

BORDERS NHS BOARD**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – AUGUST 2013****Aim**

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

- Patient Safety
- Clinical Effectiveness
- Person Centred Care

SAFE**Scottish Patient Safety Programme**

Key activities are being progressed in five key workstreams. A pictorial of the scope of the Scottish Patient Safety Programme (SPSP) within NHS Borders can be found in Appendix 1.

National Perspective

The 'Acute Adult Programme, Learning Session 10' is being held at the end of August. 17 delegates from NHS Borders are planning to attend. The focus will be on the Scottish Patient Safety Indicator, incorporating falls, tissue viability, cardiac arrests and hospital acquired infection. The team will be briefed on taking forward this measurement plan, with the ultimate aim of ensuring that 95% of patients admitted to acute hospitals are free from the above avoidable harms.

Following that, NHS Borders will be represented at the McQIC national learning sessions, the Primary Care national learning session and the Mental Health National learning sessions in October and November respectively. The Primary Care Team will be visited by Healthcare Improvement Scotland (HIS) in September, and the Mental Health team have a site visit booked in October.

Local Perspective

Locally, work continues across all the workstreams to ensure processes are tested, implemented and subsequently reliable across clinical areas. Outwith the National Programme priorities, local safety programmes include:

- Testing work is underway with the Infection Control Team (ICT) and the Consultant Microbiologist with a catheter maintenance bundle along side the catheter passport and nurse led removal sheet, as well as, to investigate the definition and surveillance methodology which could be applied
- Collaborative working is also underway with the ICT and Patient Safety Team to focus on an improvement project with peripheral vascular insertion bundles
- Patient Safety in the Emergency Department (ED) was highlighted at BET as an area for improvement. As a consequence, baseline data has been collected, and an initial driver diagram and PDSA charter has been proposed. The initial plan is to focus on emergency patients attending the ED with a fractured neck of femur. The

focus will be on developing and testing a care bundle using the patient safety methodology to improve patient care and reduce the length of time spent in the ED

Seven delegates have applied for the Scottish Patient Safety Fellowship and delegates are waiting to hear if they have been shortlisted to attend for interview. Interviews are scheduled at the start of September. Two Fellows participating in Cohort 6 (2012/2013) have now concluded their training and are beginning to get involved in local patient safety initiatives.

Management of Adverse Events

Following the review visit carried out by Healthcare Improvement Scotland (HIS) in March 2013 and the subsequent report which was issued in April 2013 work continues to support improvement in NHS Borders processes as identified within the local plan.

Training for Review Sponsors and Lead Reviewers was held in June and July 2013, with representation from all the Clinical Boards, Support Services and Executive Team members. The Datix (Incident Management Reporting System) e-learning module has been launched and is mandatory for all staff.

The Incident Management Policy, Standard Operating Policy and Significant Adverse Event review pack are currently under local review and will be cascaded for consultation in September before final sign off.

EFFECTIVE

Clinical Effectiveness encapsulates a number of areas of work including Clinical Audit, Clinical Guidelines, Patient Information, Research Governance, External Reviews and analysis of Significant National Reports.

Clinical Audit

Orthopaedics

The Rebalancing Orthopaedics Service Group have identified initial areas for improvement in relation to the Fractured Neck of Femur pathway following receipt of provisional information to be included in the national Musculo Skeletal Fractured Neck of Femur Audit Report.

Initial areas identified for improvement include:

- Redesigning the Integrated Care Pathway to make it easier to follow and facilitate data collection
- Communication with ED in relation to patient flow and ensuring all relevant interventions are carried out and recorded prior to the patient being transferred to the Orthopaedic Ward.

The Musculo Skeletal (MSK) Fractured Neck of Femur Audit Report will be published towards the end of August 2013. It is anticipated that consideration of the report will lead to further review of current practice and identification of areas for improvement.

Cancers

The Cancer Audit Facilitators have signed up to being an “early implementer” Board to trial the Detect Cancer Early reporting tool. ISD are currently developing the tool. All “early implementer” sites will submit data to test the system and provide feedback regarding

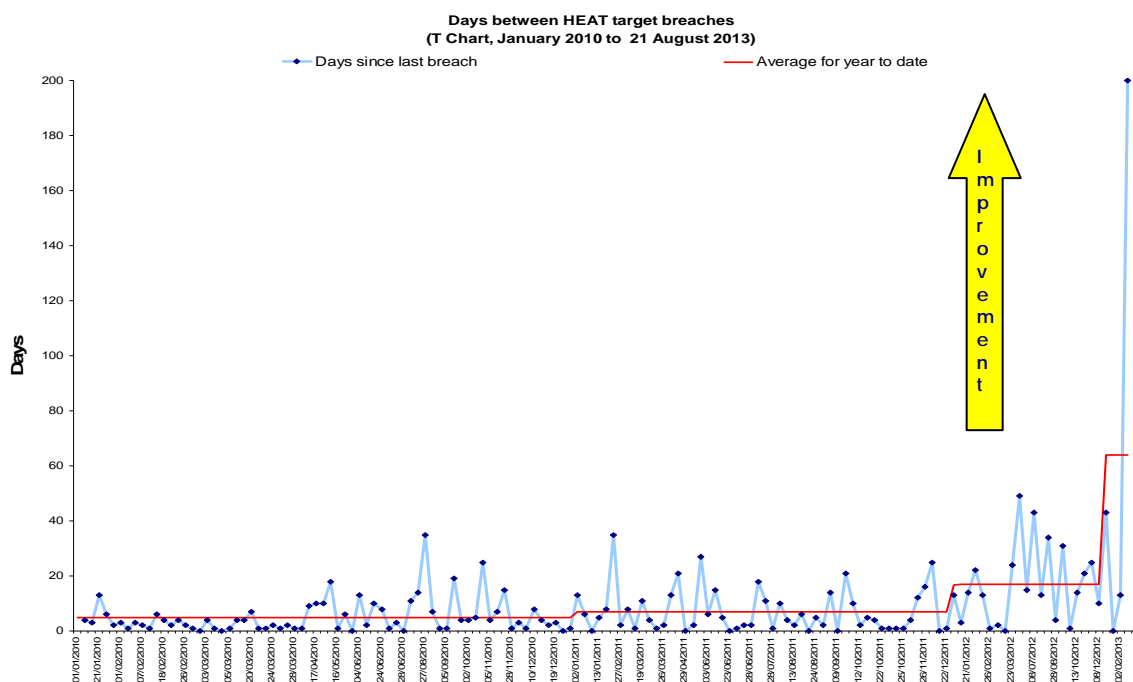
documentation. Being an “early implementer” site will allow the Cancer Audit Facilitators to familiarise themselves with the system and ensure all the data is in the correct format in order that all validations will be passed prior to full implementation of the new system.

In July, the NHS Borders National Lung Cancer Report and Colorectal Cancer Comparison Report were signed off and submitted to the Scottish Cancer Audit Network (SCAN).

Stroke

It has been recognised that NHS Borders uses the Stroke data collected to drive improvement at a local level. As this use of stroke data is not common practice in other boards across Scotland, NHS Borders has been invited to share our experience of how data can support improvement at the Scottish Stroke Care Audit National meeting, on 3 September 2013.

NHS Borders continues to perform consistently in meeting the HEAT target for all patients with a diagnosis of stroke to be admitted to a stroke unit within 1 day of arrival at hospital. ISD data released for the period April 2013 to June 2013, shows NHS Borders to be one of the two boards to attain 100 percent compliance against the measure.



The graph above depicts NHS Borders performance in respect of time between breaches of the HEAT target. At 21 August 2013, NHS Borders had achieved 200 days without breaching the target. This gives positive early indications of sustainability of the improvement made in relation to this measure.

However in continuing to strive for improvement in stroke care delivered to NHS Borders patients, it is planned that a weekly ‘Stroke Improvement Huddle’ will be set up from late August. At this brief weekly meeting, areas for improvement will be identified and trajectories set including further work to improve performance on the other quality indicators within the stroke bundle such as swallow screen assessment, time to receiving aspirin and first brain scan.

Research Governance

In August NHS Borders hosted an annual review meeting with the Chief Scientist Office (CSO). The review, which proved very positive, focussed on NHS Borders performance against:

- National targets for approving research studies
- Financial management
- Objectives set by the CSO

Progress made towards hosting commercial research in line with CSO objectives, was acknowledged. Although national standards were met, the reviewer identified scope for improvement in the length of time taken to approve studies. It is planned to discuss the current approval timescale at the next meeting of the Research Governance Committee with the aim of agreeing a reduction in this. The inclusion of research in NHS Borders Annual Review self assessment return was viewed as an encouraging sign of Executive engagement with research activity within the organisation.

Supervisory Role of the Senior Charge Nurse

Leading Better Care (2008), identified the delivery of quality healthcare requires clinical leaders who are highly skilled, knowledgeable, motivated and highly recognisable as leaders of their teams. However, providing direct clinical care to a caseload of patients, participating in hospital site management and spending significant amounts of time on administrative duties limits the amount of time a Senior Charge Nurse (SCN) can spend positively influencing the delivery of high quality care. The report and consequent implementation actions refocused the SCN role to work across four domains of practice:

- Ensuring Safe and Effective Clinical Practice
- Enhancing the Patients Experience
- Managing and Developing the Performance of the Team
- Ensuring Effective Contribution to the Organisations Objectives

During the period February and March 2013, SCN from ward 5, 6, 10 and the Knoll Community Hospital tested the impact of being supervisory in their wards with backfill from a mixture of Healthcare Support Workers and Registered Nurses. The study of the tests supported the development of a six month comprehensive improvement programme to support 13 SCNs within NHS Borders from 3 clinical boards to test working in a supervisory capacity. The focus of the role of SCNs will be to lead and deliver improvement in high quality clinical, financial and workforce indicators.

The programme is sponsored by the Director of Nursing and Midwifery and will run from September to March 2014. The impact of the SCN new way of working will be closely monitored and supported by NHS Borders Directors of Workforce and Finance, and academically evaluated in conjunction with Napier University. Clinical Governance and Quality have developed a ward based quality dashboard an example of which can be found in Appendix 2. The dashboards will support ward teams to focus their improvement efforts based on data representing clinical quality indicators. Board members will be taken through the dashboard in more detail at the planned Patient Safety development session in October 2013.

PERSON CENTRED

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 (Appendix 3 contains a pictorial of the workstream). Governance of the Person Centred Programme is provided by the Healthcare Governance Steering Group and Public Governance Committee.

Person Centred Health and Care Collaborative

NHS Borders delegates decided to use the PDSA Improvement Methodology to test a question with staff "As an employee, do you feel NHS Borders cares for you and is there anything we could do better?". This complements the testing of the patient feedback questions by the NHS Borders Improvement Forum and by the Discharge Team. The responses to the questions were mixed and we are now planning to roll out the questions across NHS Borders.

Third Sector Engagement

The Scottish Government have asked NHS Boards to complete the Engagement Matrix with the Third Sector. This tool is designed to take stock of current NHS / third sector collaboration, identify areas of strength and weakness. NHS Borders hosted an event on the 12 August 2013 with input and support from the Scottish Government. Over 50 participants took part in the event, with a good mix of statutory and Third Sector delegates. Initially NHS Borders have been asked to submit an example where engagement between the Board and the Third Sector is working well, based on the feedback support to carers has been identified as an area of strength. This event will form the starting point for two further participative sessions facilitated by [Ready for Business](#) as part of the Scottish Government's Developing Markets for Third Sector Providers programme.

Investing in Volunteers

NHS Borders is currently being reassessed for the Investing in Volunteers Award. The assessment is managed by Volunteer Development Scotland. A team of assessors are coming to the Borders to undertake interviews with staff and volunteers on the 9 and 10 September 2013. The National Panel will review NHS Borders submission in October 2013 and we will be notified of the outcome in early November 2013.

Patient Feedback Annual Report

NHS Borders welcomes patient feedback and complaints. As a new requirement of the Patient Rights (Scotland) Act (2011) we have now published our Complaints and Feedback Annual Report 2012-2013. The report provides an overview of the feedback received through any complaints, comments, concerns and commendations received between April 2012 and March 2013. The report includes lessons learnt and improvements made, and complaints and feedback received by other health service providers who provide services on behalf of NHS Borders. The full report is attached as an additional paper to the Board agenda. This report has been covered by the Southern Reporter on 22 August 2013 noting the increase by a total of 29 formal complaints in 2012/13 when compared to 2011/12.

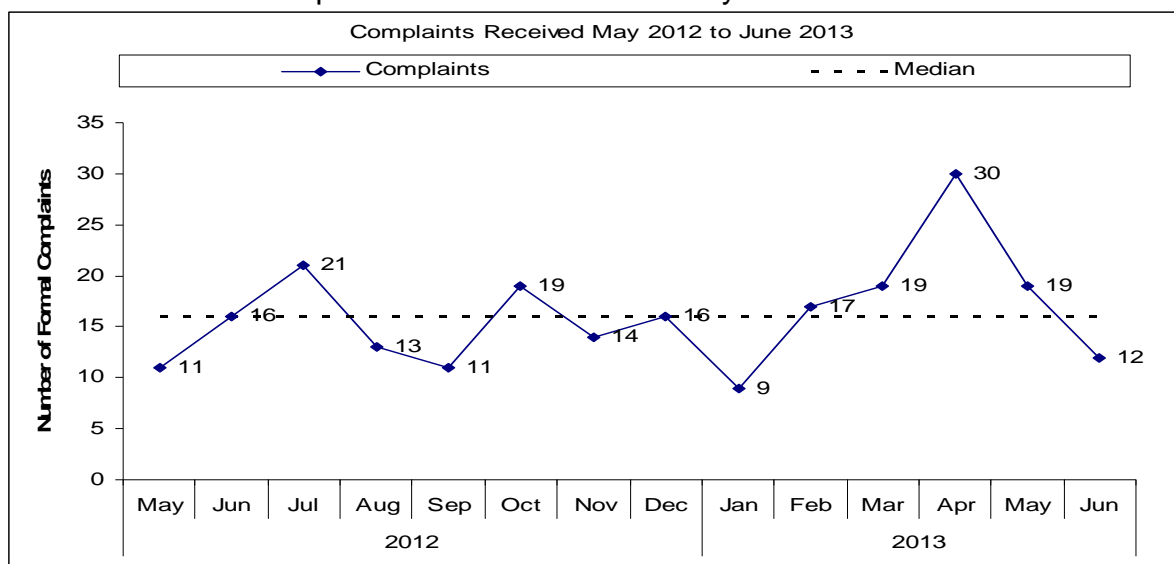
Complaints, Concerns and Commendations

Patient feedback for NHS Borders obtained through the following sources is outlined below:

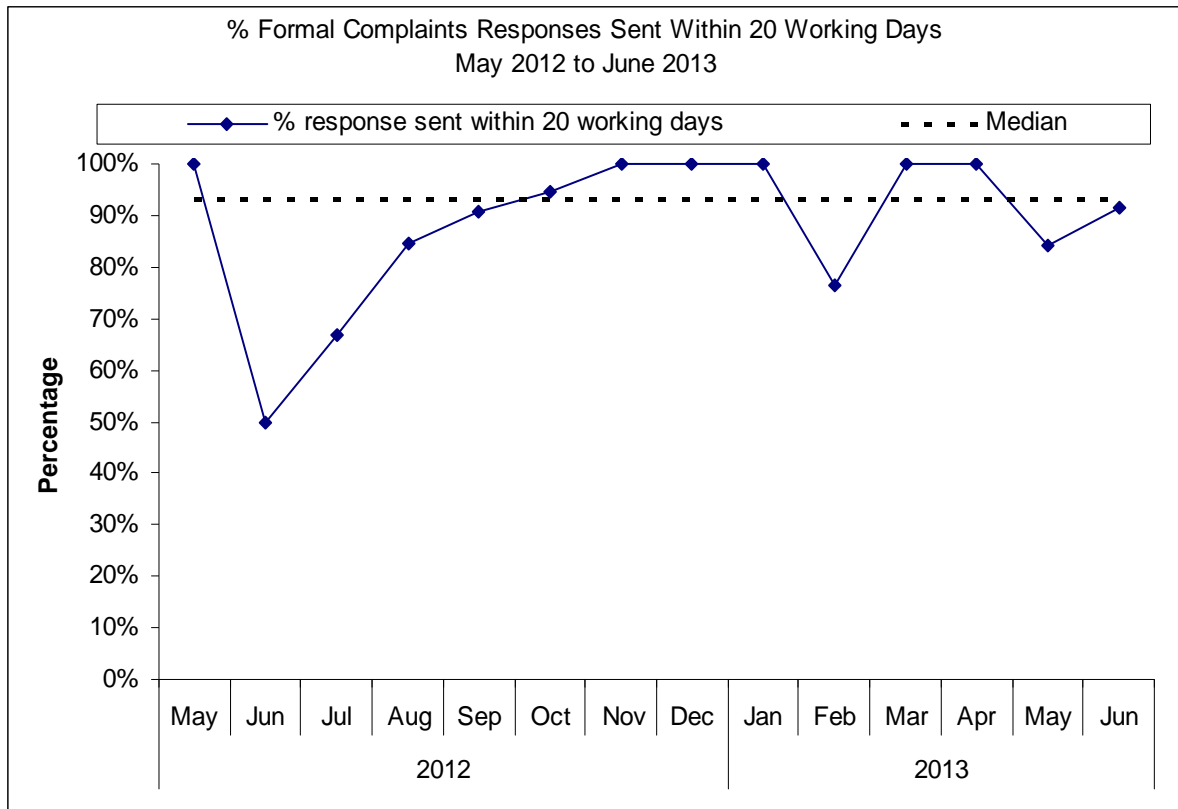
- Complaints, concerns and commendations for the period May 2012 to June 2013
- Feedback received via investigation reports or decision letters from complaints cases reviewed by the Scottish Public Services Ombudsman between April 2013 to June 2013
- Patient Opinion feedback is not reported in this months Board papers as no feedback has been received in the period since the last report to the Board

The following four graphs provide an overview for NHS Borders of the total number of complaints, concerns and commendations between May 2012 and June 2013, as well as, the response rate for formal complaints. In line with the Patient Rights (Scotland) Act (2011) formal complaints and concerns will now be managed consistently with the aim of a response within 20 days.

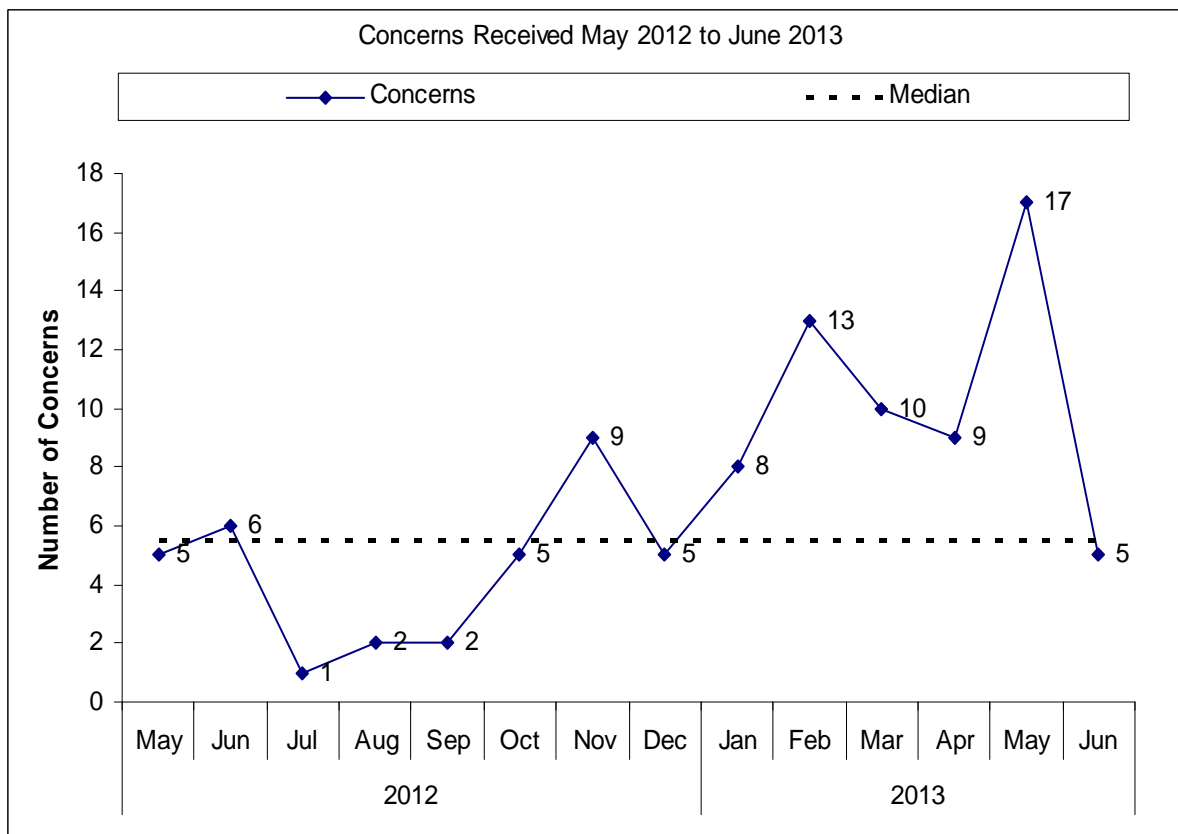
Number of formal complaints received between May 2012 and June 2013:



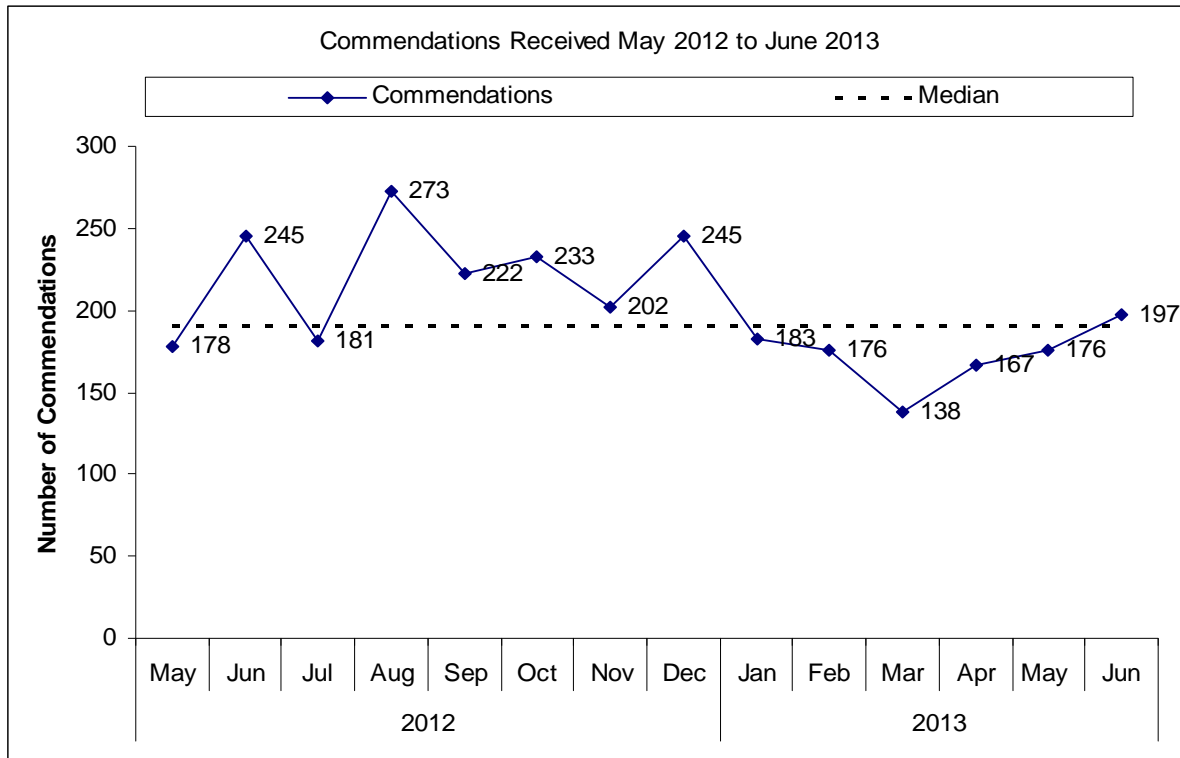
NHS Borders 20 working day response rate for the period May 2012 and June 2013:



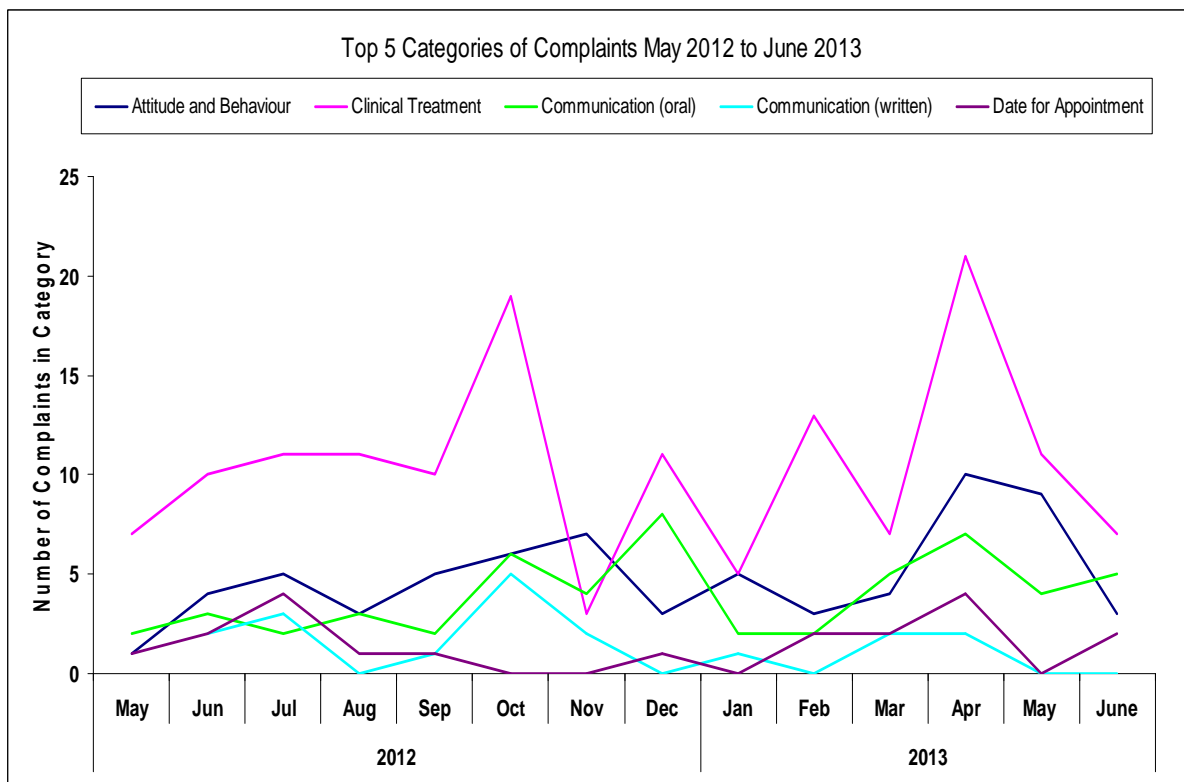
Concerns received between May 2012 and June 2013:



Commendations received May 2012 and June 2013:



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



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

SPSO Case 201200060

Ms X complained that during her brother's care in the BGH, NHS Borders:

1. Failed to adequately assess and investigate the cause of her partners symptoms (not upheld)
2. Failed to provide adequate nutrition (not upheld)
3. Failed to provide adequate discharge arrangements (not upheld)
4. Failed to communicate with the family (not upheld)

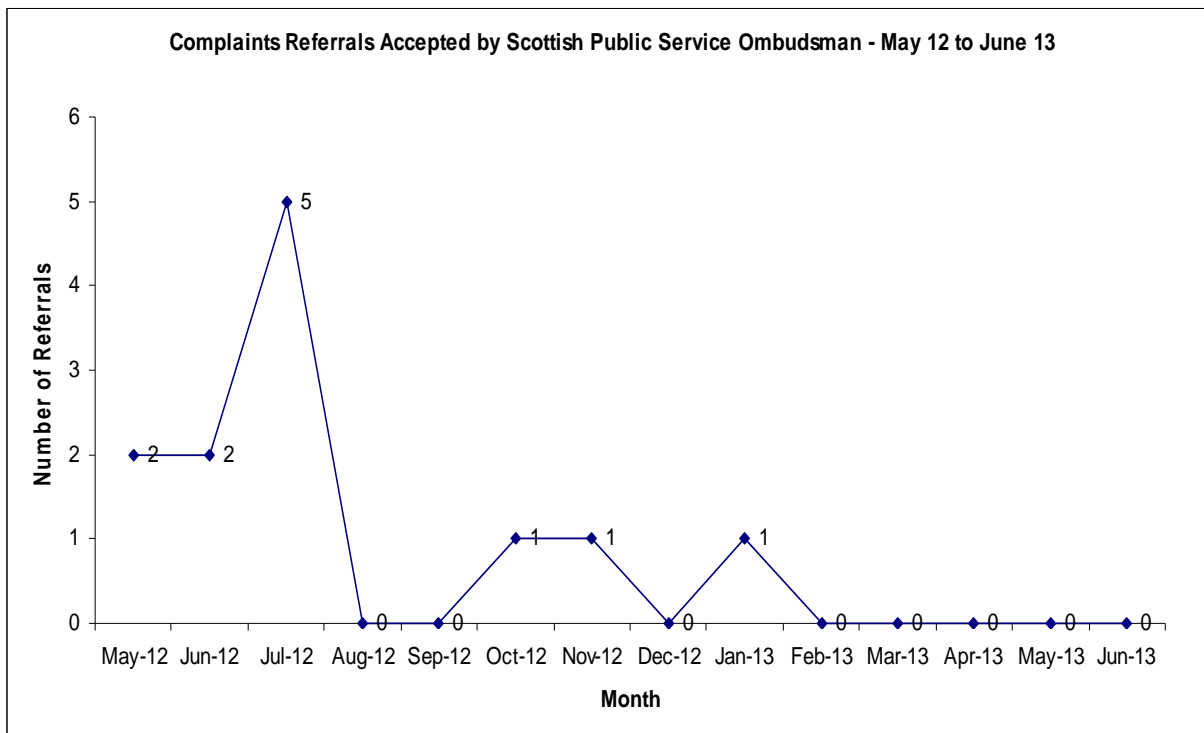
Recommendation	Response Required	Action Taken	Status
That the Board considers implementing guidelines or targets on timescales for the provision of outpatient investigations such as echocardiograph.	090813	Responded to SPSO. CEL 33 (Delivering Waiting Times) details a 6 week national target. NHS Borders has but in place a 4 week target for diagnostic tests including echocardiography.	Complete
That the Board considers reviewing relevant patient documentation to clarify, where a patient lacks capacity, whether a legally appointed Attorney or Guardian is in place.	090813	Responded to SPSO. The current version of NHS Borders Adult Unitary Patient Record does not have a dedicated section to identify if the patient has a legally appointed guardian/attorney. However this is currently being reviewed and consideration will be given to how this information can be included.	Pending review of Unitary Patient Record
That the Board considers reviewing its policy on information in relevant situations, about the option of NHS continuing care; the assessment process; and the appeals process	090813	Responded to SPSO. There are a range of patient information and national guidance that is accessible. NHS Borders is planning to develop a guide for staff that will provide a central source of information and advice.	Pending production of guide

SPSO Case 201200492

Ms P complained that Dr X failed to adequately assess Mrs Z symptoms of a lump in her neck and tiredness in August 2010 (upheld):

Recommendation	Response Required	Action Taken	Status
That the Board ensures that the issues raised in the complaint are discussed at the GPs next appraisals.	110813	The issues raised have been discussed at the GPs appraisal	Complete

The graph below outlines the number of complaints which have been referred to the SPSO between May 2012 and June 2013:



Mediation and Complaints

As part of the Patient Rights (Scotland) Act (2011), NHS Boards are required to offer independent mediation as part of the complaints process. The Scottish Government has funded the Scottish Mediation Network to provide independent mediators available for Boards and asked that Boards organise local seminars. The first seminar is organised for NHS Borders on the 9 September 2013.

Patient Advice and Support Service

The Patient Advice and Support Service (PASS) is delivered by the Borders Citizens Advice Bureau (CAB) Service. 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 the first quarter of 2013 there has been a significant increase in demand for the service; the quarterly report is available on request.

Patient Stories

NHS Borders continues to produce and collate patient stories. 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. On the 1 August 2013 a patient, supported by Marie Barton – Lifestyle Advisor, presented at the Strategy and Performance Committee about the positive impact that the Lifestyle Advice and Support Service had on his life. The Scottish Government have commissioned a video production of this story that NHS Borders will also have access to. Three local patient stories are also being developed for use as part of reflective practice for clinical teams. Opportunities will thereafter be routinely sought to produce learning materials from patient feedback.

Recommendation

Borders NHS Board is asked to **note** the current progress in the key areas of Clinical Governance and Quality.

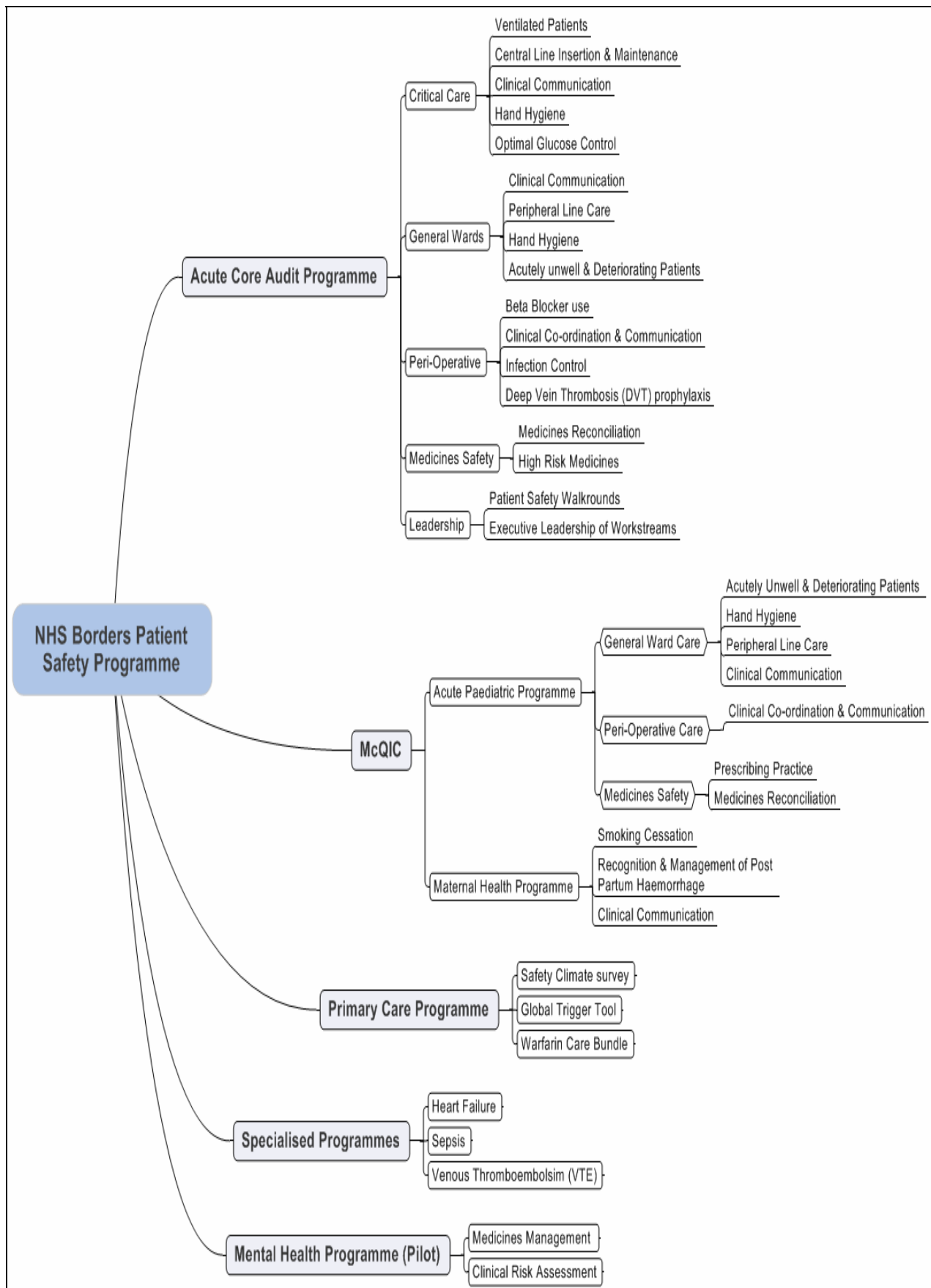
Policy/Strategy Implications	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
Consultation	The content is reported to Clinical Boards through the Healthcare Governance Steering Group and to the Board Clinical & Public Governance Committees.
Consultation 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)

Name	Designation	Name	Designation
Laura Jones	Head of Quality and Clinical Governance		

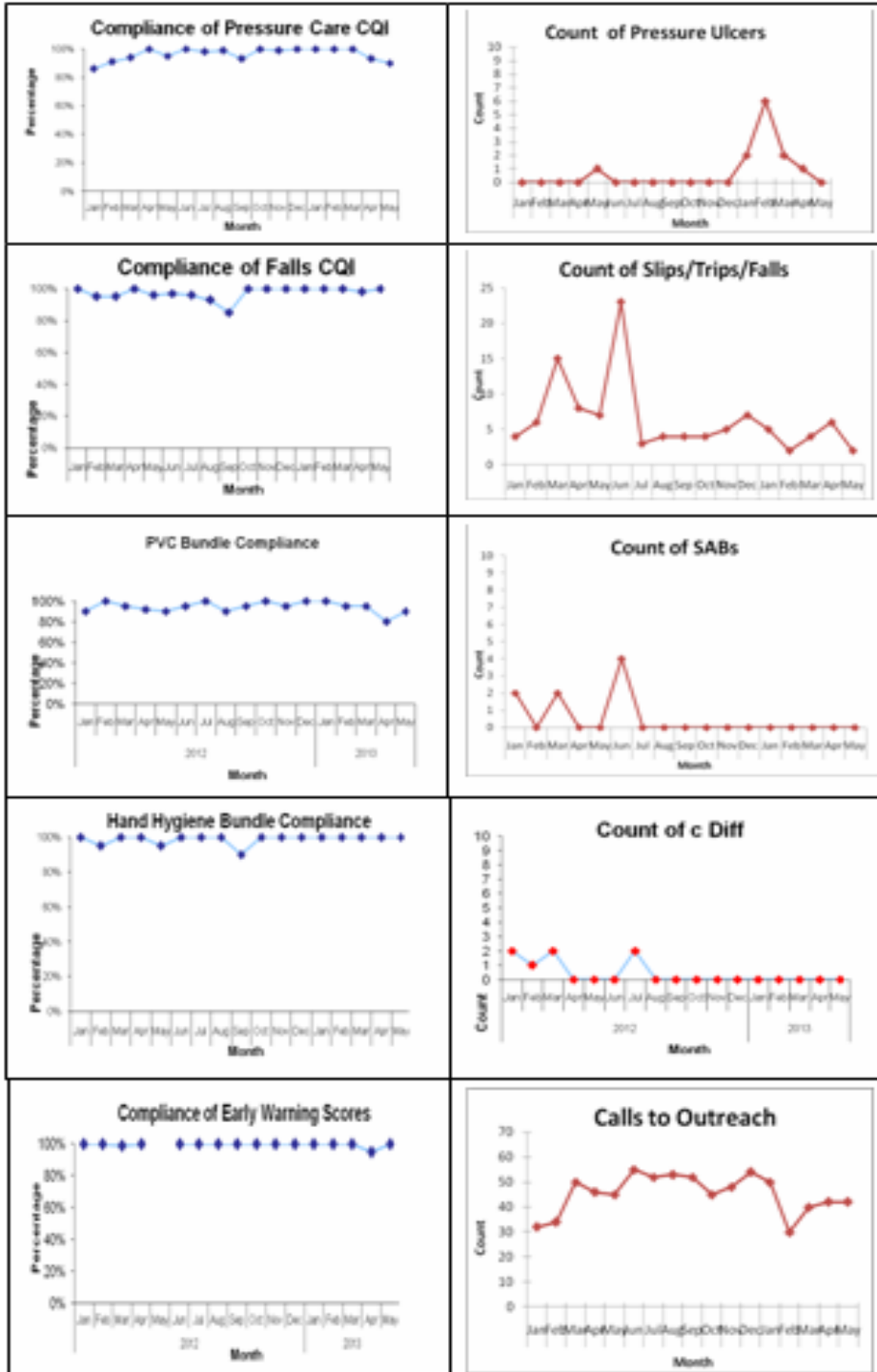


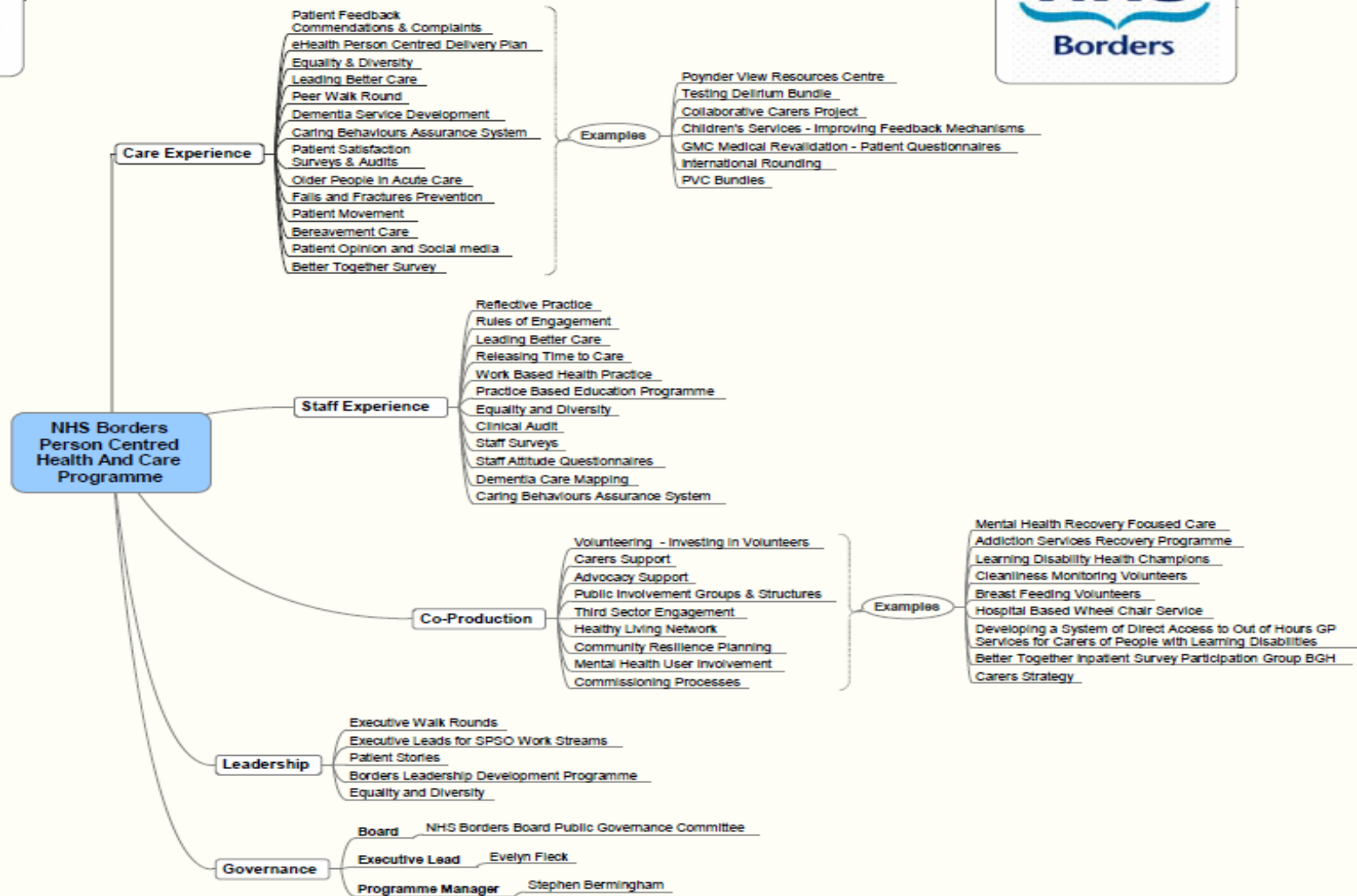
Ward Quality Dashboard Example

Clinical Quality Indicators

Process Measures

Outcome Measures







**NHS Borders Complaints and Feedback
Annual Report 2012 – 2013**

Introduction

This annual report provides a summary of feedback provided through any complaints, comments, concerns and commendations NHS Borders received between 1 April 2012 and 31 March 2013. The report also includes a summary of the lessons learnt and improvements made. Included within this report is information on complaints and feedback that have been received by other health service providers; such as GPs, pharmacists and opticians that provide services to patients in the Scottish Borders. The report also details a summary of the approaches being taken to proactively gather feedback to inform and develop local services.

NHS Borders gathers patient feedback in many ways; this includes but is not limited to:

- Correspondence received by the Complaints and Feedback Team
- Patient feedback provided by other organisations
- Online feedback through Patient Opinion www.patientopinion.co.uk
- Feedback in the local press
- Suggestion boxes
- Public Involvement Groups
- Better Together National patient experience surveys
- Person Centred Care Collaborative through
 - local patient experience surveys
 - feedback provided to staff during care and treatment
 - preparation of digital, video and face to face stories

NHS Borders welcomes and encourages feedback from patients, carers and family members and about the services we provide. Based on the feedback we received in 2012/13, we know that most patients, most of the time, are happy with the care and treatment provided by NHS Borders. However, sometimes this care and treatment falls short of the high standards patients are entitled to. When this happens it is very important that we hear about it so we can learn from any mistakes made and improve the way we do things in the future.

Making a Complaint and Providing Feedback

NHS Borders is committed to handling complaints and feedback in an honest, open and transparent way. We welcomed the introduction of the Patient Rights (Scotland) Act (2011) that gives every patient the right to provide feedback, or make a complaint and are given the support they need to do this.

NHS Borders has a dedicated Complaints and Feedback Team that will support patients to provide feedback and make a complaint. You can also provide feedback to any member of staff who will be happy to help you. More information on providing feedback or making a complaint about the services provided by the NHS in Scotland can be found at www.scotland.gov.uk/Resource/0040/00407731.pdf . If you would like a hard copy of this resource, or support with making a complaint or providing feedback please get in touch:

Complaints and Feedback Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
01896 826719
complaints.clingov@borders.scot.nhs.uk
www.nhsborders.org.uk/complaints-and-feedback

We also encourage patients to provide feedback online at www.patientopinion.org.uk

To support patients to provide feedback, we have established a Patient Advice and Support Service that is delivered by the Scottish Borders Citizens Advice Bureau. The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. 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.

Patient Advice & Support Service (PASS)
Peebles Citizens Advice Bureau
40 – 42 Old Town
Peebles EH45 8JF
Telephone: 01721 721722
manager@peeblescab.casonline.org.uk

As well as learning from complaints and feedback, NHS Borders involves the public in the design and planning of services. NHS Borders believes that involving patients, carers and the public is a very important part of improving the quality of the services it provides. There are a number of public/patient involvement groups which provides the opportunity for people to give their views and feedback on local NHS services. We value this because it makes our services more efficient and responsive to local need, it helps us to prioritise services and make best use of the available resources. If you would like to find out more about getting involved please contact:

Public Involvement Team
NHS Borders
Borders General Hospital
Melrose TD6 9BS
0800 7314052
publicinvolvement@borders.scot.nhs.uk

Complaints

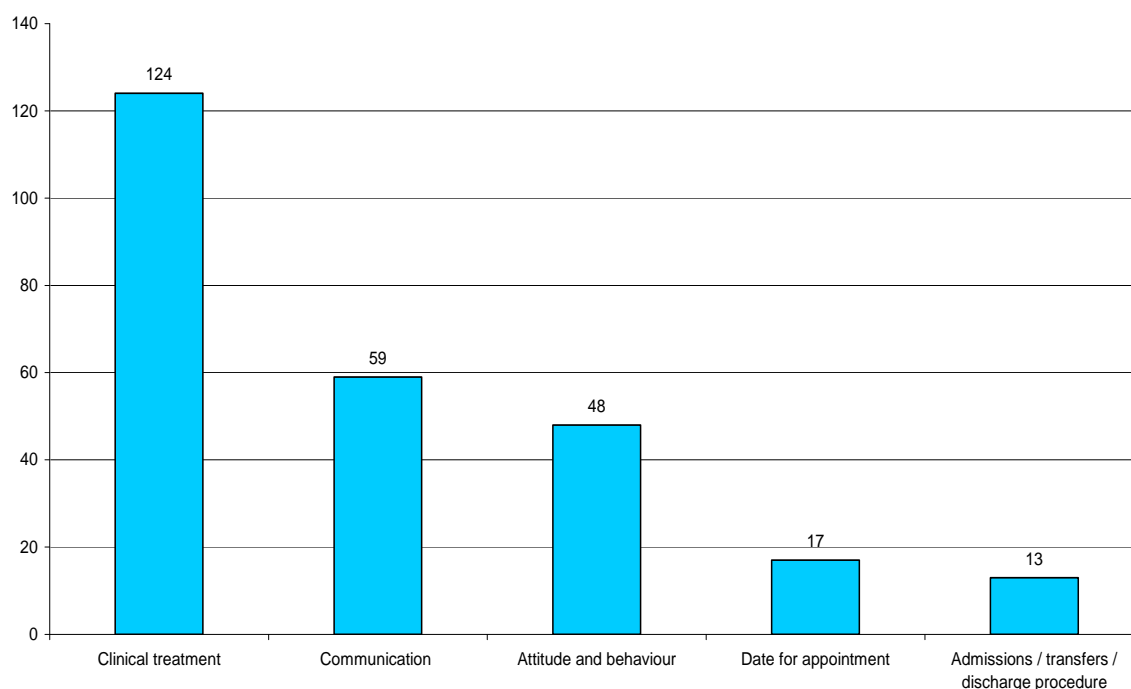
NHS Borders takes complaints very seriously. During 2012/13 we have made improvements to the way complaints are handled by supporting staff to manage complaints within the service area where they are made. We have also improved our response rate. From the 179 complaints received in 2012/13 98% were acknowledged within 3 working days. Of these complaints received 84% were responded to within 20 working days, an improvement when compared with 63.2% in 2011/12. Of the 16% of complaints received in 2012/13 which did not receive a response with 20 working days, the majority were due to complex cases requiring detailed analysis. We however, remain committed to making further improvements in our response rate over the coming year.

During 2012/13, NHS Borders did not access any alternative dispute resolution to provide mediation between the complainant and the service.

Each NHS Borders Clinical Board (Acute, Mental Health, Primary and Community Services and Learning Disabilities) has a clinical governance group which reviews complaint themes and tracks improvement actions. Members of the Clinical Board management teams are responsible for liaising directly with staff involved in complaints and concerns, to reflect on practice and identify any learning which can be used to make improvements. This often involves meeting directly with complainants to listen to their experiences.

Complaints Themes and Improvements

NHS Borders Total Number of Complaints for Top 5 Themes 2012-13



The above graph identifies the five top themes emerging from the complaints received between April 2012 and March 2013.

When any aspect of a complaint is upheld the service identifies what improvements are needed. As part of the learning from complaints NHS Borders have made the following improvements:

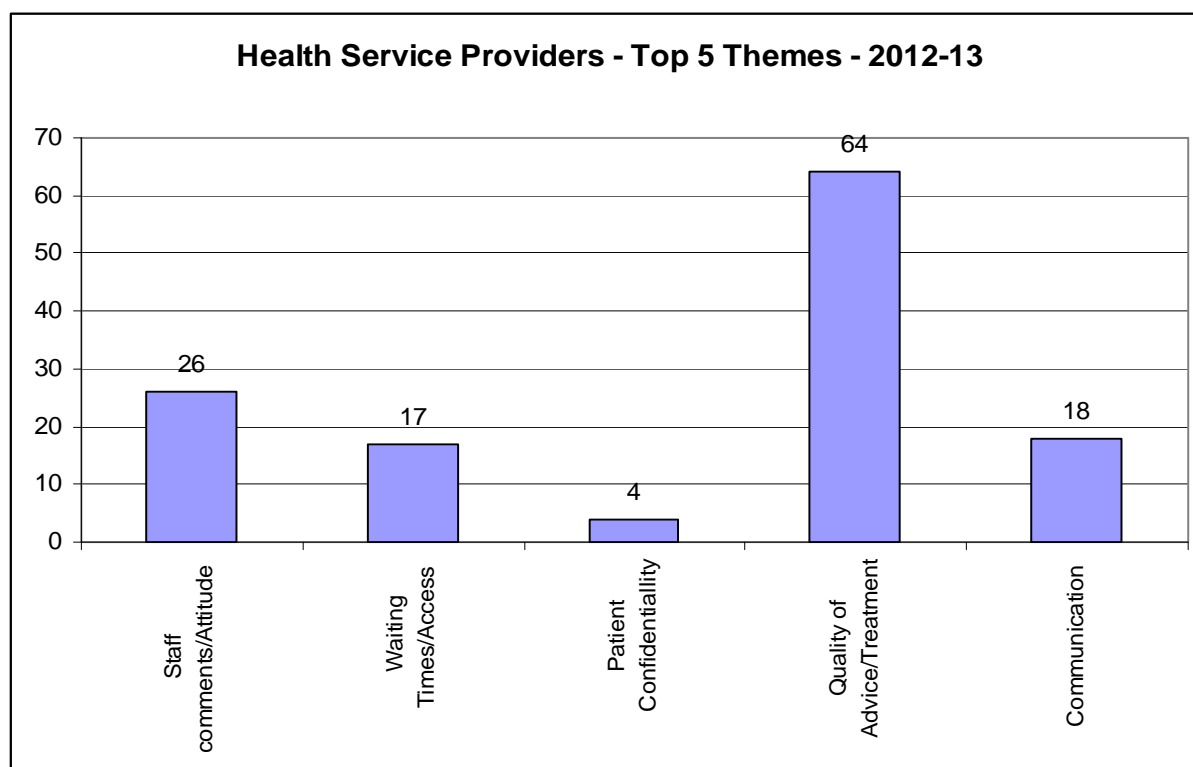
- A proposal has been developed to trial a service to provide self-propelling wheelchairs for patients to use during their stay in hospital.
- Guidance on sharing information with patients or family members has been developed for staff.
- A training session has been held for all medical and nursing staff in the Emergency Department to improve the recording and understanding of details in patients' records.
- A pilot has been initiated of a new patient transfer document to improve communication with patient's next of kin.

- To support staff who prescribe medication, an amended drug prescribing protocol has been developed highlighting practice requirements relating to consultation and patient information.
- A process has been introduced to ensure relevant staff and patients are promptly advised when a decision has been taken to cancel surgery.

Health Service Providers Complaints

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	113	0	38	3
No. of Complaints responded to within 20 working days	81	0	15	3
No. of Complaints where alternative dispute resolution used	4	0	0	0

Of the complaints themes, the top 5 were:



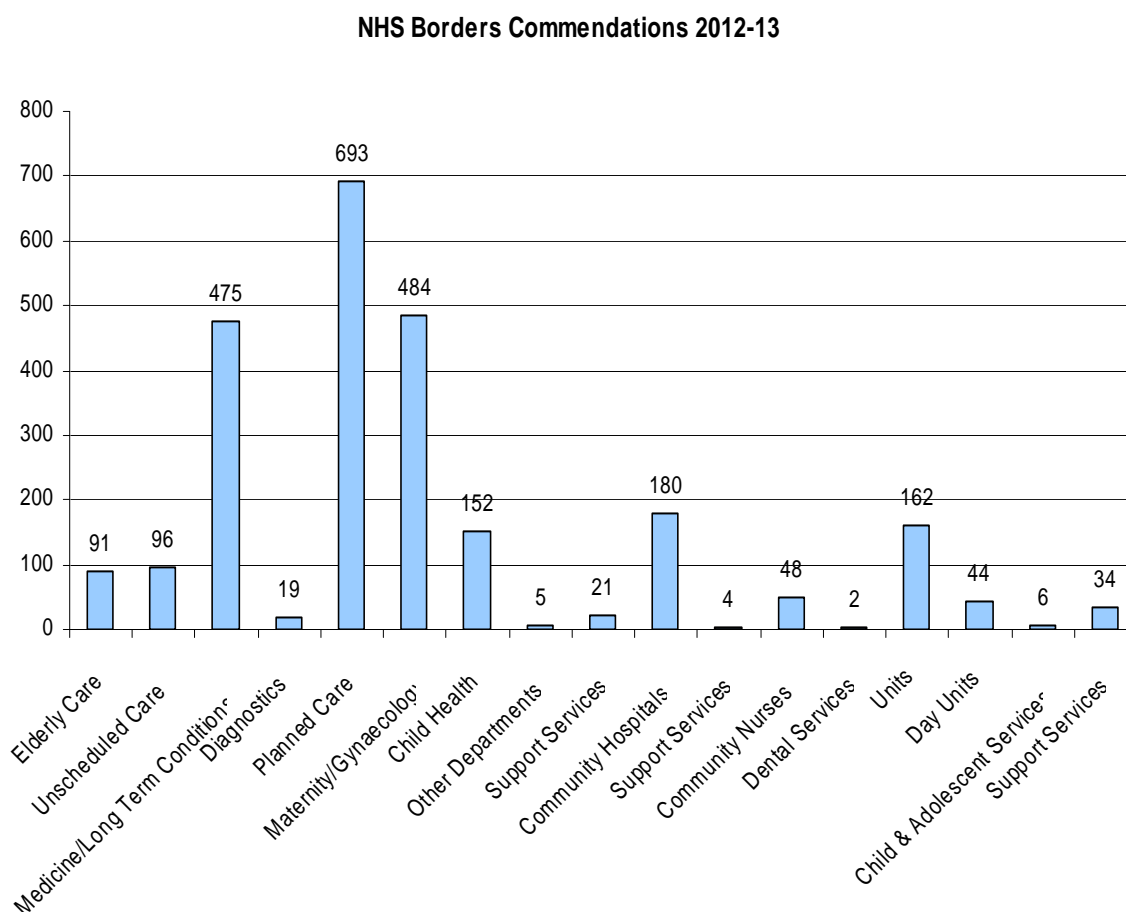
Comments and Concerns

During 2012/13 65 concerns were received and as part of the learning from concerns and other feedback the following improvements have been made:

- Revisions have been made to the patient's lunchtime menu to reintroduce soup following feedback from patients and dieticians in January 2013.
- Changes have been implemented to the automated patient reminder system:
 - Telephone calls from the system now show a local telephone number instead of the number being withheld.
 - The security question has been changed from asking patient's date of birth to year of birth.
- Improvements in communication have been made between NHS Borders and NHS Lothian, when the patient's treatment is managed across both NHS Boards. The improvement work we have undertaken is:
 - An agreed communication pathways with staff in both NHS Borders and NHS Lothian and reinforced the importance of good communication.
 - A review of our computer tracking database with the aim of allowing all patients with cancer to be monitored to the end of their treatment.

Commendations

During 2012-13 NHS Borders received a total of 2008 commendations. The following graph illustrates commendations by service area:



Patient Surveys

NHS Borders undertakes patient surveys to help identify improvements. Examples of current surveys include:

- Child and Adolescent Mental Health Service have set up a survey to gather the views of the children and young people and their carers. The staff use the results of this survey to determine how services can be delivered in a more effective way.
- A survey of patients admitted to Huntlyburn Mental Health ward, and their carers, has been running since 2003. Once a month, questionnaires are posted to patients and carers who were discharged from Huntlyburn the previous month. In 2012 the questionnaire was redesigned to ensure it was

still relevant and up-to-date. The feedback gathered is reviewed by the staff to improve their services.

- Patient interviews at discharge have started in 2013 with the aim of gaining feedback from inpatients at the Borders General Hospital. The nursing staff in the Discharge Lounge interview patients about various aspects of their stay in hospital, such as whether they felt they were treated with dignity and respect, whether their pain was controlled, or whether they were ever disturbed by noise at night. The information gathered from the interviews is then used to identify any improvements that may be required.
- A survey examining the experience of patients and their families in relation to the care they received while in the Intensive Care Unit has been developed to gather patient satisfaction levels and inform improvements.

In addition to the local surveys NHS Borders uses the results of the National Better Together Surveys to improve services. For example, the Borders General Hospital Participation Group identified that patients found it hard to identify who was in charge of the wards. In response the group worked with nursing and management staff to introduce a “nurse in charge” badge that the nurse in charge of the ward at any time now wears to help patients and carers know who is in charge in the wards.

Patient Stories

Borders NHS Board members also take a proactive approach to patient feedback using a digital, video or face to face story at each meeting. Video stories are being developed to be used in reflective learning with staff. If you would like to get involved in this work please contact the Complaints and Feedback Team.

We would welcome your feedback on this annual report. If you would like to provide feedback or need this report in large print, audio, Braille, alternative format or in a different language please contact;

Complaints and Feedback Team

NHS Borders

Borders General Hospital

Melrose TD6 9BS

01896 826719

complaints.clingov@borders.scot.nhs.uk

www.nhsborders.org.uk/complaints-and-feedback