

Borders NHS Board



CLINICAL GOVERNANCE AND QUALITY UPDATE

Aim

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

- Patient Safety Programme
- Management of Adverse Events
- Clinical Audit
- Research
- Patient Feedback

Safe

Patient Safety Programme

Spread of all the key changes (including testing, training, communication) is underway beyond the pilot populations throughout the BGH within the five initial workstreams: general ward, peri-operative, medicines management, critical care and leadership. The focus is now to ensure processes are reliable across all the workstreams in all the clinical areas.

Healthcare Improvement Scotland (HIS) is visiting NHS Borders on 17th June as part of their series of site visits for the maternity and paediatrics workstreams. The visiting team will be led by Dr Angela Cunningham, Clinical Lead for Maternity, and Dr Edward Doyle, ADMD of Women's and Children's Services and the Department of Clinical Neurosciences in NHS Lothian for Paediatrics. HIS are looking forward to meeting frontline teams to see first hand the progress of the safety work. In addition, HIS are at the initial stages of arranging a site visit to the Primary Care team on 12th September, and details are anticipated for 'Learning Session 10' at the end of August 2013.

As part of our role in supporting HIS to test the Scottish Patient Safety Index (SPSI) we are sharing our local data with them on falls, pressure ulcers, cardiac arrests and Healthcare Acquired Infection (HAI) rates. They will be using this to establish a baseline over the whole of NHS Scotland and we have been assured the information will not be used to compare one NHS board with another as much of the definitions and interpretations between boards would be inconsistent. There is no patient identifiable data being shared.

Mental Health

Learning Session 3 is to be held on 19th June and NHS Borders have seven representatives attending. The pilot Programme within NHS Borders continues to inform the national agenda, and the launch of the official Mental Health safety programme is expected in September 2013.

Preparatory work is commencing with risk assessment in The Brigs, and with medicines reconciliation in Huntlyburn. Baseline data is in the process of being collected for this national pilot.

Primary Care

The local launch of the Primary Care programme took place in May 2013 as part of a TIME session. NHS Boards were asked to prioritise this work as a key part of the Quality Strategy via a Government CEL 03 in January 2013.

The safety programme forms a key part of Scotland's Quality Agenda and following negotiations for 2013-14, Scotland will be unique in having a section of the Quality Outcomes Framework (QOF) dedicated to patient safety work. The plan is for the programme to be developed over the next five years.

This year will see the introduction of the following elements:

Collaborative Learning - An introduction to the programme and essential learning to aid practices to carry out the work was incorporated into Borders TIME on 22 May 2013. The aim was to cascade learning from the national collaborative event, to provide an introduction to improvement methodology and offer specific training to assist with the climate survey and trigger tool work required for QOF 2013-14.

Safety Climate Survey - Required for QOF 2013-14. The aim is to help practices to further develop a safety culture within the practice. The survey has been widely tested as part of the Safety Improvement in Primary Care (SIPC) programme over recent years. Practices will be required to complete the survey twice within 2013-14.

Trigger Tool - Required for QOF 2013-14. The trigger tool is a validated aid for structured case note review in order to identify potential harm. It has been developed in Scotland and tested via the SIPC programme. It is also approved for use as appraisal evidence. It is intended as a way of identifying areas for reflection and improvement of internal processes to avoid significant events and harm.

Warfarin Care Bundle - The Scottish Government has stipulated that NHS Boards introduce one of the evidence based primary care safety care bundles each year. Rather than create a separate workstream, in keeping with most other NHS Boards, NHS Borders have decided in agreement with the Local Medical Committee (LMC) to incorporate the warfarin care bundle into the warfarin enhanced service. This enhanced service has been adapted to include the bundle and funding added to support the measurement requirements. These bundles have been widely tested and experience in Lothian has shown that using the bundle not only identifies unexpected glitches in our systems but also leads to improved INR control and reduced adverse events. In addition practices have also shown a beneficial effect on workload in terms of the number of blood tests performed and workload associated with poorly controlled INRs.

Leadership

The leadership workstream aims to provide an opportunity for senior leaders within the organisation to obtain an overview of the safety issues, performance and structure of the system and is a means to provide guidance for improving the system through a series of timetabled Executive walkrounds.

Testing of amalgamated SPSP, Healthcare Environment Inspection (HEI) and Older People in Acute Hospitals (OPAH) Leadership walkrounds has been in place since November 2012 and BET agreed that this format will continue. Each member of BET is asked to take part in one walkround per month in a clinical area accompanied by a BGH manager, a senior charge nurse and a representative from the Clinical Governance and Quality, Infection Control or OPAH project team. The executive lead is responsible for collating the report to send back to the relevant clinical area. Both the nurse in charge of the area visited and the walkround team are responsible for ensuring actions agreed at the end of the walkround are progressed. Clinical Boards are responsible for ensuring action plans are complete.

Mortality Reviews

In January 2013, a case note review of all inpatient deaths within the BGH from October 2012 using the three by two matrix tool was undertaken to identify common factors that impact on the quality of care. This tool is currently being tested for purpose and outcome, and monthly reviews (on all inpatient deaths, three months prior) have taken place since then. To date out of 1500 inpatient days, 13 incidences of harm were found, none of which were fatal.

These reviews have uncovered different health and care system issues and have also opened a dialogue around death certification and the incident review policy. Findings from the reviews have been shared at the Grand Round and the BGH Clinical Governance Group, and there are plans to take the findings to the Healthcare Steering Group to identify areas for improvement and organisational learning.

Reducing Avoidable Harm - Scottish Patient Safety Indicator

With regards to reducing avoidable harm ongoing discussion is being held in the Scottish Government as to what exactly this will encompass. SPSP programme managers have been advised to continue with the initial phase of SPSP until all process measures are reliable. It is anticipated that falls, tissue viability, catheter acquired urinary tract infections (CAUTI) and/ or healthcare acquired infections and cardiac arrests will form the basis of Scottish Patient Safety Indicator but the measurement process is yet undefined. National discussion is also taking place regarding boarding patients and unplanned transfers as these too, contribute to the safety of patients. Learning session 10 has been postponed until August 2013, and the final decision from the Scottish Government and HIS will be launched at this event.

Management of Adverse Events

Following the review visit carried out by Healthcare Improvement Scotland 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.

A training plan is being taken forward to develop an improve understanding of incident management and reviewing Significant Adverse Events. The first sessions for Chairs and Lead Reviewers have taken place this month and the second sessions are due in July.

This training will also feed into the Incident Management Policy review process, including the alignment of the Operational Procedure and development of guidelines and template documents to support staff in reviewing incidents.

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

Comparative reports have been received from SCAN for Breast, Ovarian and Colorectal cancer patients diagnosed in 2011. Currently data collection is being finalized for patients diagnosed during 2012. This data will be sent to the Scottish Cancer Audit Network to allow production of the 2012 comparative report for all South East Boards.

The Breast Cancer Comparative Report evidenced that 100% of patients were diagnosed within 14 days of their first clinic visit and 99% of diagnosed patients received their first treatment within 62 days of GP referral.

The Ovarian Cancer Comparative Report showed that NHS Borders 22 day's timescale for referral to first treatment was 11 days below the SCAN average.

The Colorectal Comparative Report demonstrated positive performance against the measures for NHS Borders. One hundred percent of patients with Colorectal cancer, receiving definitive surgery, were seen by a Clinical Nurse Specialist. This was a highest percentage attained across reporting NHS Boards. NHS Borders was also reported to have attained one hundred percent of this patient group who underwent a surgical procedure involving anastomosis of the colon had no anastomotic dehiscence. In addition one hundred percent of rectal cancer patients undergoing primary resection, had clear CRM resection margins.

The Lung Cancer Comparative report for 2011 has yet to be finalised.

The Borders Bowel Screening programme commenced December 2009. The Borders Bowel Screening Dataset (BBDS) captures all fields indicated by the ISD Minimum Dataset as well as other information relevant to our local uptake and NHS Quality Improvement Scotland standards. The information is used to inform the waiting list and reduce risk to the programme.

ISD require twice yearly uploads of data via SWIFT. This is carried out between the 15th - 28th May and 15th – 28th November. This year successful submission was achieved by May 17th.

Monthly progress reports in respect of waiting times are produced for the Borders Bowel Screening Team and distributed to relevant clinical teams.

Within NHS Borders work in relation to Detect Cancer Early is ongoing between Clinical Audit staff and the BIST/ Cancer Modernisation Manager. This work is focusing on reporting and monitoring of data. ISD have been completing the baseline data analysis from January 2012. In order to support ISD in this work NHS Borders submitted 2010 and 2011 data. This month, 2012 Quarter 4 data has been submitted to ISD. In addition, over the past 6 months work has been undertaken with the Detect Cancer Early team and

Public Health to develop a data capture process for monitoring Detect Cancer Early targets and screening uptake.

Research Governance

The local research governance focus centres on research studies that include NHS Borders patients and service evaluations. The Research Governance Committee over the past two months has approved 2 new studies 3 amendments to existing studies and 3 service evaluations.

A structure is currently being developed to create an Integrated Research and Innovation Office. This is being taken forward in partnership with Scottish Borders Council, and the voluntary and independent care sectors. This is an exciting approach which will facilitate the testing of new models of care using research methodology to assess the impact and effectiveness of these across the system. This development will build upon existing knowledge bases, bridge knowledge gaps, and help inform care delivery.

NHS Borders continues to explore ways in which research capacity can be developed. As part of the NHS Research Scotland South-East node, NHS Borders is partnered with NHS Lothian. A recent meeting between NHS Borders and NHS Lothian explored ways in which support for research activity in NHS Borders could be facilitated through the nodal arrangement.

Currently, NHS Borders hosts multi site non-commercial research; however there is a willingness to move towards hosting commercial research. This will meet the objectives set by the Chief Scientist Office to increase income and activity from commercial studies. The plan is to engage with NHS Lothian to identify potential areas for commercial research within NHS Borders. Discussion has also taken place with NHS Lothian on how research capacity might be increased within NHS Borders, and staff encouraged to undertake research projects.

Person Centred

Person Centred Health and Care Programme

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.

The second Person Centred Health and Care Collaborative event took place on 30 and 31 May 2013. The event focussed on approaches for measuring person centeredness and the variety of ways we gather feedback from patients, carers and staff. 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.

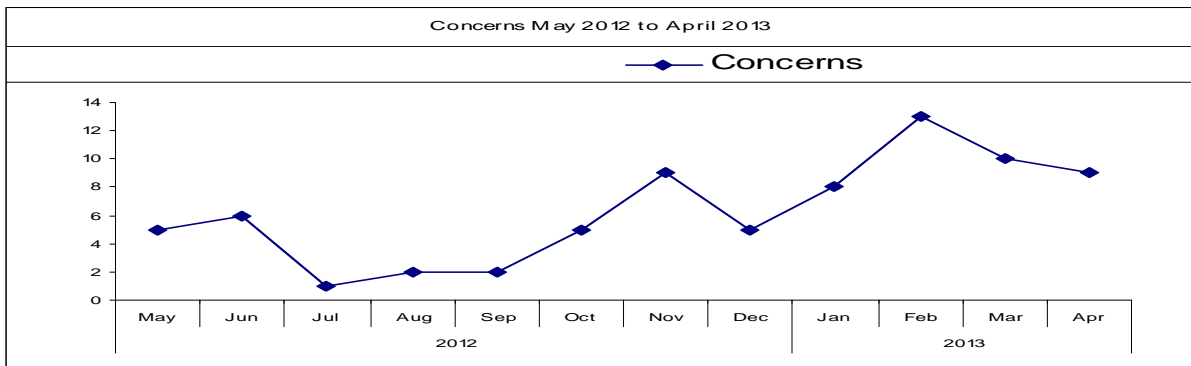
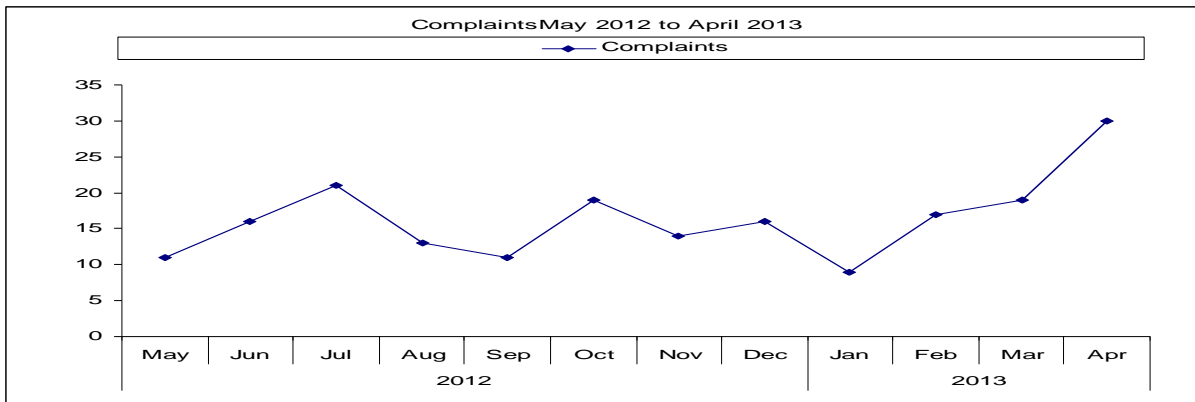
Patient Feedback

Feedback is collected through several different means within NHS Borders. A summary of feedback provided since May 2012 is outlined below from the following sources:

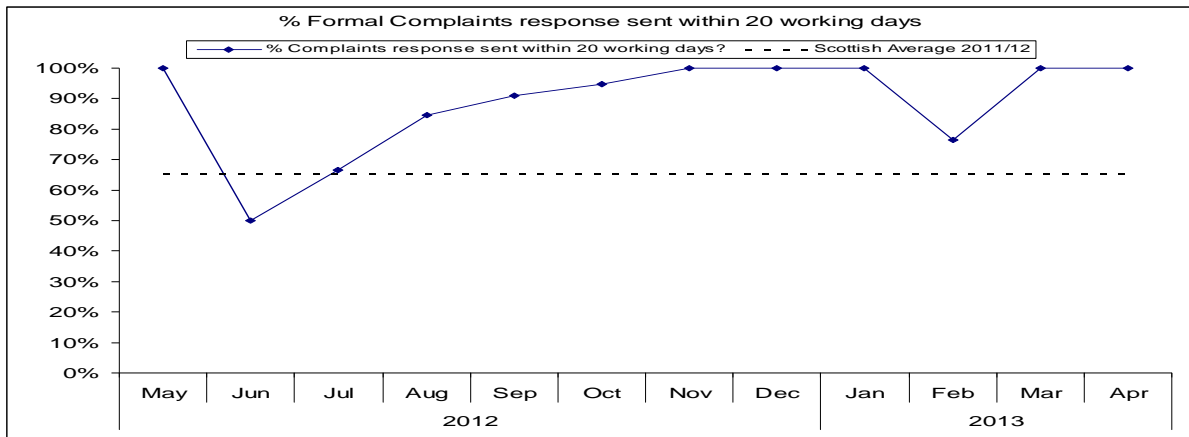
- Complaints, concerns and commendations for the period May 2012 to April 2013
- Feedback received through the Patient Opinion website for the period October 2012 to April 2013
- Feedback received via investigation reports or decision letters from complaints cases reviewed by the Scottish Public Services Ombudsman in March 2013.

Complaints, Concerns and Commendations

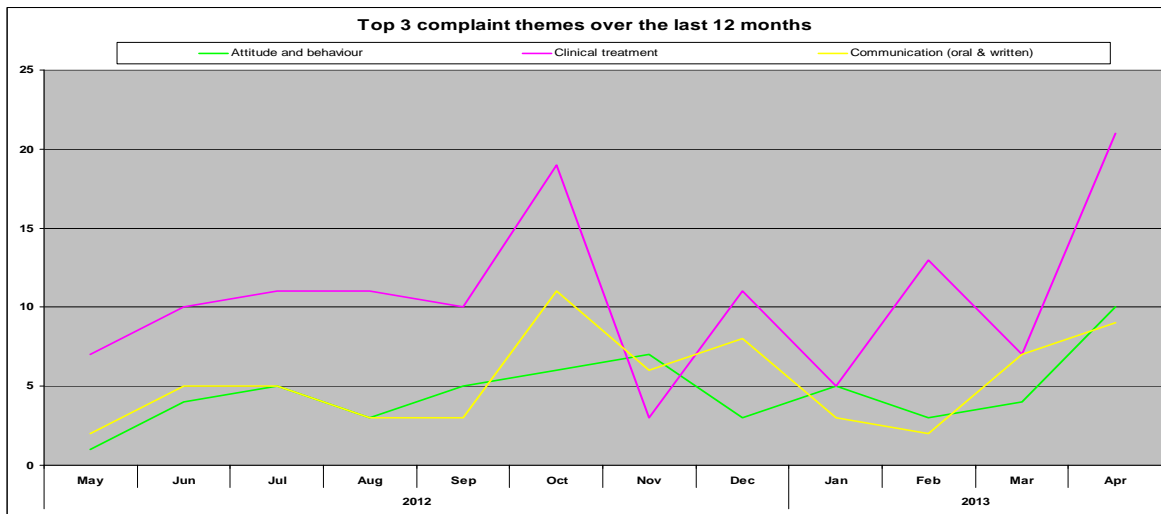
The graphs below detail the number of formal complaints and concerns we have received between May 2012 and April 2013. In line with the Patient Rights (Scotland) Act (2011) from 1 April 2013 complaints and concerns will be dealt with and reported in the same way.



NHS Borders 20 working day response rate for the period May 2012 – April 2013 is outlined in the table below.



A requirement of the Patient Rights Act 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 April 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.



Commendations



**Note: there can be a time lag in receiving confirmation of the numbers of commendations; April's figures are only provisional and are likely to go up.*

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

SPSO Case 201203099 – Letter dated 08 March 2013

Mrs X complained that Borders General Hospital failed to appropriately assess and treat her leg condition (*upheld*).

This complaint was upheld by the SPSO with the following recommendations:

Recommendation	Completion Date	Status
Apologise to Mrs X for failing to appropriately assess and treat her.	Within one month	Complete
Conduct a critical incident review into the circumstances that pertained.	Within 3 months of the date of the decision letter	Complete

Patient Opinion Feedback

*Note for further information visit the [Patient Opinion Website](#)

Title	Date	Summary	Follow up actions
Horrible experience in Orthopaedic clinic	30.09.12	Negative experience of orthopaedic clinic	- Responded to patient asking that they contact the feedback and complaints team so an investigation could commence. Offer not taken up. -Contacted Service Manager and Orthopaedic surgeon and asked them to raise with their team. -CG&Q met Surgeon to discuss feedback and reflect on practice
GP referral to consultant diagnosis	01.10.12	Negative experience of diagnosis.	-Responded asking patient to contact feedback and complaints staff to investigate and help resolve issue. -Message passed onto MS Nurse Specialist and Consultant Neurologist to discuss at staff meeting.
Missed miscarriage	18.01.13	Positive experience felt cared and supported.	-Responded thanking patient for taking time to provide positive feedback -Shared with Consultant Gynaecologist and Service Manager and asked them to share the feedback with their teams.
GP appointment	19.03.13	Negative but relates to the practice of a GP.	-Responded advising patient that they need to raise the issue with the GP practice, and to contact the feedback and complaints staff if they need any information to support this.
Hip replacement at the BGH	20.03.13	Positive experience 10 out of 10,	-Responded thanking patient for sharing positive story. -Shared with Operational Manager, Head of Service and Catering Manager to share with their staff.
Skilled and cheerful care following stroke	06.05.13	Positive experience of stroke unit and rehab provision.	-Responded thanking patient for taking the time to provide positive feedback. -Shared with Stroke Coordinator / SCN and Operational Manager and asked them to share feedback with team.
Impressed by cardiology outpatient visit	06.05.13	Positive experience of cardiology service reported by family member.	-Responded thanking patient for the positive feedback. -Message sent to Consultant Respiratory Physician, Consultant Cardiologist and Operational Manager to share with team and in particular the named doctor.

Volunteering

Promoting volunteering is a national priority of the Scottish Government¹. All Health Boards are now required to achieve the Investing in Volunteers (IIV) accreditation. NHS Borders achieved IIV status in 2010 and is due to be reassessed in August 2013. The Standard provides a quality assurance that there is a commitment to volunteering and that they are safely and effectively managed. On 21 May 2013 NHS Borders Endowment Committee approved the funding of a two year volunteer coordinator post. The post will work with services to develop high quality volunteering roles across NHS Borders.

A Participation Standard for the NHS in Scotland: Self-Assessment 2012/13

For 2012/13, Health Boards have been assessed against the effectiveness of public involvement work in relation to Corporate Governance. The self-assessment also included two example case studies, selected by the Scottish Health Council (SHC) from a long list of six, that demonstrate good practice in relation to public involvement. For NHS Borders these were Breastfeeding Volunteers and Better Together Inpatient Survey: working with the public, patients and carers to improve services within the Borders General Hospital.

Health Boards have been assessed for the levels not previously attained from 2010/11 - for NHS Borders this included the Evaluation and Improvement levels. The Standard has four measurement levels; Level 1 Development, Level 2 Implementation, Level 3 Evaluation, and Level 4 Improvement.

For 2012/13 submission, NHS Borders self assessed at the following levels:

Participation 2013	Standard	Self assessed level	SHC assessed level
Section 3.1		Level 4 Improvement	Level 2 Implementation
Section 3.2		Level 4 Improvement	Level 4 Improvement
Section 3.3		Level 4 Improvement	Level 4 Improvement

The SHC analysts and Local Officer have now reviewed the self assessment and supporting evidence and their initial analysis detailed above. NHS Borders has accepted the indicative levels as above, recognizing that a Board wide Public Involvement Strategy and infrastructure is required to achieve the Improvement Level for section 3.1. NHS Borders has shown improvement in other areas of their corporate governance of public involvement which is evident by achieving the highest levels for section 3.2 and 3.3. Public Involvement is working with the SHC who are providing advice and support in developing the required strategy. The next stage of the assessment involves the SHC interviewing NHS Borders public involvement members who have been involved in the assessment to help verify the submission. Formal sign off is expected to be completed by the end of June 2013.

¹ Refreshed Strategy for Volunteering in the NHS in Scotland CEL 10 (2008)
http://www.sehd.scot.nhs.uk/mels/CEL2008_10.pdf

Recommendation

The Board is asked to **note** current activity in the areas of patient safety, clinical effectiveness and person centred care.

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
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