

Borders NHS Board



BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – AUGUST 2014

Aim

This report 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 continues with the four main workstreams which are adult acute, primary care, mental health and the maternity and children's collaborative (McQIC).

NHS Borders will receive two site visits from Healthcare Improvement Scotland (HIS) in August:

- 18th August: Maternity, Neonates and Paediatrics
- 26th August: Primary Care

In conjunction with the Leadership driver diagram and adverse event management, NHS Borders are organising a quality and safety learning session for November 2014 to engage frontline staff in developments in this area. This will include a presentation from Mrs Margaret Murphy, a World Health Organisation representative who shares her personal experience of her son's care and the lessons which can be learnt for health services.

10 Patient Safety Essentials

Clinical areas continue to assure themselves that the 10 safety essentials are embedded in all clinical areas via a number of methodologies such as spot checks, and 'ask 5'. As the Executive Lead for the General Ward workstream, the Chief Executive has also visited all acute inpatient areas with the Programme Lead to discuss the process and outcome data, and to provide leadership to this workstream. The 'Better' campaign has been rolled out across the BGH to raise awareness of the 10 patient safety essentials in staff, patients and visitors.

Leadership walkrounds are also one of the ten safety essentials. Sixteen walkrounds will have taken place in June and July across all the clinical boards, using the revised format. Walkround teams now include an Executive team member, a clinical board management team representative and where possible a non-executive or public involvement member. Those public involvement members who

have come forward have gone through an induction process and are now supporting walkrounds in various locations within the hospital and the community.

Medicines Reconciliation

The Medicines Reconciliation workstream is undertaking data collection in the Medical Assessment Unit to identify opportunities for improvements. The ward and pharmacy teams are working closely together, and the data is now being displayed and discussed at the weekly Medical Assessment Unit (MAU) 'Improvement Huddle'.

Recognition of the Deteriorating Patient

A gap analysis of the recently published SIGN 139 guideline (Care of Deteriorating Patients) and the Healthcare Improvement Scotland (HIS) driver diagram has been undertaken by the 'Deteriorating Patient' workstream and the group is currently working through an action plan, and testing the structured review and structured response.

Pressure Ulcers and Falls Prevention

The Scottish Patient Safety Index (SPSI) measures identified that by December 2015 NHS Boards should be aiming for:

- Zero avoidable pressure ulcers
- 25% reduction in all falls
- 20% reduction in falls with harm

Reporting of falls and pressure damage occurs through the Datix adverse event management system. Adverse event reports are monitored daily to ensure correct documentation and treatment plans are in place and to identify any concerns and educational developments required. On site education occurs both on request and on a planned basis. Data is collated as part of the monthly Senior Charge Nurse Quality Dashboard to drive improvement. Adult inpatient wards across the BGH, community hospitals and mental health older adults are implementing the new falls assessment bundle and are embedding the pressure ulcer assessment bundle to build a proactive approach to prevention.

Ward Quality and Safety Boards

Throughout July 2014 Ward 9 in the BGH, Huntlyburn Ward and Kelso Community Hospital began testing of a 'ward board' displaying their quality and safety information for staff, patients and visitors to view. This is based on good practice identified in two trusts based in London and Manchester.

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.

NHS Borders continue to develop the process of reviewing adverse events in a timely manner, 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 and that a robust system of support can be offered to patients and staff.

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

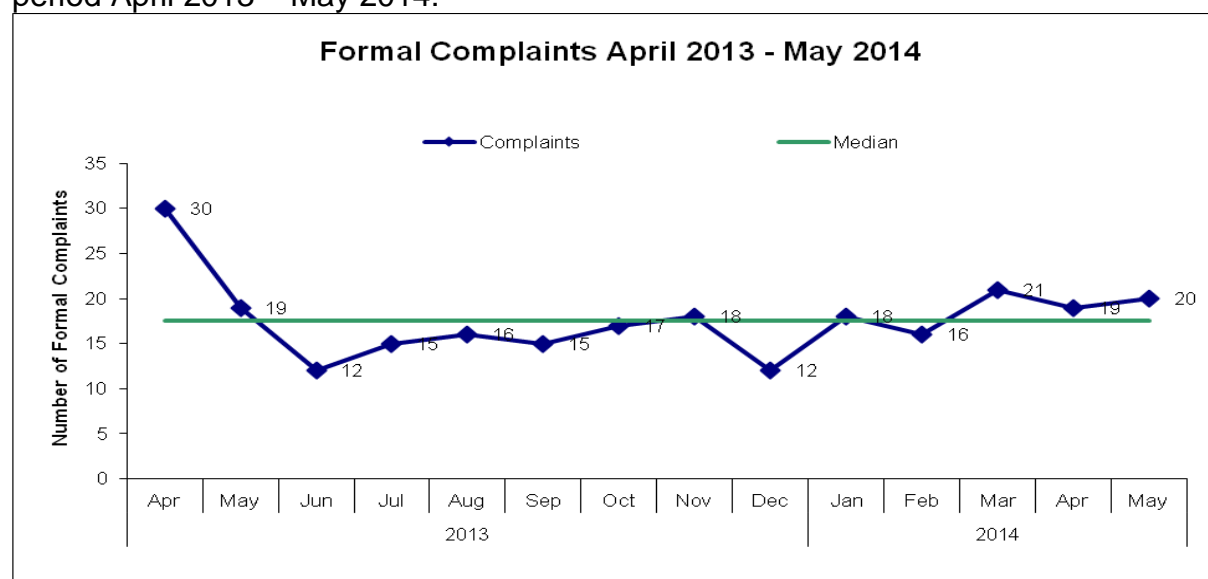
Person Centred Health and Care

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

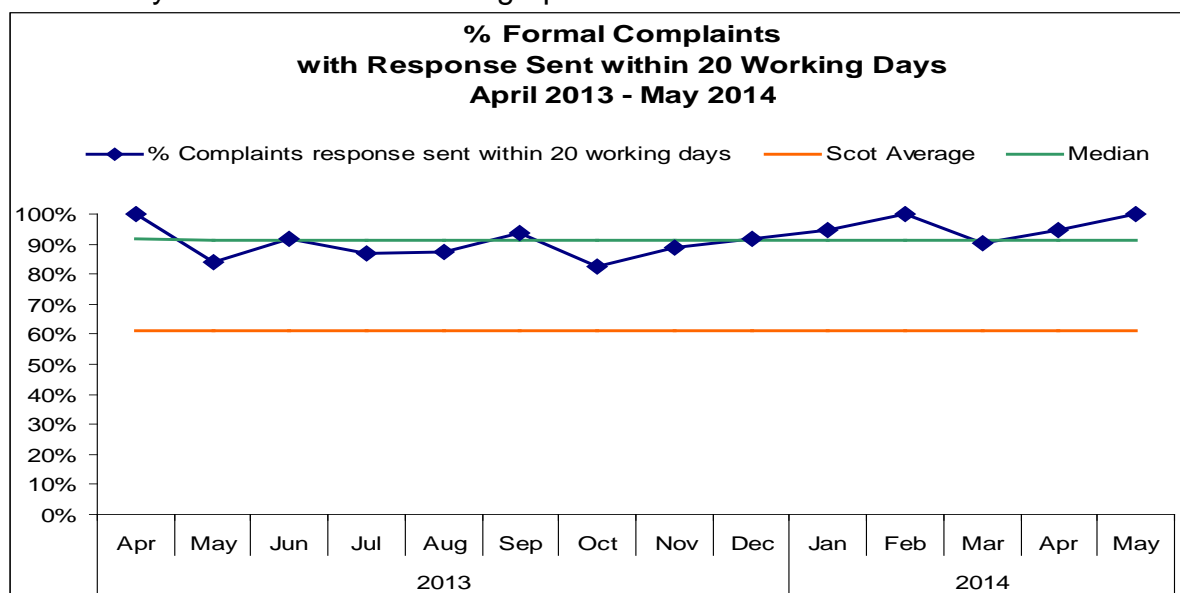
- Complaints, concerns and commendations for the period April 2013 – May 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period April 2013 – May 2014
- Patient Opinion online feedback received between June and July 2014

Complaints, Concerns and Commendations

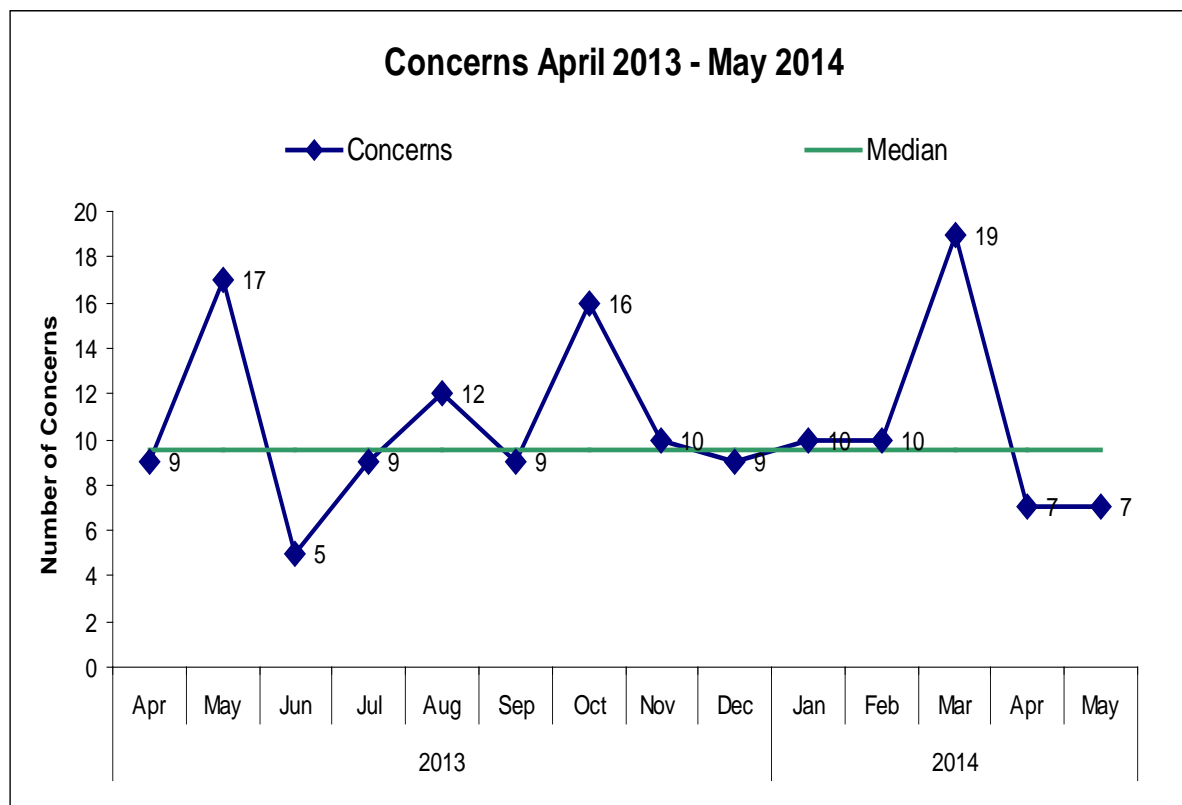
The graph below details the number of formal complaints we have received for the period April 2013 – May 2014:



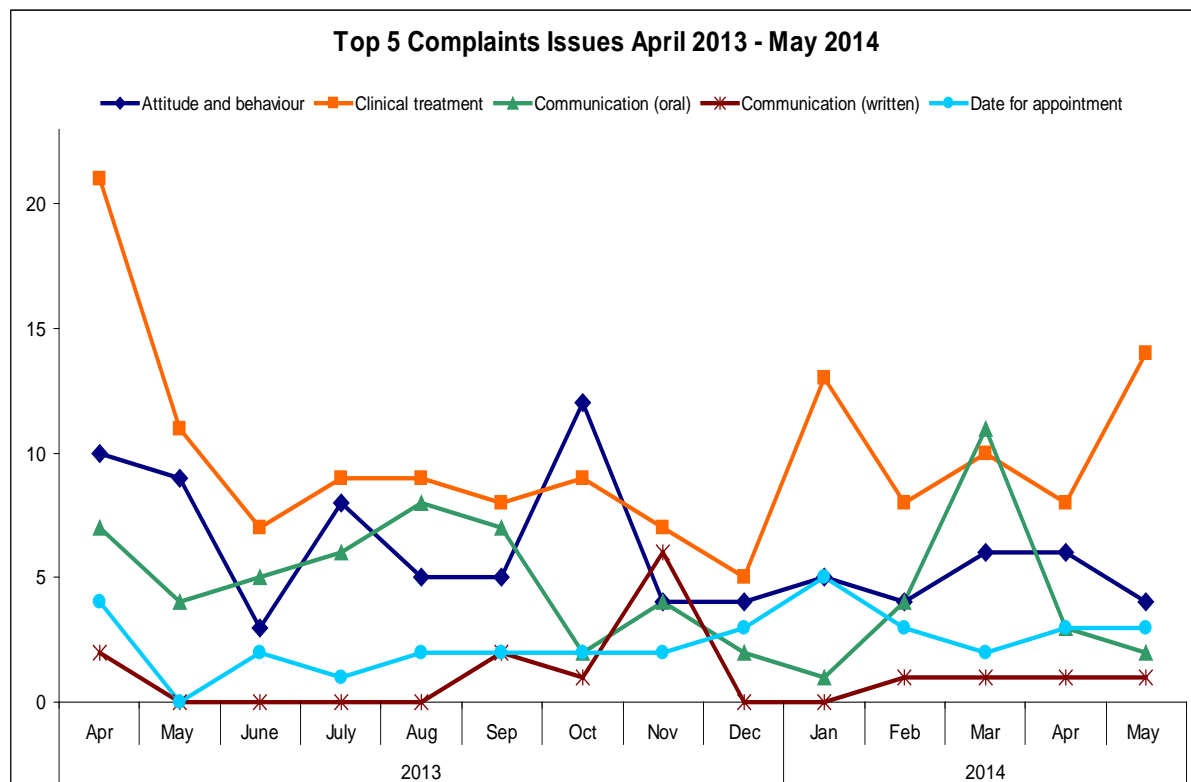
NHS Borders' 20 working day response rate for formal complaints for the period April 2013 – May 2014 is outlined in the graph below:



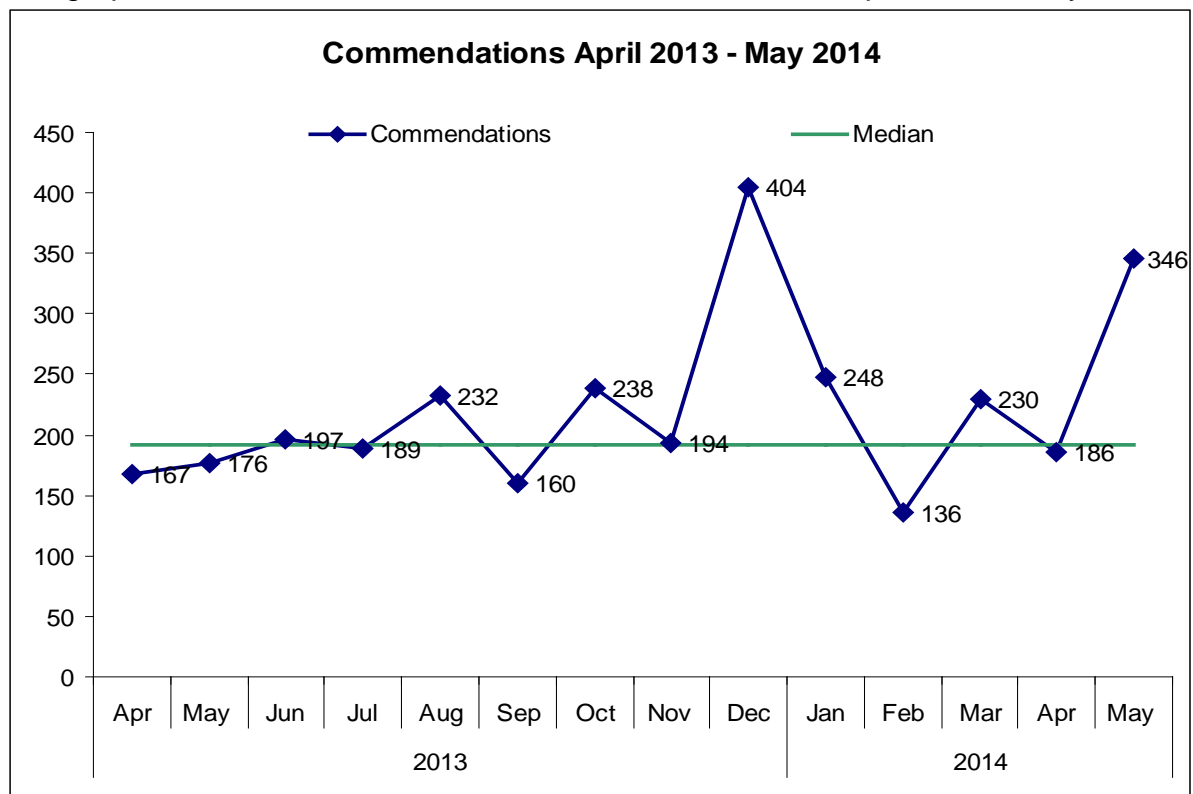
The graph below details the concerns received between April 2013 – May 2014:



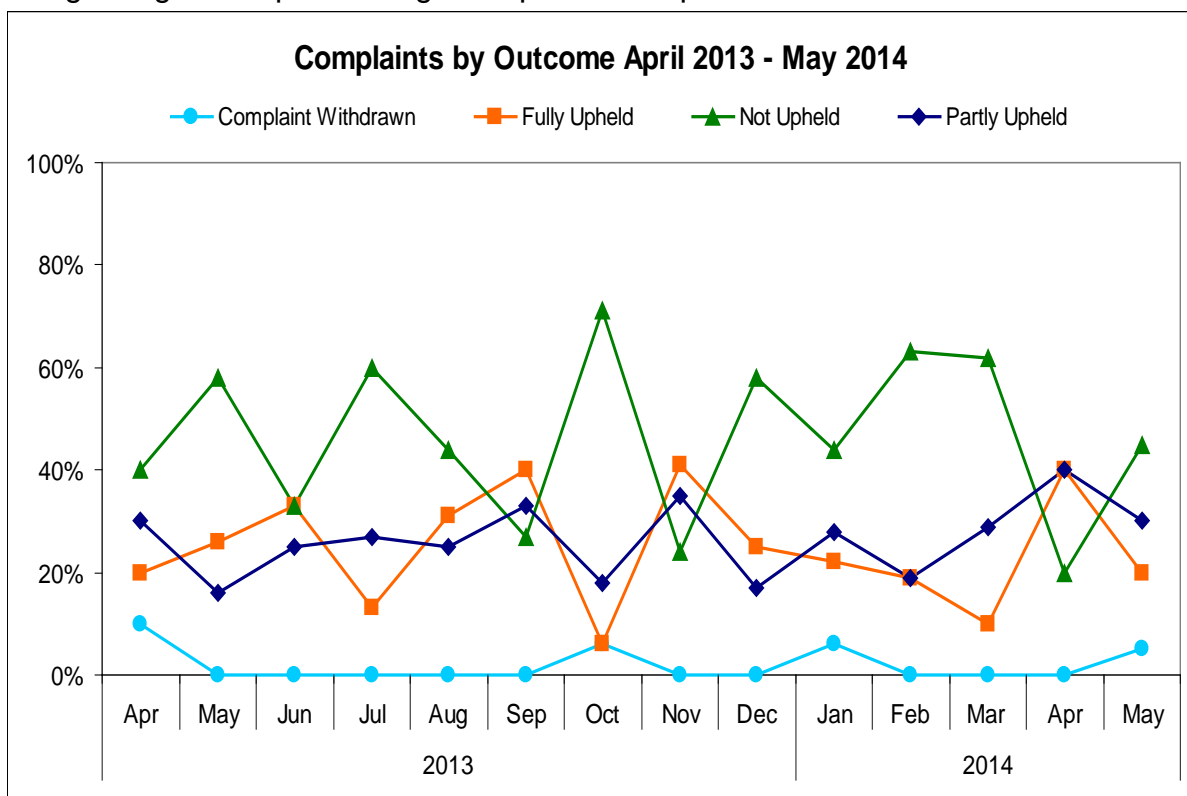
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graph below provides a summary of the themes contained in complaints received between April 2013 – May 2014:



The graph below details commendations received between April 2013 – May 2014:

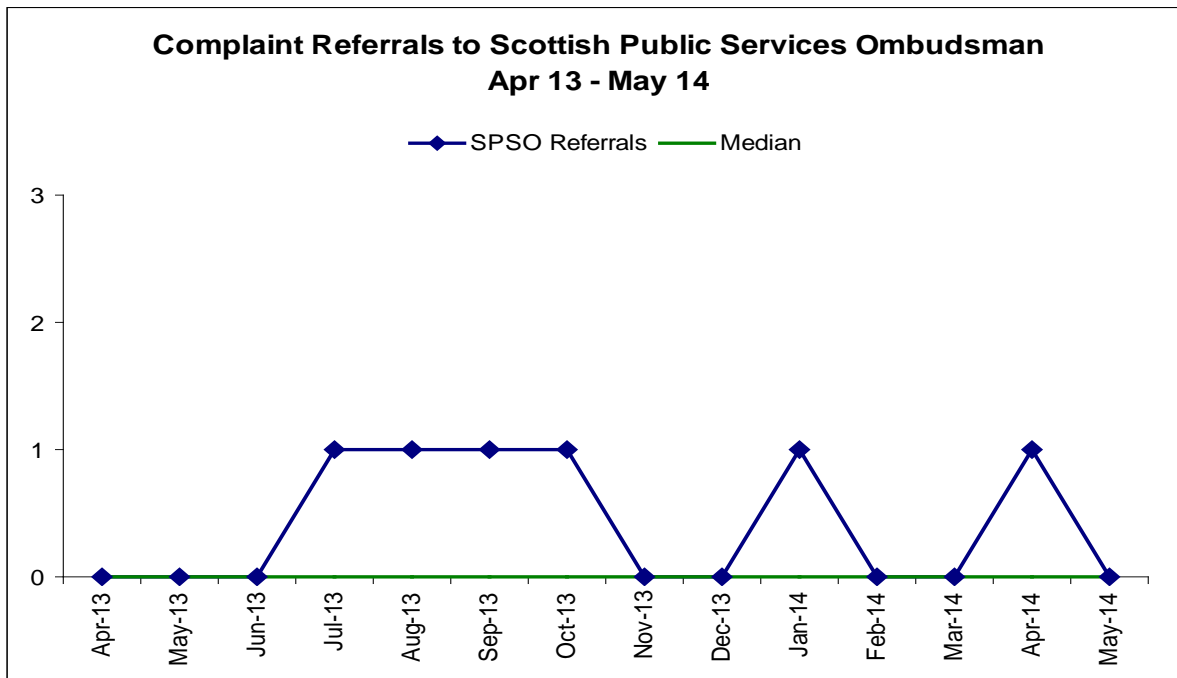


The graph below details the outcome of formal complaints between April 2013 – May 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan:



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 April 2013 – May 2014:



Note: one referral was accepted by the SPSO in April 2014. NHS Borders were notified of this in July 2014 and this represents an amendment to the position reported to the Board in June 2014.

There have been no decisions received from the SPSO in relation to cases they have accepted since the update provided in the June 2014 Board paper.

Patient Opinion Feedback

The table below outlines feedback received in June and July 2014 through the Patient Opinion website relating to patients experience of NHS Borders services:

Title/ Received Date	Criticality*	What was Good	What could be improved	Action Taken
Care for prostate cancer 29.06.14	2	Care	Distance	Response provided by Judith Smith, Nurse Consultant Cancer / Palliative Care. Named contacts for Cancer Information and Support Service provided for any follow up support required.
Medication for Parkinson's 11.06.14	2	-	-	Response provided by Diane Keddle, Associate Director of Nursing, with contact details for any follow up the patient requires.

*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 Opinion Developments

NHS Borders Board Executive Team has supported a proposal to promote Patient Opinion within the Women's and Child Health service for three months to inform the roll out across the rest of the organisation. In this area we will display posters and leaflets encouraging patients and their carers to give feedback via Patient Opinion. The impact will be evaluated in terms of level of feedback, improvement to services and the resource implications for staff. A wider network of responders will also be developed to engage each service in responding to posts on Patient Opinion relating to their area.

Measuring Patient Experience

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 set of common questions into their existing feedback approach. Patient feedback boxes and publicity will also be updated and recruitment is underway for new Patient Feedback Volunteers. IM&T are also leading on the development of a patient feedback application which will support the electronic collection of patient feedback; this will be tested in three areas in the first instance.

Patient Feedback and Complaints Annual Report

NHS Borders published the 2013/14 Patient Feedback Annual Report on the 30 June 2014. The report showed an increase in feedback and complaints during this period and an improvement in NHS Borders' response rates. The full report is available at www.nhsborders.scot.nhs.uk.

Independent Advocacy

Following a joint tendering process between Scottish Borders Council and NHS Borders an enhanced three year contract for the provision of independent advocacy in the Scottish Borders has been awarded to the existing providers, Borders Independent Advocacy Service. The new contract includes the provision of a bespoke Hospital Based Advocacy Service.

Public Involvement

The BGH Participation Group is looking to appoint a new Chair at the August meeting and we are now inviting nominations. The appointment of Chair will cover chairing the group meetings and acting as the public representative on the Clinical Board. A recruitment process is underway to appoint two new public members to the group.

The Public Partnership Forum will hold a development day in October 2014 with a focus on the Person Centred Health and Care Collaborative. Those leading on testing of person centred initiatives in their area will be presenting on the day about their work.

Volunteer Development

A series of exploratory meetings with different services have taken place to discuss the potential use of volunteers. Many areas have identified opportunities for the use of volunteers to enhance the services they provide. The Volunteer Coordinator is working with each service to develop these ideas into roles which can then be progressed.

A positive response has been received to the recruitment process which is currently underway for two volunteer roles, a Patient Experience Feedback role and an Oral Health Childsmile role. An exciting initiative is also being planned to use volunteers to support the testing of the introduction of 'Playlist for Life' in Melburn Lodge, Ward 10 in the BGH and Kelso Community Hospital. This would involve volunteers liaising with relatives and carers to create a playlist on an iPod for dementia patients.

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 patient 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.

Improvement Activity

The data submission for national reporting continues on target, with submissions in June 2014 for upper gastro-intestinal and hepato pancreato biliary (HPB) cancers and for lung in July 2014. Currently data collection is being checked and finalised for breast and ovarian cancers ensuring that this is on target for the September 2014 submission deadline. Following the resubmission of Detect Cancer Early data, it is anticipated that the 2013 report will be published by ISD shortly.

A database has been developed to capture information about patient contact with the Cardiac Rehabilitation Service. This will enable the cardiac specialist nurses to have real time access to data pertaining to the patient's journey from admission to discharge, thus facilitating identification of areas for improvement and monitoring of sustainability of improvements made.

Currently, there is a focus on improvement in relation to hip fracture within Orthopaedics. This is being taken forward through engagement of clinical staff in use of data to drive improvement at the weekly Bone Zone improvement huddle, held in Ward 9. Data collection for submission to ISD continues for the four work strands:

- Hip fracture
- Hip and knee enhanced recovery
- Fracture clinic redesign
- Allied Health Professions musculoskeletal redesign.

A weekly huddle has begun focusing on Theatres at which staff are able to analyse and discuss data to inform improvements.

NHS Borders' Stroke Service was shortlisted as a finalist for the National Patient Safety and Care Awards, held in London on 15 July 2014. The service made it to the top four of the seventy entries from across the UK.

Research and Innovation

NHS Borders is participating in national working groups looking at the strategic aims of the education review laid out by the Chief Nursing Officer in the “*Setting the Direction for nursing and midwifery education in Scotland*” document. One of the aims of this is to strengthen clinical and academic collaboration to ensure that research and evidence underpins improvement. The working groups will ensure that recommendations are implemented, and their effectiveness monitored.

NHS Borders is working on two innovation submissions to the Health Foundation. If successful this will enable NHS Borders to develop and test a model of recognition of deterioration in the community and to further develop and accelerate our work to test improvements which can be made to support patient flow and reduce delays between health and social care services.

NHS Borders have also partnered with NHS Tayside and Healthcare Improvement Scotland to develop a proposal for Health Foundation funding. If successful this will focus on implementing the learning outlined in the Vincent Framework (<http://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety/>) to enhance our existing safety measurement and monitoring system with some specific testing across the older people’s pathway.

Patient Flow

Managing Patient Flow in Hospitals

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

Following training for some NHS Borders staff in June 2014 data collection has now begun to support a diagnostic phase to examine patient flow, demand and capacity across the system. Weekly webex calls have been established with the local team, Scottish Government, the other three test NHS Boards and IHO to accelerate this phase of the programme. The outcomes of this will inform where NHS Borders should focus its improvement efforts.

Connected Care

Since commencing the Connected Care Project in April 2014, a deeper understanding has been developed of the delays in the system which prevent patients moving to the most appropriate place of care. Based on the information collected to date, there is now a focus on working with all staff in the selected test areas to identify improvements and test potential solutions in a small scale way. The aim of the project is to develop systems and processes to ensure:

- no delay
- no unnecessary hospital stay
- no delay in care intervention for the residents of the Scottish Borders.

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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Evelyn Rodger	Director of Nursing and Midwifery	Jane Davidson	Chief Operating Officer

Author(s)

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