

Borders NHS Board



BOARD CLINICAL GOVERNANCE & QUALITY UPDATE - NOVEMBER 2014

Aim

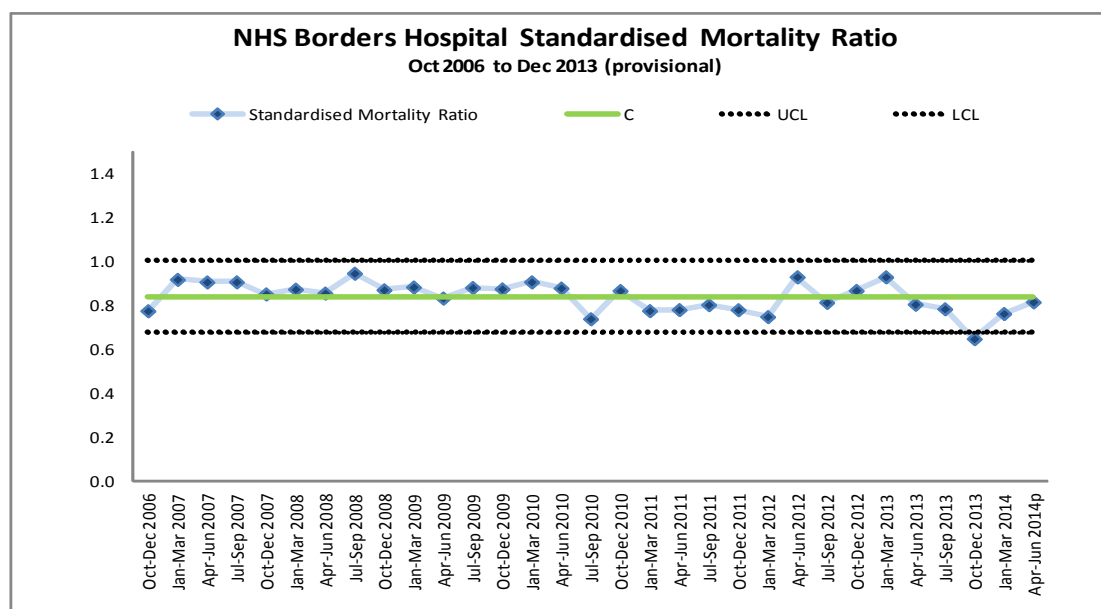
This report aims to provide the Board with an overview of progress in the areas of:

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

Patient Safety

Hospital Standardised Mortality Ratio (HSMR)

The graph below presents the NHS Borders HSMR data provided by Public Health Intelligence (PHI). The graph shows normal variation with an agronomical data point for Oct –Dec 2013. No specific reason has been identified for the low rate and data points for the subsequent two quarters have returned to within normal limits.



The intention in providing quarterly HSMR data to NHS Boards is to allow assessment of progress in reducing mortality over time and from the baseline in 2007. PHI analysis suggests that to date NHS Borders have made an 11.5% reduction in HSMR against the 2007 baseline.

Scottish Patient Safety Indicator (SPSI)

The revised measurement plan for the Acute Adult safety programme was published in December 2013. NHS Boards are well engaged in improvement work across the harms of the Scottish Patient Safety Indicator (SPSI). However, reporting of the SPSI as a metric has, nationally, been inhibited by challenges around the definition of and data collection for a Catheter Associated Urinary Tract Infection (CAUTI) outcome measure.

Following consultation, a proposal to amend the current definition of SPSI to SPSI 3 has been agreed by the National Acute Adult Delivery Group and supported by the SPSP Programme Board and Scottish Government. SPSI 3 will be a composite measure collected and reported at ward, hospital and board level describing the percent of patients discharged free of the three currently measured and reported harms (falls with harm, pressure ulcers and cardiac arrests).

Reducing CAUTI remains a key priority for the acute adult programme. Healthcare Improvement Scotland (HIS) has asked NHS Boards to continue testing the process measures, and will revise the CAUTI outcome measure over the next year. CAUTI will be incorporated into SPSI 4 when there is a process to capture this data at scale.

The revised CAUTI definition which aims to overcome the challenges highlighted has been tested by a number of NHS Boards, including NHS Borders, and is included within this revision of the measurement plan. The local CAUTI group continue to work with ward 12 as the test site. The group have agreed to continue with the CAUTI workstream, and have also involved Community colleagues. Revised catheter passports have also been tested and have now gone to print – these include the revised insertion and maintained bundles.

Outcome measures for falls, developed pressure damage and cardiac arrests have been built into the Integrated Performance Scorecard reported to the NHS Borders Board Strategy and Performance Committee.

Scottish Patient Safety Conference

NHS Borders sent a number of delegates to the national safety conference in November. The conference was aimed at both the leaders of the organisation and frontline staff, and focused on leadership, safety culture, organisational priorities, communications and data for improvement. A number of improvement ideas have been generated from those who attended and will now be tested.

Learning Events

As the first in a series of quality improvement learning sessions. NHS Borders welcomed Mrs Margaret Murphy, a patient safety ambassador for the World Health Organisation to speak to 130 staff members over two sessions on 19 November. Margaret relayed the story of how her son Kevin who died in Ireland as a result of a series of errors, mix ups and clinical blind spots in the healthcare system. Margaret focused on the complexities of being open and honest when adverse events, the need to involve patients and families and the learning that can come from these events if managed effectively. This is the first in a series of short learning sessions which will be open to staff to support the organisations abolition to create a learning culture.

Adverse Event Management

Linked to the session outlined above 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.

Clinical Effectiveness**Cancer Audit**

Breast and Ovarian data have been signed off and submitted for inclusion in the respective national comparative reports. On publication of the national reports it would be anticipated that local opportunities for improvement will be identified.

Orthopaedics Audit

The results of the Musculoskeletal (MSk) national rolling audit are being used at a local level to identify areas for improvement. Currently being considered are fasting times for Enhanced Recovery After Surgery and hip fracture patients, and length of stay.

Improvement Zones

Improvement and data analysis support is ongoing to the six improvement zones: Delta, Alpha, Stroke, Bone, Planned Care and Out of Hours. Data is used to drive improvement, measure the effectiveness of tests of change and monitor sustainability of implemented changes.

In the past month there has been a focus on reinvigorating the Stroke Improvement huddle. This has included testing changes to the time and day of the huddle, identifying new tests of change such as specialised outreach of the Senior Charge Nurse and Allied Health Professionals to community hospitals to facilitate sharing of knowledge and to improve patient care and experience.

Planned care are currently looking at changes to theatre lists and same day cancellations.

Work is underway to enhance ward quality dashboards and specific dashboards for individual clinical areas such as Intensive Therapy Unit (ITU). The Clinical Governance and Quality department are also focusing on their internal workings through the development of a quality dashboard for the function, and are now supporting Pharmacy to do the same. This will be used for performance review and to monitor the function's internal improvement activity.

Research and Innovation

NHS Borders has opened its first commercial trial with the aim of contributing to the development and advancement of evidence based practice. The study will involve colonoscopy patients and is anticipated to run for nine months. Borders General Hospital was the first global site to be opened in respect of this trial, which has been acknowledged by the Chief Scientist Office as a major achievement. In addition Dr Jonathan Manning, the local investigator for the study, has been asked to be the Chief Investigator for the UK. It is hoped that this will raise the external profile of NHS Borders as a research site and encourage further commercial research opportunities in the future.

Person Centred Health and Care

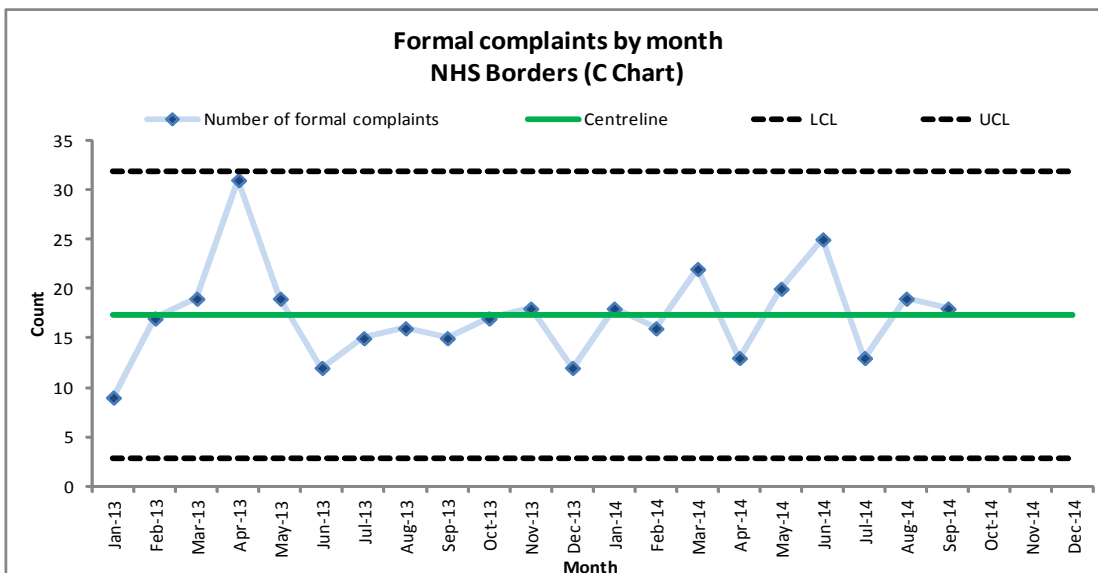
Patient Feedback

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:

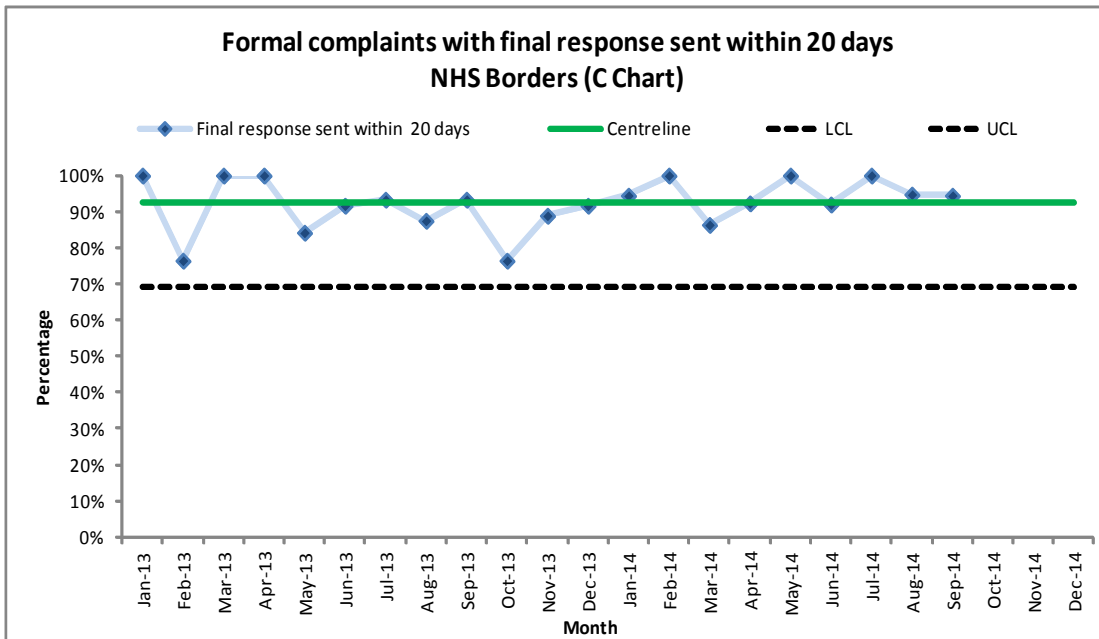
- Complaints, concerns and commendations for the period January 2013 – September 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 – September 2014
- Patient Opinion online feedback received between September and October 2014

Complaints, Concerns and Commendations

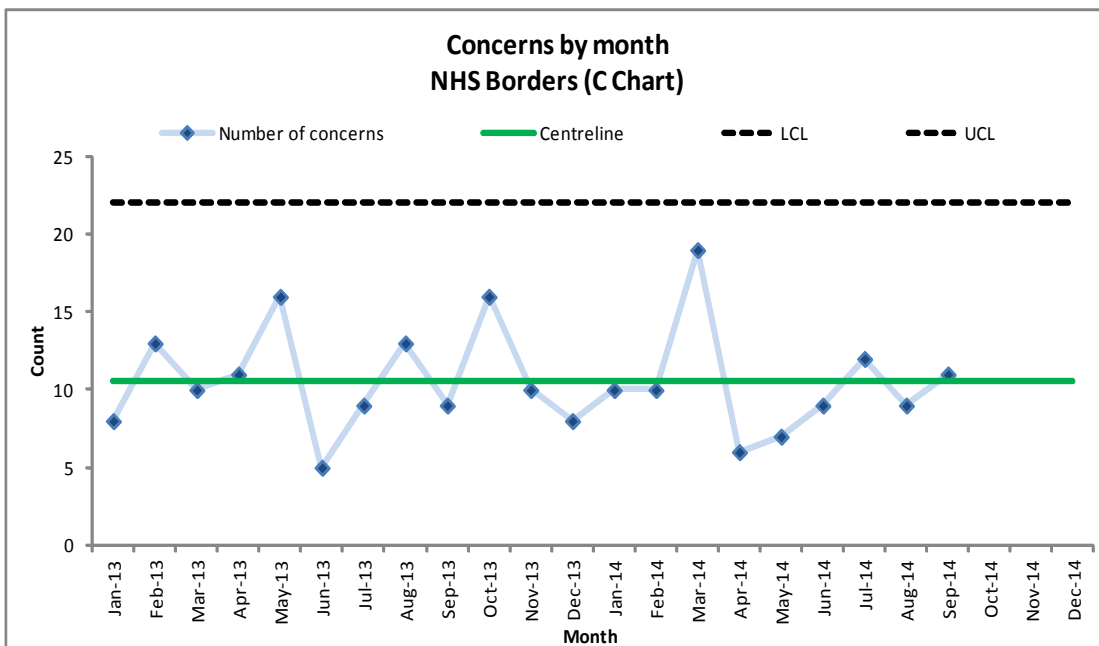
The graph below details the number of formal complaints we have received for the period January 2013 – September 2014:



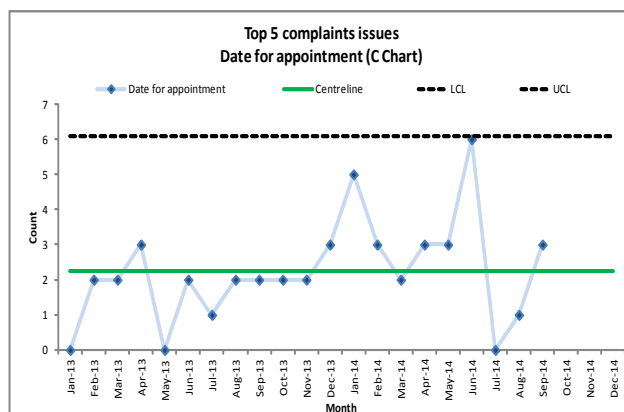
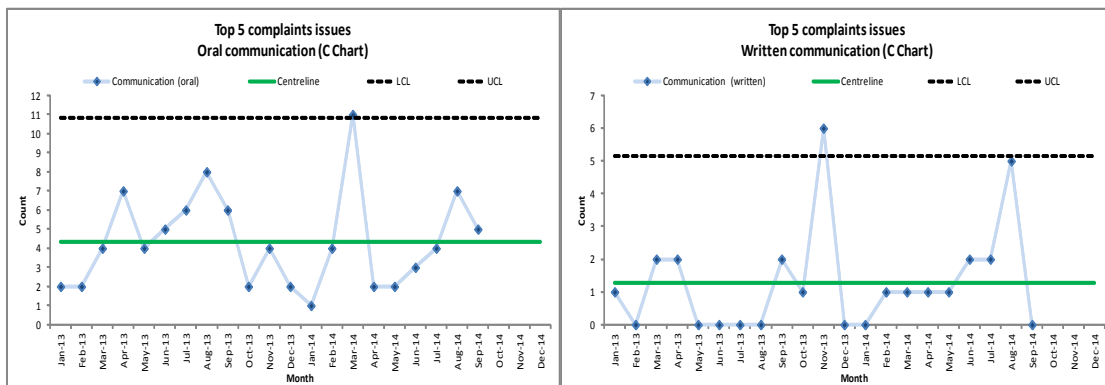
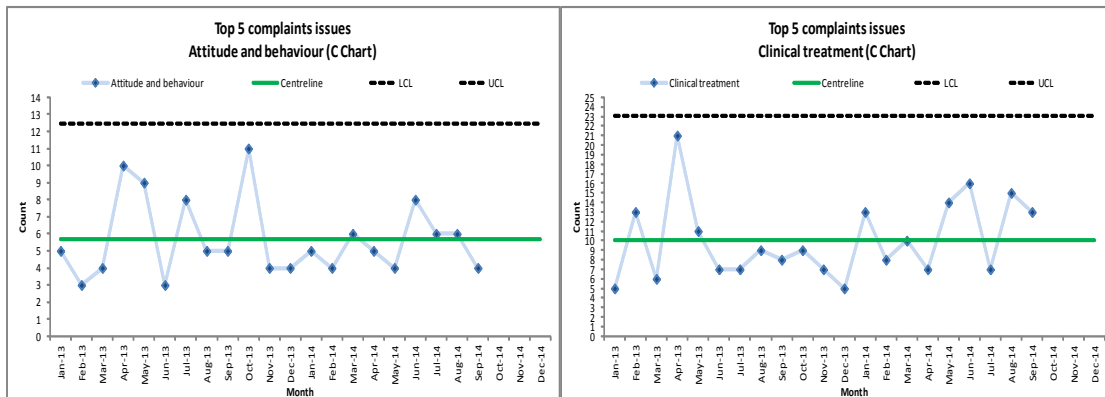
NHS Borders' 20 working day response rate for formal complaints for the period January 2013 – September 2014 is outlined in the graph below:



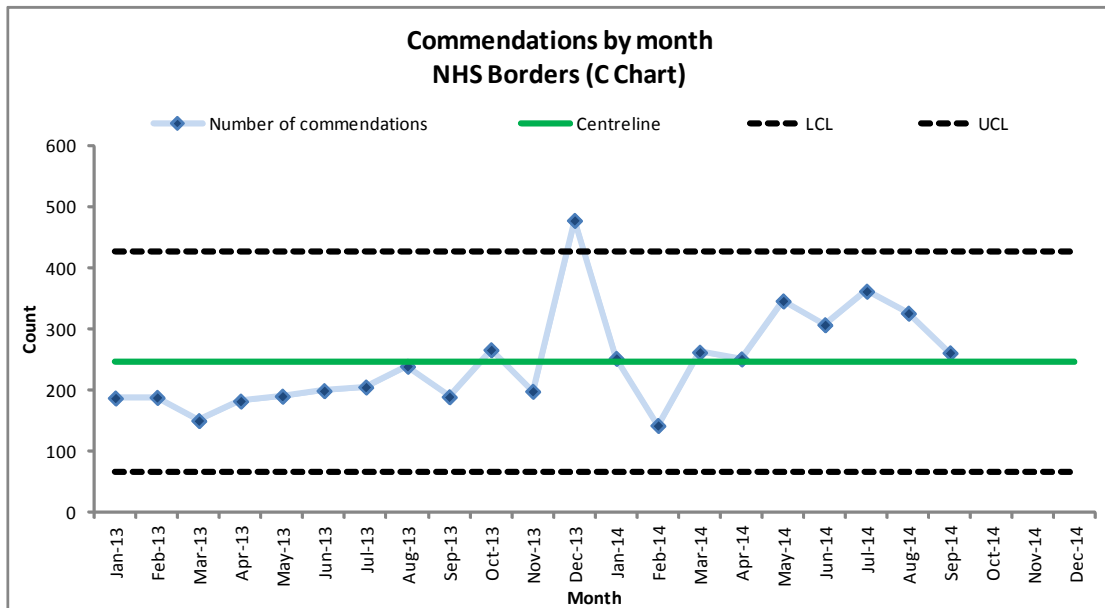
The graph below details the concerns received between January 2013 – September 2014:



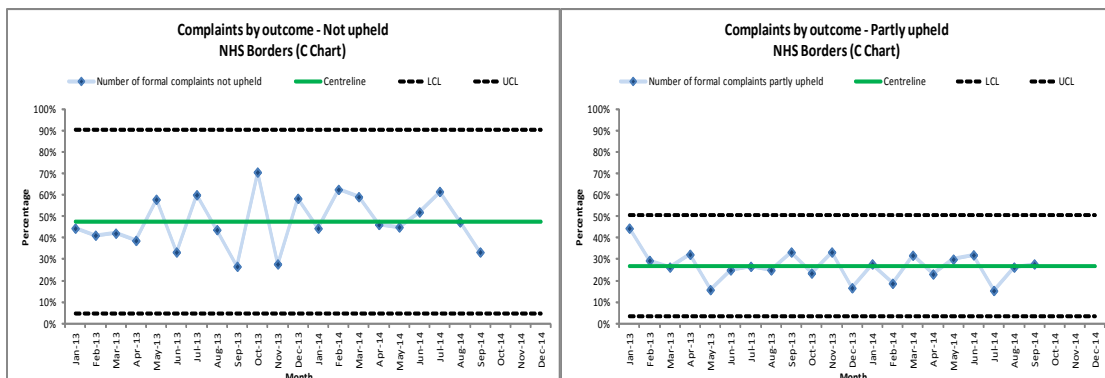
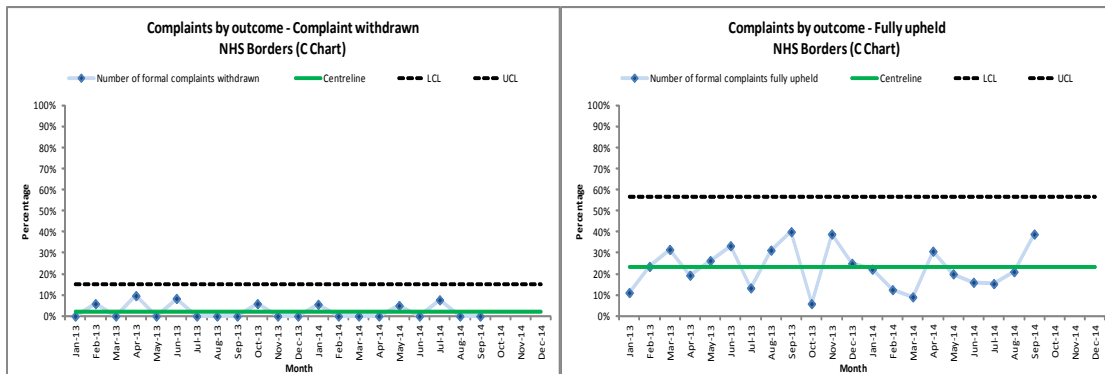
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes contained in complaints received between January 2013 – September 2014:



The graph below details commendations received between January 2013 – September 2014:

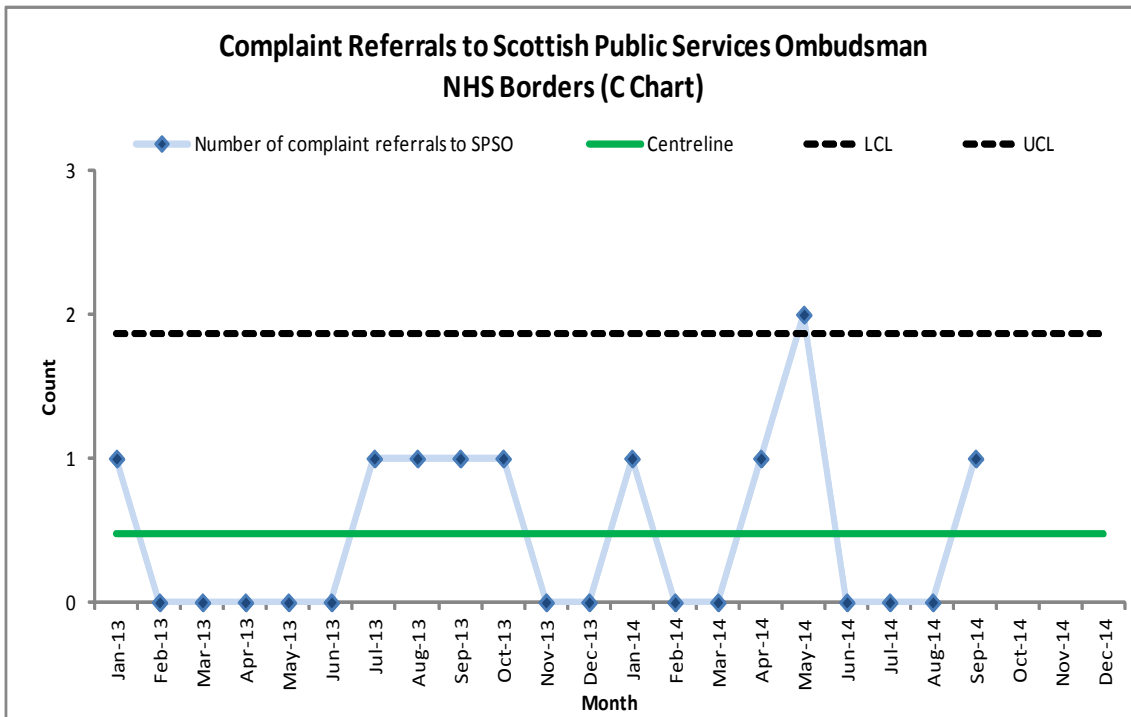


The graphs below details the outcome of formal complaints January 2013 – September 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan:

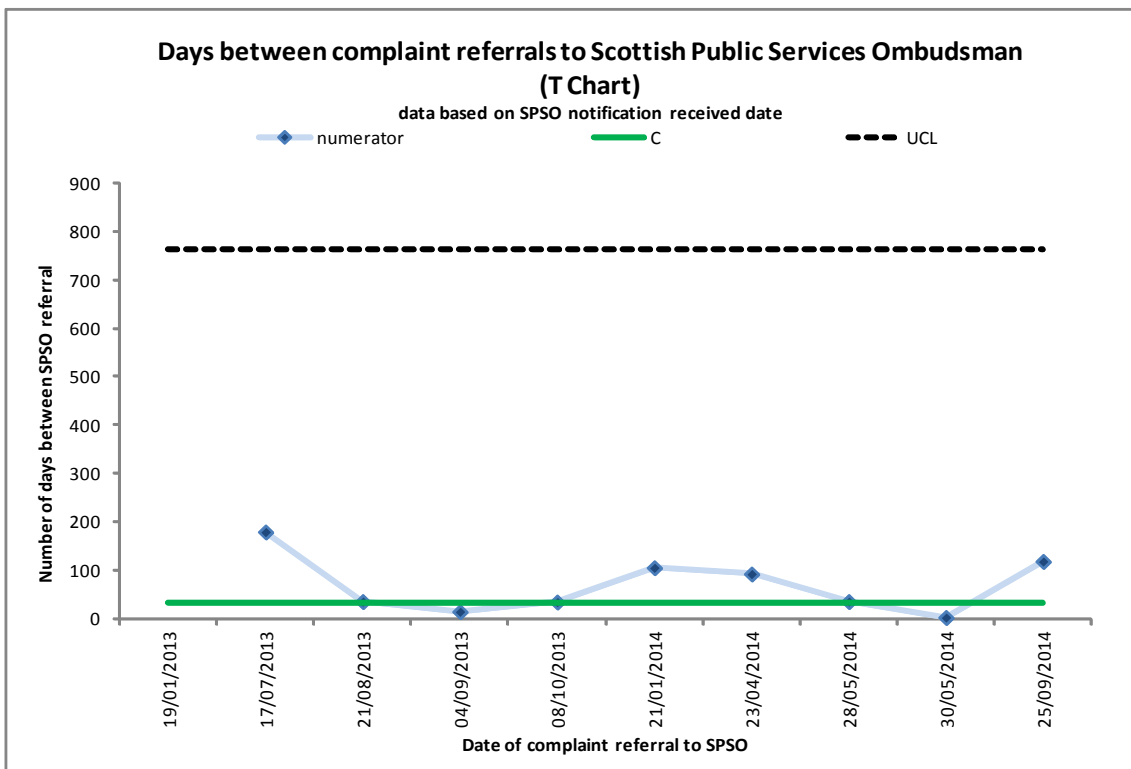


Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

The graph below outlines the number of complaints which have been referred to the SPSO between January 2013 and September 2014:



The graph below outlines the number of days between complaints which have been referred to the SPSO between January 2013 and September 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"> 1. Provide an update on the review of this complaint by the Service Manager for Medicine and any action plan arising from this. 2. Undertake a further review of this complaint in light of SPSO findings and provide an action plan arising from this. 3. Apologise to complainant that there was no assessment of whether pain and symptom relief should have been provided at an earlier point. 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. 	Compliant

Patient Opinion Feedback

The table below outlines feedback received in September and October 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
Inflexible arrangements for getting a flu jab 23.10.14	2	-	-	Response provided. Advised to contact GP Practice and also provided contact details of the Feedback and Complaints Team if they would require any additional information.
Hip replacement 10.10.14	2	General care	Listening	Response provided. Complainant also contacted the Feedback and Complaints Team and agreed that this will be looked into via this offline route.
Questions after contracting pseudomonas 9.10.14	2	-	-	Response provided with follow up contact details. Complainant subsequently contacted the Feedback and Complaints Team and concerns have been dealt with via this offline route.
Not enough support when being checked for breast cancer	2	-	Availability of female consultant, bedside manner, dignity, encouragement, information	Response provided by Nurse Consultant – Cancer. The contact details of Nurse Consultant and Feedback & Complaints Officer provided with offer of follow up contact and investigation.

I feel they didn't care about me 21.09.14	1	Clean, consultants , experience	Nurses, nursing care	Shared with Senior Charge Nurse and team on Ward 16. Provided named contact details with offer of looking into case in more detail.
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*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).

Volunteering

The Volunteer Coordinator is currently working with Infection Control and the Early Years Assessment Team to explore ideas for involving volunteers in their areas. The Early Years Team receive donations of baby clothes and other items and are looking for volunteers to assist with sorting through these items and making up starter packs for young families. They would also like to explore a role based around transporting young mums to antenatal appointments and providing social support.

Infection Control have expressed an interest in involving volunteers to undertake hand hygiene audits on members of the public visiting the wards within the BGH and helping to ensure the smooth running of the hospital through norovirus outbreaks by informing members of the public of visiting restrictions currently in place.

Work is underway with the Royal Voluntary Service to roll out on-ward volunteers within the BGH and the 4 community hospitals. The volunteers will initially support Ward 4 and DME in the BGH. The RVS have indicated that it may be more challenging to recruit to the community hospitals so they will undertake a recruitment campaign to specifically recruit volunteers in the Hawick, Kelso, Peebles and Duns areas.

Person Centred Information

Ward quality and safety information board are being tested in one of the wards within the BGH and in two Mental Health units. Feedback on these boards has been positive.

Five of our inpatient areas are in the process of collating staff photographs for a 'Welcome to our Ward' staff photo board. This board will work in conjunction with the ward information board to display which members of staff are on shift that day and who is in charge of the ward.

The Medical Assessment Unit is in the early stages of testing a patient information card which will be given to patients on admission and will provide them with information on the Nurse in Charge of the ward, contact details, visiting hours and details on how to provide feedback on their experience. In addition to this a patient safety information card is being prepared which highlights simple steps patients can take to keep themselves safe during their stay in hospital.

The Clinical Governance and Quality Team continue working with clinical areas to roll out the use of "What Matters to Me" and the Play List for life work streams.

Revised Patient Feedback Approach

The patient suggestion boxes, complaints and feedback leaflets and the "Two Minutes of Your Time" questionnaire" have been updated and are located in 11 locations throughout the BGH. A "Two Minute of Your Time" poster has been produced to help raise awareness of the new feedback and complaints materials. Work is underway to pilot the new feedback form in the discharge lounge and will be shortly working with the new

Patient Feedback Volunteers to role this out. We are also testing the use of iPods the new feedback form in five areas of the BGH.

2014 Scottish Inpatient Patient Experience Survey 2014

There have been four Inpatient Patient Experience Surveys since 2010. The 2014 postal survey was sent to 720 patients who stayed overnight at the Borders General Hospital between 1 April and 30 September 2013. The response rate was 52.5% (378). The survey is made up of 70 questions and provides patient feedback data that can be compared with other hospitals across Scotland. During 2013 the survey questions were reviewed making only some questions comparable with previous years. The full survey results can be accessed here:

<http://www.careexperience.scot.nhs.uk/Results2014/index.html?ID=22>

In addition to the statistical information the survey also collected qualitative responses to three questions:

- Was there anything particularly good about you hospital care?
- Was there anything that could be improved?
- Do you have any other comments?

These responses have been shared with Hospital Management and are available on request. A snapshot of some areas where NHS Borders is doing well include:

- How patients felt about the time waiting to be seen by a nurse or doctor in A&E
- Patients got enough help with eating and drinking when they needed it
- Patients got enough help with going to the bathroom or toilet when they needed it
- Information received before attending hospital helped patients to understand what would happen

Areas for improvement include:

- Patients understood the possible side effects of their medicines
- Overall rating of care or support after leaving hospital
- Patients saw/received information on how to provide feedback or complain
- Patients felt they got the care and support services that were right for them

The BGH Participation group have been asked to review the results of the survey. At their next meeting on the members will agree priority areas for improvement that they will focus on in partnership with BGH management over the next year. This work will be guided and reported to the Joint BGH/PCS Clinical Board.

Patient Flow

Managing Patient Flow in Hospitals

NHS Borders is one of four NHS Boards in Scotland embarking on a three year programme to improve patient flow sponsored by Scottish Government. 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.

Over the last 5 months IHO and Scottish Government have been supporting NHS Borders to gather and interpret local data. This diagnostic phase is now in its final stages and on 5 December 2014 there is a session to present the findings and make recommendations to where the service should focus the next stage of the project to improve patient flow. .

Connected Care

The Connected Care programme aims to develop systems and processes to ensure no delay, no unnecessary hospital stay and no delay in care intervention for the residents of the Scottish Borders.

Improvement methodology is being applied and there are multiple tests of change underway across health, social care, voluntary and independent sectors to support the projects aims for patients. Success measures are in place which include:

- No patient in hospital who is medically fit
- Hospital operating at 80% occupancy
- Readmissions rates
- Length of stay

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

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

Author(s)

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