

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE - MARCH 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

Deteriorating Patient

The use of Early Warning Scores is not new. Their use as a tool to support the early identification and timely rescue of sick or deteriorating patients, as well as to help standardise communication between professionals when talking about sick, septic or deteriorating patients, is well recognised.

Use has been increasing throughout the UK including Scotland over the last decade. Many hospitals have developed localised approaches to identifying and rescuing sick or deteriorating patients. Locally NHS Borders have excelled with the early introduction of SIRS (Systemic Inflammatory Response Score) by our Critical Care Outreach team over a decade ago. This work has been recognised nationally.

There are now multiple different scoring systems across Scotland and the consensus is that the benefit of standardisation (i.e. everyone using the same system and speaking a common language) now outweighs the individual merits of different systems. To that end a National Early Warning Score (NEWS) has been developed under guidance from the Royal College of Physicians and further endorsed by SIGN, NICE and the Scottish Patient Safety Programme. Recommendations from both of these groups have been based on consensus of subject experts.

The key recommendations, supported by the Acute Adult Scottish Patient Safety Programme are:

- Acute hospitals should implement the National Early Warning Score (NEWS).
- NEWS should be used to monitor all adult patients in acute hospital settings. Maternity specific EWS should be used for pregnant women.

The Joint BGH and PCS Clinical Board, held in February 2015 supported the following recommendations:

- NHS Borders should proceed to the careful implementation of NEWS and the recommendations of SIGN 139 in all appropriate Clinical areas including inpatient medical and surgical wards, the Emergency Department and Community Hospitals.
- The deteriorating patient group will work with training and development to identify a plan for careful implementation of NEWS scoring charts based on a paper system. It will also work with IT to identify a plan for implementation of electronic track and trigger at the earliest opportunity aimed ultimately at replacing the paper system.

Health Foundation Innovating for Improvement Bid

NHS Borders were successfully shortlisted to be interviewed for to bid for funding for an innovative project which involved developing a model of recognition and rescue of the deteriorating patient across the Community. An initial telephone interview was held on 10 March with the outcome expected early April 2015.

Health Foundation Safety Measurement and Monitoring

In April 2014 the Health Foundation published a Safety Measurement and Monitoring Framework prepared by Professor Charles Vincent. The Health Foundation invited key organisations to apply to test the framework. Healthcare Improvement Scotland (HIS) were specifically invited to submit a proposal with two delivery partners. NHS Borders has been successful to join them, along with NHS Tayside. An initial scoping day was held in January, and a process mapping session will be held on 16 March 2015 to map the journey of a patient through the frailty pathway. Improving this pathway will incorporate evidence based interventions and appropriate partner agencies to support frail, elderly patients and their carers to manage complex care needs in the community settings.

In the interim, data sources are being collated to provide baseline data. Board development sessions will take place in the forthcoming year to examine the framework across its five elements:

- Past harm
- Integration and learning
- Anticipation and preparedness
- Sensitivity to operations
- Reliability

NHS Borders have been asked to test the framework at Board level and across the frailty pathway and will be required to share the learning from this testing with other NHS Boards, the Scottish Government and with the Health Foundation to inform any future roll out of the framework more widely.

Allergy Status

Medicines reconciliation data and learning from recent adverse events has shown that improvements can be made locally in ascertaining the correct allergy status of patients admitted to the hospital. Testing work will commence in ward 7 around the use of red wrist bands to identify patients with an allergy and will act as an additional prompt for staff in undertaking the relevant checks before administering medication.

Morbidity and Mortality

At the Head of Service meeting in September 2014, Dr Love, Consultant Anaesthetist and Associate Medical Director for Clinical Governance presented an ambition to improve the learning from local Morbidity and Mortality (M&M) processes and develop a means of spreading this learning across the Borders General Hospital (BGH), where appropriate. It

is likely that NHS Borders are not unique as an organisation in that there is considerable variation in how our respective M&M reviews are conducted, managed and attended. They are often uni-professional which also restricts the spread of any learning.

This ambition is aligned with national work being co-ordinated by the Scottish Morbidity and Mortality Review Group (SMMRG) set up last year with the aim of achieving some consensus around what the principle components of M&M review should be. SMMRG is a collaborative with representation from a number of Public Health agencies, HIS, Royal Colleges, Nursing and Allied Health Professional Colleges. Through developing some degree of standardisation in the approach to M&M it aims to contribute to a structured process of safety measurement and monitoring, as well as improving how learning is shared both locally and nationally.

So far SMMRG has been collating information from Boards on the current situation of M&M review in Scotland and working towards consensus on what data fields should be collected through M&M review. It is intended that this will then lead to development of guidance, standards, an M&M “toolkit” and a national data reporting infrastructure. At this stage it is only looking at inpatient M&M.

Locally NHS Borders have been conducting an inpatient mortality review process on all hospital deaths for the past two years using the Global Trigger Tool to identify harm. We are now keen to link the outcome of this process to departmental level M&M as a means to close the learning loop.

NHS Borders have now collated an overview of how our current BGH M&M processes are organised and managed across different clinical areas. As well as being locally useful in developing our own organisational learning “toolkit”, this will be taken to discussion with national leaders from SMMRG in early April 2015 to inform further strategy around measuring and monitoring safety at a national level.

Clinical Effectiveness

Research - Commercial Trial

A commercial trial in was commenced within NHS Borders in October 2014. At this time NHS Borders remains the highest recruiter to this study in the UK.

Frequent monitoring to ensure compliance with protocol is required for all commercial trials. A full routine inspection was undertaken by the sponsor in February 2015. The auditor and monitor undertaking the inspection conducted interviews with all relevant staff, and visited relevant clinical areas. The full report from the inspection is awaited, however initial feedback was very positive in relation to progress made in recruitment to date and the rigour of research compliance against protocol.

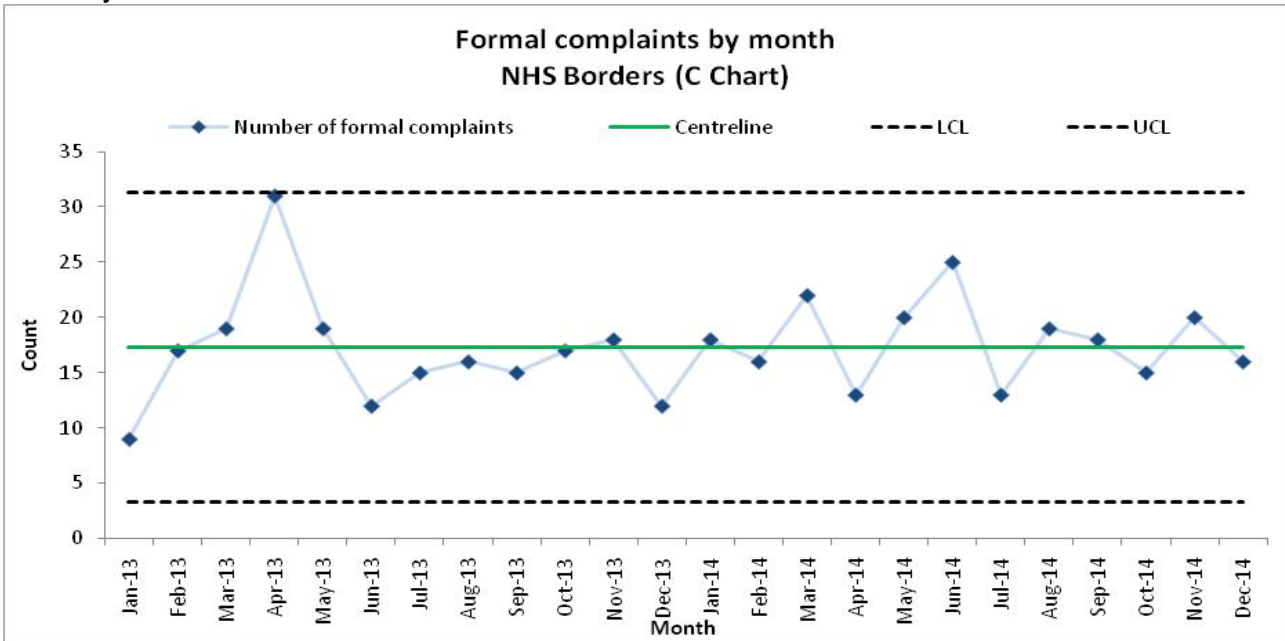
Research Stakeholder Event

To encourage greater engagement locally a research a stakeholder event was held in February 2015. The event included feedback from the scoping exercise conducted across NHS Borders in the latter part of 2014 and breakout sessions relating to research infrastructure, capability and training. All attendees agreed that the afternoon was very successful and provided a positive foundation on which to build.

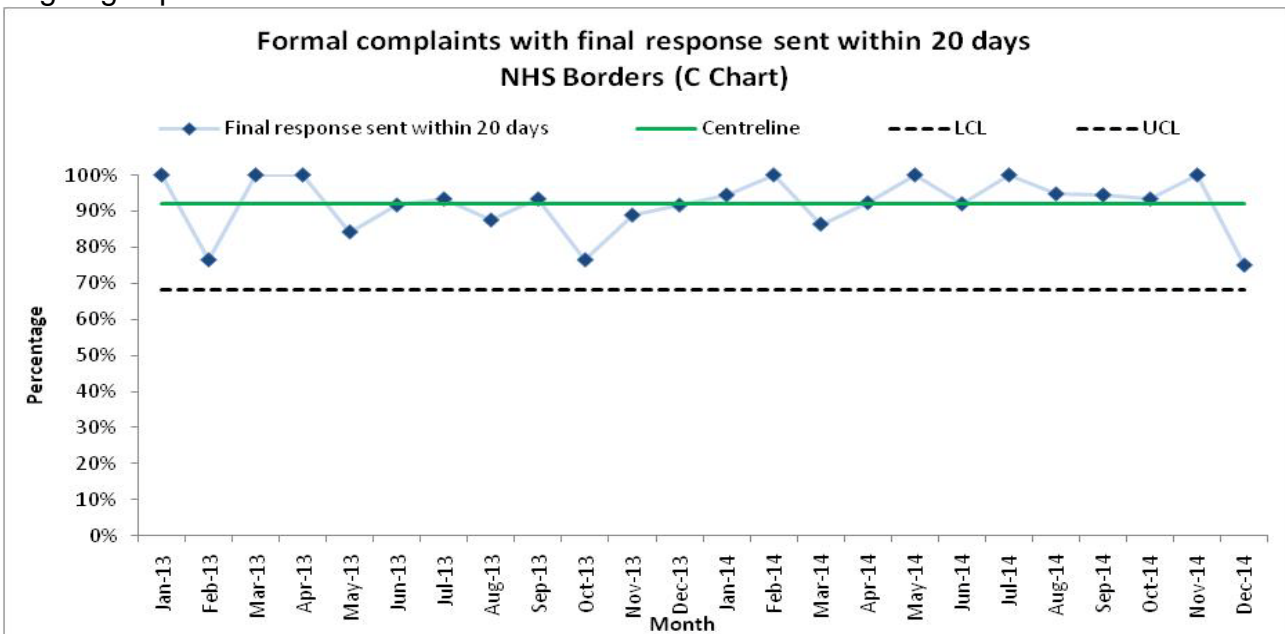
Person Centred Health and Care

Patient Feedback - Complaints, Concerns and Commendations

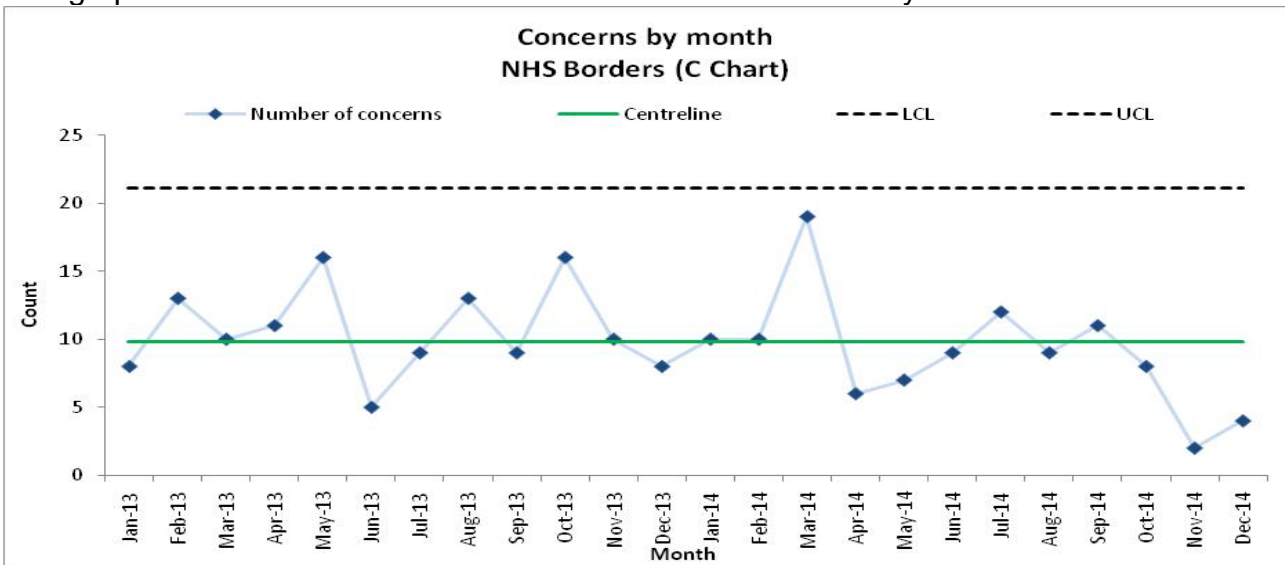
The graph below details the number of formal complaints we have received for the period January 2013 – December 2014:



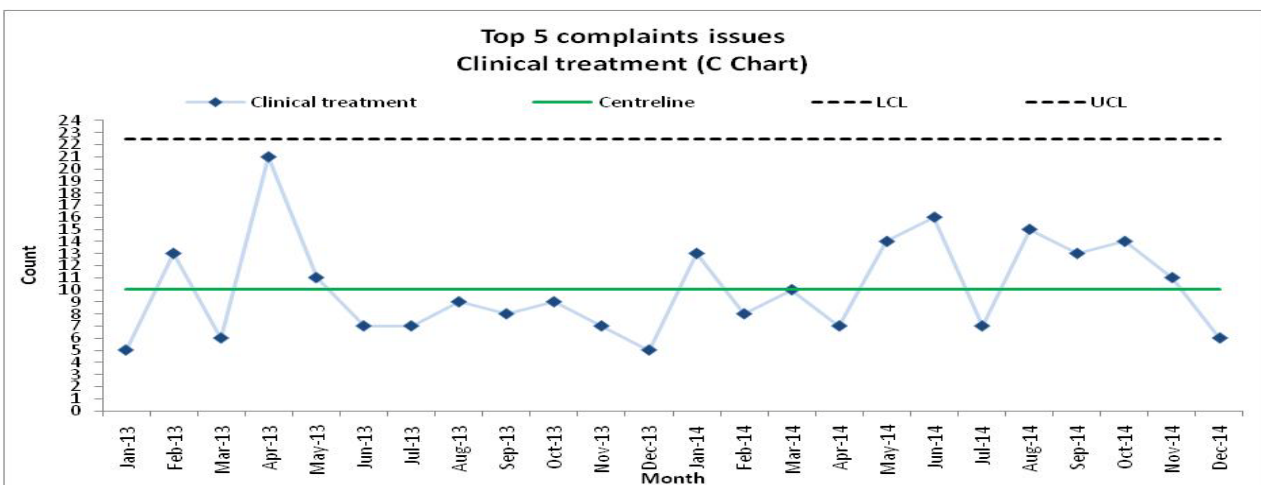
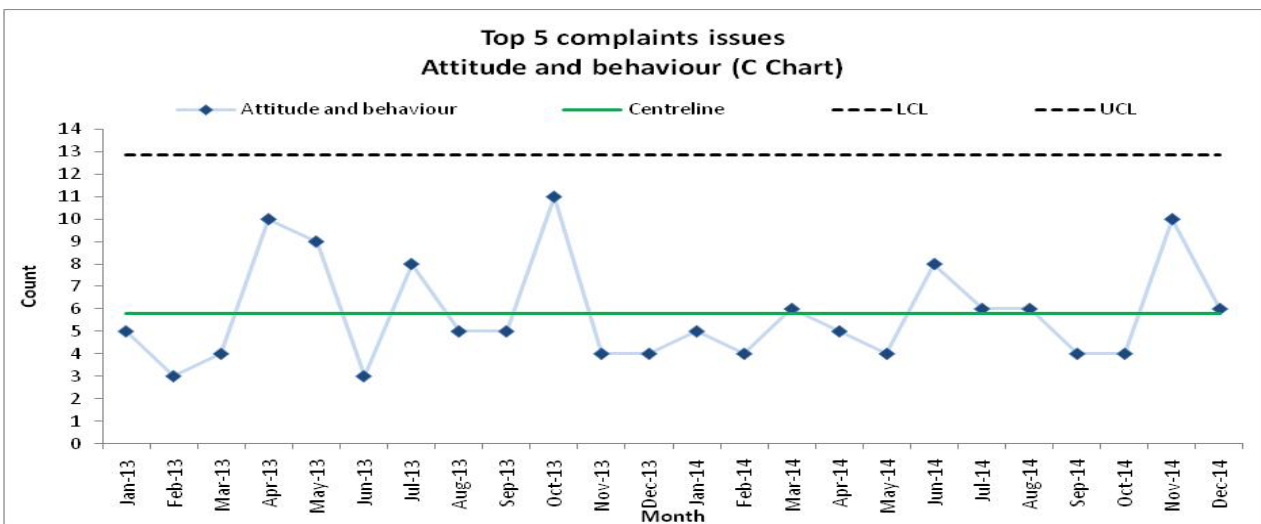
NHS Borders' 20 working day response rate for formal complaints for the period January 2013 – December 2014 is outlined in the graph below. A dip in performance has been noted in December 2014 relating to a small number of complaints which exceeded the 20 day response target. The complaints and feedback team are working closely with service managers and the Chief Executive's office to examine any delays in response to drive ongoing improvement:

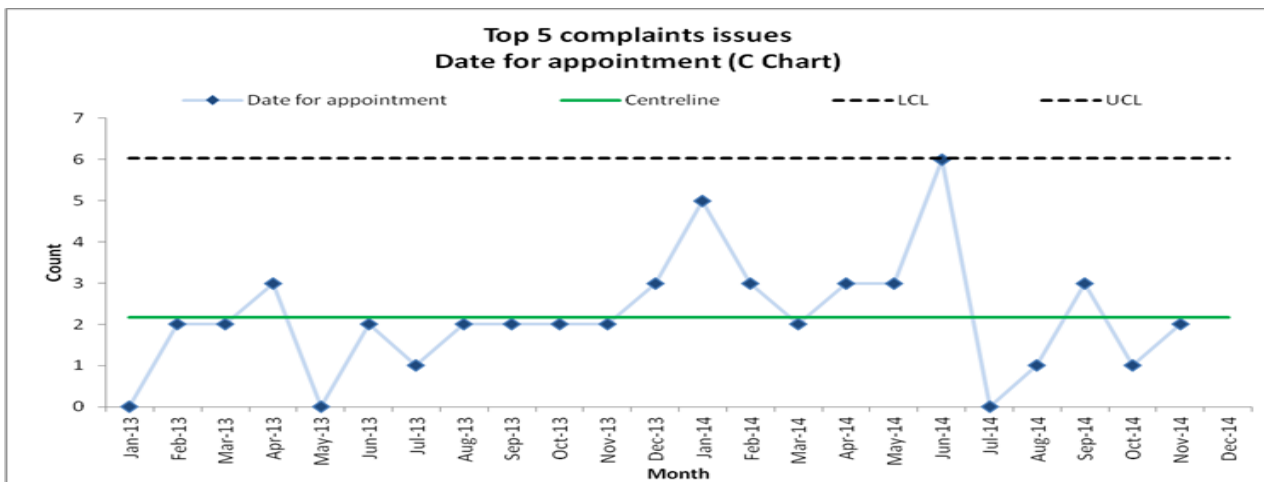
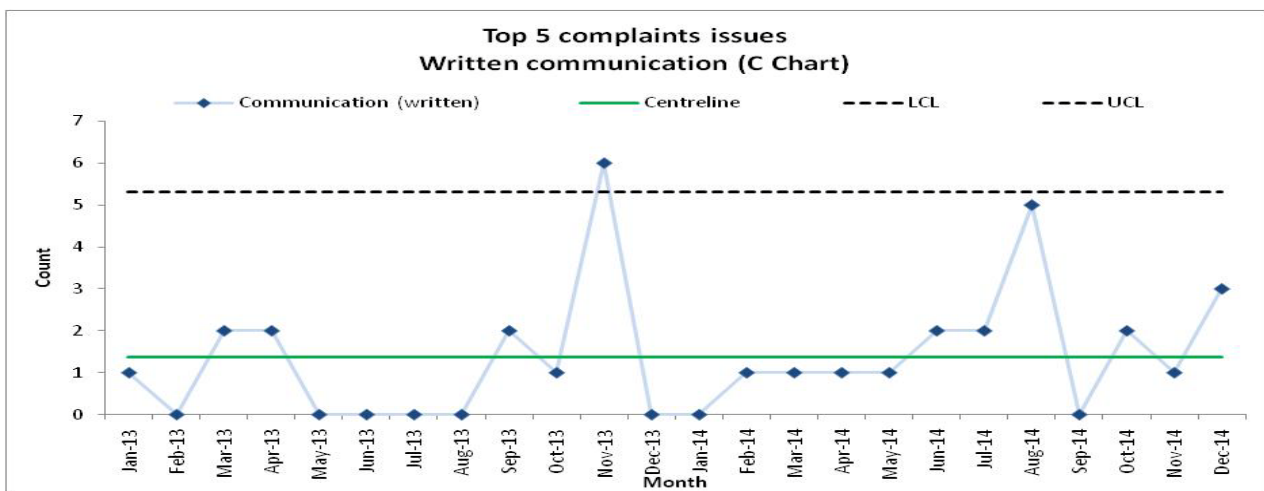
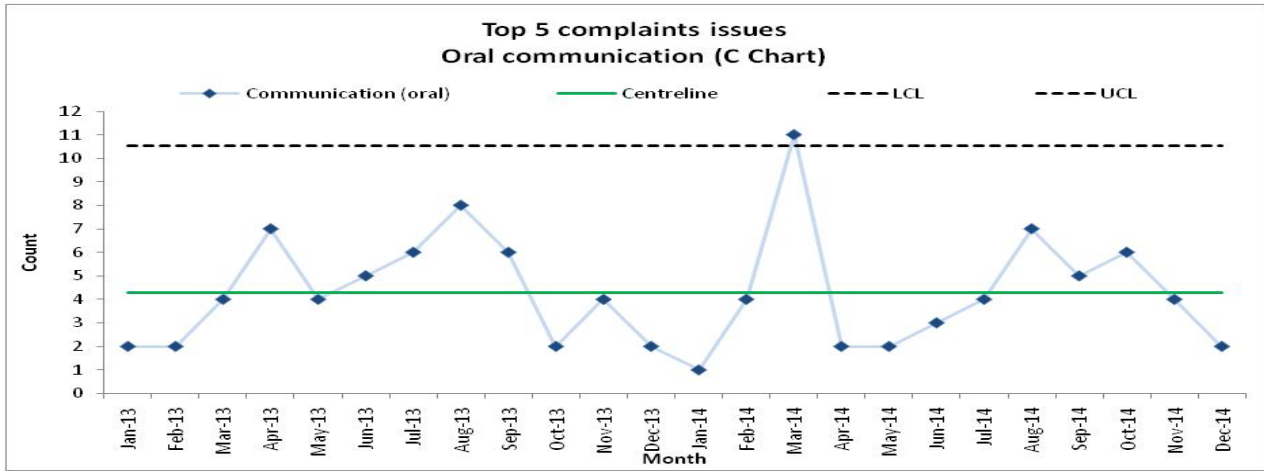


The graph below details the concerns received between January 2013 – December 2014:

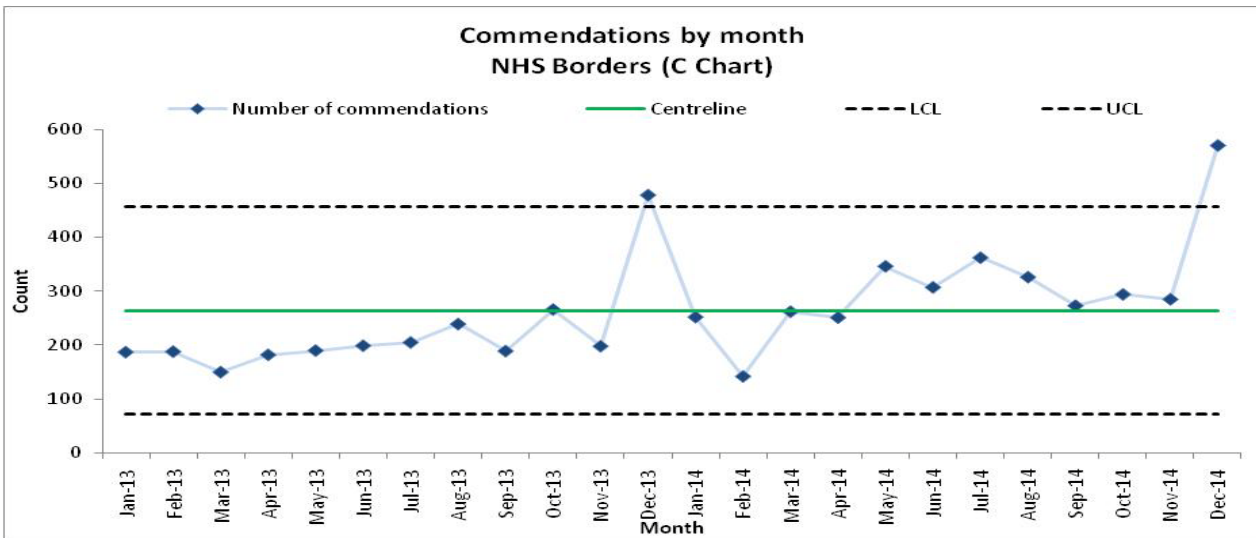


A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes contained in complaints received between January 2013 and December 2014:

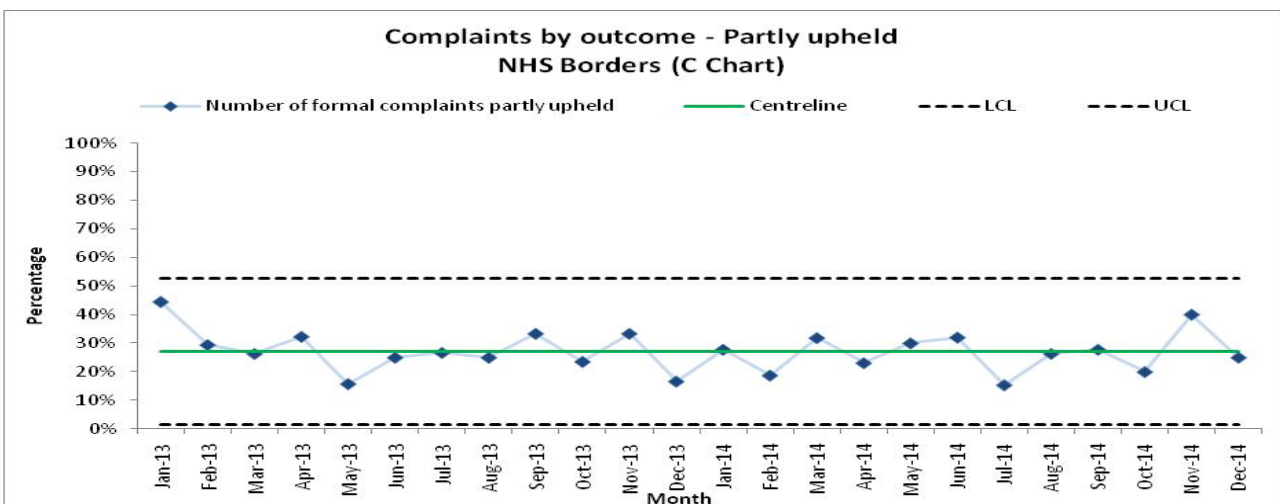
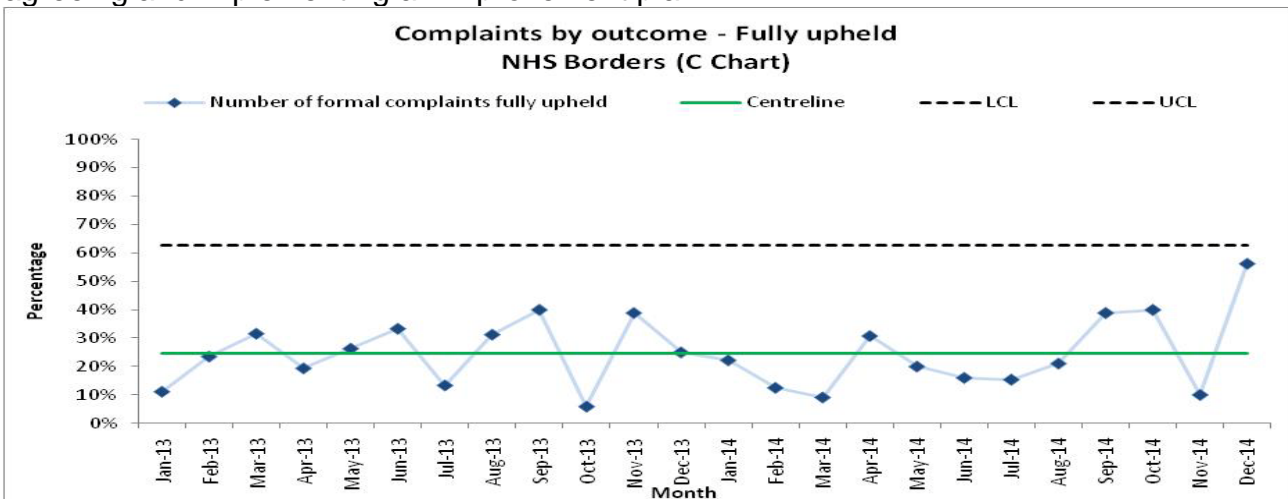


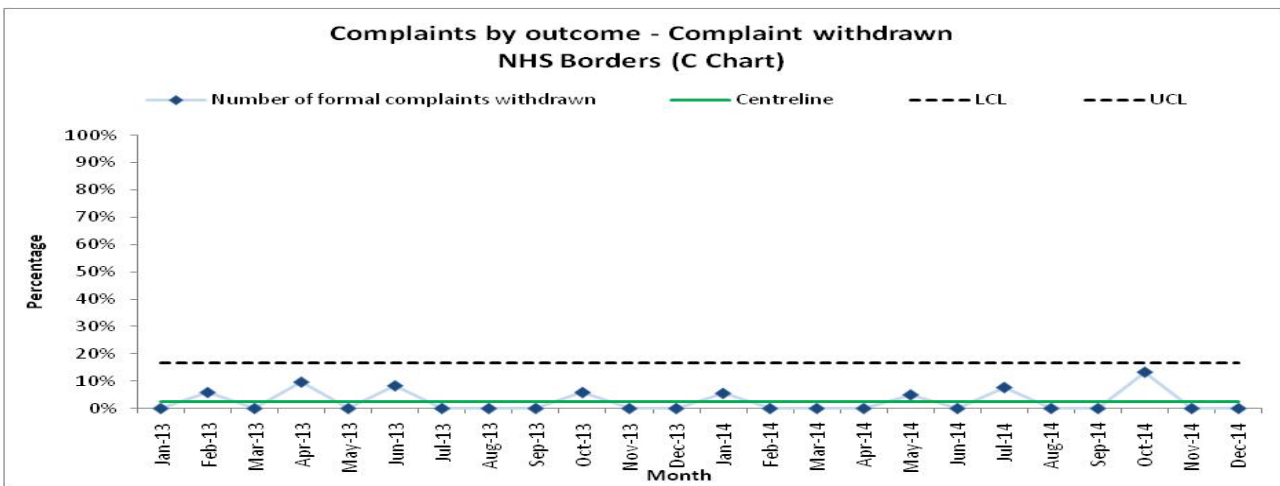
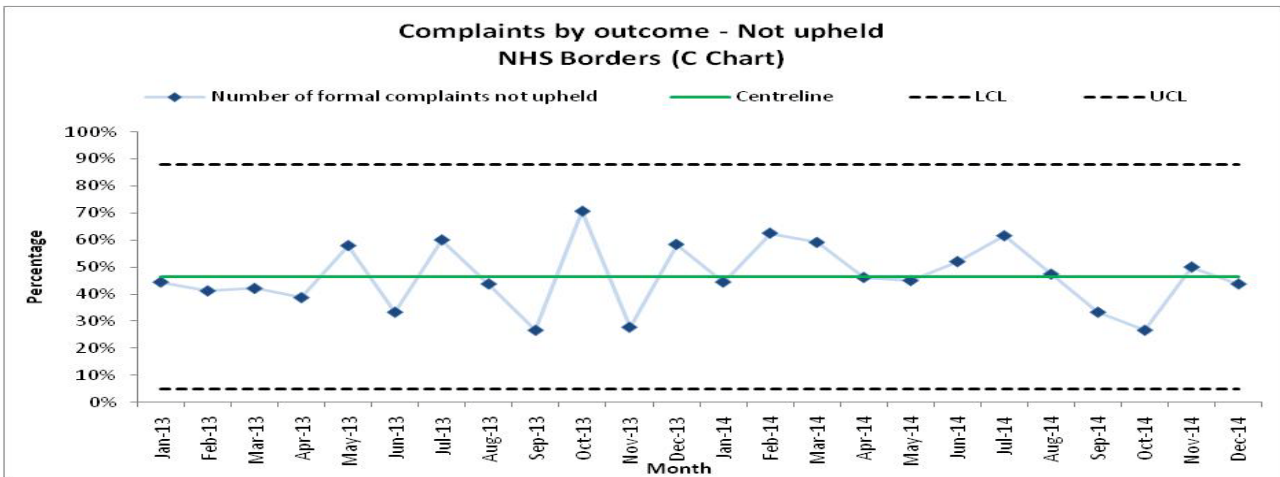


The graph below details commendations received between January 2013 and December 2014:



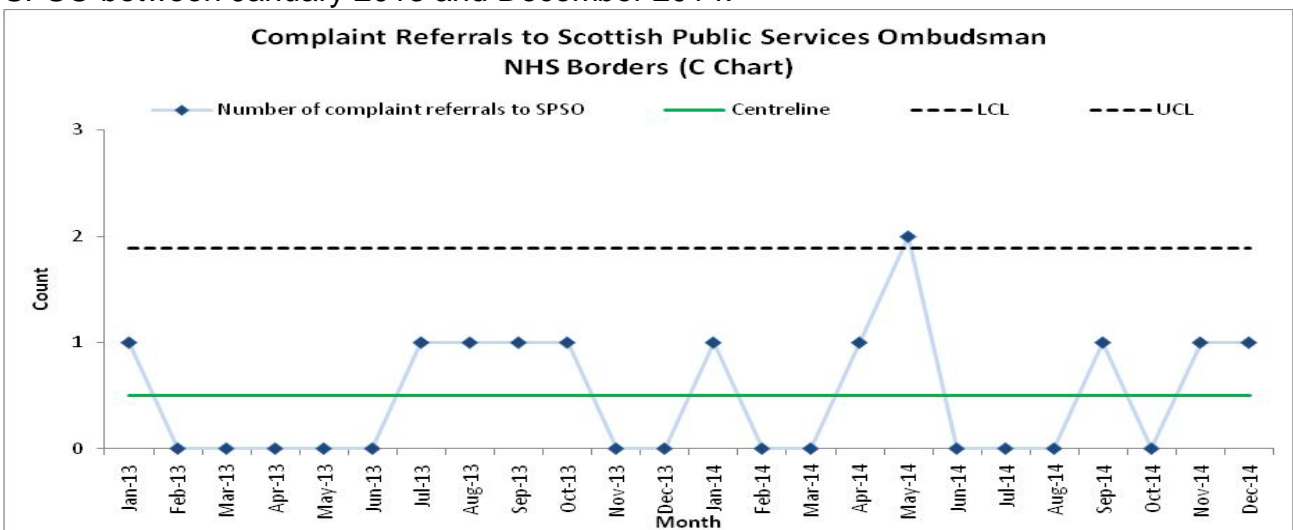
The graphs below detail the outcome of formal complaints received between January 2013 and December 2014. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement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



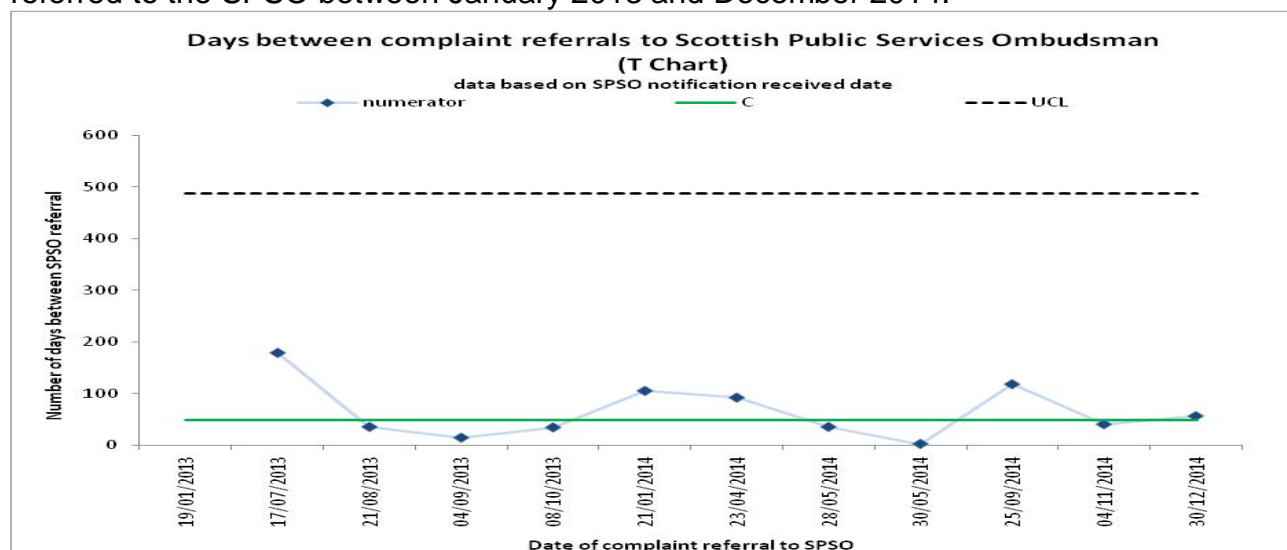


Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

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



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



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

SPSO Ref	Complaint Summary	Outcome	Action Recommended	Status
20134621	That nursing staff at BGH and Knoll Hospital failed to provide an appropriate standard of nursing care	Upheld	<ol style="list-style-type: none"> Review how pain is assessed and monitored in BGH and how instruments such as the SEWS charts are used. Inform SPSO of the steps taken to ensure patient details are correct Apologise for the failures this investigation identified. 	<ol style="list-style-type: none"> Progressing to compliance. & compliant

Note - The full reports can be accessed at www.spsos.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 Good was	What could be improved	Action Taken
Delighted with evening appointment 25.02.15	0	Appointment time, consultant friendly and helpful	-	Response provided, and positive feedback shared with the appropriate staff in ENT
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

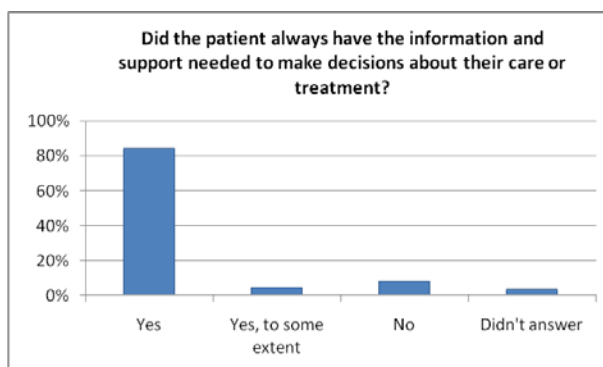
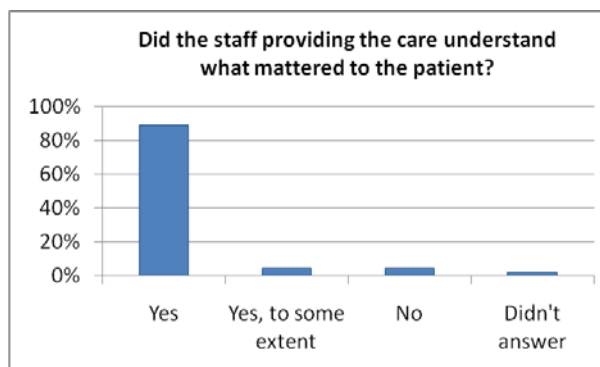
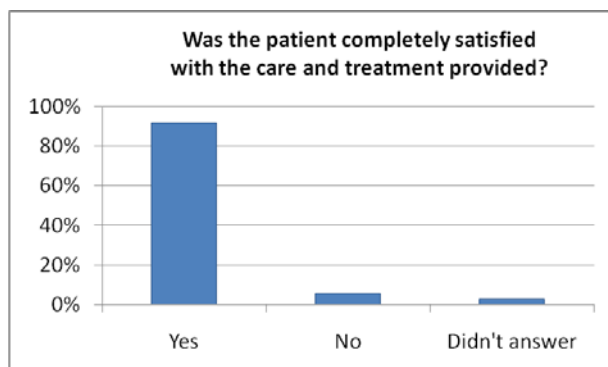
Note – ratings and feelings assigned are as described on the Patient Opinion website and all feedback is passed onto the relevant staff and service areas. Criticality rating works on a six point scale from not critical (0) to severely critical (5).

Proactive Patient Feedback

As a result of the positive response received and interest generated from patients and colleagues about the work being done around gathering patient feedback NHS Borders now has 12 patient feedback volunteers supporting this. Suggestion boxes have recently been installed on Lindean and Cauldshiels wards and further suggestion boxes are being installed in the community hospitals and the other two mental health units.

The tables below provide a summary of the feedback received from the “Two Minutes of Your Time” initiative. The three core questions are now incorporated into all questionnaires and patient feedback is obtained via the suggestion boxes located throughout the hospital, the discharge lounge, outpatients, Borders Emergency Care Service, the Royal Voluntary Service reception area, and wards 5 and 12.

Between 1 January 2015 and the 28 February 2015 feedback was collected from 534 patients/relatives and visitors. The outcomes of this feedback relating to the three core questions are outlined in the graphs below:



BGH Participation Group

The BGH Participation Group has looked at the Inpatient Patient Experience Survey 2014 and has agreed to take forward three of the five areas in which NHS Borders has been identified as having to improve. The three areas are as follows:

- Patients know who is in charge of their care on the ward along with the nurse in charge.
- Patients being made aware of the danger signs for them upon leaving hospital.
- Visiting times on wards – flexibility within the times.

This will form a large part of the workplan for the Participation Group for the coming year. The group has been invited to suggest items for discussion at future meetings. This will

also form part of the workplan for 2015/16. The group continues to meet on a monthly basis.

Volunteering

An application for the Playlist for Life volunteer is being progressed. This role will initially support Melburn Lodge but it is hoped that other older adult inpatient areas will be able to benefit from this initiative. It may be necessary to recruit further volunteers if there is a high demand for this.

A short life working group has been established to take forward designing a leaflet for display in the main public areas within the Borders General Hospital and the community hospitals and health centres. This will provide people with information about the types of role they might do, and how to become a volunteer. The group will also review all information being provided to volunteers when commencing a role within NHS Borders. This will ensure all volunteers are being given the correct information to allow them to carry out their roles successfully.

On Thursday 5 March 2015 NHS Borders and Volunteer Centre Borders delivered a specialised Volunteer Management Training programme. This was attended by 8 people from NHS Borders and Scottish Borders Council.

Person Centred Care Projects

Work is underway with Ward 12 to look at the information displayed in the ward and how this can be improved. The work is being progressed with the Senior Charge Nurse to look at the display of performance and person centred care information. The aim of this work is to provide clear and transparent information to patients, carers and visitors as well as to staff and to improve the ward environment.

A video is being prepared for the staff induction programme focusing on person centred care and in particular highlighting the importance of introducing yourself to patients and visitors. The video will be centred around the 'hello my name is' campaign and will feature various members of staff in different environments introducing themselves. In addition there will also be production of a patient's story to be used in training and development with staff.

Patient Flow

Connected Care

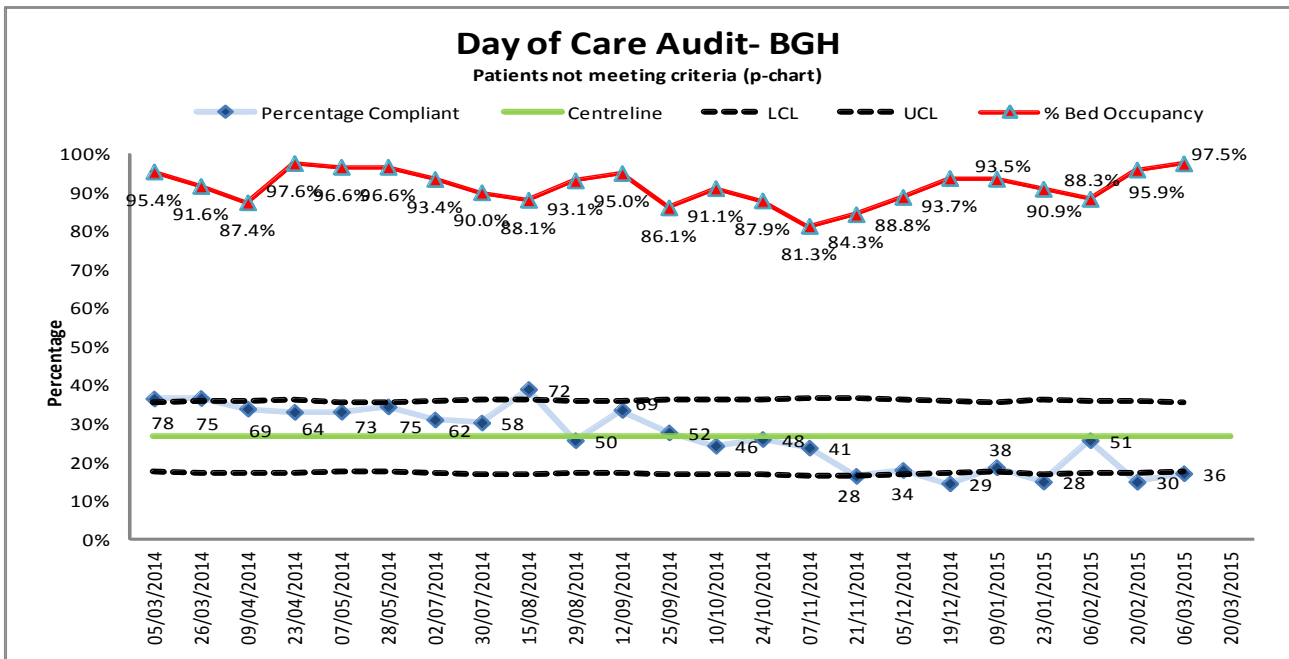
The Connected Care Programme aims to develop systems and processes to ensure no delay, no unnecessary hospital stay and no delay in care intervention for the residents of the Scottish Borders.

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. A key success measure for the programme is:

- **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 we have successfully seen a 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

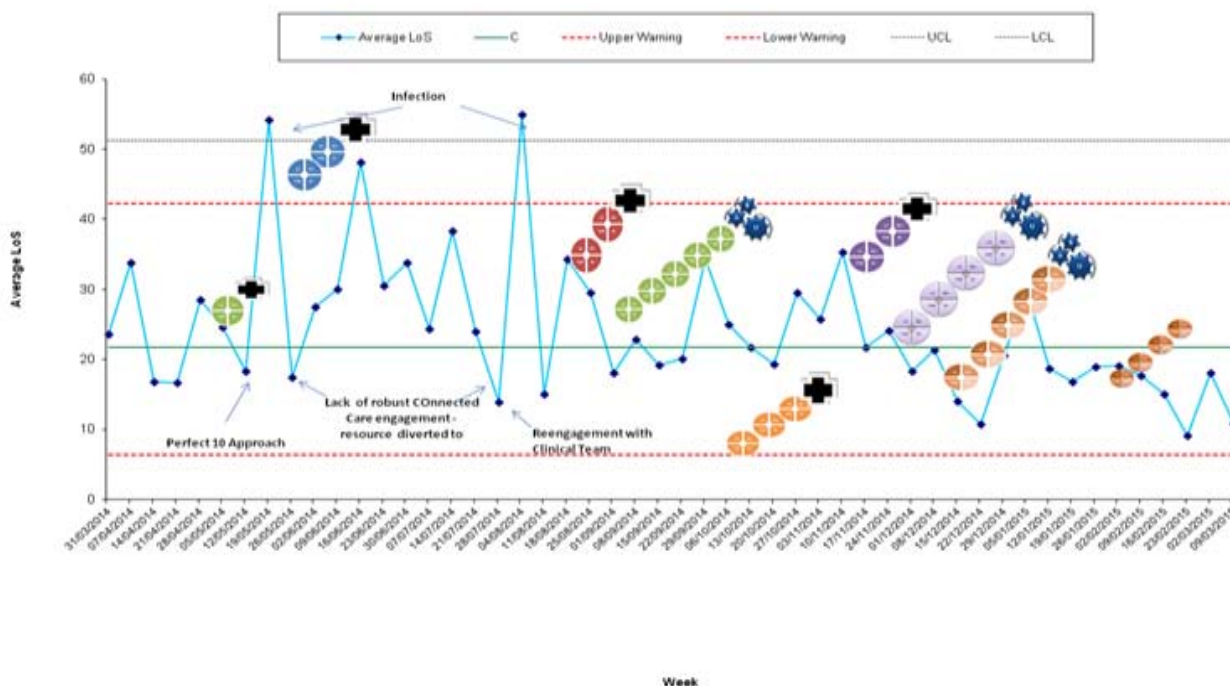
20%, aiming for no patient delayed, will support the hospital operating at 80% occupancy.



Several areas have been identified where there is opportunities for improvement and the team are working with frontline staff to come up with solutions for testing. The approach is emergent and uses improvement methodology, specifically Plan, Do, Study, Act (PDSA) with strong data analysis to make permanent fixes contributing to our overarching aim of “no delay” for patients.

A specific example of this work is demonstrated below, where multiple PDSAs have been undertaken in the DME ward which have contributed to the reduction in people waiting for their next stage of care which has in turn reduced average length of stay:

DME Average Length of Stay SPC Chart



A detailed session on connected care and the testing underway will be delivered at a forthcoming Board meeting.

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

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