

Borders NHS Board**BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – JUNE 2014****Aim**

This reports aims to provide the Board with an overview of progress in the areas of:

- Patient Safety
- Person Centred Health and Care
- Clinical Effectiveness
- Patient Flow

Patient Safety

The Scottish Patient Safety Programme now has four main workstreams which are adult acute, primary care, mental health and the maternity and children's collaborative (McQIC).

Adult Acute

The second phase was formally sent to all Boards in December 2013, and since then, clinical areas have been focusing on assuring themselves that the 10 safety essentials are embedded in all clinical areas. This has been married up with the 10 Safety Essentials PR Campaign (as described in the last report).

Some restructuring has also been undertaken, in particular with the Medicines Reconciliation workstream where a gap analysis has been undertaken against the Chief Medical Officer 2013 letter, and a refreshed workstream core group will commence in July after baseline data has been collected. The Sepsis workstream has been subsumed by the overarching 'deteriorating patient' workstream, and the inaugural workstream core group meeting has taken place. The next step is to undertake a gap analysis of the recently published SIGN 139 guideline (Care of Deteriorating Patients) and the Healthcare Improvement Scotland (HIS) driver diagram.

Leadership walk rounds are also one of the ten safety essentials. NHS Borders held a workshop on 23rd January 2014 to revisit the walkround format and an agreed recommendation to move to a Leadership Safety Walkround (encompassing the SPSP, 'Person Centred' and 'Older People in Acute Hospitals' agendas) and a Leadership Inspection (encompassing the infection control and risk, health and safety agendas) has been adopted as of June 1st.

Primary Care

From February to May 2014, HIS are undertaking a national scoping programme to identify key areas for future priorities. The findings will be presented to the delivery group in July 2014. Part of this scoping programme requires General Practices (GP) to complete a safety climate surveys by June 2014. Of a total of 23 practices in NHS Borders 15 have completed, 6 are in progress, and 2 are not registered and are still to begin.

National reporting against the measurement plan is expected to commence in the second quarter of 2014.

Mental Health

The Mental Health work stream has a separate measurement plan, and excel reporting template which was issued in March 2014. The first submission of data nationally will be at the end of April 2014. Teams are focusing their improvement efforts on medicines reconciliation, error free prescribing and risk assessment in Huntlyburn and the Brigs.

Maternity, Paediatrics and Neonates

The Maternity workstream focuses on the following key areas of improvement:

- Prevention of still birth
- Sepsis
- Post partum haemorrhage
- Deep vein thrombosis
- Smoking cessation
- Induction of labour

The maternity unit have assigned a Consultant and a Midwife to each of the above areas to commence work on the measurement plan. Tests of change are being undertaken in all of the workstreams.

Nationally, the neonatal and paediatric workstreams are revising their measurement plan to align with the adult acute measurement plan. Work is continuing on the safety essentials, and improving data collection by the use of LanQIP.

Adverse Event Management

The revised Adverse Event Management Policy was approved at the end of May and is now available on the NHS Borders intranet.

In addition to NHS Borders participation and representation at national working groups, HIS has been maintaining focus on the importance of learning from adverse events. A conference was held on the 'National Approach to Learning to Adverse Events' on 7th May 2014. The conference included presentations, workshops and storyboards from all NHS Boards, and included a plenary session from the Cabinet Secretary for Health and Wellbeing. NHS Borders continue to develop the process of reviewing adverse events with a focus on identifying learning and driving improvements in practice. A focus of this work in 2014/15 will be on working with front line clinical teams to ensure a learning system is developed.

The Clinical Governance Committee continues to oversee the outcome of adverse events on behalf of Borders NHS Board.

Person Centred Care

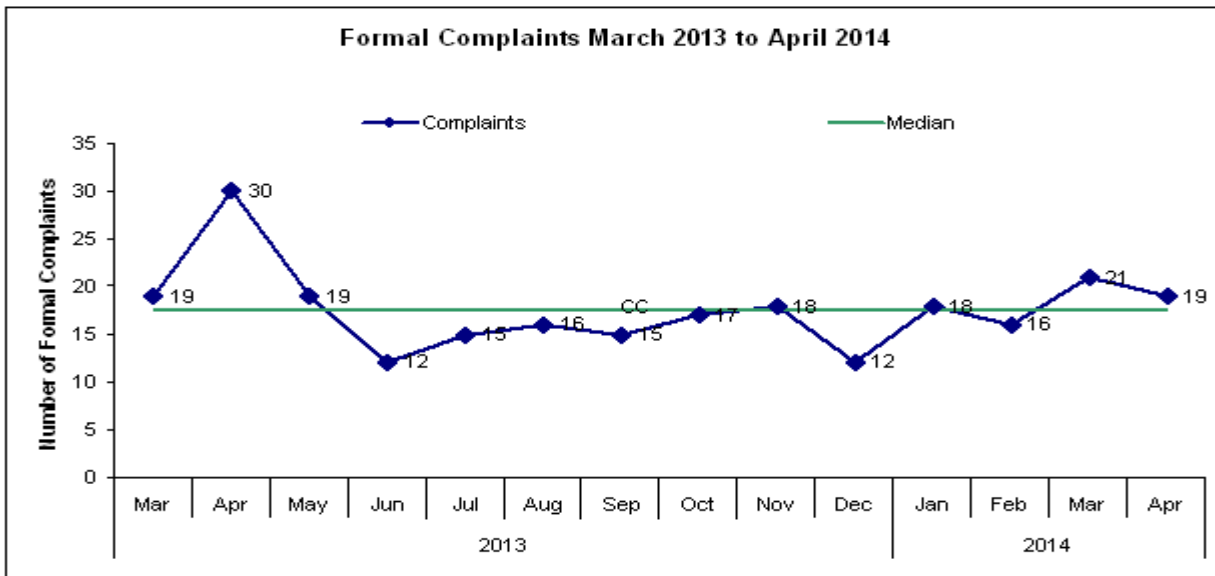
Patient feedback is collected through several different means within NHS Borders. The following report provides an overview of developments under this agenda and patient feedback received from:

- Complaints, concerns and commendations for the period March 2013 – April 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period March 2013 – April 2014

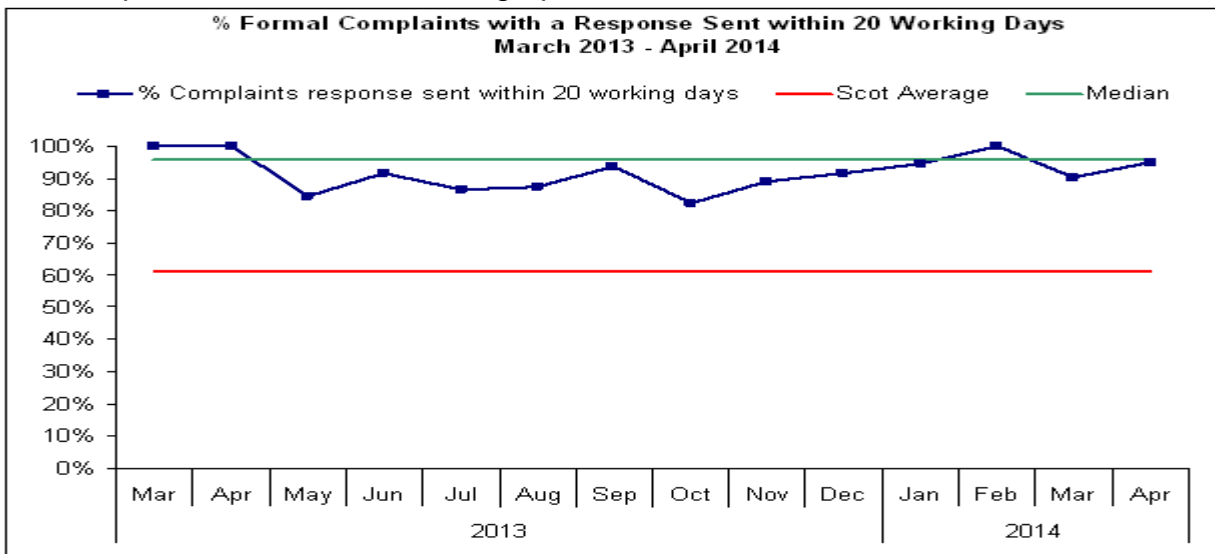
- Patient Opinion online feedback received between February and May 2014

Complaints, Concerns and Commendations

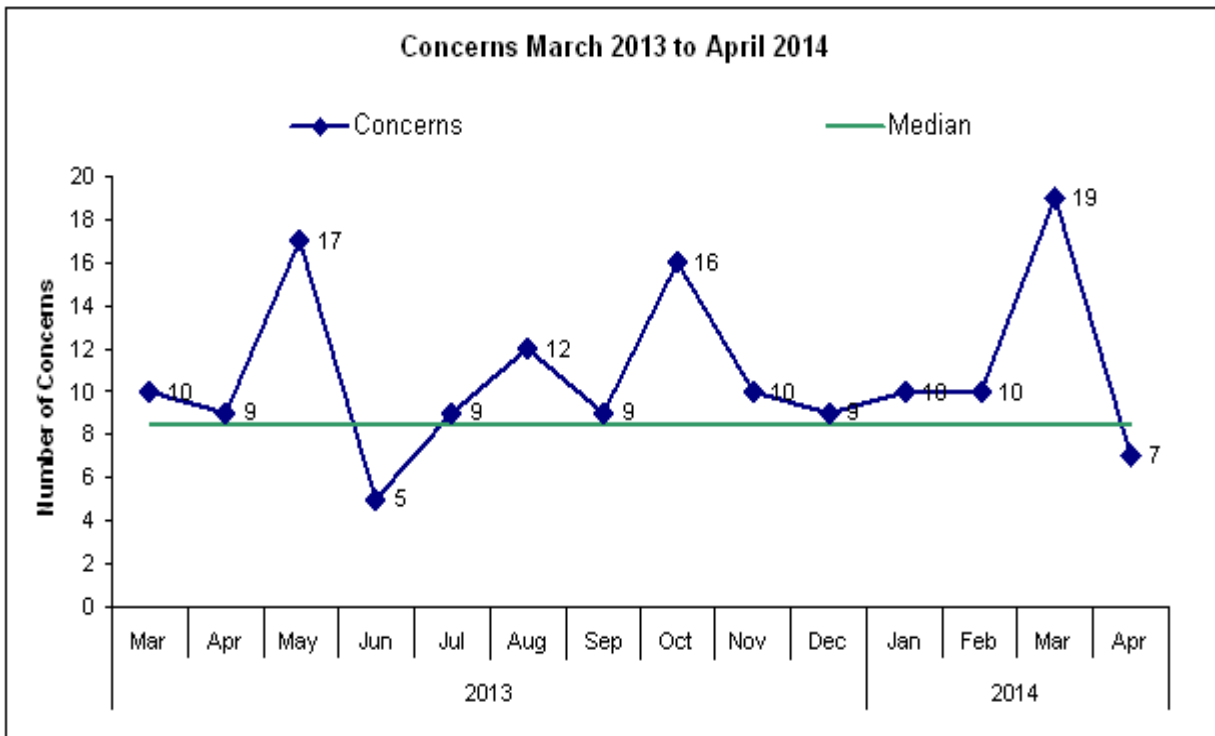
The graph below detail the number of formal complaints we have received for the period March 2013 – April 2014:



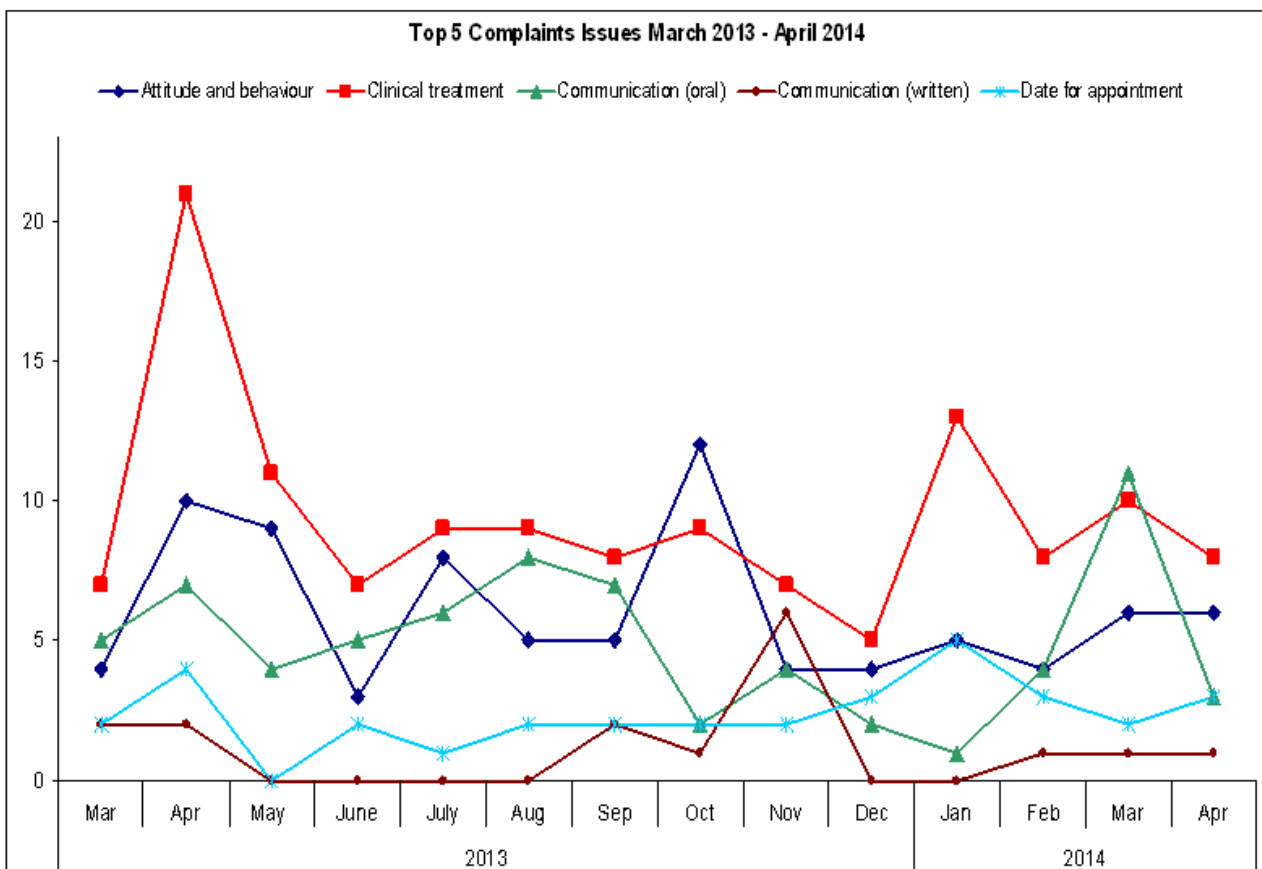
NHS Borders 20 working day response rate for formal complaints for the period March 2013 – April 2014 is outlined in the graph below:



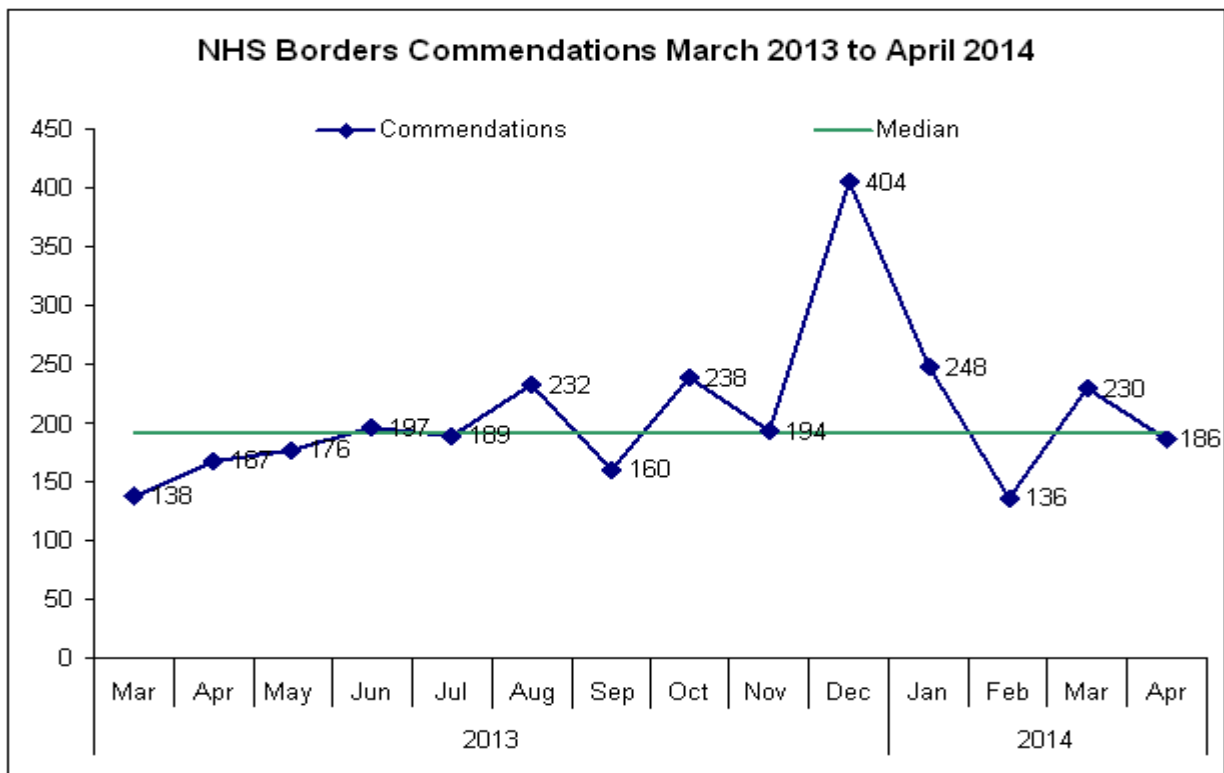
The graph below details the concerns received between March 2013 – April 2014:



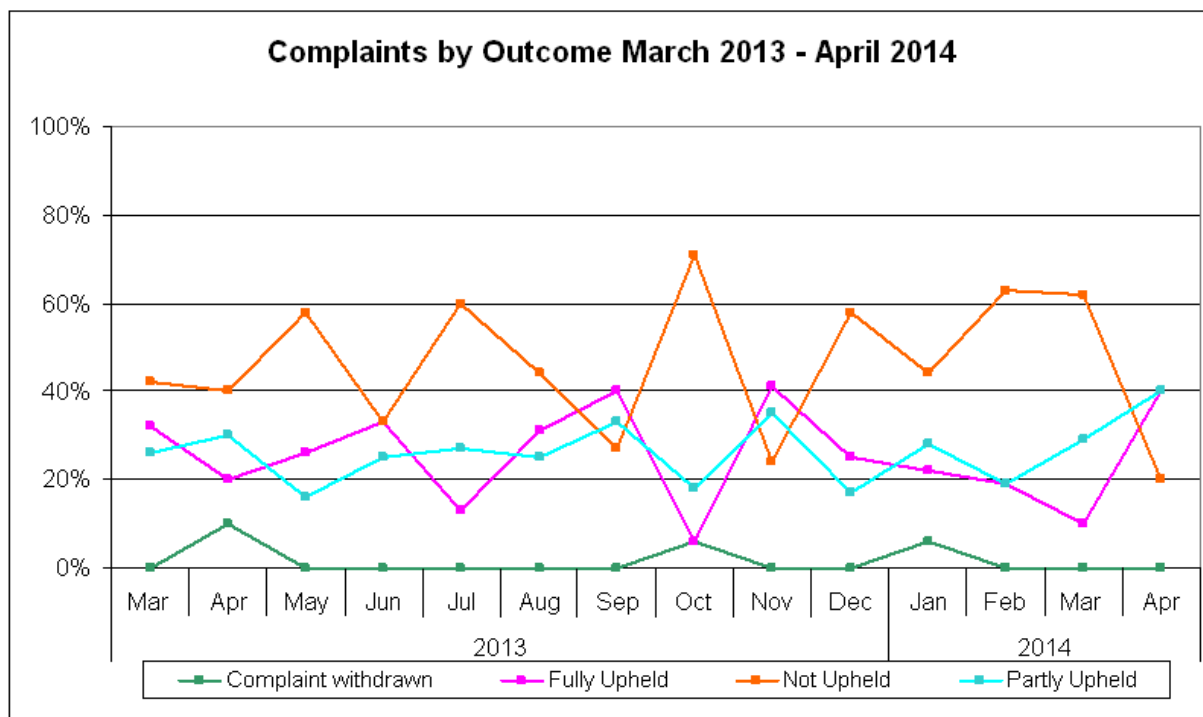
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graph below provides a summary of the themes contained in complaints received between March 2013 – April 2014:



The graph below details commendations received between March 2013 and April 2014:

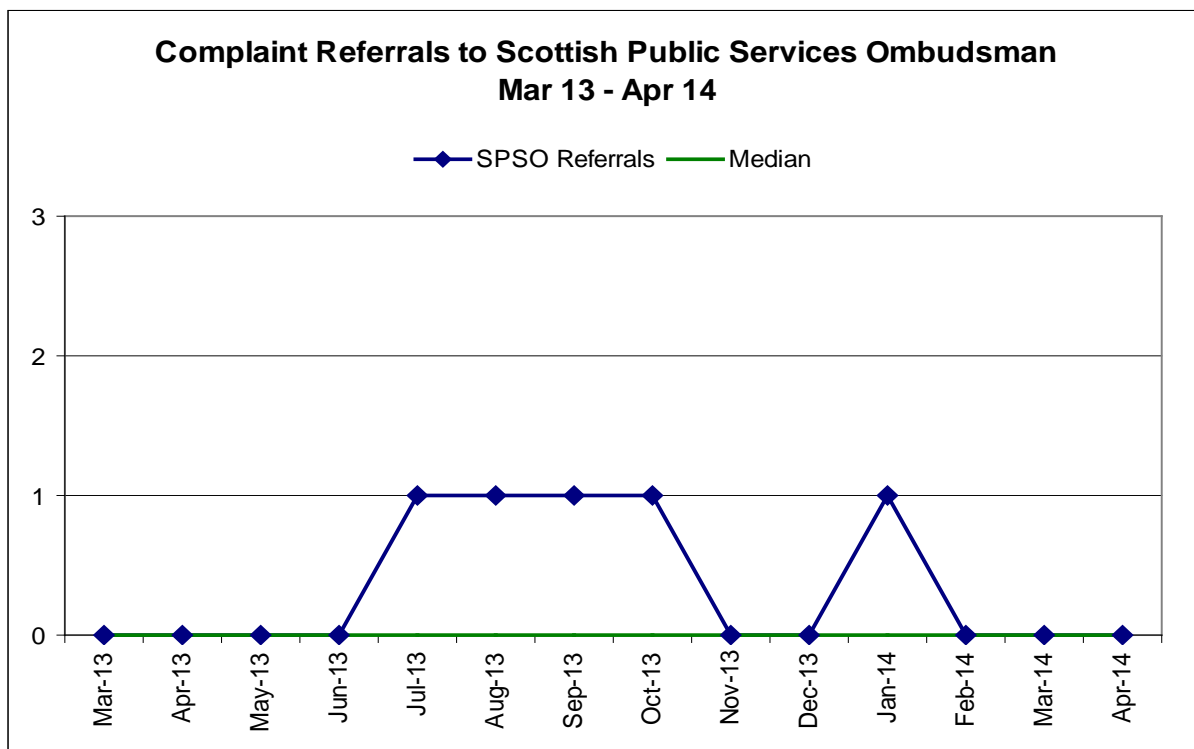


The graph below details the outcome of formal complaints between March 2013 and April 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan:



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

The graph below outlines the number of complaints which have been accepted by the SPSO between March 2013 and April 2014:



During March 2014 the SPSO reached decisions on two cases:

SPSO Case: 20130161

The complaint was that:

1. The Board provided inadequate care and treatment to Mr A at Borders General Hospital - **Not Upheld**.

SPSO Case: 201302669

The complaint was that:

1. The hospital did not take reasonable action regarding the problems with the patient's stitches – **Not Upheld**
2. The patient was unreasonably informed about the type of stitches which were used – **Not Upheld**

However, the SPSO recommended that NHS Borders remind the medical staff involved in Mrs B's care and treatment that consideration should be given to the use of the Board's Interpretation and Translation Guidelines where a patient's first language is not English. This action has been completed – **Compliant**.

Patient Opinion Feedback

The table below outlines feedback received in February and May 2014 through the Patient opinion website relating to patients experience of NHS Borders services:

Title received date	Criticality *	Initial Feelings	What was Good	What could be improved	Action Taken
My son 22.05.14	1	<i>Happy</i>	<i>Consultant, school nurse</i>	-	Response provided and shared with all staff involved in the patients care.

Exemplary care after my daughter's self harm 03.05.14	1	<i>Compassion</i>	<i>Compassion</i>	-	Response provided and story shared with all staff involved in the patients care.
The birth of my baby 02.05.14	3	<i>Angry</i>	<i>Local midwife</i>	<i>After care, angry, birth, depressed, labour, midwife</i>	Response agreed with Director of Nursing and Midwifery and Professional Lead for Midwifery. Arranged for patient to meet with the Professional Lead, agreement in principle to produce patient story to support learning with staff teams.
Access to psychological services 16.04.14	2	<i>Frustrated</i>	-	-	Response agreed with Head of Psychological services. Agreement that he would discuss the feedback at his next management meeting.
Can we be taken off the bowel screening register 14.04.14	0	-	-	-	Response provided named contact details for Health Centre Practice Manager for patient to contact directly. Advice to find out about bowel screening arrangements in Australia.
ENT Clinic appointment 11.03.14	1	-	<i>Nothing</i>	-	Liaised with booking team staff. Contact details provided for a named member of staff so patient could arrange appointment.
In my opinion these nurses should be their patients' advocates 25.02.14	2	-	Care in general, hospital, nurses	Listening, advocate	Response agreed with Director of Nursing and Midwifery. Not possible to comment on individual case, as no specific detail provided.

* Note – ratings and feelings assigned are as described on the Patient Opinion website and all feedback is passed onto the relevant staff and service areas. Criticality rating works on a six point scale from not critical (0) to severely critical (5).

Patient Satisfaction

Work is underway to develop a measure of patient satisfaction across NHS Borders. Areas which already routinely seek patient feedback have been asked to incorporate a common question into their existing feedback approach. Patient feedback boxes will also be updated in the main inpatient areas to be consistent.

Patient Feedback and Complaints Report

Following the review by Health Improvement Scotland and the Scottish Health Council, including a review visit to NHS Borders, a final report has been presented to the Scottish Government. The report, '[Listening and Learning - How Feedback, Comments, Concerns and Complaints can improve NHS services in Scotland](#)', finds that NHS Boards have made progress since the introduction of the Patient Rights (Scotland) Act 2011. However, it also recommends that NHS Boards need to use the learning from all types of feedback and complaints more effectively to continually improve their services. The Feedback and Complaints Team is reviewing the report to identify how the recommendations can inform improvements in NHS Borders.

Patient Advice and Support Service

This service, commissioned by NHS Borders and delivered by Borders Citizen Advice Bureau (CAB) employs a Patient Advisor to support patients to provide feedback to NHS Borders. A local advisory group comprising of the CAB, NHS Borders and the Scottish Health Council has now been established to oversee the delivery of the service. This is a national requirement to ensure consistency of provision across Scotland and will facilitate continual development of our local service. The service has recently published the fourth quarterly report covering the period from January to the end of March 2014. The report has shown a steady increase in demand for its services; the full report is available on request.

Patient Feedback and Complaints Training

NHS Borders welcomes patient feedback and complaints. As a new requirement of the Patient Rights (Scotland) Act (2011), all frontline staff who could potentially be the first point of contact with patients or carers, should be equipped with the skills to resolve the complaint at the earliest possible opportunity. The SPSO and NHS Education for Scotland have developed [e-learning modules](#) that are now available on the NHS Borders LearnPro system, 87 NHS Borders staff has now completed the online course. They have just completed a new e-module; Complaints Investigation Skills which provides guidance and resources for staff on how to write a statement, start an investigation, what questions to ask, how to draw conclusions and how to write a response letter.

Volunteer Development

NHS Borders received its investing in Volunteers confirmation earlier this year and an event was held in May 2014 to celebrate the role of volunteers and to thank the wide network of NHS Borders volunteers for their contribution. The NHS Borders Chairman was joined by George Thomson from Volunteer Scotland and Susan Swan from Volunteer Centre Borders as well as a range of local volunteers to mark the placement of the investing in volunteer plaque within the Tryst. Since the event many more staff have come forward to explore how we can expand the role of volunteers within their service to enhance the experience of our patients. The new Volunteer Coordinators post will provide a dedicated focus to developing volunteering further over the coming two years.

Carers Event

NHS Borders in partnership with Borders Voluntary Care Voice sponsored an event on the 13 June to celebrate Carers Week 2014. The event brought together more than 60 carers and professionals and included presentations from the Scottish Government and local carer organisations. One of the highlights was a powerful speech by Tommy Whitelaw from Dementia Carers Voices. Tommy spent five years as full-time carer for his late mother Joan who had vascular dementia. His experiences during this period drove him to start an awareness campaign across Scotland's towns and cities in 2011, collecting hundreds of life story letters from carers detailing the issues they face in caring for a loved one living with dementia.

Clinical Effectiveness

The Clinical Effectiveness function supports a range of quality improvement activity to enable the implementation of evidence based practice. This work aims to improve and ensure the safety and effectiveness of care and treatment delivered to patients, and enhance the patients experience. Key areas of activity include Clinical Audit and Information Analysis, National Clinical Guidelines, Patient Information, Clinical Documents, Research Development and Governance, External Reviews and analysis and implementation of Significant National Reports.

Clinical Audit

The Completion of Health Records Audit was undertaken across NHS Borders between October 2013 and May 2014. Each area/team was requested to audit a minimum of 10 sets of health records. While the results reported demonstrate a good level of compliance overall with the Completion of Health Records Policy standards, analysis also highlighted aspects of poorer compliance with some standards. Reports have been provided to all Clinical/Integrated Boards to enable them to drive forward any necessary improvements in this area.

Improvement Activity

Data is being used at improvement 'huddles' within the Borders General Hospital. The aim of weekly huddles is to bring clinical, managerial and improvement staff together for a short focused conversation about opportunities for improvements to the service they provide. Teams use data to identify variation and opportunities for change and undertake cycles of testing to continually improve the services they deliver for patients. Improvement zones are currently established in:

- Alpha (Emergency Department)
- Ozone (Borders Stroke Unit)
- Bone Zone (Ward 9, Orthopaedics)
- Medical Assessment Unit

An entry outlining the improvement activity undertaken in stroke care in NHS Borders has resulted in the Stroke Service being chosen as one of the three finalists in the Stroke category of the National Safety and Care Awards. The winners will be announced at the awards ceremony in London in July 2014. Nine posters were also submitted to the NHS Scotland event sharing the lessons and achievements from local improvement work.

In addition to the weekly improvement huddles outlined work is underway with number of other clinical teams to develop the use of data for improvement across the organisation, including the nurse bank, intensive care team, early year's teams, teams rolling our enhanced recovery in surgery and those working on improving patient flow across the system. Quality dashboards are now produced for all inpatient wards on a monthly basis and provided to the Senior Charge Nurses for use with their teams to drive improvement. Standardised formats have been agreed for the Quality and Safety sections within the Board and Clinical Executive Operational Group Scorecard.

Research Governance

In the period April to June 2014, NHS Borders has been notified of 10 new multi-site research studies in which the organisation is an identified study site. By comparison, in the same period last year, NHS Borders was notified of only 3 non-commercial research

studies. The number of studies notified thus far this year demonstrates a significant increase in research activity within NHS Borders. Studies include clinical trials and observational studies. One study currently being considered is a commercial study relating to dementia which would involve NHS Borders becoming a Participant Identifying Centre (PIC) for a study led by Aberdeen University if the organisation decides to participate. An increase in commercial research is one of several objectives which the research office is supporting this year.

A research scoping exercise has been facilitated by Training and Professional Development. The aim of this exercise is to establish academic qualifications held by staff, research activity currently being engaged in and staff interested in participating in research. It is also intended that research topics and specialities will be identified. This information will be used to plan research capability and capacity within the NHS Borders, as this is a key priority of the new research strategy. The findings of the scoping exercise will be reported at the beginning of July.

The first meeting of the Scottish Improvement Science Collaboration Centre (SISCC) took place on the 11 June 2014. The SISCC will bring together members of participating NHS and special Boards, academic institutes, third sector organisations, local authorities, international improvement partners and the Scottish Government to support research into improvement science. The initial focus areas will be older people and maternal, infant and early years. The collaboration will provide an integrated approach to developing the use of improvement science in healthcare by studying improvement approaches looking at what works, where and in what circumstances. NHS Borders will be a member of this collaboration.

Medical Revalidation

A requirement of the new Medical Revalidation process is for medical staff to obtain patient feedback which will be used during the revalidation process. The Clinical Governance and Quality Team have taken on the work required to collect patient feedback for each staff member undergoing revalidation. A system has been implemented for collection and independent analysis of the patient feedback. The process has been concluded for the eleven staff required to go through revalidation in 2013/14. A further 42 medical staff will undergo revalidation in 2014/15.

Clinical Documents

A review of locally developed clinical policy, procedure, protocol and guideline documents held on NHS Borders intranet was undertaken earlier this year. This enabled revision of the clinical document register. During this process a number of clinical documents were identified as requiring review. The owners of these documents have been contacted regarding the need for urgent review. Monthly reporting has been initiated to the individual Clinical/Integrated Boards on status of clinical documents to ensure documents are updated in a timely manner to support and guide staff.

Patient Information

A review of patient and visitor information available across NHS Borders highlighted the need for a core list of patient information to be displayed in all wards/departments. Following consultation with a number of subject specialists, a draft core patient information list has been compiled. The list has been sent to Clinical/Integrated Governance groups and a number of public involvement groups including the Scottish Health Council, Public

Partnership Forum and the BGH Participation Group for a period of consultation ending 11 July 2014.

Senior Charge Nurse (SCN) Supervisory Programme

In September 2013, a seven month improvement programme was implemented to support 13 Senior Charge Nurses (SCN) from 3 Clinical Boards to test whether working in a supervisory capacity supports them to lead and deliver improvement in a range of clinical, financial and workforce quality indicators by March 2014.

Temporary staff were recruited to provide the wards with additional staffing resource to allow the SCN to be released from providing direct clinical care to a caseload of patients and spending significant amounts of time on administrative duties.

SCN, staff and managers described how the SCN supervisory programme has been a positive experience to deliver better care in a consistent, measurable and evidenced based way. Clinical Boards are currently working to consider who the supervisory role can be built into the management structures moving forward.

Patient Flow

Managing Patient Flow in Hospitals – 3 year project

NHS Borders is one of 4 NHS Scottish Boards embarking on a 3 year project to improve patient flow. The Institute for Healthcare Optimization (IHO) will be supporting the project. IHOs Improving Patient Flow Methodology includes Variability Methodology, Queuing Theory and Operations Management Science.

A team of 10 from NHS Borders has received 2 days of training. The next phase will be a full assessment of our current patient flow. This phase of the project is data intensive but will provide us with an in- depth understanding of our current state. The outcomes of this will inform where NHS Borders should focus its improvement efforts.

Involvement with the frontline services is key to the success of the project with an aim that the new methodology will become a “business as usual” tool in managing patient flow.

This is an exciting opportunity for transformational change in the way patient flow is managed.

Day of Care Audit

We have conducted 6 whole hospital Day of Care Audits since March in Borders General Hospital. This tool identifies patients currently receiving care in an acute hospital setting who do not require acute hospital care.

The audits are consistently reporting 34% of inpatients in Borders General Hospital do not meet the acute care criteria. The same top 4 reasons for the patients not being discharged to their next stage of care are also being consistently reported. The Connected Care Project is supporting the service to use this information as an opportunity to unlock these delays for patients and test potential solutions.

Day of Care will continue to be run every 2 weeks as a measure of the system changing to ensure patients are being cared for in the right place.

Connected Care

Connected Care Project commenced in April 2014, funded via Reshaping Care. The aim of Connected Care is to create a foundational support to the achievement of health and social care integration via a clinically-led health and social care programme across hospital, community and individual settings, that delivers the overarching outcome of **no delay; no unnecessary hospital stay and no delay in care intervention**. The delivery of the programme will be delivered via 4 workstreams:

- System Elastic – developing “step up” “step down” beds as an alternative to acute hospital beds
- Triple Track Consistency – rapid access to equipment, seamless simple discharge process and MDT assessment and care management
- Home Advantage – rapid access to homecare
- Leading Realtime – underpinning the delivery of the project utilising Clinical Leadership, effective data collection and analysis to inform improvement, robust project management & development of information interface

Key measures of success of this project are:

- No patient in hospital who is medically fit for discharge
- Hospitals operating at 80% occupancy
- Create the conditions to reduce the need for care by 25% through more anticipatory and more responsive care provision

This is an ambitious project which aims to breakdown the barriers to seamless care delivery for patients in the most appropriate setting.

Recommendations

The Board are asked to **note** the Clinical Governance and Quality report.

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 and 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

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