

Borders NHS Board**BOARD CLINICAL GOVERNANCE & QUALITY UPDATE****Aim**

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

- Safe
- Effective
- Person Centred Care

1. SAFE**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 18th 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.

2. EFFECTIVE**2.1 NHS Ayrshire & Arran Review of Management of Significant Adverse Events**

Healthcare Improvement Scotland (HIS) has announced that the date for a review of NHS Borders systems and processes is to be 12th March 2012.

The focus of the rolling programme throughout Scotland is to review every NHS board's management arrangements and processes relating to all adverse events, with a particular focus on significant events in order to seek assurance that there is appropriate learning and improvement to reduce the risk of an event recurring. HIS have made an initial request for additional information based on the 91 Clinical Significant Adverse Events and 27 General Safety Significant Adverse Events identified on the NHS Borders baseline proforma. This information is to be submitted by 10 January 2013. The purpose of this initial request is to allow the HIS review team to select a number of adverse event cases from which HIS will ask for more detailed information and to follow these up with a discussion with the front line staff involved in the incident/investigation.

A local core group has been established and preparation is well underway with a detailed action plan. The Incident Management Policy has been re written and the consultation period ended on December 21st 2012. An 'e learning' module for all 'reporters' is due to be tested in January 2013.

2.2 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 addition, 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.

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

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.

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

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 we will be trying a new approach from January 2013. This approach will see 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.

Recommendation

The 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 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

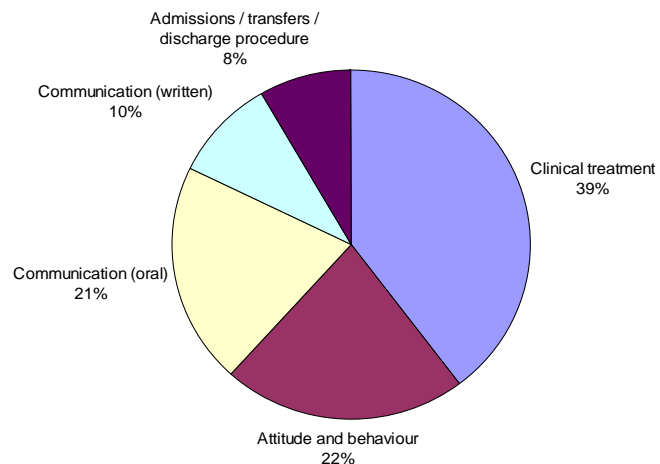
Name	Designation	Name	Designation
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Author(s)

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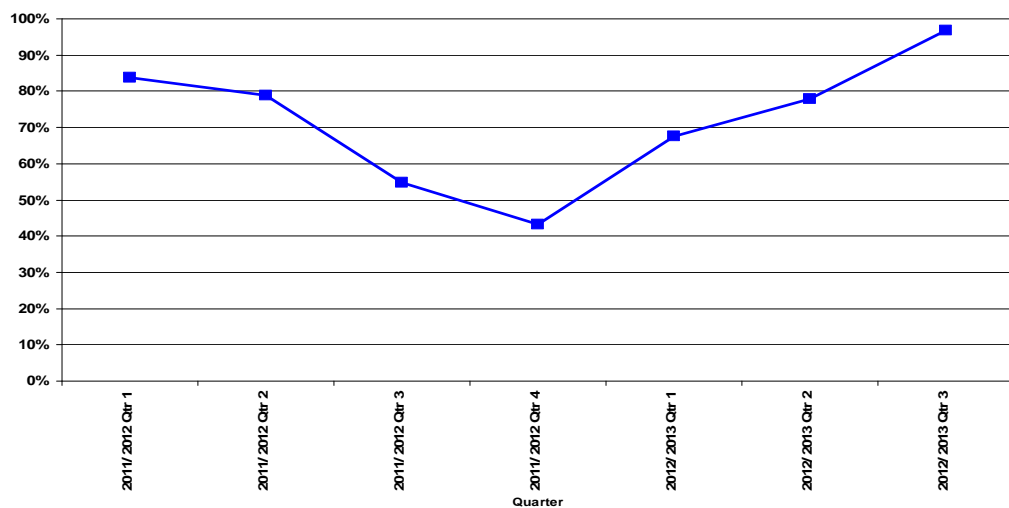
NHS BORDERS QUARTERLY COMPLAINTS DASHBOARD – Q3 2012/13

Top 5 Key themes by current quarter

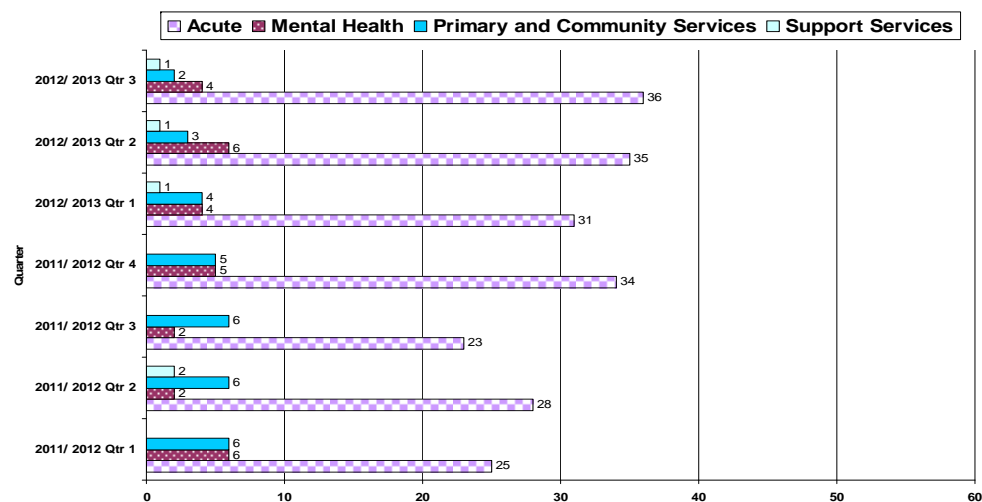


- Qtr 3 response period statistics are for formal complaints received in October and November 2012 – no formal complaints received in December 2012 have been closed as of 20/12/2012
- Response within 20 working days percentages for the period are as follows:
 - October 2012 – 95%
 - November 2012 – 100%

Response period of 20 working days



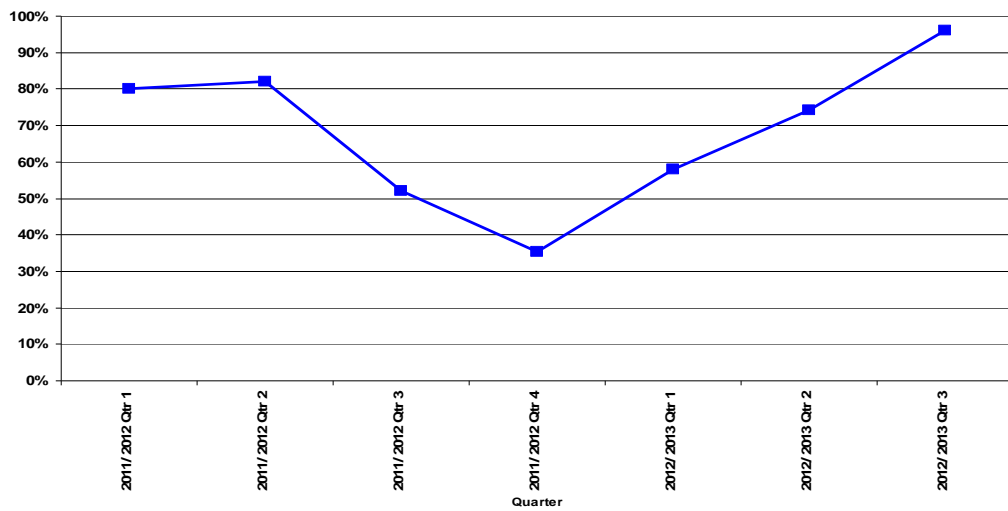
Number of Complaints



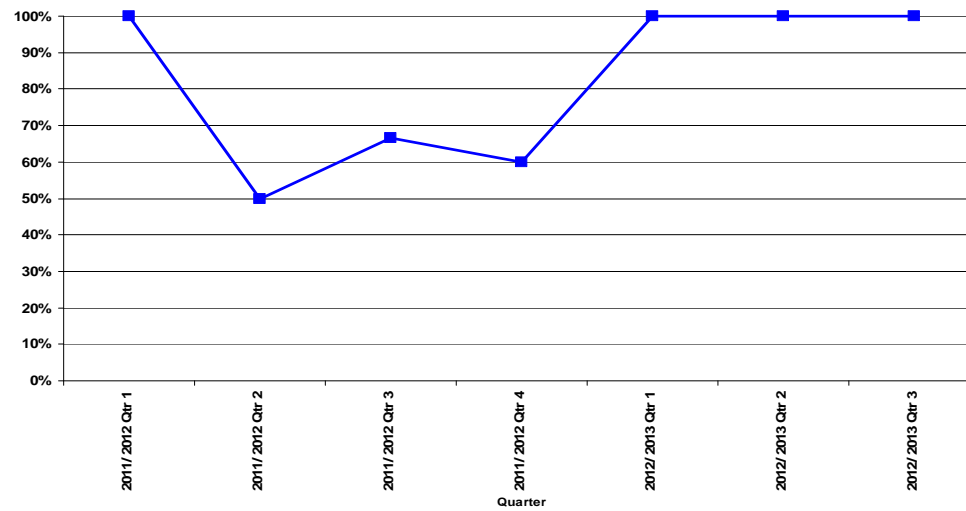
Appendix 1

Percentage achieving a response period of 20 working days

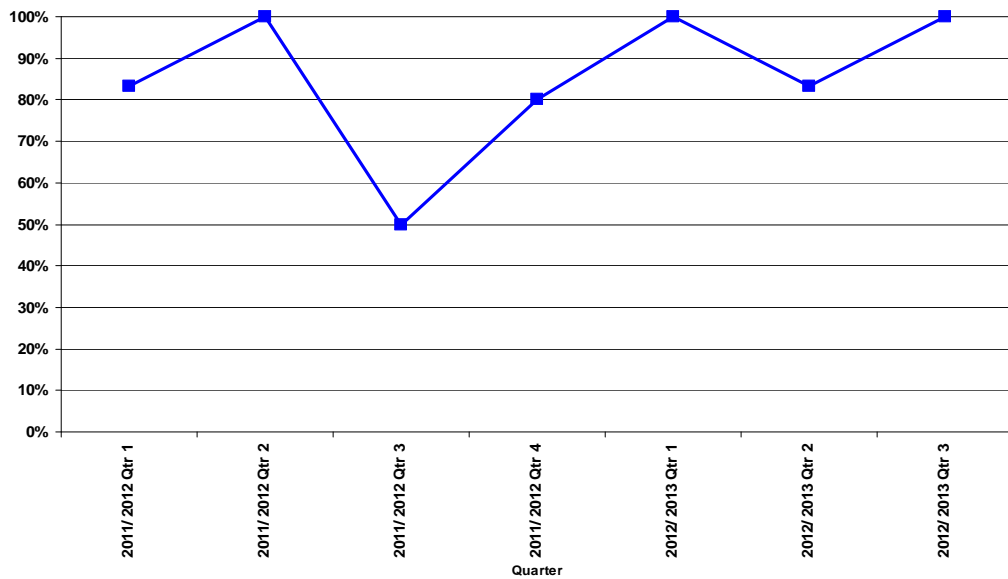
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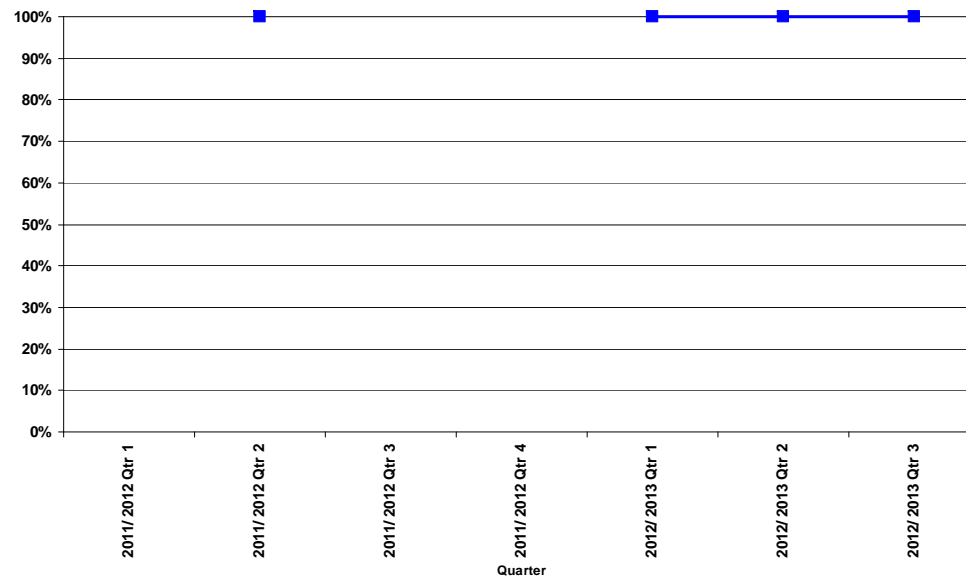
Primary and Community Services



Mental Health

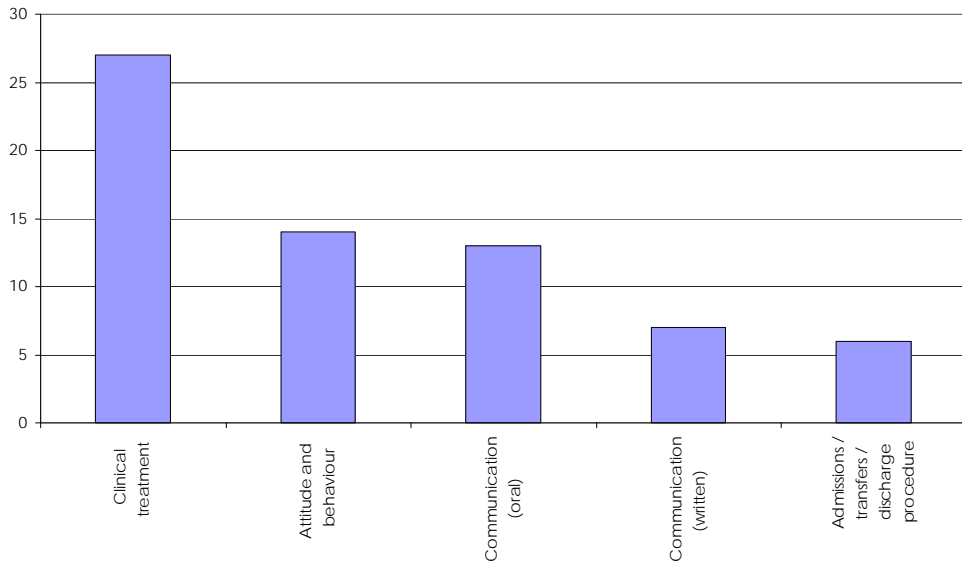


Support Services

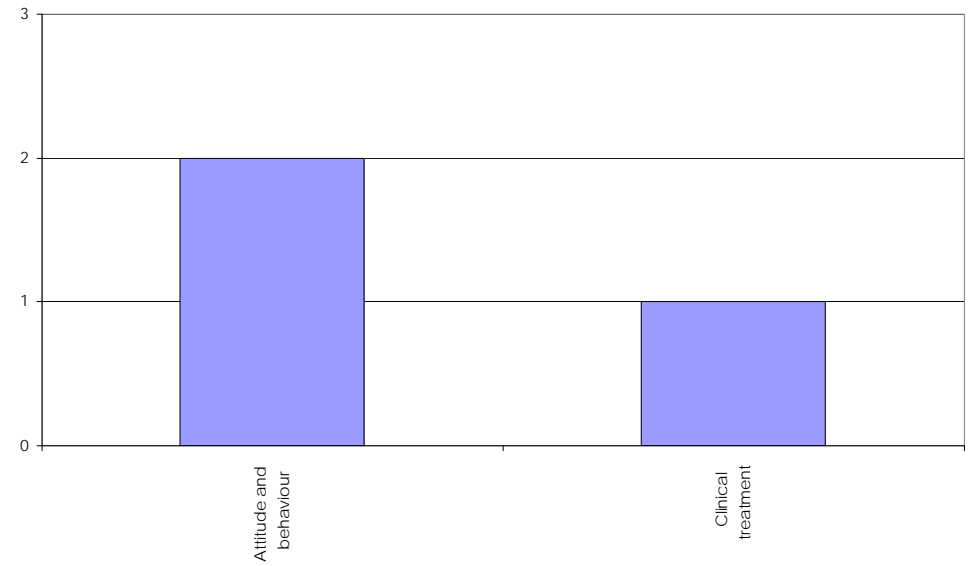


Top 5 themes in current quarter

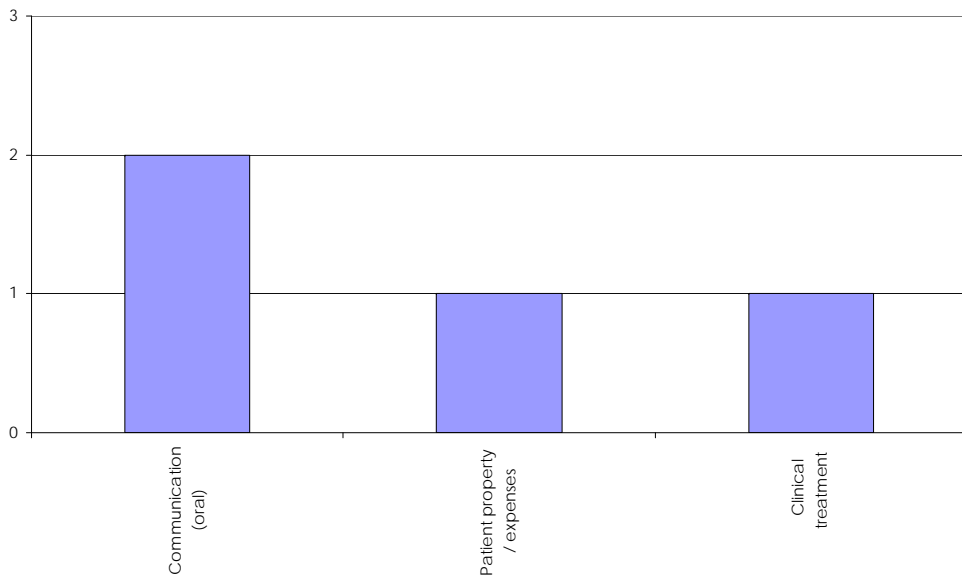
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Mental Health



Support Services

