

**Borders NHS Board****QUALITY AND PATIENT SAFETY – SEPTEMBER 2011****Aim**

The aim of this report is to update the Board on progress with the implementation of the Quality Strategy and the Scottish Patient Safety Programme.

**QUALITY STRATEGY****Background**

The Healthcare Quality Strategy for NHS Scotland sets out three quality ambitions, which incorporate the six dimensions of healthcare quality, and act as the focus for priority action for all healthcare services. Nurses, midwives and allied health professionals (NMAHPs).

The NHSS Healthcare Quality Strategy aims to build upon quality healthcare services in Scotland and ensure all work is integrated and aligned to the quality ambitions with measurable improvements, which include patients' experience, to deliver the highest quality healthcare services to people in Scotland and in doing so provide recognised world leading quality healthcare services.

**QUALITY COUNCILS**

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The three Associate Directors of Nursing each attend one of the Quality Councils:

**1. Safe**

The Safe Quality Council has met twice. The group has agreed to focus on improving Mortality by going 'Back to Basics'.

The aim of the Council is that there will be no avoidable harm to people from healthcare advice or support they receive and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

## Objectives

1. To align and coordinate a range of work streams relating to safety through an integrated cycle of improvement activity.
2. To focus on identifying existing NMAHP (Nursing, Midwifery & Allied Health Professionals) programmes which contribute to patient / service-user safety and to public protection in general.

- Support, facilitate and consolidate local ownership of quality and risk management
- Assess and facilitate progress against:
  - a) Increased patient confidence in safe services.
  - b) Positive patient outcomes and experience which will read across to Person-Centred Quality Council.
  - c) Successful management of significant / adverse events.
- Identify methods of assuring patient safety and public protection

## **2. Effective**

The Effectiveness Quality Council has met twice. The group has agreed to focus on two key important areas:

1. Reshaping Care for Older people' and Dementia standards
2. Effectiveness and improvement methodology around documentation

## Objectives

In order to influence, support and deliver *'The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated'* (NHSScotland Healthcare Quality Strategy (2010)); the Effective Council will:

- 1 Align and co-ordinate a range of work streams on effectiveness linking with and contributing towards the work of the Effective Delivery Group.
- 2 Support and enact the NMAHP Declaration which includes ensuring that NMAHP services and care are affordable, sustainable and of a consistently high quality through Delivery of the Healthcare Quality Strategy.
- 3 Focus on effectiveness, efficiency and productivity and influence the delivery of measurable improvements of the quality care spanning the range of healthcare delivery irrespective of setting.
- 4 Identify priorities and form a consultation base that enhances two way communications between national and local agendas by networking and sharing effective practice across NHSScotland.
- 5 Inform what 'effectiveness' means for NHSScotland by exploring and communicating what effective healthcare means to staff within Boards.
- 6 Identify measures of success for both membership of the council and its identified priorities.
- 7 Focus on the use and generation of information and evidence to support the delivery of effective high quality care.

8 Consider emerging aspects of effectiveness for nurses and AHPs.

### **3. Person Centered**

The second meeting of the national Person Centred Quality Council was held in August. There was a lengthy discussion regarding the role and remit of the group and what a success strategy would contain. There was widely held agreement that this should build on existing work regarding patient experience, patient participation, health inequalities, access to information, staff governance and enabling person centred care. The importance of linking with national and local projects and initiatives was recognised and the need to ensure that Positive Practice Environments and Good Practice is recognised and shared across the Boards. There was also a discussion on how the group could support practitioners to recognise and celebrate success. NHS Borders staff attended a national conference on Person Centred Care at the end of August.'

### **SCOTTISH PATIENT SAFETY PROGRAMME**

NHS Borders was visited by the Scottish Faculty Team in June of this year. The purpose of the visit was to provide support to the people implementing the programme. The visiting team provided guidance and help on any challenges that the Board is facing. The visiting team were also interested in any key successes within the Board. The team met with all of the Work Stream Teams as well as visited some of the clinical areas and spoke to staff about the SPSP and the results that had been achieved. The Board received the Final Report of the visit which was very encouraging.

The next steps are to:

- Continue to spread the programme activities throughout BGH and beyond.
- Establish all measures at 95% compliance and keep this level sustained in all areas
- Continue to integrate with other quality initiatives ongoing within NHS Borders

### **BETTER TOGETHER NHS BORDERS INPATIENT SURVEY RESULTS**

The second national questionnaire on patient's experiences in hospital shows that the hospitals in the Borders continue to meet patient's expectations of high levels of care. The results of the 2011 Scottish Inpatient Patient Experience Survey were published on 30<sup>th</sup> August as part of Better Together, Scotland's National Patient Experience Programme.

In the Borders, a questionnaire was sent to more than 1,200 patients who had stayed overnight in one of the community hospitals or at the Borders General Hospital. The questions covered all aspects of inpatient care from admission to post-discharge arrangements, and ranged from whether they felt they got the best treatment for their condition and were treated with care and respect to the cleanliness of the hospital and the quality of the food.

The survey results show that patients were generally very positive about their experience of staying in hospital, particularly about their treatment and the information provided and the care and respect they were given by staff.

In NHS Borders 658 surveys were returned (a 53% response rate).

We will continue to use the survey to develop the quality of care, particularly in those areas which were not rated so highly, to ensure we offer our patients the highest standards of care possible. Clinical Boards have committed to producing Action Plans to act on the survey results, to improve patient experience.

Some of results for NHS Borders showed:

- 97% of patients were positive about the information given before attending hospital to help them understand what would happen when admitted
- 90% were positive about the treatment they receiving during their time in A&E
- 94% were positive about the time they had to wait to get a bed on the ward
- 89% were positive about their admission to hospital overall
- 94% were positive about their physical comfort with 93% positive about the level of pain relief
- 93% positive about the cleanliness of the environment
- 93% said they were treated with both respect and care while 90% trusted the people looking after them.

The overall report for NHS Scotland is attached and the NHS Borders and individual reports for each of the hospitals is available at:

<http://www.bettertogetherscotland.com/bettertogetherscotland/24.html>.

### **NHS Borders Assessment on the NHS Scotland Participation Standard**

NHS Scotland Participation Standard: NHS Borders has received feedback from the Scottish Health Council (SHC), following the submission of our self-assessment for the Participation Standard. The SHC verified our reported levels, as follows:

Standard	Self-assessed level	SHC assessed level
Patient Focus (GP survey)	Developing (1)	Developing
Patient Focus (in-patient survey)	Developing	Developing
Public Involvement	Implementing (2)	Implementing
Corporate Governance 3:1 (systems and processes)	Evaluating (3)	Implementing
Corporate Governance 3:2 (decision making)	Evaluating	Evaluating
Corporate Governance 3:3 (participation culture)	Evaluating	Evaluating

Following a national evaluation of the process the SHC has decided not to undertake a formal assessment for 2011/12. The SHC are revising the guidance with the aim of simplifying the process and placing a greater focus on improvement. Accordingly the Clinical Boards and support services within NHS Borders are adopting a shared approach to improving action plans based on inpatient survey results and areas identified through the self assessment process this year. The future assessment and reporting on the NHS Scotland Participation Standard will be incorporated within the new Health Care Quality Standard and HealthCare Scrutiny Model.

**Recommendation**

The Board is asked to **note** the report.

<b>Policy/Strategy Implications</b>	This report is in line with NHS Scotland Quality Strategy and the Scottish Patient Safety Programme (SPSP) objectives
<b>Consultation</b>	Not applicable
<b>Consultation with Professional Committees</b>	Relevant groups/committees will be advised as appropriate
<b>Risk Assessment</b>	Risk will be assessed on an ongoing basis for exceptions
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Yes
<b>Resource/Staffing Implications</b>	None identified

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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