

**Borders NHS Board**



## **CLINICAL GOVERNANCE AND QUALITY REPORT**

### **Aim**

The aim of this report is to provide the Borders NHS Board with an overview of progress in the areas of Safe, Effective and Person Centred Care.

### **Background**

Improvement work to support both a proactive and reactive approach to safety, clinical effectiveness and person centredness care within NHS Borders has been consolidated under the remit of the Clinical Governance and Quality (CQ&Q) function. There are several core activities supported through CG&Q such as clinical risk management, complaints, clinical audit, research, as well as, tailored quality improvement initiatives such as the patient safety programme and the person centred care collaborative.

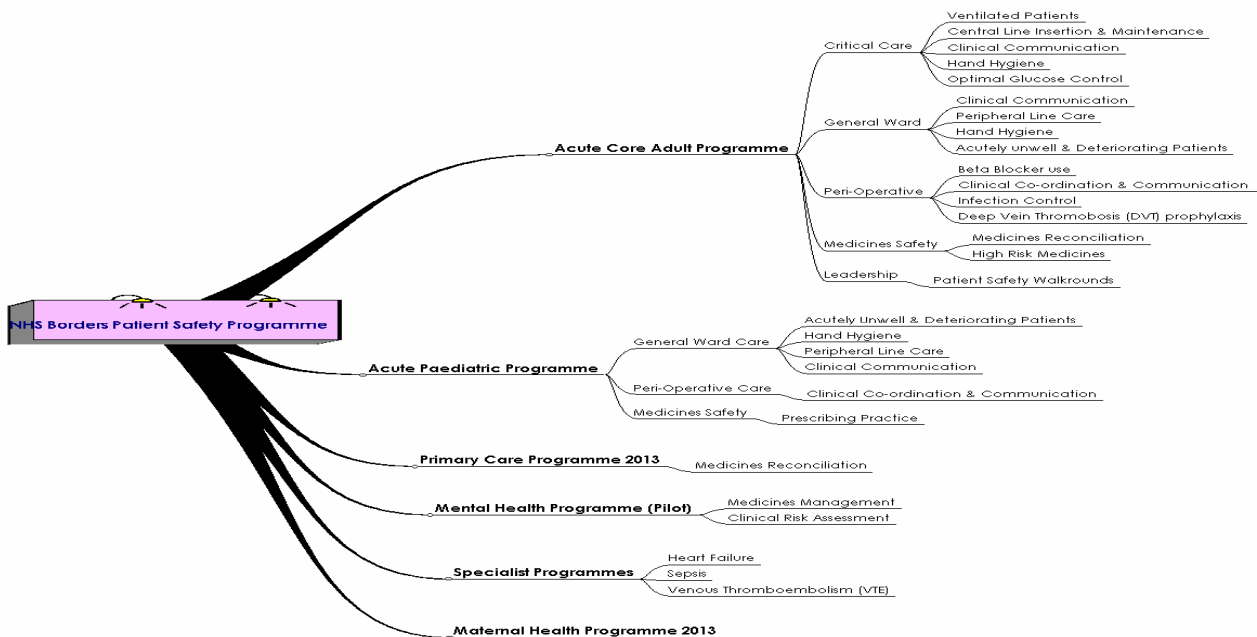
### **Assessment**

#### **Safe**

##### **Scottish Patient Safety Programme**

Phase one of the Scottish Patient Safety Programme (SPSP) has been underway within the Borders General Hospital (BGH) for sometime. The second phase of the SPSP was announced in June 2012 and it is expected that the Scottish Patient Safety Indicator (SPSI) will be launched in August 2013. In the interim, NHS Boards are asked to continue to work on the spread existing programme process measures throughout the organisation with a focus on building sustainability.

The visual below represents the current scope of the SPSP:



A spread and sustainability assessment is currently being undertaken to inform the priorities of the local programme for the coming year. The priorities will be discussed with the Borders Executive Team (BET) on the 23 April 2013 and presented for a final decision to the Strategy Group in May 2013.

### Leadership Walkrounds

The amalgamated SPSP, Healthcare Environment Inspection (HEI) and Older People in Acute Hospitals (OPAH) Leadership walkround is fully sustained in BGH and is now being extended to community hospitals and mental health sites and each area will have two walkrounds per year.

Each member of the BET leads one walkround per month supported by a member of the Clinical Governance and Quality or Infection Control Team, a member of the Clinical Board management team and a nurse from another clinical area.

### Management of Adverse Events

The response to the findings from NHS Ayrshire and Arran's review into the management of adverse events has resulted in several areas of work being initiated both nationally and locally. NHS Borders undertook a baseline assessment of the local management of adverse events in September 2012. Subsequently a local improvement plan was developed building on the recommendations for all NHS Boards coming from the NHS Ayrshire and Arran report. An action group has been working on implementing the local improvement plan since its development.

In addition HIS initiated a rolling programme of review visits to NHS Boards to assess the management of adverse events. NHS Borders received notification in December 2012 that a review visit would take place on 12 March 2013. In preparation for the review visit further information was submitted to HIS on 10th January 2013. The HIS team were provided with detailed documentation about NHS Borders incident management processes as well as specific data on incidents which had occurred between August 2012. From this information four cases were selected by the HIS Team for further review both prior to and during the review visit.

During the review visit on the 12 March 2013 NHS Borders gave an overview of our approach towards adverse event management to the visiting team. This was followed by a session question and answer session with HIS and NHS Borders Clinical Board Senior Management Teams, members of the Board Executive and Non-Executive Team. This was followed by a detailed overview of the local incident management system, Datix, by the Risk, Health and Safety and Clinical Governance and Quality Teams. HIS then held individual sessions with members of staff involved in the four selected cases in order to gain a perspective from front line staff of their experience of adverse event management. The team also carried out a walk-around to three clinical areas within the BGH site to assess frontline staff's awareness of incident management processes.

Verbal feedback was provided to NHS Borders Board on 4 April. A draft report has been received and returned to HIS following factual accuracy checking. The findings of the review visit for each NHS Board will be published by HIS. Timescales for this have not been clarified to date but the expectation is that NHS Borders report will be published towards the end of April 2013. The initial feedback from the report is currently being built into the existing local improvement plan.

### **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** - Current clinical audit activity centres on cancer, stroke, diabetes and musculoskeletal care. As far as possible data collection for national audit reporting purposes is enhanced for use at a local level to support quality improvement initiatives.

In addition to auditing against clinical procedures, guidelines, care pathways and bundles, clinical audit assists clinical services in undertaking patient satisfaction surveys.

There are also a range of local audits running at any one time. In the last month 14 clinical audit applications have been approved. These have included patient surveys in physiotherapy and rehabilitation services, inpatient dementia services, and blood transfusion audits for ward 15, obstetrics, medical, dental. In addition a dental audit report and improvement plan relating to the learning disability eligibility screening process has been developed.

**Musculoskeletal Audit** - The current cycle of this audit is focusing on the fracture neck of femur pathway for patients admitted during the period December 2012 – March 2013. In addition work is underway through the Orthopaedic Rebalancing Group using local data to inform improvements in data recording within health records and to enhance the fractured neck of femur care pathway. In addition an audit of the orthopaedic surgical referrals pathway is currently being undertaken.

**Cancer Audit** - In addition to the core national cancer audits which run continuously in breast, colorectal, urology and lung additional audit is being carried out to support the Detect Cancer Early Programme. Data has been specifically collated in relation to breast and bowel cancer screening to inform HEAT target delivery and the development of improvement plans.

Scoping is also underway to build on the existing colorectal cancer audit to capture measures central to the delivery of the Enhanced Recovery After Surgery (ERAs)

programme. An audit of discharges for the period 2009-2011 has enabled a baseline in relation to BGH length of stay to be produced.

**Endoscopy Audit** - Endoscopy works within the national standards for the audits, set by the Joint Advisory Group for Endoscopy (JAG) and the British Society of Gastroenterologists. Work with endoscopy staff has been progressed to assist development of a rolling audit programme and production of six monthly and yearly audits to measure local standards. In the past month the focus has been on clinical quality audits covering aspects such as safety, comfort and quality of the procedures.

All audit reports are distributed to the clinical lead to inform the local improvement plan sponsored by the Endoscopy User Group. The audits have been recently completed and signed off by the groups including Adenoma Polyp Detection Rate, Bowel Preparation and Colonoscopy Comfort Scores.

**Stroke Audit** - Production of daily HEAT and admission prediction reports is carried out continually and is an example of real time data collection to inform day to day practice. The routine collection of information on stroke patients maintains a focus on improving outcomes for stroke patients by focusing on 'Admission to the stroke unit within one day of admission to hospital' target.

Data collected through the stroke audit and additional adhoc analysis has enabled the clinical team to assess the best method of configuration of neurovascular clinic slots to ensure patients are seen rapidly. Specific pieces of work are now underway to focus on improvements in other measures set out within the stroke standard.

### **Clinical Guidelines**

There has been no publication of new or revised SIGN guidelines in the six month period up to March 2013. In March 2013 three new guidelines were published:

- Long term follow up of survivors of childhood cancer
- Management of schizophrenia
- Brain injury rehabilitation in adults

Consideration is currently being given to the applicability of these guidelines within NHS Borders and the requirement for a gap analysis.

**Royal Marsden Manual Online (RMMO)** - NHS Borders obtained a licence which provides staff across the organisation with access to the RMMO. This valuable resource provides nursing staff with evidence based procedures to support patient intervention and care. In order to further raise awareness and promote use of the RMMO dates have been identified for two practical demonstration days to be held in the BGH dining room during May 2013. Sessions will also be held in number of venues for Primary and Community Services staff.

A working group has been formed to take forward linking NHS Border policy documents to relevant procedures within the online manual.

### **Patient Information**

Work is underway on compilation of a list of patient information leaflets in use across NHS Borders that are not recorded on the Borders Public Information Support Site for You (BISSY) system database. Contact is also being made with the authors of leaflets on the BISSY system to ensure these remain current and all details and information is up to date.

## **Research Governance**

The local research governance focus centres on research studies that include NHS Borders patients and service evaluations. The Research Governance Committee in the past month has approved five new studies, one amendment to an existing study and four service amendments.

There are many service evaluations carried out within NHS Borders. National evaluations include the VTE/Sepsis collaboration run by HIS. The aim of this evaluation is to assess the reduction in mortality from sepsis and increase the reliability of thromboprophylaxis.

NHS Borders has been invited to participate in the “Mapping the Healthcare Improvement Research needs of Scottish Healthcare Managers” evaluation.

Local evaluations look at the effectiveness of services. Current service evaluations include the effectiveness of the STACCATO tool developed by a General Practitioner in Stow. There are also patient services evaluations underway in the BGH and in the community.

A further evaluation being undertaken is looking at partnership working between NHS Borders and Scottish Borders Council. It is giving consideration to leaders and service readiness in relation to collaborative working. This evaluation is currently in the process of approval by the Research Governance Committee.

In the last month five service evaluations have been approved and one is currently following the approval process. The subject matter of these evaluations included the effectiveness of peer support of breastfeeding mothers and access to drug and alcohol services. At this time seven service evaluations are underway within NHS Borders.

A research day was held on 1 March. Although the number of attendees was small, feedback received was very positive and will be used to inform the structure of future events.

## **External Reviews and Significant National Reports**

Support is provided by the clinical effectiveness function to support the organisational response to both external reviews such as the Management of Averse Events review lead by HIS in March, as well as, to significant national reports such as the Mid Staffordshire NHS Foundation Trust Public Inquiry Report.

The CG&Q team are currently leading a piece of work to assess the themes recommendations outlined in the Mid Staffordshire NHS Foundation Trust Public Inquiry Report in order to consider the learning for NHS Borders. The report which identified failings in Mid Staffordshire NHS Foundation Trust contained 290 recommendations which were themed under:

- Standards of Patient Care
- Culture
- Nursing and provision of care
- Leadership
- Data and information

An initial gap analysis will be produced by Clinical Governance and Quality in partnership with Clinical Boards, Support Services, the Board Executive Team and Non-Executives. In preparation of the report consideration will be given to local systems and processes to focus on:

- ensuring that robust measures and monitoring processes are employed in respect of delivery safe, caring and compassionate care across NHS Borders

- ensuring that in any area where care is found not to meet required standards that improvement action plans are in place and being progressed
- identifying how NHS Borders ensures the ongoing promotion of a culture that supports delivery of safe, effective and person centred care
- ensuring a culture of openness, transparency and candour is promoted

This will be shared with relevant groups and committees in order to prepare a final report for the Board in June 2013.

### **Person Centred**

The aim of the Person Centred Health and Care Programme is that by 2015 all relevant health and care services are centred around people. 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.

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

- complaints and commendations for the period September 2012 to January 2013
- feedback received through the Patient Opinion tool (an independent website which captures experiences of UK health services, good or bad) between September 2012 and March 2013
- feedback received via investigation reports or decision letters from complaints cases reviewed by the Scottish Public Services Ombudsman between January 2013 and March 2013.

### **Complaints and Commendations**

NHS Borders 20 working day response rate for the period September 2012 - January 2013 is outlined in the table below.

<b>Complaints</b>	<b>Oct 2012</b>	<b>Nov 2012</b>	<b>Dec 2012</b>	<b>Jan 2013</b>	<b>Feb 2013</b>
<b>No of complaints</b>	19	14	16	9	17
20 working day response rate*	95%	100%	100%	100%	76%
<b>Commendations</b>					
No of commendations	225	192	244	173	180

*\*Note the national average for all NHS Boards in 2011/12 was 65%*

<b>Complaint Theme</b>	<b>Oct 2012</b>	<b>Nov 2012</b>	<b>Dec 2012</b>	<b>Jan 2013</b>	<b>Feb 2013</b>
Clinical care/treatment	19	3	11	5	13
Attitude and behaviour	6	7	3	5	3
Communication	11	6	8	3	2
Policy and commercial decisions of NHS Borders	0	0	0	2	0
Date for appointment	0	0	1	0	2
Other	5	7	10	0	8

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 theme contained in complaints received between September 2012 and January 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.

#### **Patient Opinion Feedback**

<b>Title</b>	<b>Critical rating</b>	<b>Patient Opinion Rating</b>	<b>What was good</b>	<b>What could be improved</b>
Horrible experience in orthopedic clinic	Moderately	Unimportant	-	Appointment, attitude, dismissive, doctor care
GP referral to consultant diagnosis	Moderately	Inefficient	GP	Hospital, in-patient
Skilled and cheerful care following stroke	Minimally	Cheerful	Admission, ambulance, care, crew, doctors	-
GP appointment	Mildly	Angry	-	-
Hip replacement at the BGH	Minimally	Cheerful	Care, caring, food, service, hospital	Waiting times
Missed miscarriage	Not critical	Supported	Assessment, excellent care, doctor care, excellent service, gynaecologist	-

\* Note – ratings and feelings assigned are as described on the [Patient Opinion Website](#), all feedback is passed onto the relevant service areas.

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

SPSO Case 201100100 – Decision Letter 29 January 2013

1. Inappropriately prescribed medication on a long term basis despite the head injury patient suffered at an early age (*not upheld*)
2. Inappropriately withdrew and changed medication (*not upheld*)
3. Unreasonably suggested that Mr X seek Power of Attorney then assessed patient as lacking capacity to consent Power of Attorney (*not upheld*)

The SPSO did not uphold the complaint, but made the following recommendation:

Recommendation	Completion Date	Status
Conduct an assessment of Mr M capacity to consent to treatment and ensure the results inform his treatment plan	28 February 2013	Complete

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	Underway

### Participation Standard Assessment

NHS Borders has worked with public members and the Public Governance Committee to undertake a self-assessment of our public involvement work, which was submitted to the Scottish Health Council (SHC) on 16 March 2013. This year NHS Borders was 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 SHC from a long list of six, that demonstrate good practice in relation to public engagement. For NHS Borders this was Breastfeeding Volunteers and Better Together Inpatient Survey: working with the public, patients and carers to improve services within the Borders General Hospital. The next stage will involve the SHC analysts and Local Officer assessing the submission. Once complete, the SCH will undertake a series of interviews with the public members involved in the process and the case studies with a view to sign off the self assessed levels on the 21 June 2013.

### Recommendation

The Board is asked to **note** the progress in implementing the Safe, Effective and Person Centred Care work streams.



<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 Healthcare 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>
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