

**Borders NHS Board**

## **BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – FEBRUARY 2013**

### **Aim**

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

- Safe
- Effective
- Person Centred Care

### **1. SAFE**

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

Spread of all the key changes within the Scottish Patient Safety Programme (SPSP) (including testing, training, communication) is in progress beyond the pilot populations throughout the Borders General Hospital within the 5 work streams: General Ward, Peri-operative Care, Medicines Management, Critical Care and Leadership. A Healthcare Improvement Site (HIS) Visit on 18<sup>th</sup> October 2012 commended the work currently in place, and made two recommendations regarding undertaking hospital mortality reviews and capturing non elective diabetic patients blood glucose measurements.

The Collaborative work streams for Maternity, Mental Health, Paediatrics, Primary Care, Sepsis and Venous Thromboembolism (VTE) are underway. A 'maternity champion' has been recruited for the Maternity Collaborative and baseline work commences in January 2013 with the official launch in March 2013. the Director of Nursing and Midwifery has been identified as the Executive Lead. The Primary Care workstream also commences in March 2013, and the Medical Director has been identified as the Executive Lead. Local teams will be established in early 2013.

Twenty one delegates from NHS Borders attended 'Learning Session 9' in November 2012 which involved an introduction to the future or 'harm free care'. HIS plan to roll out 'harm free care' in April 2013 and decisions are still being made nationally regarding the workstreams to be involved.

Moving forward, discussions are in place with medical colleagues to assist facilitating the junior doctors to undertake SPSP audits as part of their training. This will be tested in the Sepsis workstream.

#### **1.2 Management of Significant Adverse Events**

Following the publication of Healthcare Improvement Scotland's (HIS) review of NHS Ayrshire and Arran's management of adverse events on 12th June 2012 all Boards were required to consider the recommendations from the report and submit a baseline

assessment in September 2012. In line with the recommendations, NHS Borders has developed and is actively implementing a SAE Improvement Plan. The group responsible for progressing work in relation to the plan meets on a weekly basis and includes representation from the Clinical Boards, Risk, Health & Safety, Training & Professional Development and Clinical Governance & Quality teams. The NHS Borders improvement plan is comprised of 21 recommendations. Of these:

- 9 have been completed
- 6 are on target for completion
- 6 are delayed because we are either awaiting further national clarification/definition or work has been more complex than anticipated. Our assessment of the delays which NHS Borders can influence are that they are not high risk and are continuing to progress in a managed way.

A second stream of work commenced in November 2012 when HIS initiated a rolling programme of review visits to NHS Boards. NHS Borders received notification in December 2012 that a review visit will take place on 12th March 2013. In preparation for the review visit further information was submitted to HIS on 10th January 2013. NHS Borders will present our approach towards adverse event management to the visiting team and there will be a review of four selected cases with members of staff involved in the event and the subsequent investigation in order to gain a perspective from front line staff of their experience of adverse event management. The findings of the Review Visit for each Board will be published by HIS; timescales for this have not been clarified to date. Board Executive and Non-Executive Directors have been invited to attend the review visit.

## **2. EFFECTIVE**

### **2.1 Leadership Walkrounds**

Testing of an amalgamated SPSP, HEI and Older People in Acute Hospitals (OPAH) Leadership walkround has been in place since November 2012. Each member of the Borders Executive Team is asked to take part in one walkround per month in a clinical area. There are plans for a review of this in early 2013.

## **3. PERSON CENTRED CARE**

### **3.1 A Participation Standard for the NHS in Scotland**

The Scottish Health Council (SHC) [Participation Standard](#) was first introduced in 2010/11. The Standard requires all Health Boards to submit evidence that demonstrates effective public/patient engagement. This year (2012/13) Health Boards are being formally assessed in relation to Corporate Governance. We are being asked to evidence improvement in embedding PFPI within the governance arrangements of NHS Borders.

In additional, we were required to submit 6 case studies that demonstrated good practice in relation to public/patient engagement. The Scottish Health Council have reviewed our submissions and selected two examples for us to further report against as part of our Self-Assessment submission. This includes (1) Breastfeeding Volunteers and (2) Better Together Inpatient Survey: working with the public, patients and carers to improve services within the Borders General Hospital.

The Public Involvement Team is gathering evidence from services and coordinating the Boards Response. We will be required to submit our Self Assessment by 18 March 2013 and prior to this it will need approval by the Board Public Governance Committee and the Public Partnership Forum. The outcome of the assessment will be reported at NHS Borders Annual Review with the Scottish Government in 2013.

### 3.2 Complaints and Feedback

NHS Borders 20 Working Day Response Rate for the period August - November 2012 outlined in the table below.

<b>Complaints</b>	<b>Aug 2012</b>	<b>Sept 2012</b>	<b>Oct 2012</b>	<b>Nov 2012</b>	<b>Dec 2012</b>
<b>No of complaints</b>	13	11	19	14	16
20 working day response rate	85%	91%	95%	100%	100%
<b>Commendations</b>					
No of commendations	273	222	225	192	244

#### 3.2.1 Complaint Themes

As of the 1 April 2012 health boards are required to report on the themes of the complaints received, below is a summary of the themes.

<b>Complaint Theme</b>	<b>Aug 2012</b>	<b>Sept 2012</b>	<b>Oct 2012</b>	<b>Nov 2012</b>	<b>Dec 2012</b>
Clinical Care/Treatment	11	10	19	3	11
Attitude and behaviour	3	5	6	7	3
Communication	3	3	11	6	8
Date for appointment	1	1	0	0	1
Other	7	2	5	7	10

*For a full breakdown please see the complaints dashboard in appendix 1.*

#### 3.2.2 Complaints Handling

The Complaints Team have been using the Plan Do Study Act (PDSA) Improvement Methodology to run a series of tests of change to see how we can improve the way we manage complaints. As a result of this work significant improvements have been made in responding to complaints within the 20 days response time. This approach has seen services taking lead responsibility for responding to complaints and identifying any improvements that need to be implemented within their service. The Complaints Team will continue to support services in responding to complaints and feedback. The latest quarterly results are attached as Appendix 1

#### Recommendation

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

<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>
Evelyn Fleck	Director of Nursing and Midwifery		

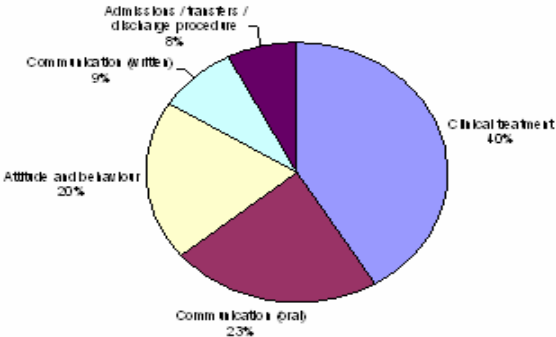
**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Julia Scott	Clinical Governance and Quality Facilitator	Stephen Bermingham	Clinical Governance and Quality Facilitator

Appendix 1

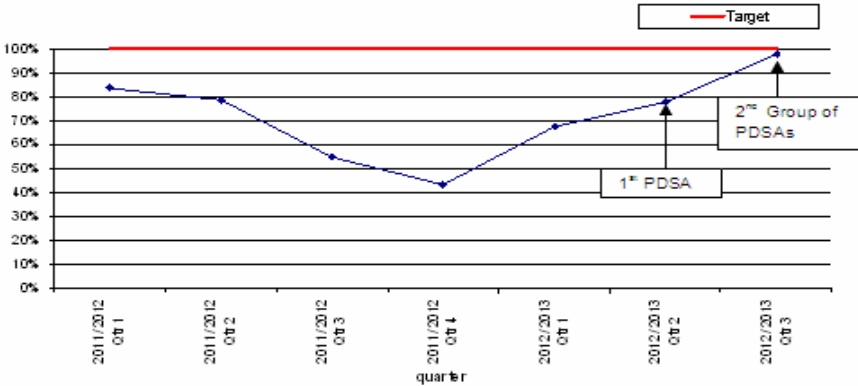
NHS BORDERS QUARTERLY COMPLAINTS DASHBOARD – Quarter 3 (Oct-Dec) 2012/13

Top 5 Key themes by current quarter



- Response within 20 working days percentages for Quarter 3 are as follows:
  - October 2012 – 95%
  - November 2012 – 100%
  - December 2012 – 100%

Response period of 20 working days



Number of Complaints

