

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

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

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

**Patient Safety**

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

NHS Borders received two site visits from Healthcare Improvement Scotland (HIS) in August 2014 for maternity, neonates and paediatrics and primary care. Formal reports are awaited from both visits, but feedback on the day was positive. The maternity service was commended for the system they have developed for risk assessment which will be presented to the Board in the first clinical governance and quality 'spotlight' session this month.

NHS Borders has been successful in securing a place on the SPSP Fellowship again this year. The successful applicant, Deirdre Moss (District Nurse), will be focusing on a project around the use of teachback approaches to improve medicines safety in the community. Alongside the previous 4 fellows from NHS Borders, the participation and involvement of this year's fellow in the local programme will further strengthen the clinical input and leadership to patient safety across the organisation.

A representative from NHS Borders will also be attending a study trip hosted by HIS to specifically identify areas of good practice for the care of the deteriorating patient and to inform our local practice.

**10 Patient Safety Essentials and 9 Priority Areas**

Clinical areas within the Borders General Hospital (BGH) continue to aim for 100% reliability with the 10 safety essentials. The essentials have been built into clinical Board performance scorecards and ward level quality dashboards to monitor sustainability.

Leadership walkrounds and inspections continue as per the new schedule launched in June. This format has seen a significant reduction in cancellations and has been met with positive feedback from staff and those leading walkrounds and inspections. Some

suggestions have been made for outpatient areas in relation to the focus of the walkrounds which will be considered and reflected in the documentation for these areas.

Workstream teams continue to work with testing and implementation of the key measures in the measurement plan for the 9 priority areas.

### **Adverse Event Management**

NHS Borders continues to develop the process for 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 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.

HIS visited the team on 19 September 2014 to ascertain NHS Borders' progress against the national framework. Feedback was positive and priority areas identified for the coming year are around sharing the learning from significant adverse event reviews across all levels of the organisation.

### **Safety Measurement and Monitoring – Health Foundation Award**

In April 2014 the Health Foundation published a Safety Measurement and Monitoring Framework prepared by Charles Vincent. The Health Foundation recently invited key organisations to apply to test the framework. HIS were specifically invited to submit a proposal with two delivery partners. NHS Borders was approached to be one of the delivery partners in recognition of the progress the Board has made in the use of data to drive quality, safety and improvement. Following short listing, representatives from HIS, NHS Borders and NHS Tayside were invited to interview on the 8 September 2014. Confirmation has now been received that the combined proposal from the three organisations has been successful. NHS Borders will begin testing of the framework at Board level and across a frailty pathway for older people. This will offer the opportunity to accelerate our local improvement work in patient safety and the care of older people.

### **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, clinical guideline assessment and implementation, patient information, research development and governance, preparation for inspections and analysis of significant national reports.

### **Clinical and Care Governance – Integration of Health and Social Care**

A small group are working to assess the clinical and care governance requirements for integrated health and social care services. A series of papers have been considered by the Shadow Integration Board to map out current structures across health and social care and to consider the components of a clinical and care prepare a text for the scheme of delegation outlining the clinical and care governance system. The group are currently working to the governance system which will be established for integration.

### **National Cancer Audits**

The data submission for national reporting for breast and ovarian cancers continues on target for the end of September 2014. The recently published quality assurance report for

NHS Borders' Upper Gastrointestinal data set shows NHS Borders to have achieved 97% accuracy in recording of data items. This demonstrates a high level of accuracy in respect of reporting.

New quality performance indicator (QPI) data will be collected for additional cancers from October 2014. This new data collection will pertain to endometrial, cervical and testicular cancers.

### **Improvement Activity**

Ongoing input to the six improvement zones: Delta, Alpha, Stroke, Bone, Theatres and Out of Hours, continues in respect of data analysis and improvement support. The data is used to drive improvement, measure the effectiveness of tests of change and monitor sustainability of implemented changes.

In the past month Theatres have carried out two PDSA cycles with the aim of reducing cancellation and revision to theatre lists on the day of surgery. Tests have focussed on the use of a standardised process for decision-making around cancellation of scheduled operations on the previous evening. The first cycle proved a success with no patients being cancelled on the day of surgery and no changes made to the operation lists. Data from the second test is awaited and a continued focus will be maintained on this area.

Work has been underway on the development of a quality dashboard for the Intensive Therapy Unit (ITU) akin to those in place for each ward. A first draft has been prepared for consideration and following refinements the plan is that this will be added to the shared network in order that the data may be viewed by all ITU staff to drive continuous quality improvement.

### **Older People in Acute Hospitals (OPAH) Self Assessment**

NHS Borders submitted its self-assessment against OPAH outcomes 1-11. The assessment articulated both areas of strength and areas where ongoing improvement work is underway against each outcome. It is anticipated that an unannounced inspection will take place sometime within the next year.

### **Research and Innovation**

NHS Borders' annual review with the Chief Scientist Office took place on 19 September 2014. This went well and was considered to be very positive.

There continues to be an increasing trend in the number of studies coming into the organisation. There are also a greater range of areas participating in studies.

### **Person Centred Health and Care**

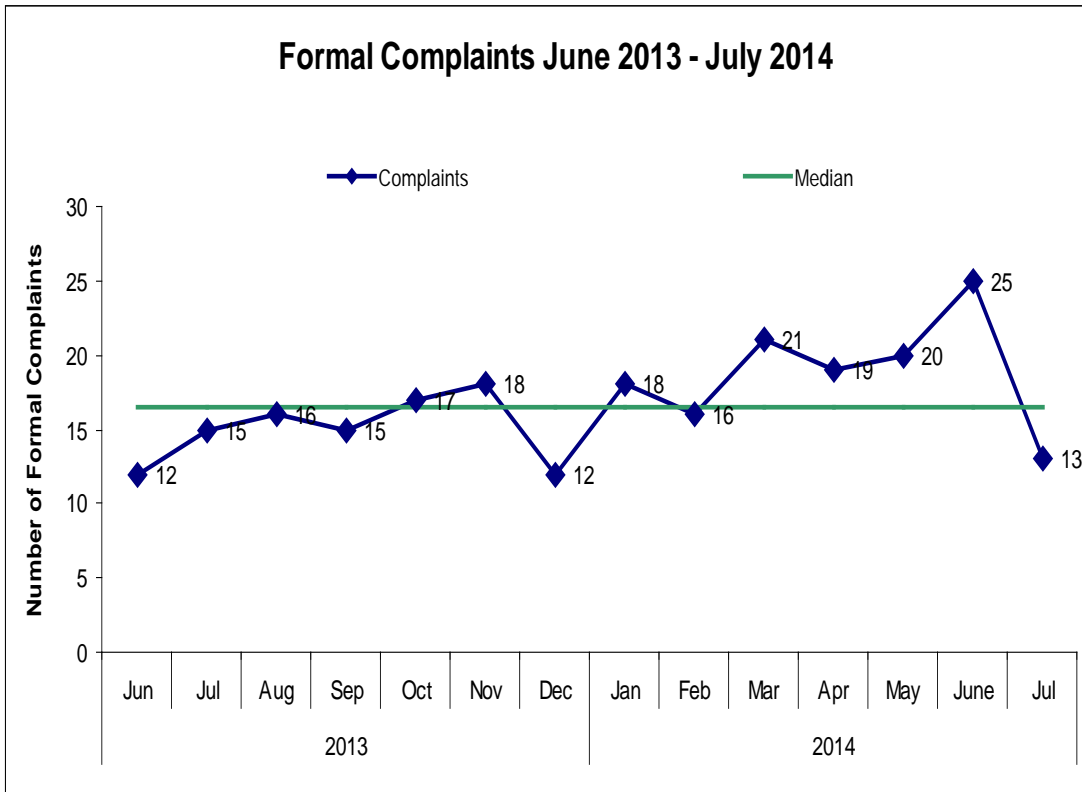
#### **Patient Feedback**

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:

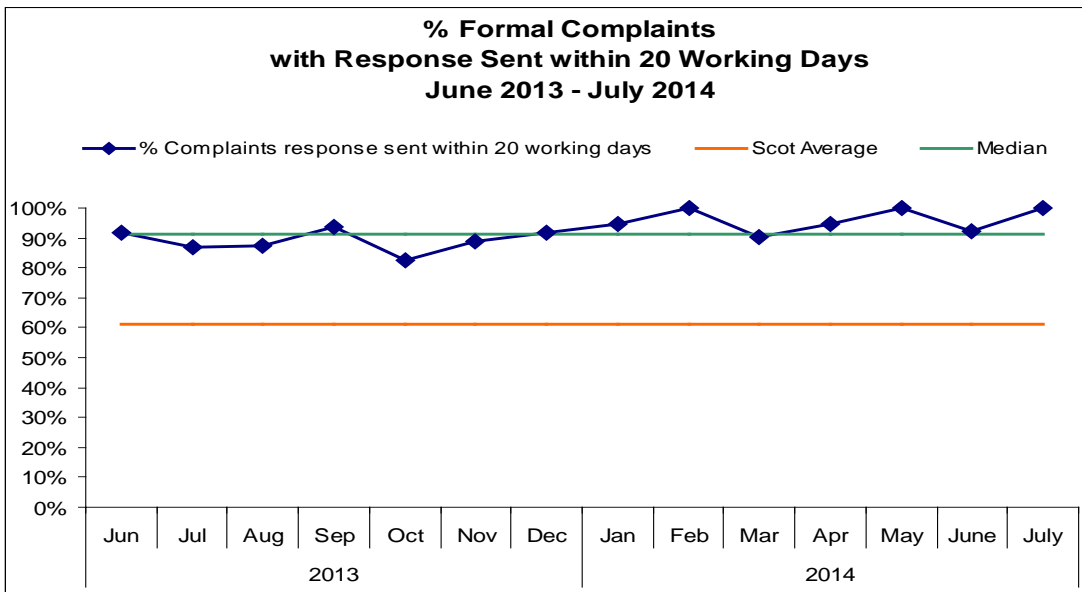
- Complaints, concerns and commendations for the period June 2013 – July 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period June 2013 – July 2014
- Patient Opinion online feedback received between July and August 2014

### Complaints, Concerns and Commendations

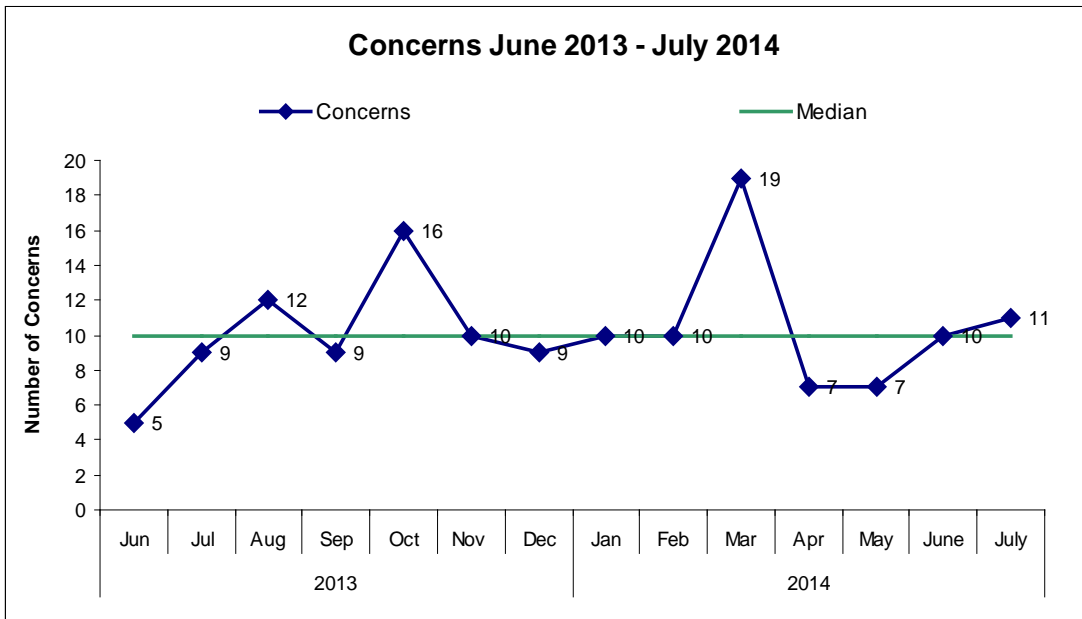
The graph below details the number of formal complaints we have received for the period June 2013 – July 2014:



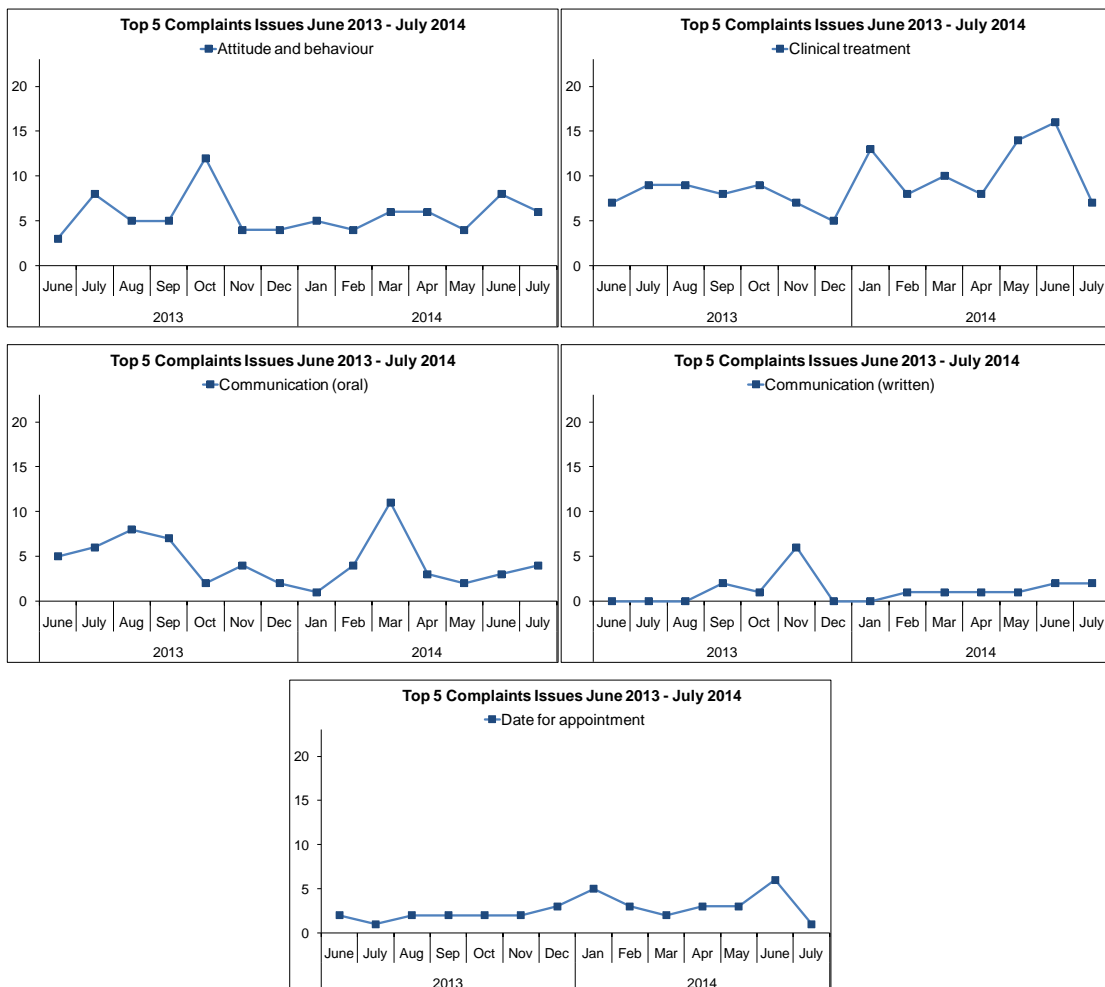
NHS Borders' 20 working day response rate for formal complaints for the period June 2013 – July 2014 is outlined in the graph below:



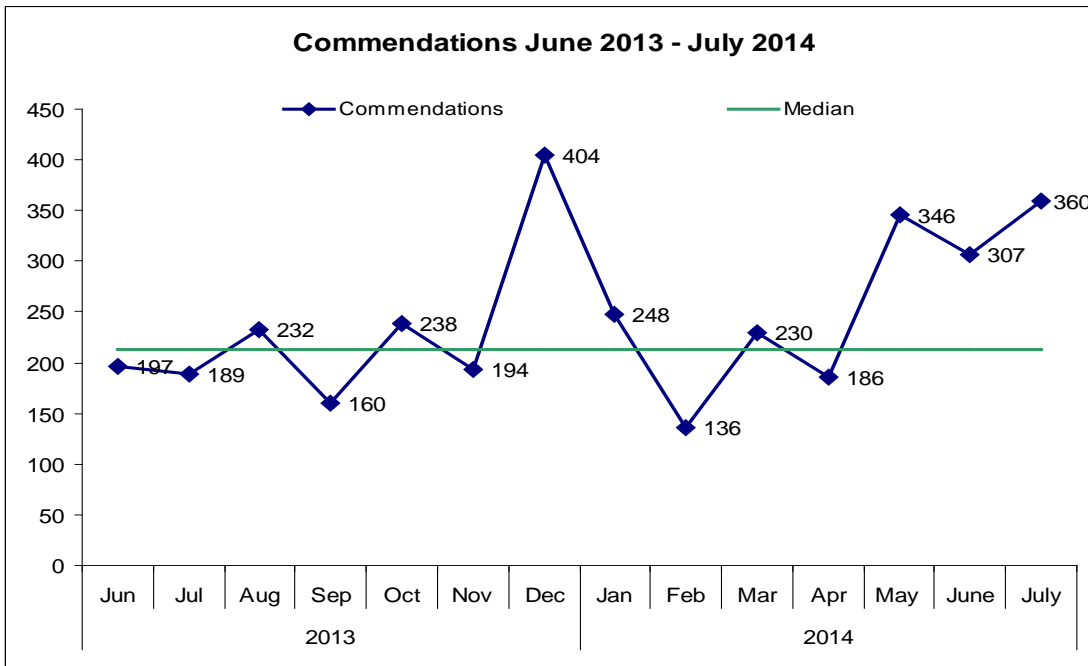
The graph below details the concerns received between June 2013 – July 2014:



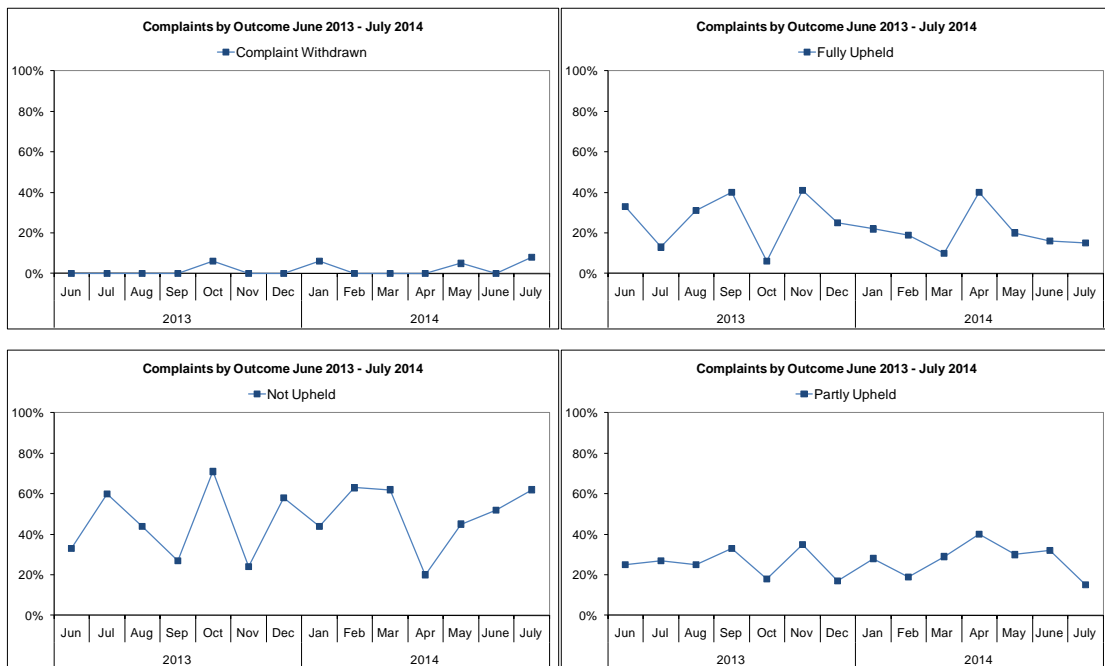
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provides a summary of the themes contained in complaints received between June 2013 – July 2014:



The graph below details commendations received between June 2013 – July 2014:

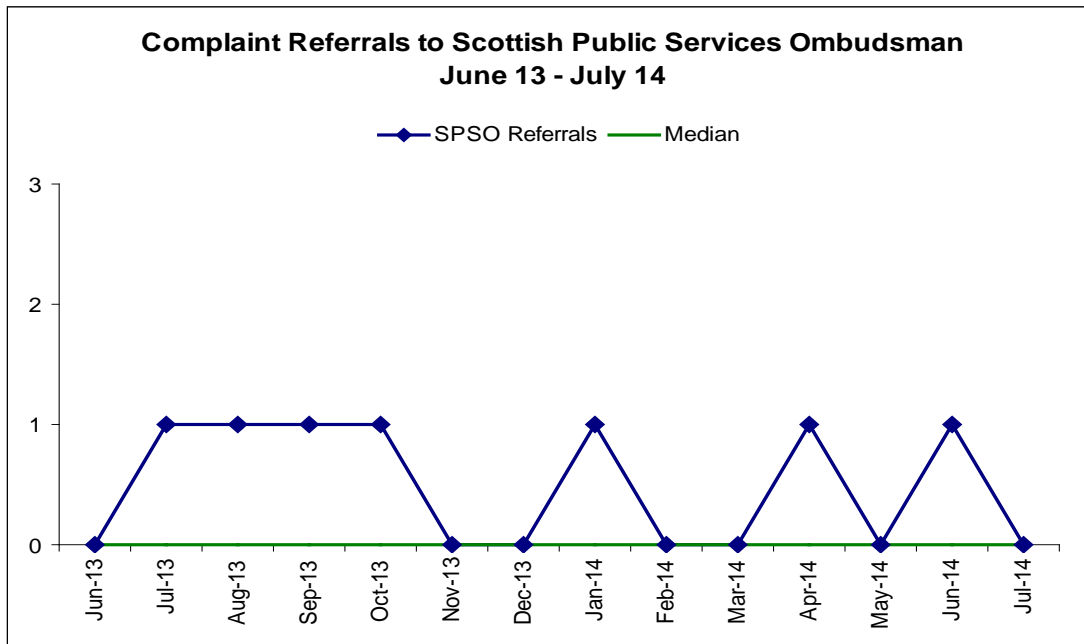


The graphs below details the outcome of formal complaints June 2013 – July 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan:



### 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 June 2013 – July 2014:



There has been one decision received from the SPSO in relation to cases they have accepted since the update provided in the August 2014 Board paper:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201306193	That the Board did not provide a reasonable standard of care during the last hours of Mrs C's life	Upheld	<ol style="list-style-type: none"> <li>1. Provide an update on the review of this complaint by the Service Manager for Medicine and any action plan arising from this.</li> <li>2. Undertake a further review of this complaint in light of SPSO findings and provide an action plan arising from this.</li> <li>3. Apologise to complainant that there was no assessment of whether pain and symptom relief should have been provided at an earlier point.</li> <li>4. Provide us with evidence of their current plan for terminal and end of life care and of the staff training undertaken to support this.</li> </ol>	Compliant

### Patient Opinion Feedback

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

<b>Title/ Received Date</b>	<b>Criticality*</b>	<b>What was Good</b>	<b>What could be improved</b>	<b>Action Taken</b>
Admission and treatment 27.08.14	3	Nothing	-	Response provided by Kirk Lakie, Service Manager, with contact detail for follow up investigation.
Birth of my Daughter 20.08.14	0	-	Nothing	Positive feedback, response provided confirming that the feedback is shared with all staff involved in the patient's care.
Still undiagnosed after ENT referral 18.08.14	3	-	-	Response provided by Dawn Carmichael, Associate Director – Clinical Executive, with named contact details and offers to investigate further.
Treatment and care while a patient in the BGH, 12.08.14	0	Advice and treatment	Wait for medication	Response provided with assurance that the positive feedback would be shared with all staff involved in his care on Ward 5

\*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).

### **Person Centred Health and Care Programme**

The Scottish Government's national team visited NHS Borders on the 15 September 2014. The staff visited the BGH, Huntlyburn Ward, the Brigs and Kelso Community Hospital. They were impressed with the progress that has been made since the last learning session in May 2014, in particular in relation to the testing of the 'what matters to you' approach for patients on admission to inpatient areas, testing of 'Playlist for Life' for patients with Dementia, and improvements in gathering patient feedback across the organisation. After the visit the national team confirmed that they have approved a small funding bid made by NHS Borders to support the roll out of the person centred work streams.

### **Patient Feedback Volunteers**

NHS Borders has recruited eight Patient Feedback Volunteers to support the systematic gathering of patient feedback. Following their induction training the volunteers will be testing the new patient feedback survey in the discharge lounge at the BGH. The new development will coincide with a system-wide measure of patient feedback that includes new suggestion boxes and trialling a patient feedback questionnaire and application that has been developed by the Information Management and Technology team.

### **BGH Participation Group**

The BGH Participation Group held a celebratory event on the 11 September 2014 to thank Ann Purvis for all her hard work. Ann is leaving NHS Borders after over 10 years of volunteering. During this time Ann has been involved in a number of groups and projects including the Involving People Network, Public Partnership Forum and the Public Reference Group. Ann was instrumental in setting up the BGH Participation Group that she has chaired since it began in 2010. Ann is well



known for her straightforward style and her desire to make the BGH the best hospital in Scotland. The group has elected George Anderson as their new chair and he will take up this role in October 2014.

## **Patient Flow**

### **Managing Patient Flow in Hospitals**

NHS Borders has been selected as 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.

The diagnostic phase of the programme has begun with the collection and analysis of data to gain a deep understanding of flow, demand and capacity across the system. IHO visited NHS Borders on the 23 September 2014 to gain a fuller understanding of the local system, to present to local stakeholders and to work with the programme team to review the first set of data which has been prepared. By December 2014 the team will be directed by IHO and the local data to the best focus of the second phase of the work.

### **Connected Care**

The Connected Care Programme is cross-sectoral (health, social care, voluntary and independent) supporting the integration framework and instills safe, effective and person centredness in its approach. The overarching aims of the programme are:

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

Work is progressing within the workstreams in the following areas:

**System Elastic** - utilising flexible beds outwith Borders General Hospital (BGH) for assessment, intermediate care or an improved care environment for patients awaiting adaption. This testing will release capacity within BGH and also provide the project with information around our community gaps which require development and testing.

**Triple Track Consistency** - preventing admission, smoothing assessment and promptly discharging patients. Testing is underway in Ward 4 with the Red Cross to identify and support discharge, ward 12 and 16 to improve the social work referral and allocation process, Medical Assessment Unit having more robust admission information available from Social Work to improve communication and inform next stage of care, completion of discharge letters in ward 12 and joint social work and OT assessment in DME.

There are several more initiatives being worked up for testing in the next 8 weeks.

## Recommendations

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

<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 and 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	Jane Davidson	Chief Operating Officer

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