

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE - FEBRUARY 2015

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

Scottish Patient Safety Programme

At a recent quarterly assessment by Healthcare Improvement Scotland (HIS), NHS Borders were commended for the quality and timeliness of data submissions demonstrating progress against the programmes objectives and for the high level of engaged demonstrated in the Scottish Patient Safety Programme.

In the adult acute programme the 10 patient safety essentials have now been embedded as core practice and compliance and reliability is demonstrated for each measure. These measures are included in the Clinical Board Scorecard and are monitored on a routine basis. Given the reliability achieved HIS have now recommended step down plans for data collection.

The focus on the adult acute patient safety programme for 2014/15 has been on the introduction, testing and implementation of the nine point of care priorities. Progress against the nine priority areas is outlined below:

Point of Care Priorities	Progress
Deteriorating Patient/ Cardiac Arrest	<p>The workstream is currently scoping and planning the implementation of the National Early Warning Score (NEWS) as a validated tool to detect and respond to deteriorating patients. Collaboration is also underway with the discharge led criteria workstream group to test a 'structured review' of patients on admission to hospital which encompasses:</p> <ul style="list-style-type: none"> • Risk of deterioration reviewed and documented • Limited reversibility assessed • Written management plan • Anticipatory care plan • DNACPR considered

	<ul style="list-style-type: none"> • Communication with person (patient) and family management plan documented
Sepsis	Monthly data collection for the sepsis workstream is demonstrating good progress and reliability in key measures such as antibiotics given within the hour of between 80- 90%. Spread is now underway throughout the medical and surgical units.
Heart Failure	Monthly data collection for the heart failure workstream is showing 100% reliability for the heart failure bundle. NHS Borders recently presented on a national webex and were commended for their commitment and progress in this area.
Venous Thromboembolism (VTE) Prevention	Monthly data collection continues in three areas with an improvement focus on re assessment at 48 hours.
Pressure Ulcers	Monthly data continues to be submitted by all inpatient areas in the BGH. Risk assessment measures demonstrate no improvement according to run chart rules, but it should be noted that the current median is near the target of 95%. Developed, avoidable pressure ulcer count remains low at ward and site level.
Surgical Site Infections	Monthly data is submitted for the theatres bundle which demonstrates reliability.
Catheter Acquired Urinary Tract Infections	A catheter awareness 'road show' is planned for the end of February 2015, to launch the revised catheter passport and the revised policy. No data is currently being collected for this area.
Falls	A revised falls assessment bundle is currently being tested and data reported from one inpatient area. Run charts show normal variation for the rates of falls and falls with harm.
Medicines	Medicines reconciliation on admission data is submitted from ward 6 on a monthly basis, with improvement focused on 4 out of the 5 elements of the bundle.

Safety Measurement and Monitoring – Health Foundation Award

In April 2014 the Health Foundation published a Safety Measurement and Monitoring Framework prepared by Professor Charles Vincent. The Health Foundation recently invited key organisation to apply to test the framework. HIS were specifically invited to submit a proposal with two delivery partners. NHS Borders has been successful, along with NHS Tayside and HIS. An initial scoping day was held in January, and plans are in place to hold a mapping session to map the journey of a patient through the frailty pathway. This will offer the opportunity to accelerate our local improvement work on patient safety and care of older people.

Adverse Event Management

NHS Borders continues 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, families and staff.

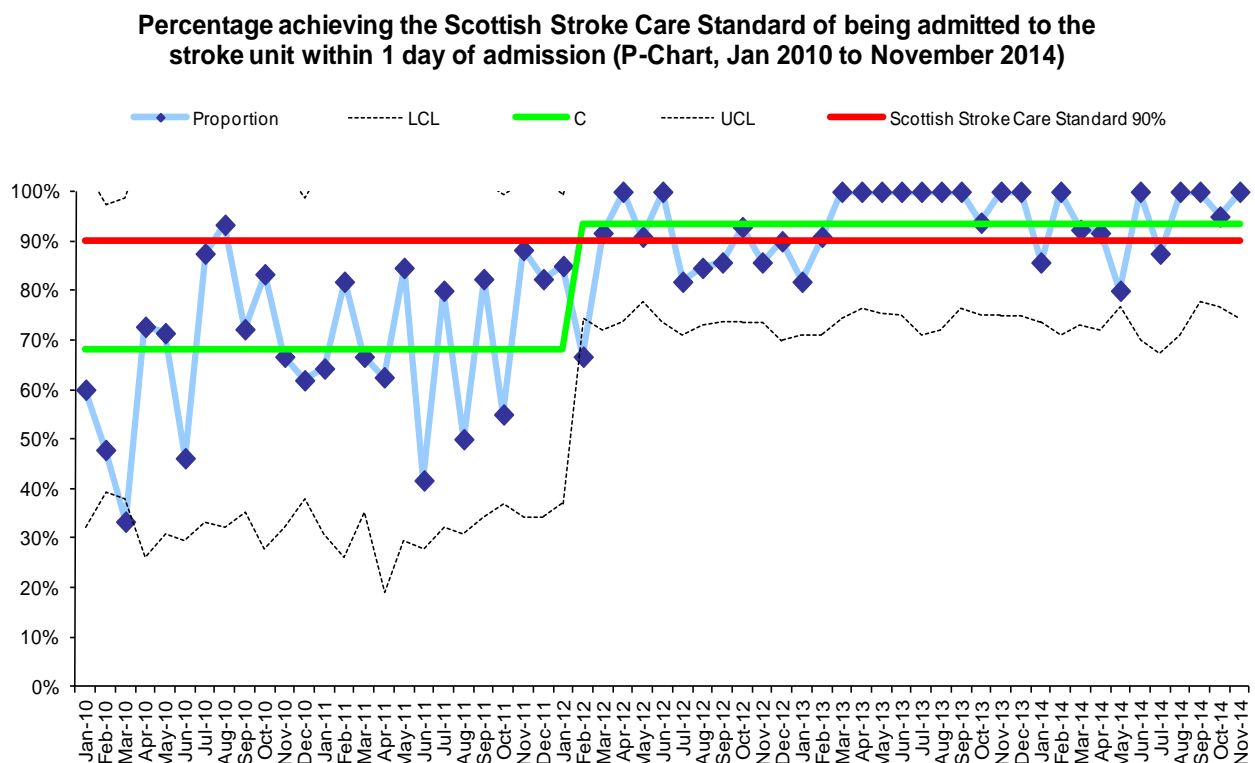
Clinical Effectiveness

Musculoskeletal Audit

The Scottish Government Leads for the national musculoskeletal rolling audit, recently visited NHS Borders. The purpose of the visit was to assess the work of each of the work strands against the key success measures. The lead for each work strand is responsible for progressing a continuous improvement process which includes undertaking small cycles of change and real time measurement of key indicators to ensure relevant elements are operating safely and efficiently, and improvement opportunities maximised. The Scottish Government Leads were happy with the improvements made and identified changes to be implemented in the near future. NHS Borders will receive a further visit at the end of the audit period.

Stroke Audit

Performance has remained high and consistent to November 2014 against the Scottish Stroke Care Standard of admission to the stroke unit within 1 day of admission, demonstrated in the graph below:



Patient demand pressures in last two months have resulted in a few breaches of this target and a review of each breach now takes place to ensure any learning is taken from each case.

Diabetes Audit

Further to a learning session with the SCI Diabetes developers in NHS Tayside, NHS Borders has been able to create new links into the system databases to facilitate the construction of reports for the Diabetes Service. Of particular note is the production of a daily report that highlights all inpatients patients with diabetes. This is used by the Diabetes Specialist Nurses to identify the caseload thus reducing the time taken for

patients to be seen. Going forward the plan is to obtain meaningful data to support the production of a quality dashboard for the service.

Research Governance

Following commencement of the commercial study in Gastroenterology, NHS Borders has managed to recruit seven patients to the study. The first NHS Borders' patient recruited was also the first recruited in the UK and to date BGH continues to be the highest global recruiter to the study. It is expected that the performance in the current commercial study will raise the profile of NHS Borders as a potential study site and this will continue to increase the number of feasibilities received.

The rise in new non-commercial research multi site studies continues. NHS Borders does not yet develop and lead many of its own research studies and this will be an area of focus in the coming years. To build local engagement a research stakeholder event has been organised and will be held in The Tryst at BGH, on the afternoon of 20 February 2015.

Innovation

The NHS Borders' bid submitted to the Health Foundation in support of a project to improve early recognition of the deterioration in community patients has progressed to the second round. News is now awaited regarding the success of this. If successful the next stage will be progress to interview.

A second round of applications under the 'Innovating for Improvement Programme' has now opened and two clinical teams are preparing bids for submission.

Person Centred Health and Care

Patient Feedback

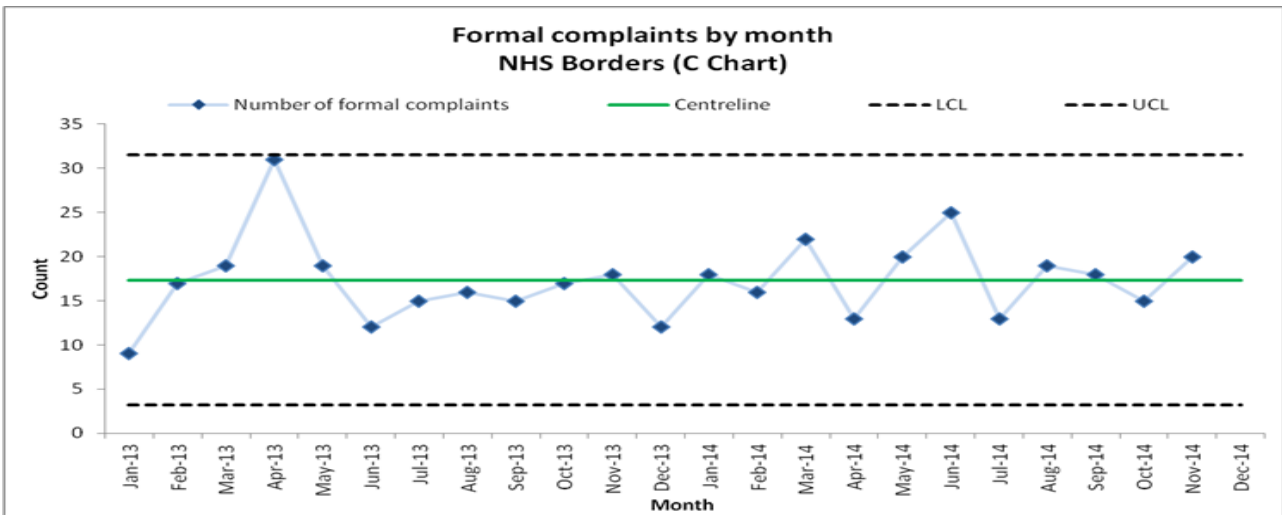
Patient feedback is collected through several different means within NHS Borders. The following section provides an overview of developments under this agenda and patient feedback received from:

- Complaints, concerns and commendations for the period January 2013 to December 2014
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to November 2014
- Patient Opinion online feedback for September 2013 to January 2015
- Included within this report is a summary of the Information Services Division (ISD) annual NHS Complaints Report. The report covers the period 1 April 2013 to 31 March 2014 and provides data on NHS Borders' performance compared with other Boards in Scotland.

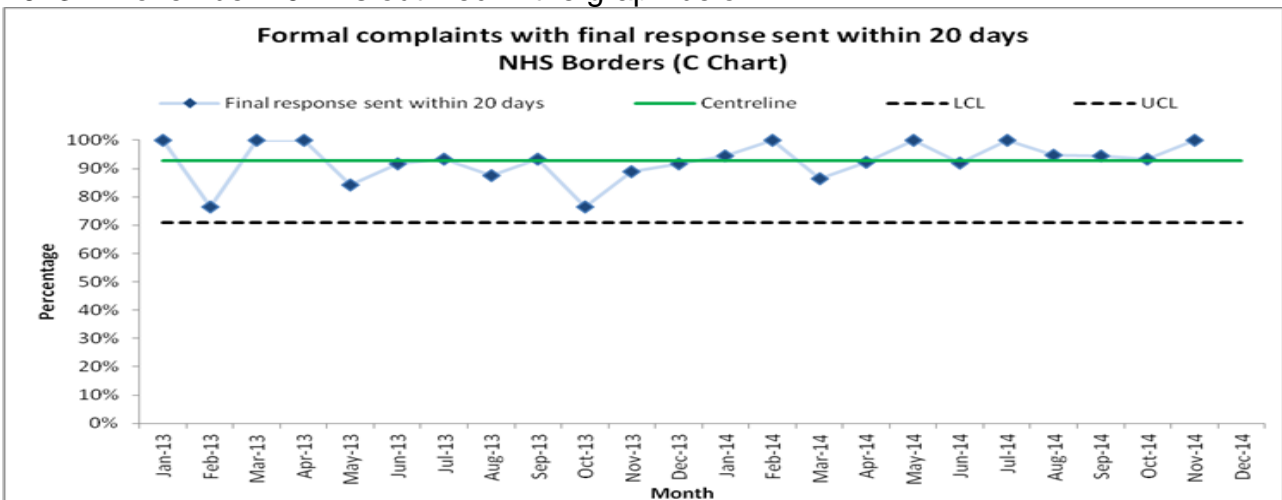
Other developments covered in this report include proactive patient feedback, the Participation Standard for Scotland and volunteering.

Complaints, Concerns and Commendations

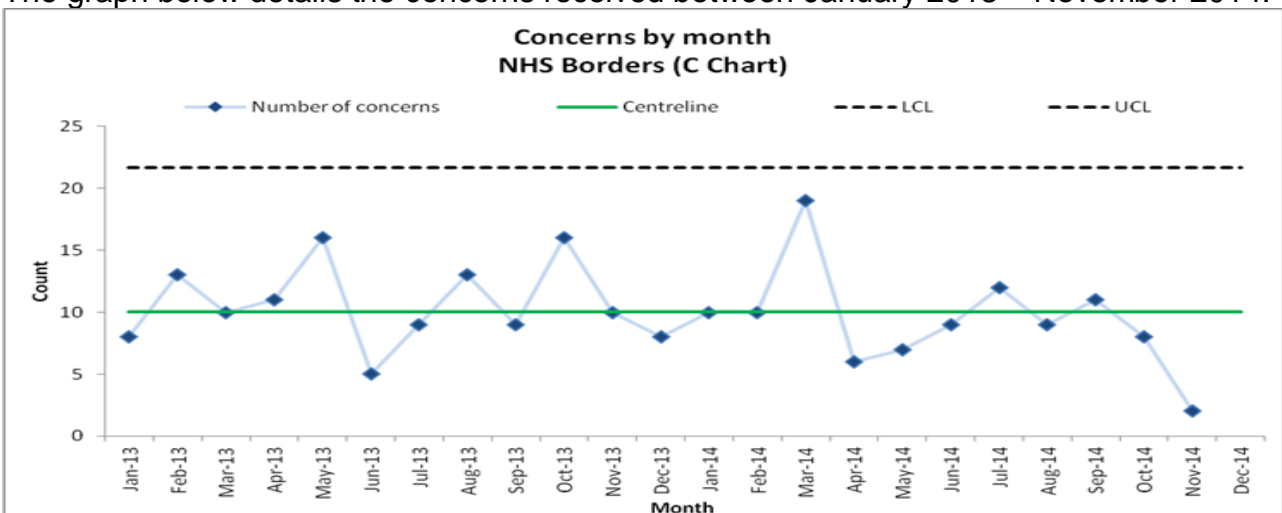
The graph below details the number of formal complaints we have received for the period January 2013 – November 2014:



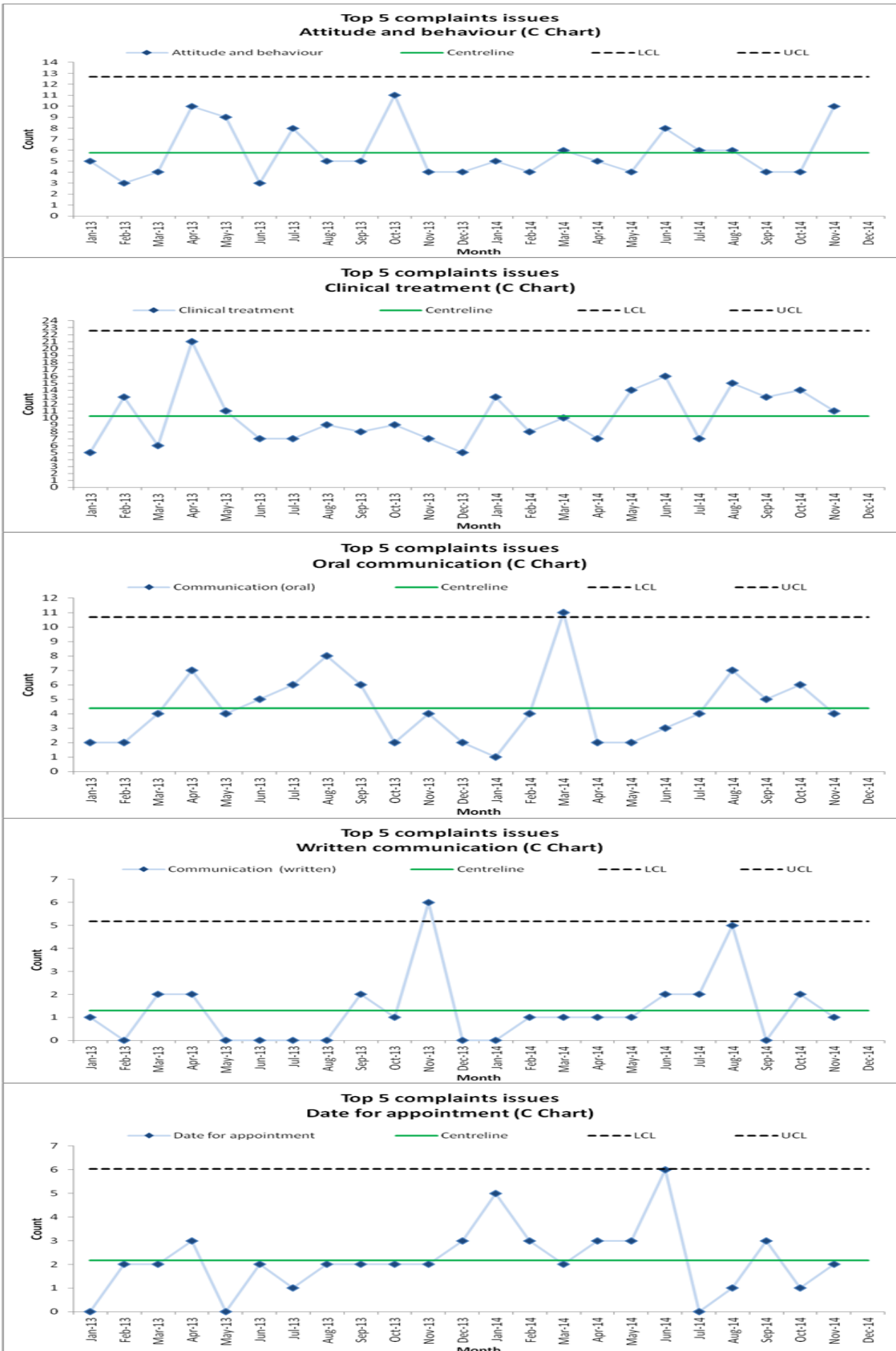
NHS Borders' 20 working day response rate for formal complaints for the period January 2013 – November 2014 is outlined in the graph below:



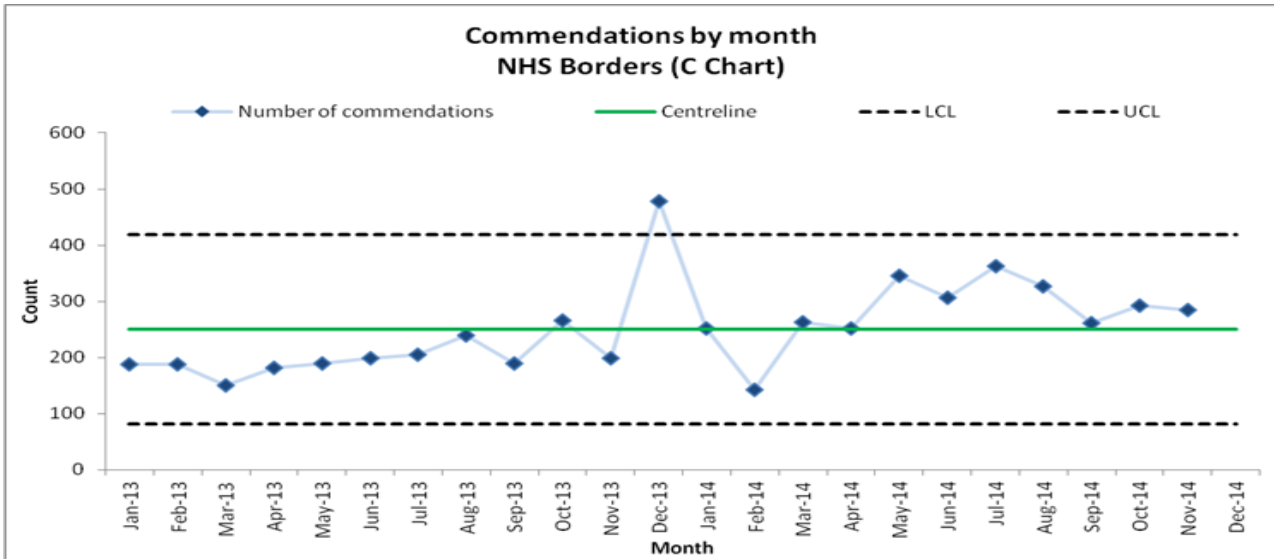
The graph below details the concerns received between January 2013 – November 2014:



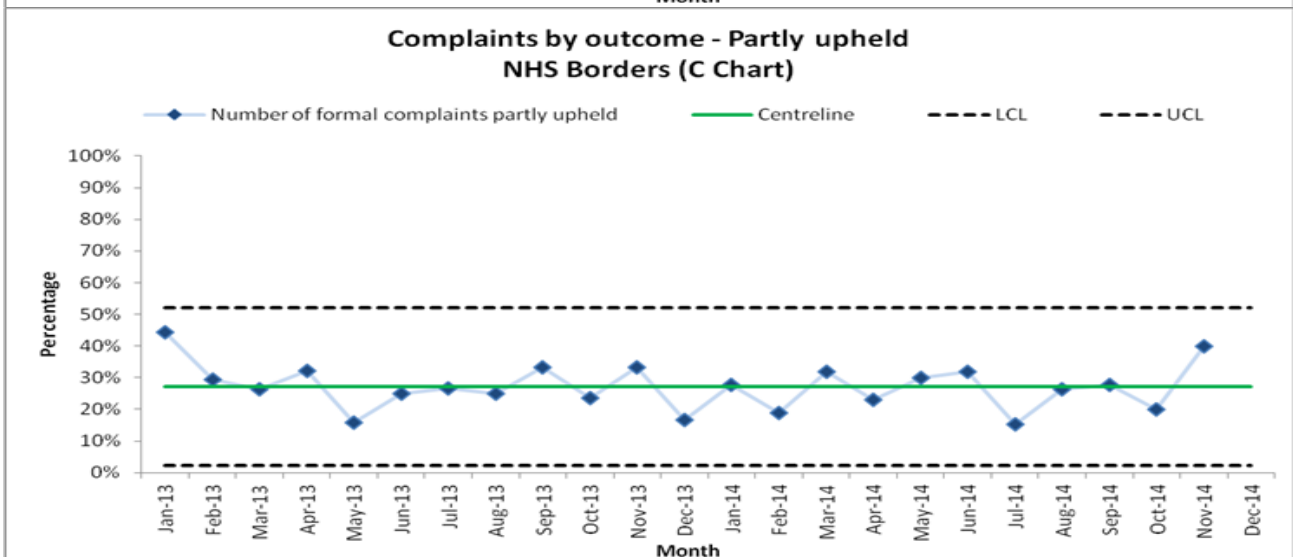
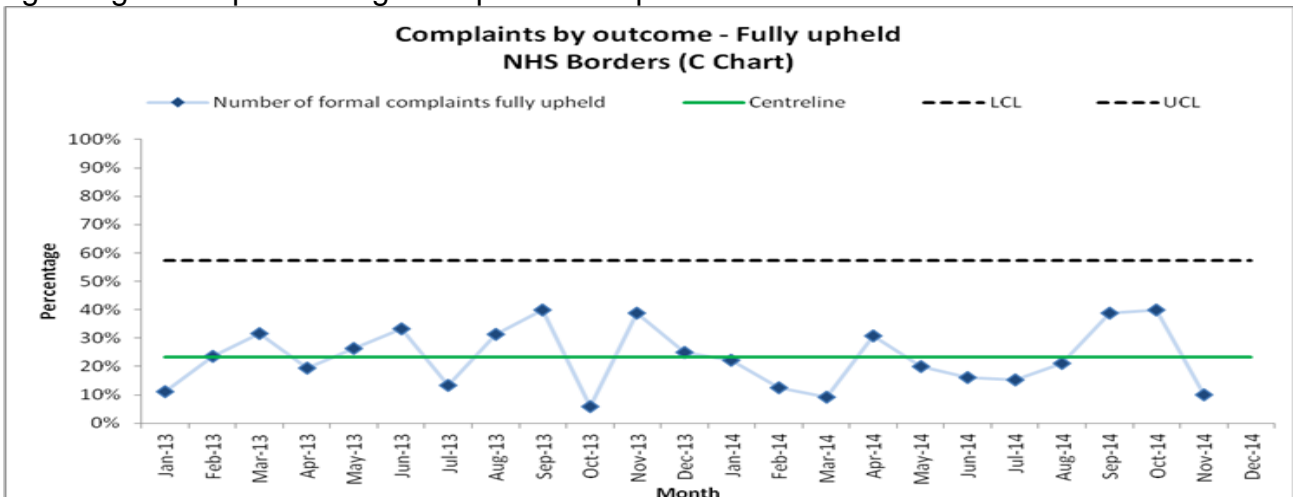
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes contained in complaints received between January 2013 and November 2014:

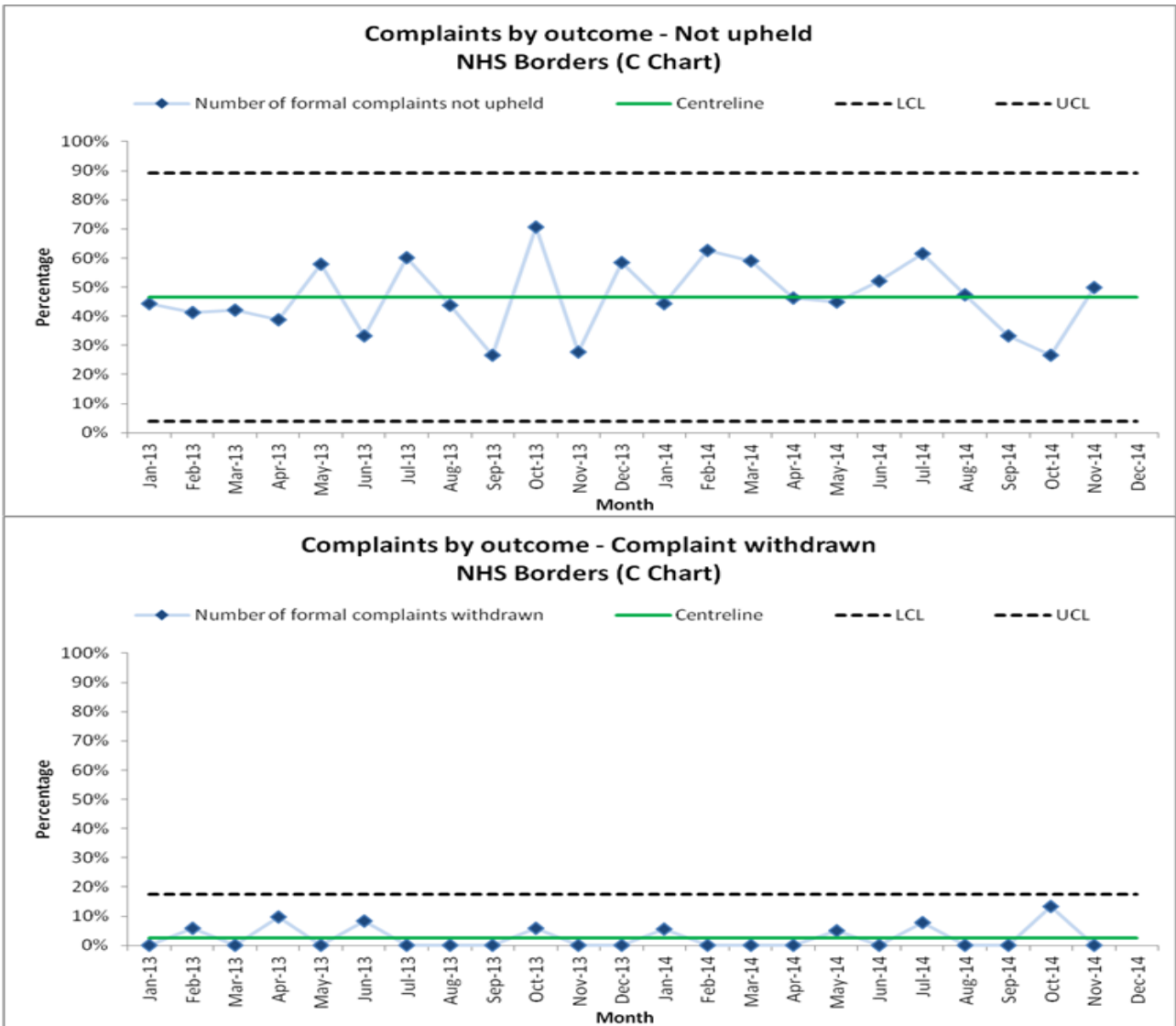


The graph below details commendations received between January 2013 and November 2014:



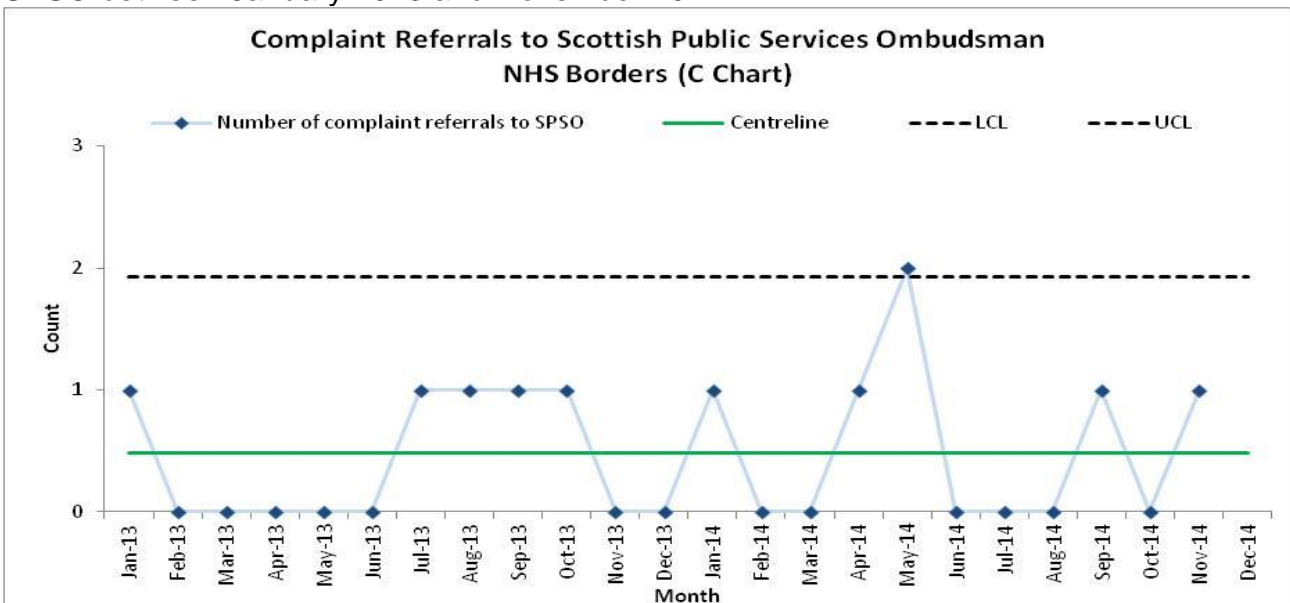
The graphs below detail the outcome of formal complaints received between January 2013 and November 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement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



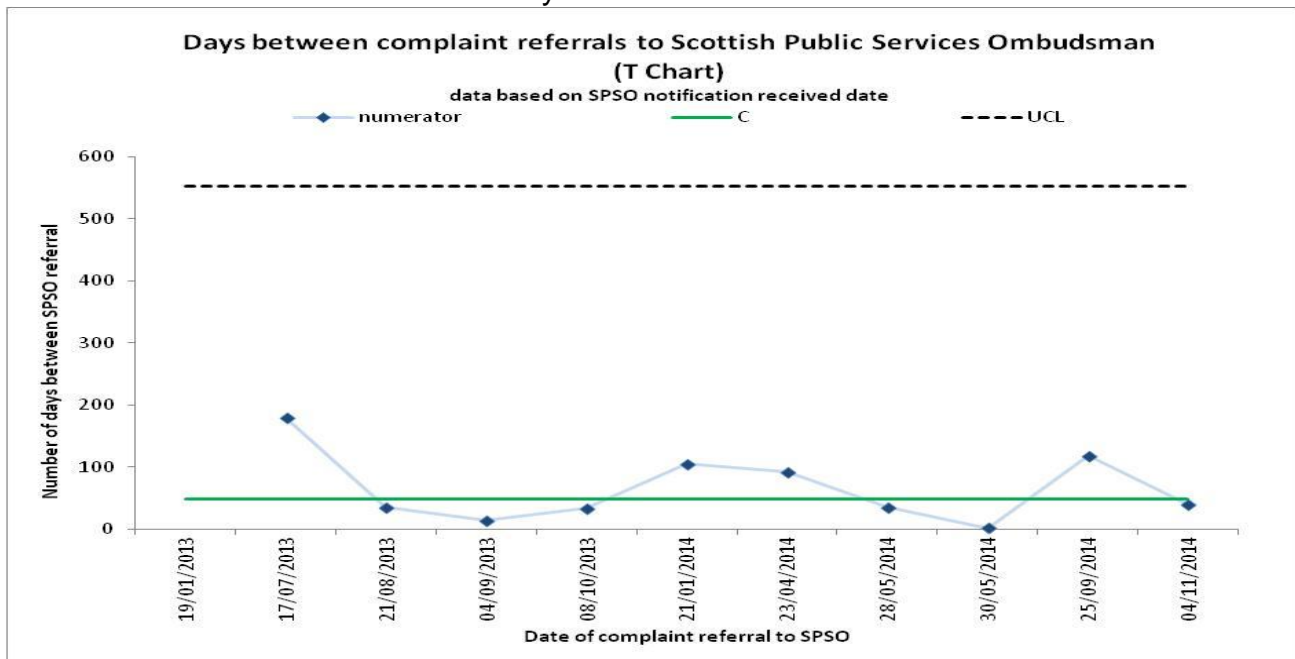


Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

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



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



Since the last report there have been two decision letters received from the SPSO in relation to cases they have accepted:

SPSO Ref	Complaint Summary	Outcome	Action Recommended	Status
201301400	That the Board did not provide reasonable care and treatment between 28 and 31 March 2013 That the Board did not respond reasonably to subsequent complaints	Not Upheld	None	Compliant
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 evidence of their current plan for terminal and end of life care and of staff training undertaken to support this. 	Compliant

Decision on NHS Lothian case

The SPSO advised NHS Borders of a Lothian case (201302080 & 201402758) where their investigation report includes a recommendation for NHS Borders. The complaint which has been investigated is that the care and treatment provided in connection with surgery on Mrs C's spine was unreasonable (upheld).

During the course of the investigation the SPSO identified a concern about a scan ordered from Borders NHS Board. They, therefore, also investigated the complaint that the care and treatment Borders NHS Board provided to Mrs C was unreasonable (*not upheld*).

Redress and Recommendations	Status
The Ombudsman recommends that Lothian NHS Board: (i) Ensure that the Consultant Neurosurgeon revisit her procedures for determining the level of surgery and consider doing two x-rays, one before incision and one with the wound open. Alternatively, do only one x-ray but with the wound open and the spinal elements clearly visible.	N/A
The Ombudsman recommends that Borders NHS Board: (i) Ensure that Hospital 2 review their procedures concerning the timely dispatch of radiology reports.	Compliant

Note - The full reports can be accessed at www.spsso.org.uk

Patient Opinion Feedback

The table below outlines feedback received between September 2014 and January 2015 via 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
Lack of communication 16.01.15	2	-	Communication	Discussed with GP practice manager. Provided response and apology, with the offer of contacting the practice manager directly who will try and resolve the concern with the patient
I cannot praise the staff enough 01.12.14	0	Care, speed of process, staff, understanding	Parking	Response provided, and positive feedback shared with the appropriate staff teams
Hand sanitizers at Borders General Hospital 26.11.14	1	Care	Hand sanitizers	Response provided. Infection Control Manager reviewed feedback and as a result agreed to include checking the hand gel dispensers in the regular spot check.
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 09.10.14	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 07.10.14	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).

NHS Complaints Statistics National Annual Report

On the 25 November 2014 the NHS Scotland Information and Statistics Division published their annual report on complaints received from 1 April 2013 to 31 March 2014. The report has data on the number of complaints received; the time taken to deal with complaints; actions taken and the outcome of complaints. Nationally there has been a 23% increase in complaints during this period.

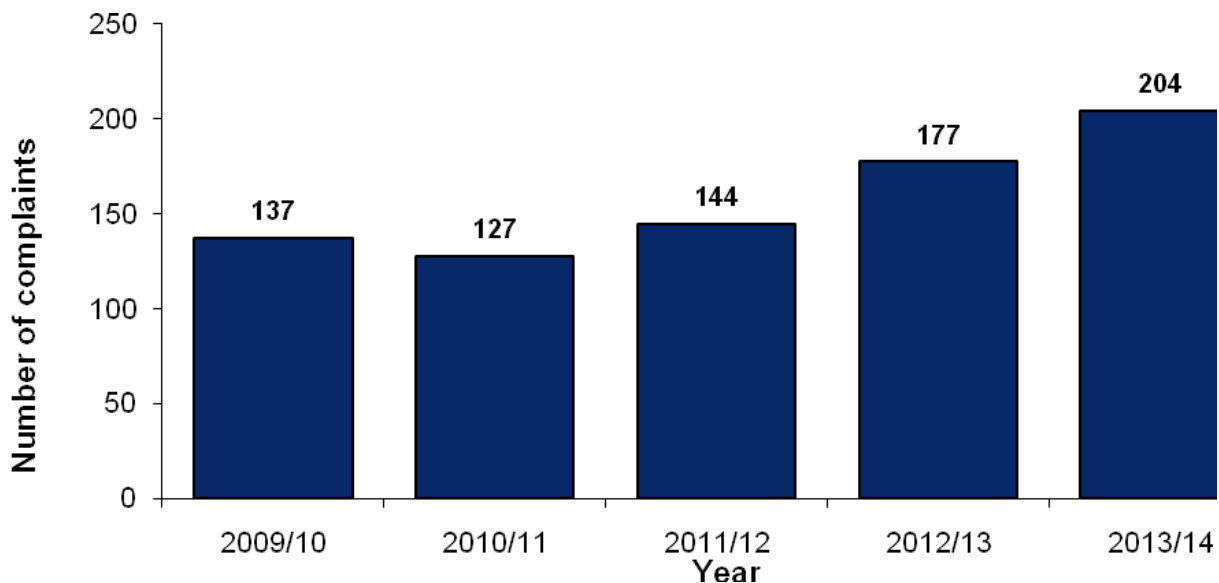
The table below provides an overview of complaints responded to within the 20 working day target. NHS Borders is the best performing Board with a response rate of 90.7%.

	% within 20 working days	% not dealt with within 20 working days
Scotland average	66.3	32.8
Ayrshire & Arran	51.5	43.6
Borders	90.7	8.8
Dumfries & Galloway	46.9	49.0
Fife	51.7	45.7
Forth Valley	70.8	29.2
Grampian	33.2	65.0
Greater Glasgow & Clyde	70.4	29.0
Highland	51.0	46.1
Lanarkshire	90.0	10.0
Lothian	75.8	24.2
Orkney	86.5	13.5
Shetland	70.7	26.8
Tayside	64.6	34.6
Western Isles	90.6	9.4

The table below provides a summary of the outcome of the complaints. NHS Borders has the highest percentage of complaints that are not upheld.

	Total received	Total Responded to	% Upheld	Partly Upheld	Not upheld
Scotland	11 857	11 745	25.3	30.9	41.9
Ayrshire & Arran	408	388	35.8	27.9	30.1
Borders	204	203	23.5	26.0	50.0
Dumfries & Galloway	245	235	44.9	20.4	29.4
Fife	387	377	23.5	37.5	36.4
Forth Valley	1 034	1 034	24.3	24.2	48.4
Grampian	1 348	1 323	32.6	33.0	31.3
Greater Glasgow & Clyde	3 073	3 056	21.6	30.2	47.2
Highland	596	579	29.7	42.4	23.8
Lanarkshire	1 336	1 336	25.1	30.6	44.3
Lothian	1 651	1 651	20.8	32.0	46.4
Orkney	37	37	27.0	32.4	40.5
Shetland	41	40	53.7	26.8	17.1
Tayside	1 433	1 422	24.2	31.3	42.6
Western Isles	64	64	28.1	28.1	43.8

The graph below details the number of complaints NHS Borders has received over the last five years. During this period there has been a 49% increase in the number of complaints received. This mirrors the increase seen across NHS Scotland.

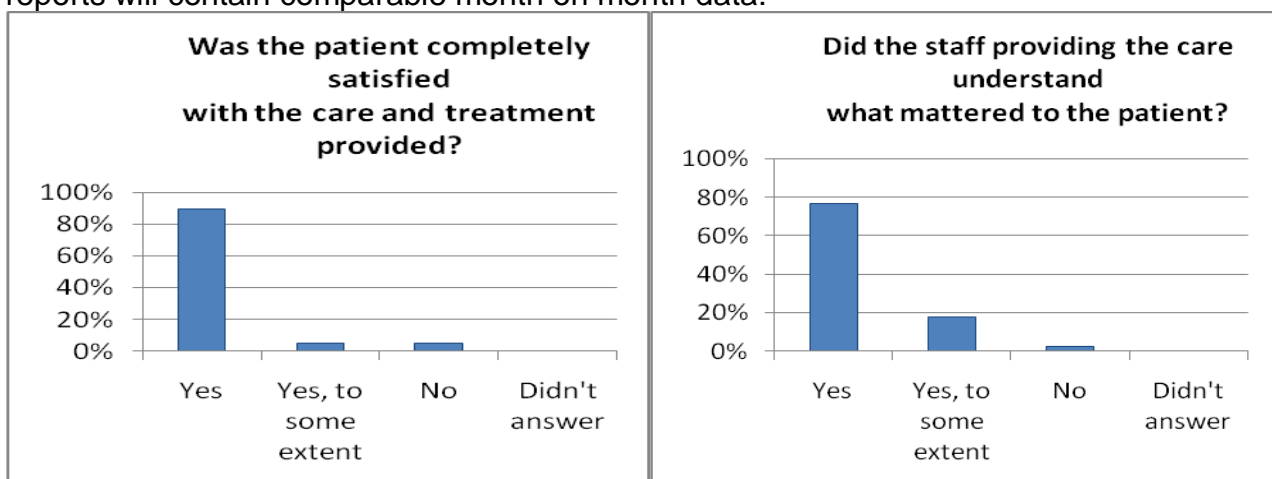


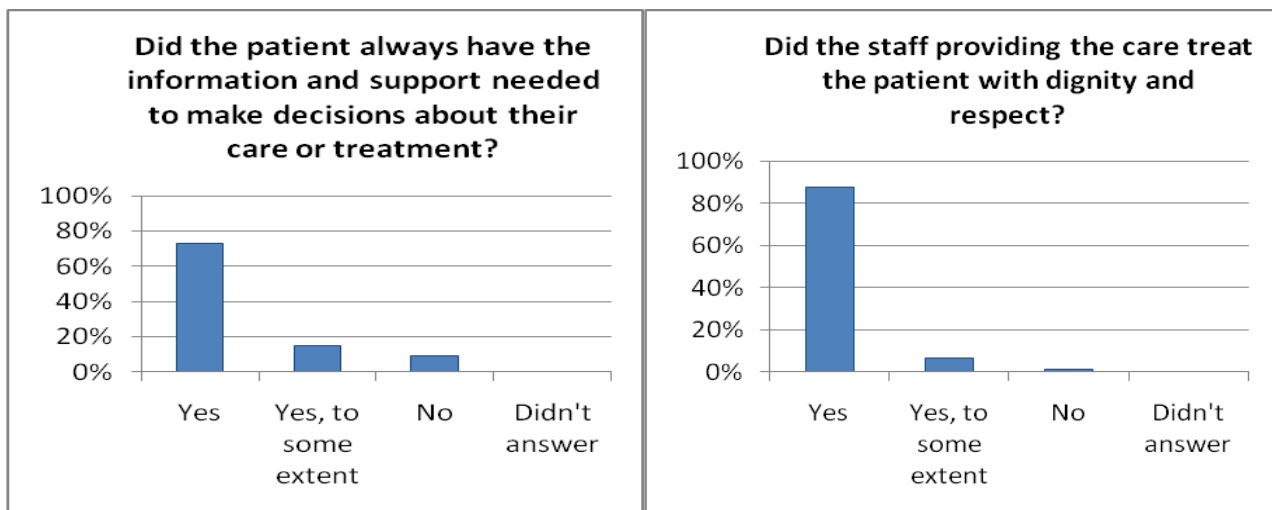
The full report can be accessed at www.isdscotland.org

Proactive Patient Feedback

Since December 2014 Patient Feedback Volunteers have joined the NHS Borders group of volunteers to support the proactive gathering of feedback from patients, families and visitors. During the same period suggestion boxes have been renewed with consistent branding and a new 'Two Minutes of Your Time' feedback form has been developed. Part of this process has been agreeing core questions that will provide comparative data to measure patient feedback in a timely way. The collection of data started in the discharge lounge and was then rolled out to outpatients, the Royal Voluntary Service (RVS) cafeteria area, Ward 5 and Ward 12. We are in the process of introducing this to other wards and areas including Physiotherapy, Ward 9 and the Intensive Care Unit and community hospitals. There are currently eight active volunteers, with a further four going through the recruitment process. Since the start of this process from December 2014 up to January 2015 we have accrued 37 volunteering hours and generated feedback from 186 people.

The tables below are a summary of the feedback received over the first month; future reports will contain comparable month on month data:





Participation Standard 2014-2015

The Scottish Health Council has issued guidance on the 2014-2015 Participation Standard self-assessments. This year the Scottish Health Council will review the Feedback, Comments, Concerns and Complaints Annual Reports. There is a legal requirement for NHS Boards to produce annual reports which stems from the Patient Rights (Scotland) Act 2011. In addition to the annual reports NHS Boards will be required to self-assess against the criteria in the Participation Standard. The National Overview Report will be published in November 2015.

Volunteering

Three new volunteer roles have been advertised in January 2015:

1. Ante Natal Transport Support Volunteers; to provide transport and support young women to attend ante natal appointments
2. Donations Coordinator; to assist the Early Years Assessment Team to manage the donations (equipment and clothing) the team receive
3. Playlist for Life Volunteer; to engage patients, families and carers in the development of personalised playlists, for patients with dementia

The Royal Voluntary Service (RVS) on-ward volunteers have started in Ward 4, the Medical Assessment Unit and DME ward. There are another nine people currently going through the recruitment process with the RVS; the aim is that all BGH Wards will be able to access volunteer support during visiting hours.

The Volunteer Coordinator is supporting the Community Addictions Nurse to register the volunteer peer educators for the Naloxone project as NHS Borders volunteers. The project is a Scottish Government funded project focusing on equipping peer volunteers - people who have previously experienced substance use problems - to become Take Home Naloxone Trainers in their own right.

NHS Borders and Volunteer Centre Borders have put together a specialised Volunteer Management Training programme for staff involved in a variety of opportunities throughout NHS Borders sites. The training will take place on Thursday 5 March 2015.

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.

NHS Borders have completed the diagnostic phase and a forum with clinical and managerial stakeholders in December reviewed the data analysis and what option(s) would be of most benefit to our local population and service. A decision was taken to progress the next phase of this work with a focus on theatres and surgical flow during 2015/16.

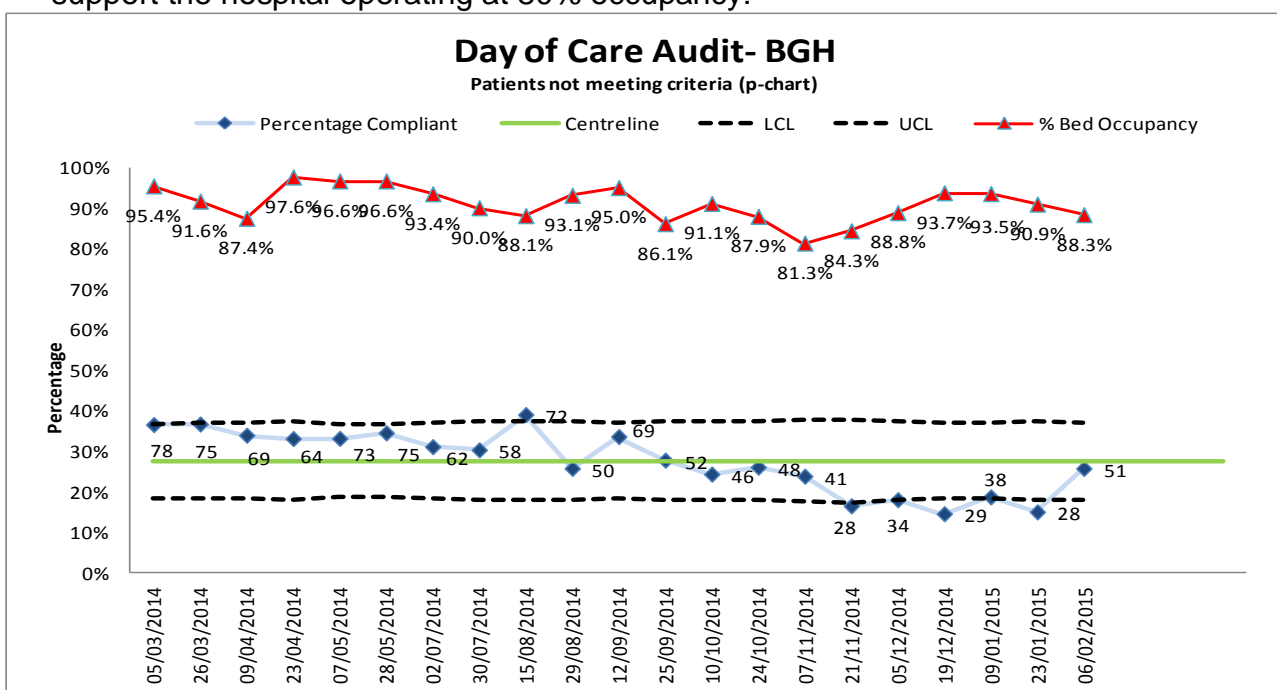
The Project Team has convened and will be meeting weekly over the next year to develop and complete the tasks necessary to implement surgical flow improvements.

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 (using Day of Care Audit) and the hospital operating at 80% occupancy. The graph below shows that there has been a successful reduction in the number of people who are medically fit who remain in hospital. However, around 20% of patients are still in hospital who are medically fit. Improvement activities to further reduce the 20%, aiming for no patient delayed, will support the hospital operating at 80% occupancy:



- Reduce readmissions by 25%. To date, there has been no meaningful reduction in readmissions. However, a focussed diagnostic and improvement plan is being planned in this area.

The Connected Care Project will work in 8-week focussed block plans over the next year to ensure delivery against the programmes objectives.

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 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
Sheena MacDonald	Medical Director		

Author(s)

Name	Designation	Name	Designation
Laura Jones	Head of Quality and Clinical Governance		