmes objectives.

Completion of Health Records

This audit which is being undertaken across NHS Borders is currently in progress. Results of the audit will be reported to clinical/integrated boards in March 2014 for identification and development of improvement action plans as required.

Clinical Documents

A review is underway of NHS Borders clinical policies, protocols, procedures and guidelines currently held across the organisation. This will inform an update and further develop the Clinical Document Register held within Clinical Governance and Quality. It will also help address the issue of out of date clinical documents hosted on NHS Borders intranet. As part of the exercise clinicians will be reminded of the need to comply with governance arrangements in respect of the management of clinical documents which includes ensuring locally developed clinical policies, procedures, protocols and guidelines are regularly reviewed and updated in line with current evidence and legislation.

As part of the review process, a number of documents held on the Clinical Area microsite have been identified as currently out of date. The authors of these clinical documents have been contacted and requested to review and update them as a matter of priority. To improve governance in respect of clinical documents it is planned to initiate quarterly reporting of the status of clinical documents for the four clinical/integrated boards. It is intended that this will inform a performance measure on the performance scorecard for each board.

National Guidelines

Sign Guidelines are disseminated via Clinical Governance and Quality within NHS Borders to clinical directors, managers of services and departments and relevant and appropriate clinicians within specific specialities. Recent publications disseminated in the past two months include SIGN 135: Management of epithelial ovarian cancer published November 2012 and SIGN 136: Management of chronic pain published December 2013.

It is planned to review the current management of clinical guidelines in light of changes to the national process for the development and dissemination of guidelines. The review will re-clarify the requirements of NHS Borders in implementation of national guidelines and refine the local processes and responsibilities around dissemination, implementation and governance.

Research Governance

The activity of the newly established Integrated Research and Innovation Office (IRIO) has been temporarily suspended due to funding via the Change Fund no longer being available. Other potential funding sources are currently being explored and the future direction of the project will be determined at the end of January 2014.

The national research register, SHARE was launched by Alex Neill, Cabinet Secretary for Health and Wellbeing in October 2012. This is being progressed nationally in conjunction with a major media campaign. NHS Borders is promoting the register locally.

SHARE will allow everyone, regardless of health, to register an interest in participating in research projects. 15000 people have currently registered across Scotland. The register will also assist researchers to identify Health Boards that could host specific projects.

The Director of Nursing and Midwifery attended the official launch of SHARE in NHS Borders on 21 January 2014. The launch event which was held in the BGH proved very successful with 120 people registered at the information stand within the first 24 hours. This included 4 members of the public who came specifically to register as a result of the press release highlighting the launch. The success of the launch has been highlighted and received praise from the national organisers of the SHARE campaign. The stand remained

at the BGH until 31st January 2014 before transferring to Hawick then on to each of the other community hospitals over a two week period. Information has also been disseminated to GP practices and pharmacies.

NHS Borders has successfully approved its first commercial research study. The study looking at quality of life for people with heart failure is expected to recruit up to 10 patients in NHS Border by the deadline of June 2014. It is hoped this will further raise the profile of NHS Borders with commercial research companies, thus generating income and increasing access to novel interventions that may not normally be available to patients.

Reviews/Inspections

A Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire

In December 2013, the publication 'A Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire' was released by HIS. It planned that NHS Borders will undertake a detailed review against the 21 recommendations contained in the report and an improvement action plan will be developed to address any issues identified.

Older People in Acute Hospital (OPAH)

NHS Borders has agreed to test the revised OPAH Inspection Methodology. The testing in is 2 stages:

- Stage 1: NHS Borders completed a self assessment in 2013
- Stage 2: NHS Borders to update the self assessment and participate in a Strategic Board Visit which will consider:
 - What work we are doing in respect of improving services
 - How we are progressing with it
 - Where we are in terms of progress with various improvement bundles work e.g. frail elderly and dementia standards

The strategic visit is planned for 3 March 2014 and will be attended by NHS Borders Chief Executive, Director of Nursing and Midwifery, Associate Director of Nursing for Acute Services, who is leading the visit and three other representatives from NHS Borders.

Representatives from HIS will include Inspectors and Clinical Inspectors. The Scottish Health Council will be engaged in advance to develop a process for public engagement, potentially through a focus group forum. It is anticipated that aside from gathering further information the visit will provide appropriate local context to a future unannounced inspection.

NHS Borders Francis, Keogh and Berwick Improvement Plan

Following the action agreed by Borders NHS Board a joint discussion has taken place between the Clinical Governance Committee and the Chairs and Executive Lead for the Staff Governance Committee. The discussion which took place in November 2013 agreed governance responsibilities for the NHS Borders improvement plan developed from the local review of the findings of the Francis, Keogh and Berwick reports. It was agreed that an annual update will be provided to the Board Strategy and Performance Committee from the Clinical and Staff Governance Committees summarising progress against the plan.

Recommendations

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

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

Approved by

Name	Designation	Name	Designation
Evelyn Fleck	Director of Nursing and Midwifery		

Author(s)

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