Borders NHS Board

BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE - JUNE 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

In 2013 the Health Foundation published a report on measuring and monitoring safety in healthcare which proposes a new framework to examine how safe care is. This framework was prepared by Professor Charles Vincent and colleagues from Imperial College London.

This framework highlights five dimensions, which the authors believe should be included in any safety and monitoring approach in order to give a comprehensive and rounded picture of an organisation's safety.

Healthcare Improvement Scotland (HIS) was specifically invited to submit a proposal with two delivery partners. Borders and Tayside were invited to join them in their application and collectively have now been successful following interview in becoming one of the 3 regional test areas.

In the Scottish Borders the proposed testing will focus on improving safety for frail older people across the continuum of care. The Safety Measurement and Monitoring Framework will be tested across a pathway spanning primary, secondary and social care services. In addition the framework will be tested at an organisational level focusing on further development of the approach to reporting and using data at NHS Board level.

A project team has been set up to focus on the frailty pathway, using the NHS Scotland Quality Improvement Hub methodology for developing an improvement project. Currently the team are at the 'discover' stage, which has involved process mapping the current situation, identifying the problem using stakeholder interviews. Baseline data is also being collated and analysed to assess with identifying the areas for improvement. The next stage will involve a session with the team to identify areas for testing across the spectrum.

Deteriorating Patient
An application for funding was made to the Health Foundation Innovating for Improvement Programme to build a model of recognition of deterioration in the community building of

the success of the model already well embedded in acute services. The application was successful and funding of £75,000 will be provided to accelerate and test this work over the coming 15 months.

The purpose of the project is to design a reliable model for recognising the deteriorating patient in the community hospital and community out of hour's service. This will involve designing an appropriate response to 'rescue' the patient, with the aim of reducing mortality, length of stay, and undue distress to the patient and family.

The aim of the Project is to ensure 100% of patients in the two test sites, receive reliable and timely early warning scores as their clinical condition dictates, to ensure that nursing staff respond appropriately and in a timely manner, and are able to follow a reliable escalation procedure, by July 2016. Test sites will include one community hospital and the out of hour's service covering one geographic area in the Borders. The out of hour's service will work with a care home, Community hospital and out of hours nursing team within a defined test area. The main objectives would be to introduce a system of reliable recognition, assessment and response.

This project is at the inception stage, with a project manager currently being recruited to lead the project.

Within the acute care, the plan to change the early warning scoring system to the National early Warning scoring system (NEWS) is in place, with the aim to change over on 31st October 2015.

Clinical Effectiveness

Older People in Acute Hospitals
The Healthcare Improvement (HIS) Scotland Older People in Acute Hospitals (OPAH) Inspectorate Team visited the Borders General Hospital on 7 May 2015.   The visit which forms part of the revitalised methodology being employed by HIS, followed on from the submission in September 2014 of the NHS Borders self assessment against the Standards for Older People in Acute Care.

The visit provided an opportunity to showcase the progress that has been and continues to be made in relation to meeting the standards. At the conclusion of the visit, the HIS team provided feedback. The team acknowledged the organisation of the day and gave positive comment regarding the openness and honesty of dialogue and the engagement of staff in the morning and afternoon parallel sessions. Also reflected upon was the positive change in attitudes towards challenges and improvement with a noted change from a problem focussed to a solution focus approach.

Nursing & Midwifery Continuing Professional Development/Revalidation Objectives
Implementation of nursing & midwifery continuing professional development (CPD) /revalidation objectives linked to appraisal and personal development planning aims to enable nurses and midwives to evidence the skills and behaviours required to deliver the highest standard of care within their ward. The framework involves 4 key organisational priority objectives:

1. **Pressure Area Care:** To eliminate patient harm from pressure ulcers
2. **Falls:** To eliminate patient harm from falls

3. **Food Fluid & Nutritional Care:** To ensure patients experience of eating and drinking enhances their health and well being
4. **Deteriorating Patient:** To prevent harm from unidentified deterioration, sepsis, and cardiac arrest

Designed as an integral part of the performance management system, managers will use the framework to help staff do well in their current job and to select the right learning and development activities to assist planning their CPD/Revalidation needs. This approach aims to align individual performance for personal, professional and organisational success.

Link Nurse Role

Senior Charge Nurses (SCNs) have oversight and set the strategic direction for the wards improvement journey however, each CPD objective has been devolved to a member of their team who will become the Link Nurse for a topic area. Link Nurse responsibilities include:

- Responsible for assurance of the standard identified including; ward learning resources, staff education and training, measurement /audit

The link nurse will be given time to complete CPD objective responsibilities during the working day and will be released to attend link updates and other study opportunities deemed necessary to fulfil their role. Individual benefits of this include achieving dynamic evidence for professional revalidation and creating opportunities for career and leadership development. Organisational benefits include reaping rewards of proactive succession planning while assuring high standards of quality nursing care and patient experiences.

To build capacity and capability and provide on-ward support, there have also been secondment opportunities created through the establishment of two Clinical Improvement Facilitators posts. These posts will support link nurse initiate improvement cycles and education of teams in relation to the CPD Objectives. The subject specific Link Nurse education commenced in May 2015, with further workshops scheduled for June and September.

Patient Information System

From 1st June 2015 NHS Borders will move to using a new electronic system for the management of information produced in the form of information leaflets and provided to patients and the public. The current system, BISSY (Borders public Information Support Site for You), will be replaced with HIP (Health Information Portal).

The new system is accessed through a web-link and will provide a fast and easy way to produce and provide access to patient information leaflets.

In addition to the new system, there will be a new kiosk situated at the main entrance to the BGH. As well having access to all locally produced leaflets, users of the kiosk will also be able to access the NHS Inform website and the '2 minutes of your time' patient feedback survey via the available links.

Person Centred Health and Care

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

- Complaints, concerns and commendations for the period January 2013 – March 2015
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 – March 2015; and
- Patient Opinion online feedback received between January 2015 and April 2015.
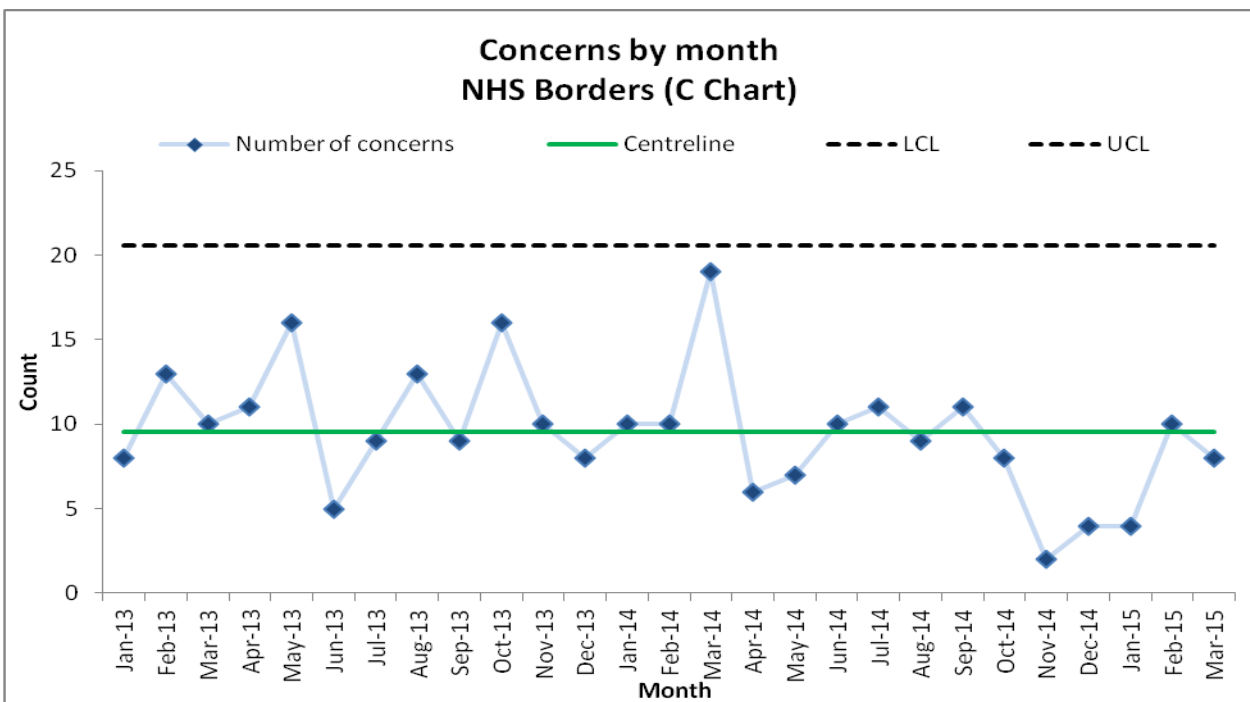
Summary: Complaints, Concerns and Commendations

The graph below details the number of formal complaints we have received for the period January 2013 – March 2015:
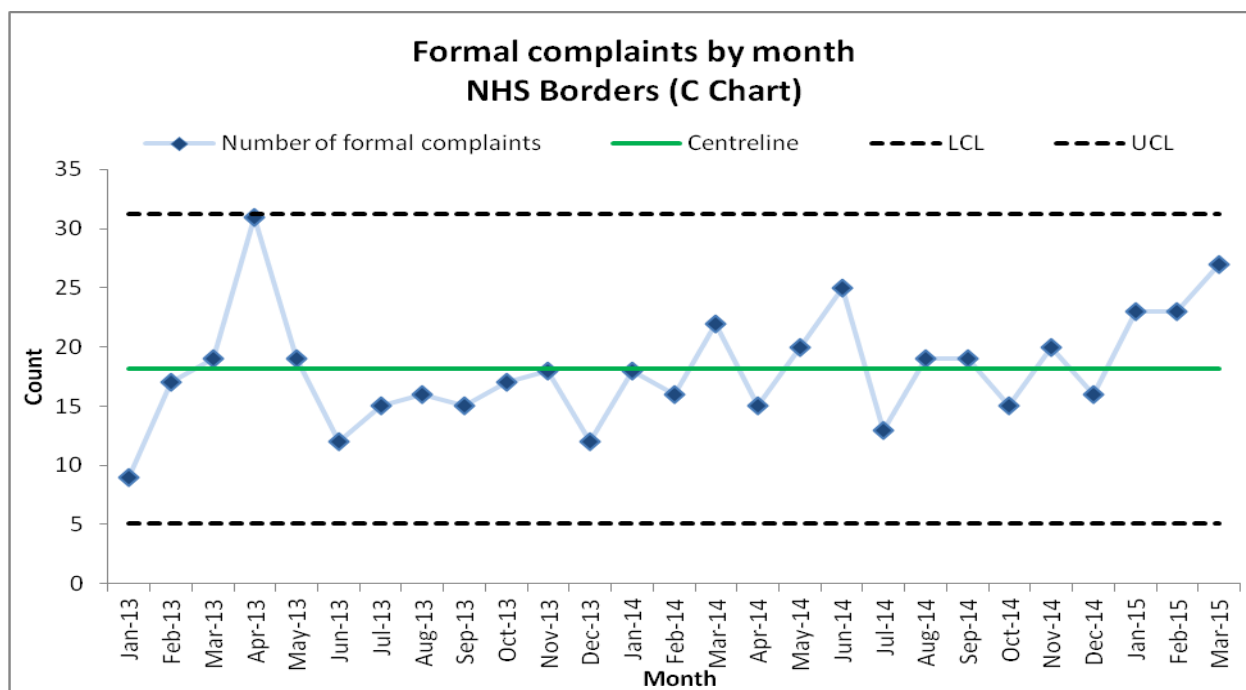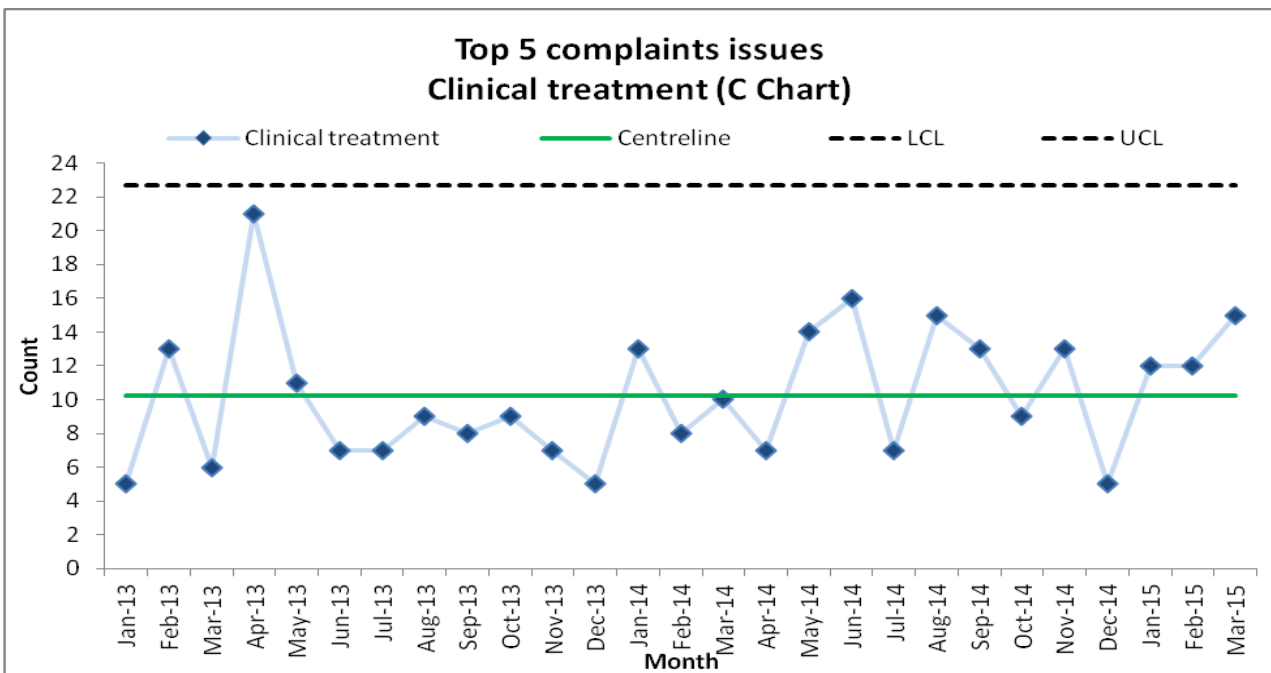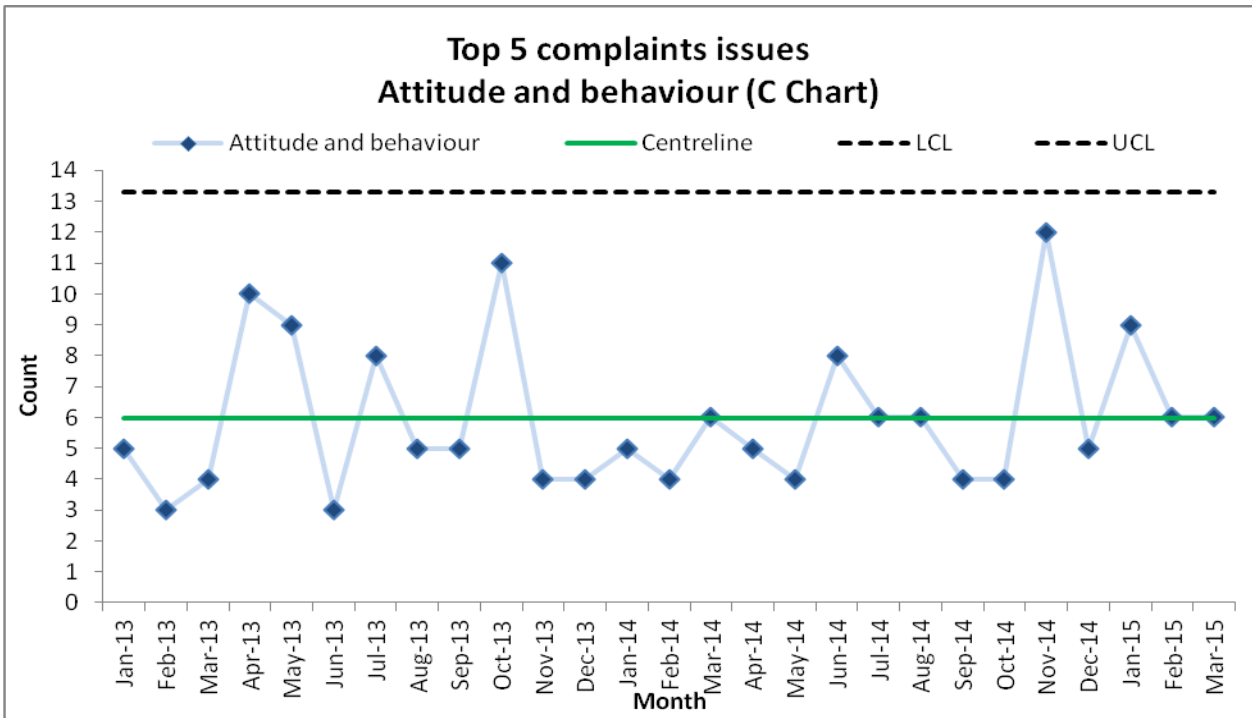

NHS Borders 20 working day response rate for formal complaints for the period January 2013 – March 2015 is outlined in the graph below. A dip in performance has been noted between December 2014 and March 2015 relating to a small number of complaints which exceeded the 20 day response target. The complaints 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:
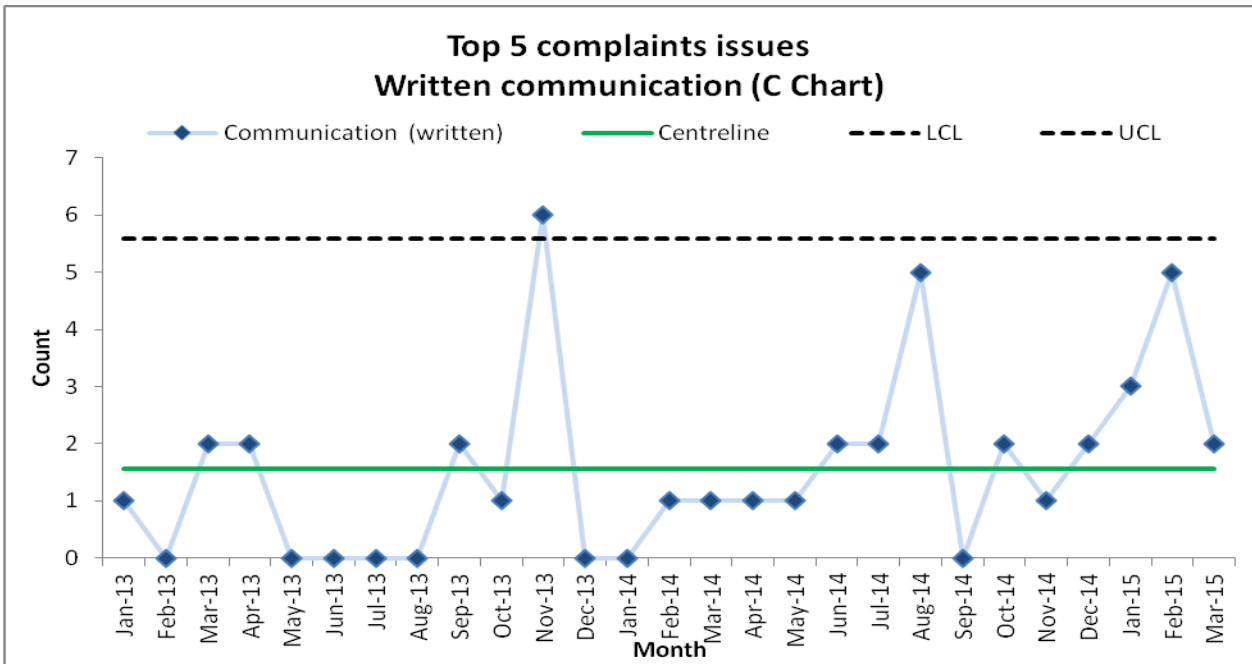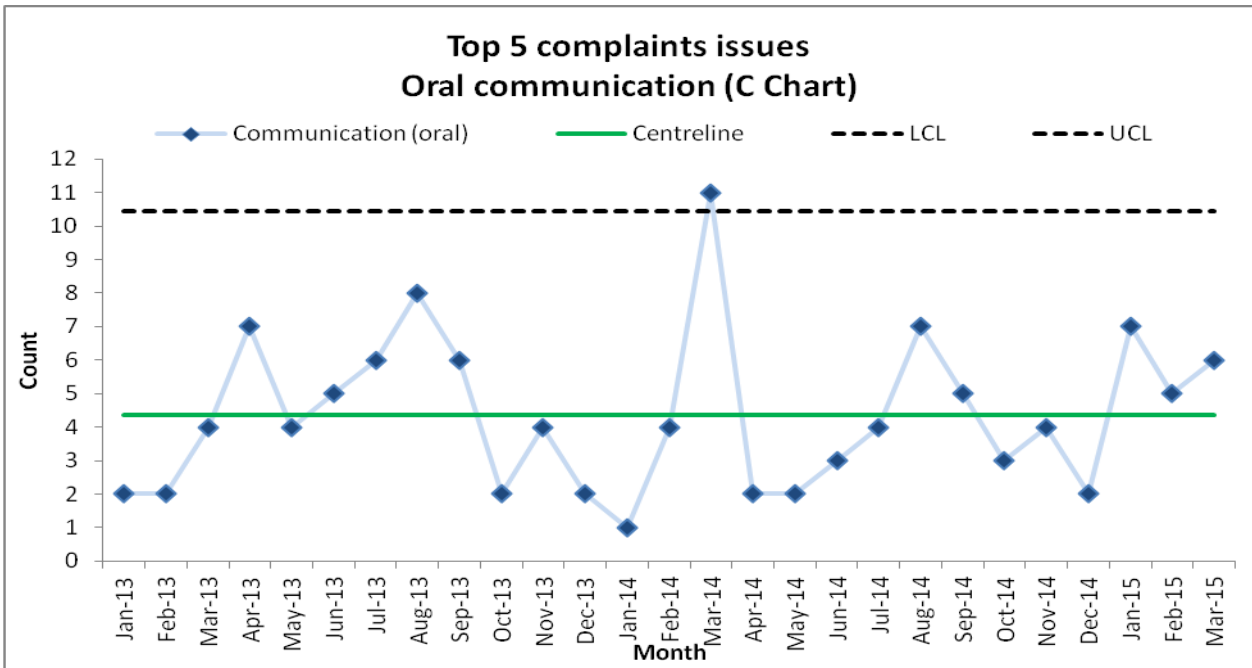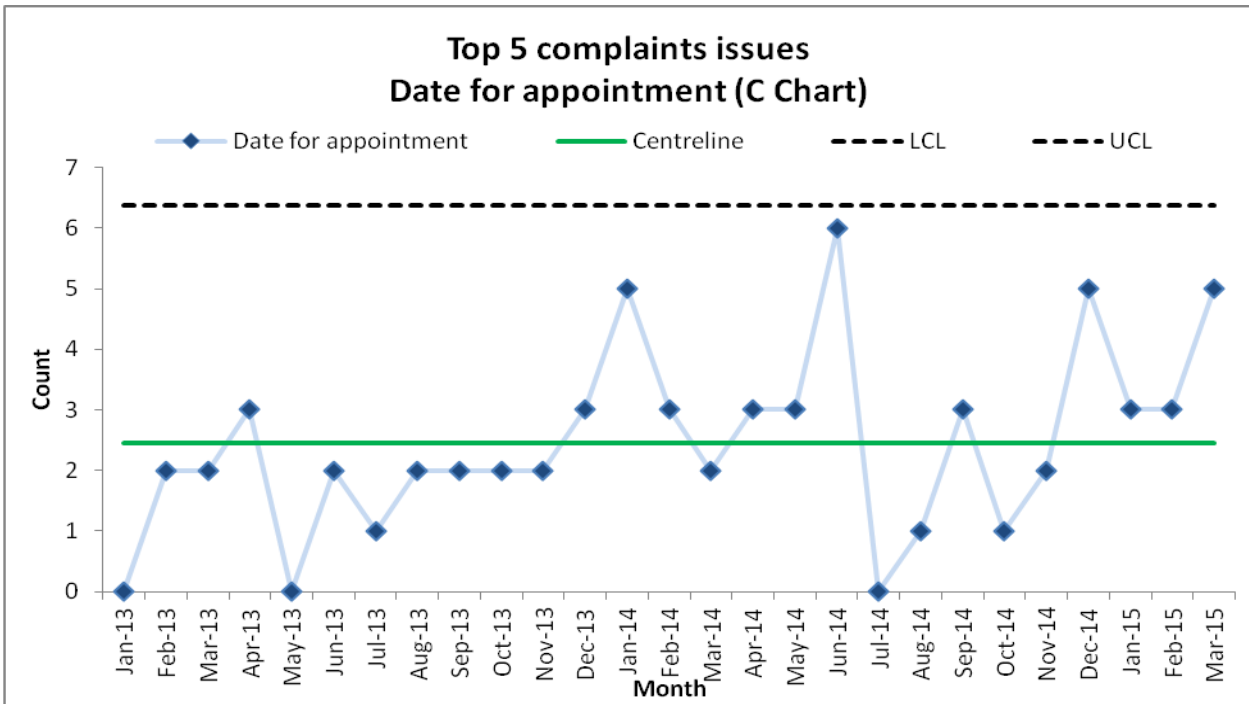
Formal complaints with final response sent within 20 days
NHS Borders (C Chart)
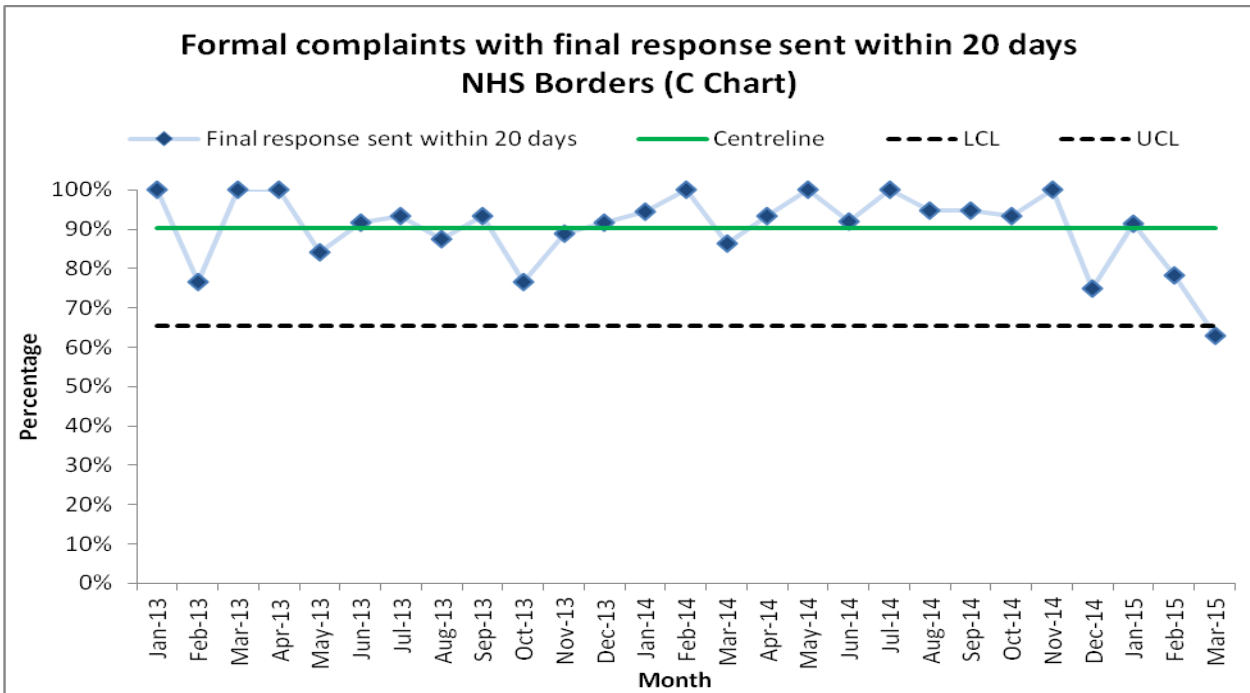
The graph below details the concerns received January 2013 – March 2015:

**Concerns by month**
NHS Borders (C Chart)

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 (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in complaints received between January 2013 and March 2015:

Top 5 complaints issues
Attitude and behaviour (C Chart)

Top 5 complaints issues
Clinical treatment (C Chart)

Top 5 complaints issues
Oral communication (C Chart)

Top 5 complaints issues
Written communication (C Chart)

Top 5 complaints issues
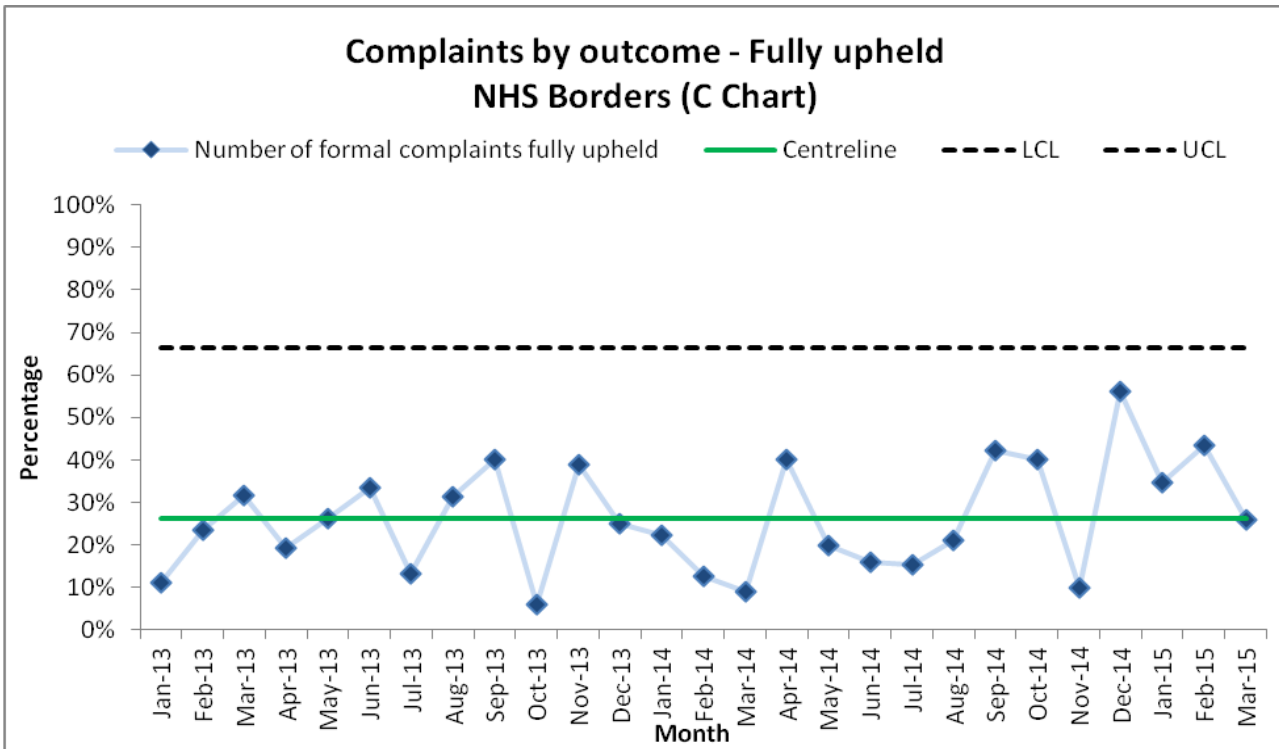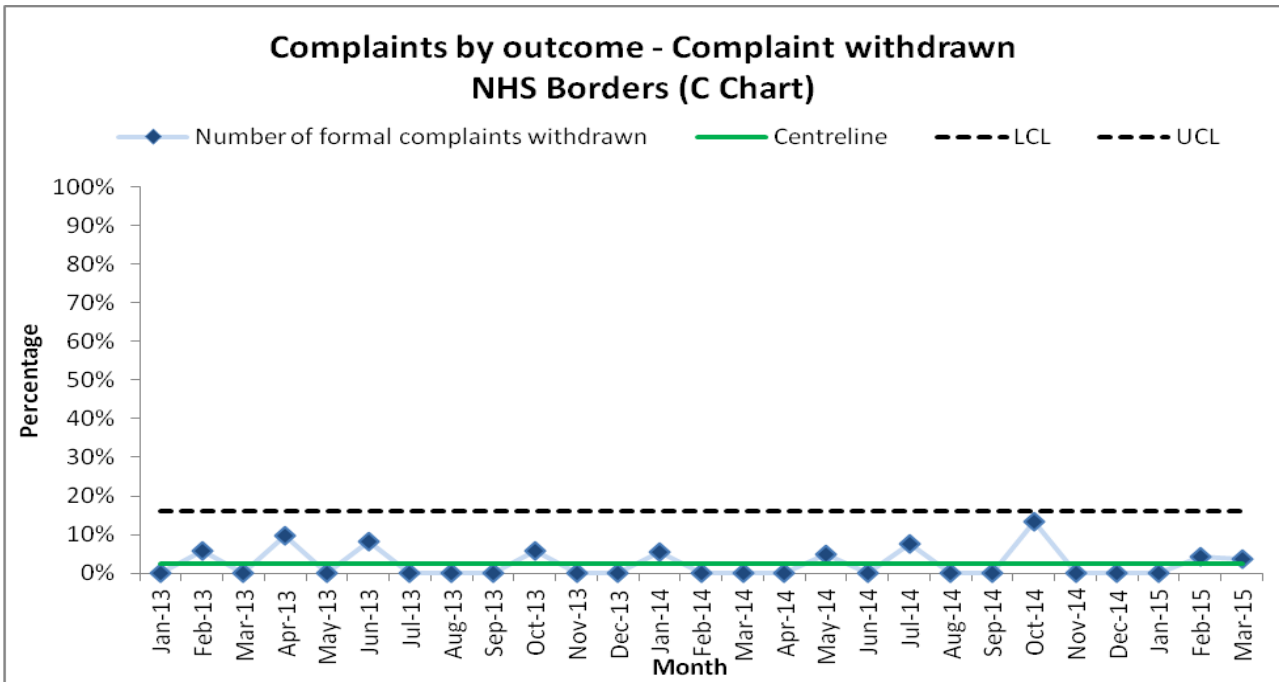**Date for appointment (C Chart)**

The graph below details commendations received between January 2013 and March 2015:

Commendations by month
Acute (C Chart)
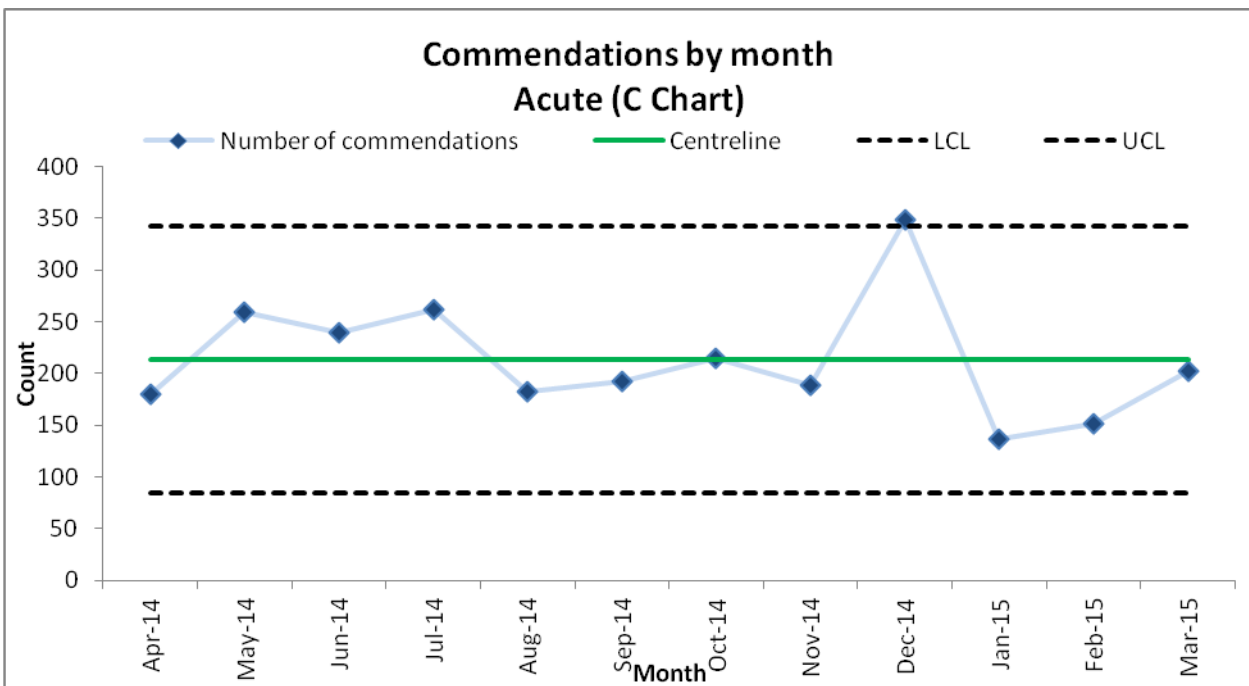
The graphs below detail the outcome of formal complaints between January 2013 and March 2015. The possible outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan.

Complaints by outcome - Complaint withdrawn
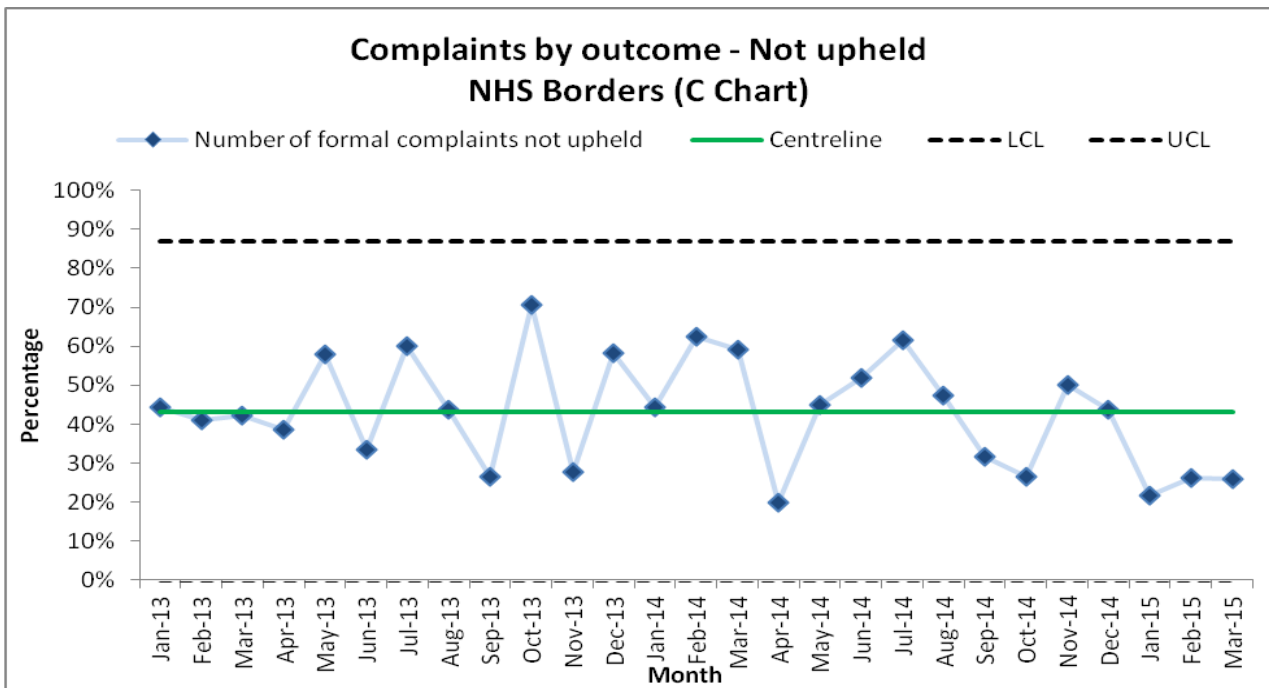## NHS Borders (C Chart)

◆ Number of formal complaints withdrawn ——— Centreline - - - - LCL - - - - UCL

Complaints by outcome - Fully upheld
NHS Borders (C Chart)

◆ Number of formal complaints fully upheld ——— Centreline - - - - LCL - - - - UCL

Complaints by outcome - Not upheld
NHS Borders (C Chart)

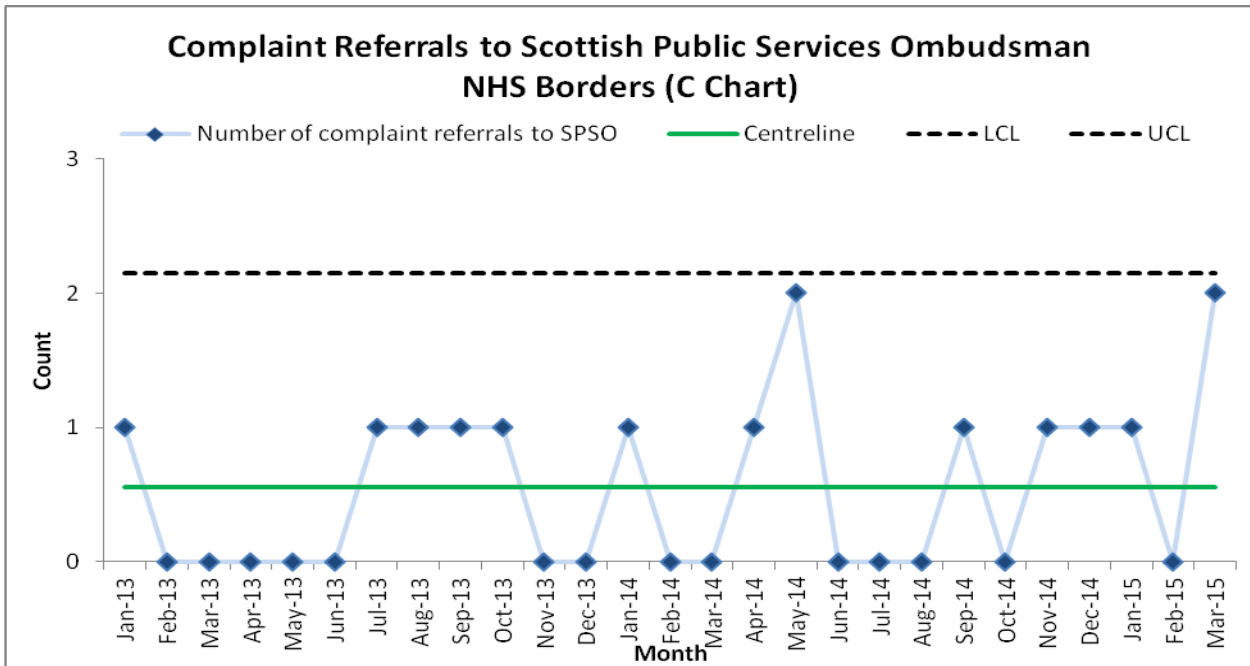Complaints by outcome - Partly upheld
NHS Borders (C Chart)
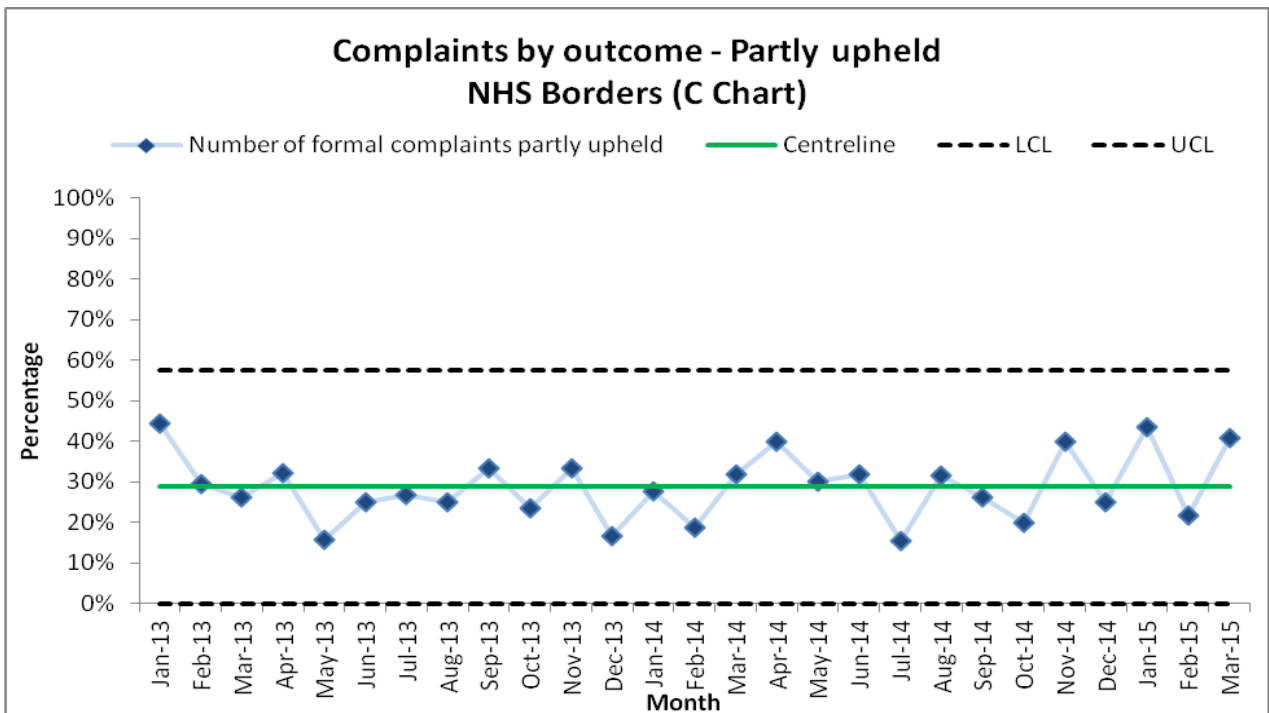
Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

The graph below outlines the number of complaints which have been accepted by the SPSO between January 2013 and March 2015:

The graph below outlines the number of days between complaints which have been referred to the SPSO between January 2013 and March 2015:
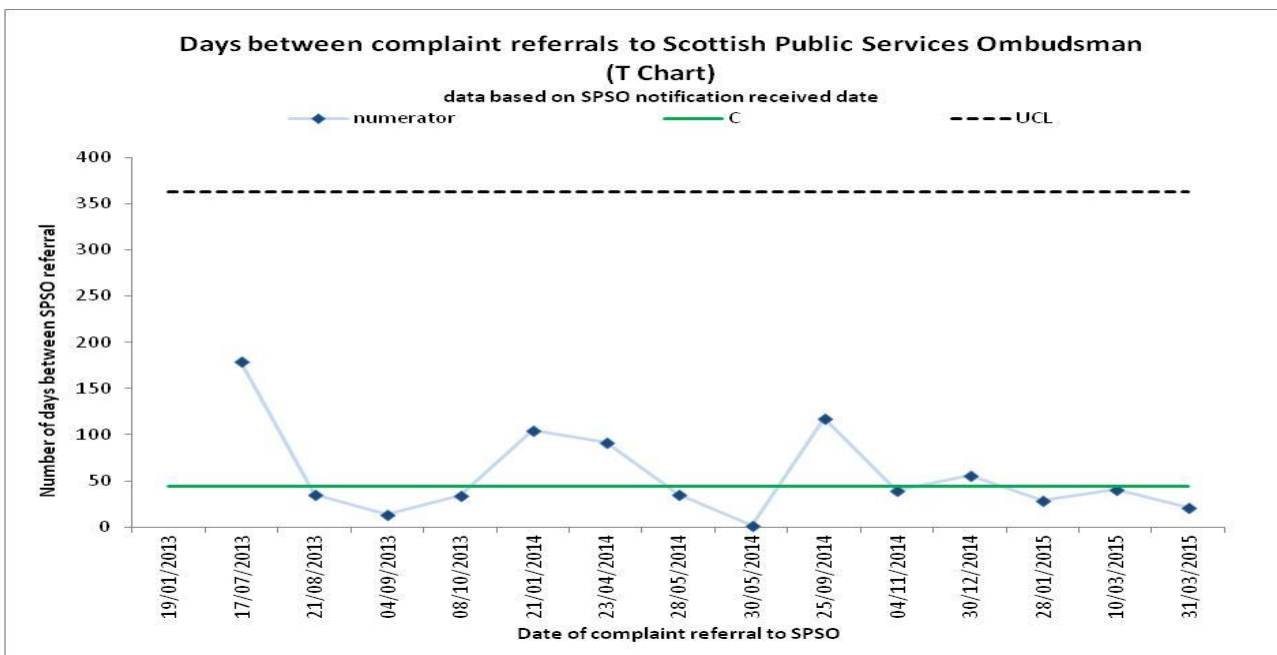
Since the last report there have been two decision received from the SPSO in relation to cases they have accepted:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201304621	Nursing staff at Borders General Hospital and Knoll Hospital failed to provide you with an appropriate standard of nursing care	Upheld	1. Review how pain is assessed and monitored in BGH and how instruments such as the SEWS charts are used; 2. Inform this office of the steps taken to ensure patient details are correct; and 3. Apologise for the failures this investigation identified.	Compliant

201400666	The Board's care and treatment of patient, following transfer from a hospital in another board's area, was unreasonable	Upheld	1. The Board apologise for the standard of care and treatment provided between 10 & 12 February 2014 2. That the Board take steps to ensure that actions agreed following a complaint investigation are followed up promptly. 3. That the Board consider the Adviser's comments about taking the views of family members into account and determine whether there are lessons that can be learned. 4. That the Board make medical staff involved aware of the Adviser's concerns regarding the decision to discharge, including the lack of documentation, to ensure that a similar situation does not occur in future.	Compliant
201403426	That the Board: 1. Unreasonably did not maintain records of discussions with the family about NHS Continuing Care; and 2. Unreasonably did not maintain records of discussions with the family about NHS Continuing Care at the time of patient's hospital discharge.	Upheld	1. That the Board apologise for the failure to advise the family that there was an appeals procedure where there is a disagreement about the decision to provide NHS Continuing Healthcare 2. The Board apologise for the failure to specifically record at discharge that consideration had been given to NHS Continuing Healthcare. 3. The Board take this opportunity to remind their staff of the requirement to communicate with patients and carers about the procedure for NHS Continuing Healthcare and ensure that decisions are recorded in the clinical records.	Compliant.
201403876	1. Patient's injury in Sept 2013 was not reasonably assessed. 2. Patient was not offered reasonable treatment following her injury in Sept 2013 3. There was an unreasonable delay in referring patient to a specialist sooner	Not Upheld	None	Compliant

The full reports can be accessed here www.spso.org.uk

Patient Opinion Feedback
The table below outlines feedback received in January 2015 to April 2015 through the Patient opinion website relating to patients experience of NHS Borders services:
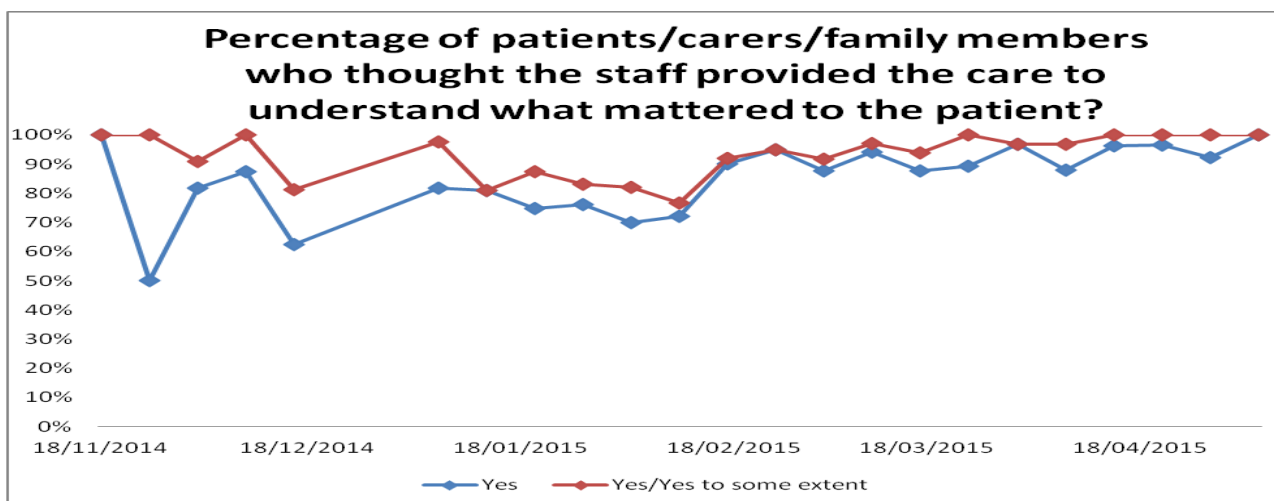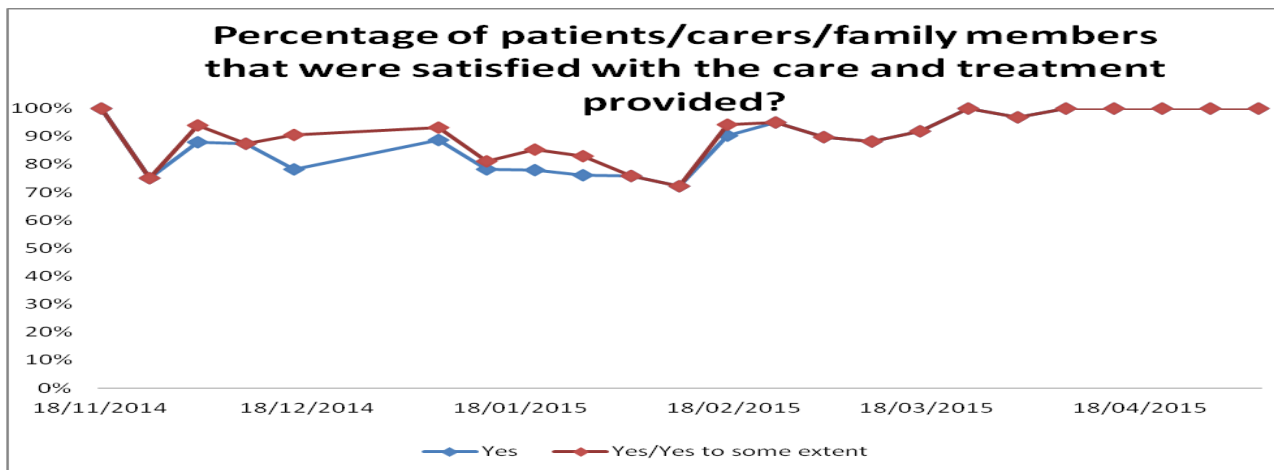
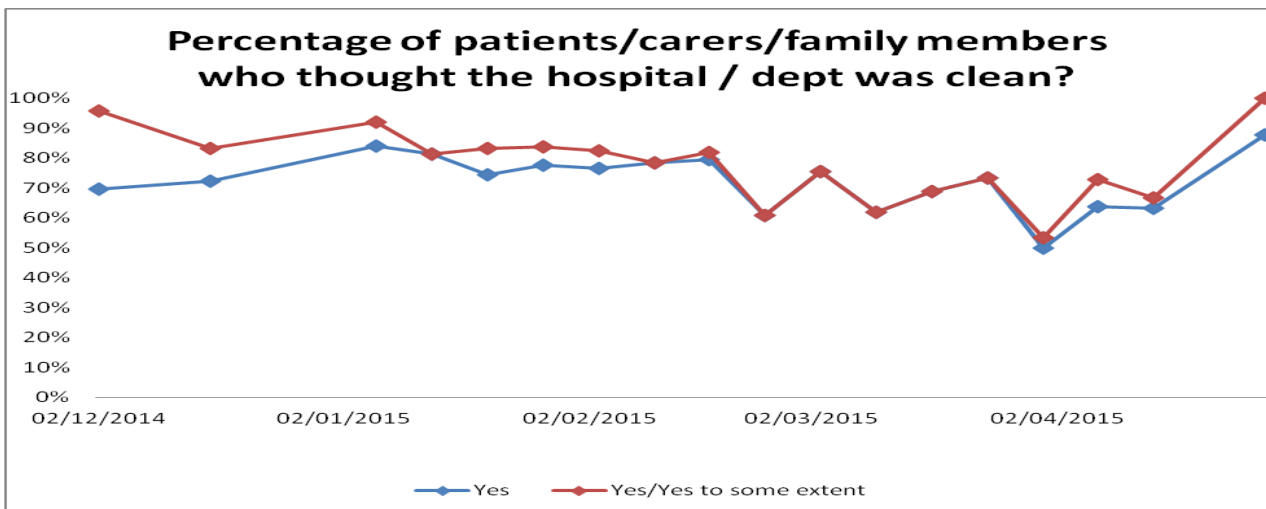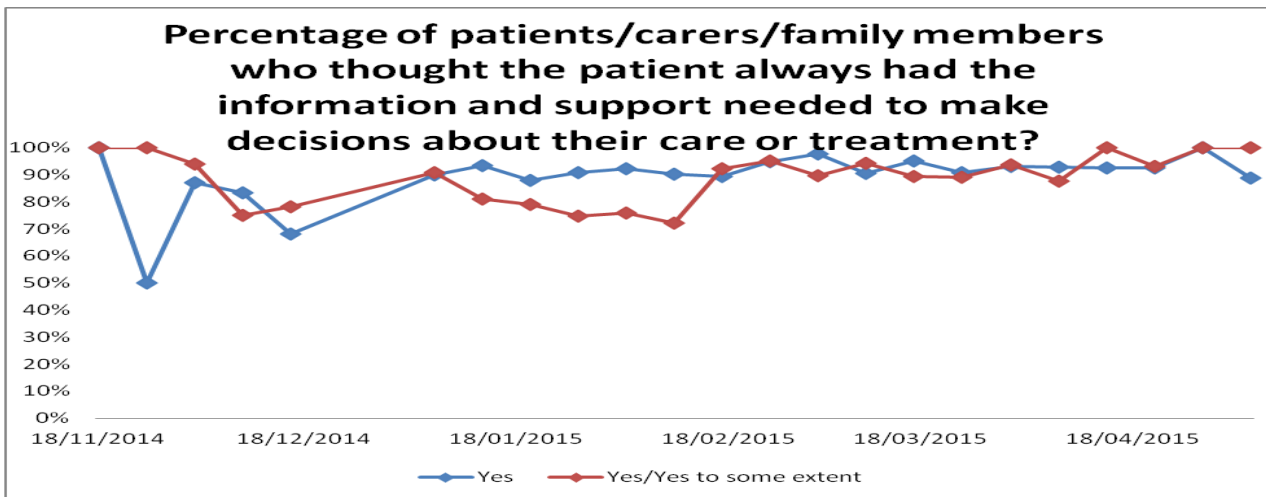| Title/ Received Date	Criticality*	What was Good	What could be improved	Action Taken
February 2015 Delighted with evening appointment	0	Appointment time, Consultant, Friendly, Helpful		Response provided, and positive feedback shared with the appropriate staff.
March 2015 Long wait at the general surgery clinic	1	Treatment	Appointment System	Response provided with offer to discuss further. Contact details provided.
April 2015 My cataract operation	0	Caring, Sympathetic, Staff are highly competent	Driving advice Make-up advice Written instructions	Response provided and shared with the appropriate staff.
April 2015 Comfortable and at ease	0	Care and attention		Response provided, and positive feedback shared with the appropriate staff.

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

Since January 2015 a further four patient feedback volunteers have been recruited providing NHS Borders with a total of 12 patient feedback volunteers. The volunteers will support clinical teams to gather feedback about their service. In addition to the BGH Discharge Lounge and Outpatients Department, feedback is now gathered in the Royal Voluntary Service cafeteria area, wards 5, 9 and 12. As confidence and experience of the volunteers increases, it is planned that they will gather feedback in other areas within the Borders General Hospital and in the community hospitals. The eventual aim is to be able to gather real time feedback and to report this back to the staff in these the respective areas within a two hour period. A poster has been accepted for the NHS Scotland Event 2015 to show case this work.

The graphs below represent the collated data from over 800 questionnaires:

Percentage of patients/carers/family members who thought the patient always had the information and support needed to make decisions about their care or treatment?

Percentage of patients/carers/family members who thought the hospital / dept was clean?

Participation Standard Assessment

Work is progressing on completion of the NHS Borders Feedback and Complaints Annual Report and self assessment against the Participation Standard.

Stemming from the Patients Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 and 'Can I help you' guidance, there is a legal requirement on NHS Boards to produce a feedback and Complaints Annual Report and also complete the Participation Standard self assessment. This year these requirements have been streamlined and aligned with the annual report forming the basis of the self assessment. The annual report is required to be submitted to the Scottish Government and the Scottish Health Council by 30 June 2015. In addition, NHS Boards are also required to complete a self assessment against sections 1 and 3 of the standard and submit this to the Scottish Health Council along with their annual report.

Prior to submission the annual report will be shared with the Public Governance Committee, the BGH Participation Group, Public Involvement Group and Public Partnership Forum for comment and feedback.

Best Value Audit of Community Engagement

The external auditors are undertaking an audit of community engagement measuring against the National Best Value Toolkit. This will entail NHS Borders being assessed in

relation to the three levels, Basic/Better/Advanced in respect of community engagement. A draft of the document was presented to the Strategy Group on the 11June 2015 to allow the directorates and clinical boards the opportunity to identify any areas that may have been overlooked.

Volunteering
We have recently appointed 4 new volunteers to support the Early Assessment Team. Three of these volunteers will provide a transport support service to and from ante natal appointments for identified young mums and one volunteer will sort through and coordinate the donations of baby clothes and equipment. We are in the process of completing risk assessments and designing a specialised induction programme for these roles and we hope to have the service up and running mid-summer.

Applications are currently being processed for a further 2 volunteers, one to support the Playlist for Life initiative and another to provide beauty treatments to patients in the Dialysis Unit with the possibility of extending this service to other areas.

We are in the very early stages of exploring volunteering opportunities within the Langlee Early Years Centre. There are lots of potential volunteer roles within the centre and we are working through creating role descriptions. It is hoped that these roles will help to promote community engagement.

We recently held a lunch and feedback session for our Patient Feedback volunteers. This was the first time the group had been brought together since the induction session. We updated the volunteers on how the project is progressing and how the data they are collecting is being fed back to the wards. We also held a group feedback session which was interesting and provided us with food for thought on how we can improve.

Person Centred Care Projects
Ward 12 now has a Quality and Safety Information board and each bed has a whiteboard which states their name, their preferred name and who their consultant is. Each bay and side room also has a whiteboard displaying the name of the nurse looking after them on each shift.

Quality Improvement Learning Sessions
On the 26th May a quality improvement learning session took place focusing on the topic 'the value of listening'. Invited speakers Mrs Jacqui Pickard and Mr Tommy Whitelaw talked to members of staff and students about patient and carer experience. Mrs Pickard spoke about the care her late husband received whilst in the Borders General Hospital and stressed the importance of taking the time to get to know patients, and what and who matters to them.   Mr Whitelaw is a well known campaigner who speaks at events across the UK raising awareness of Dementia and the role played by carers.   His 'Make a Difference' campaign highlights the importance of understanding and kindness of staff providing care and support and how this can make a difference to someone with Dementia and those caring for them. Mr Whitelaw concluded his presentation by inviting participants at the session to make a personal pledge outlining how they would make a difference.

On the 5th May a number of staff attended a WebEx session hosting by the Advisory Board on Emergency Care. This session allowed the Advisory Board to share their Emergency Care Strategy Guide and hear how other organisations are taking a leading role in

managing demand and coordinating care for emergency patients in their community and creating a sustainable model of emergency care for the future.

Patient Flow

Proof of Concept
NHS Borders, along with three other NHS Boards in Scotland, have commenced a three year programme to improve patient flow sponsored by the Scottish Government.

NHS Borders made a decision in December 2014 to take forward two workstreams to support the improvement of patients flow:

1. **Reengineering the Theatres**
   This project focuses on balancing resources and flow of time sensitive surgical cases and elective scheduled surgeries.

2. **Redesigning Surgical Inpatient Flow**
   This workstream will create a "smoothed" schedule for elective inpatient admission patients. It aims to develop processes to admit approximately the same number of scheduled surgical patients to selected inpatient ward(s) each day surgeries are performed (other considerations such as level of care and length of stay will be discussed). This will reduce strain on hospital resources such as recovery, reduce days with extreme peaks and valleys in admissions to your inpatient ward, reduce work stress for staff, and ensure higher quality of care for patients.

A project structure is in place and the project is progressing as per plan, with no slippage or major issues.

Since last reporting, a new Urgency Classification Process as well as a supporting Compliance Review Process have been tested and went live on 1st June 2015. This data will provide the organisation with rich information for analysis to inform the service on how it needs to plan the service to meet the objectives of both workstreams.

Key milestones for NHS Borders for the next 3 months are:

- 3 months robust data collection to inform service design
- Agreeing services for in-patient elective smoothing.

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 sustained 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.
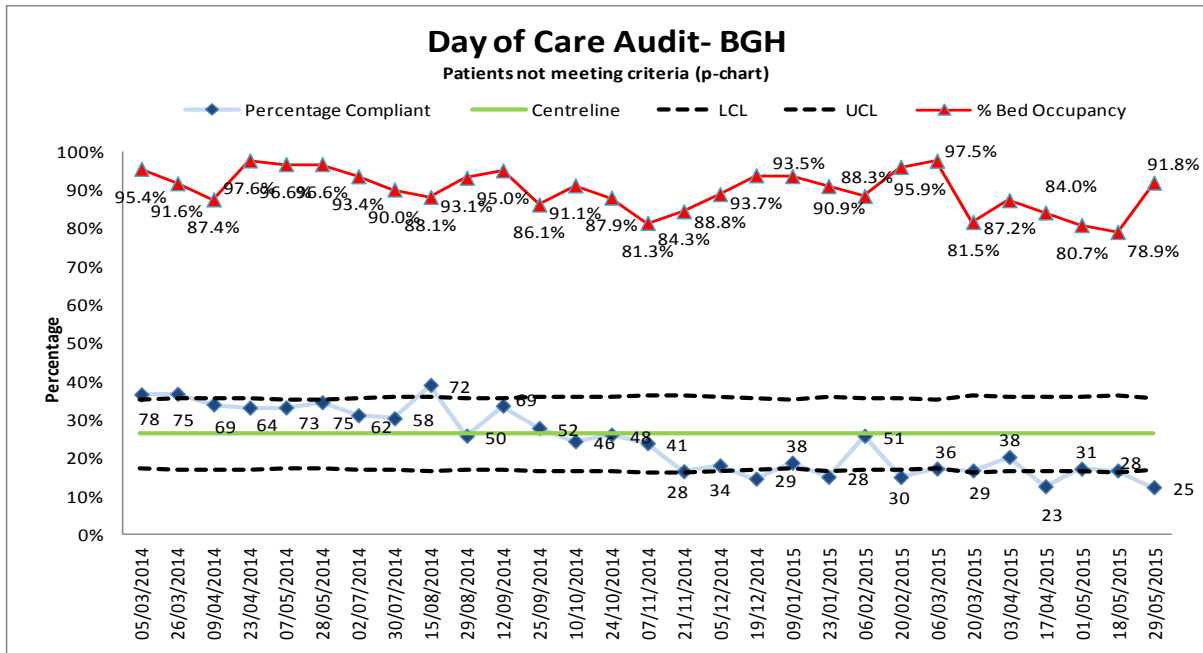
Key successes have been:
- o Number of patients who do not meet the Day of Care audit criteria
- o DME ward improvement resulting in reduction in numbers of people not meeting day of care criteria but also a sustained reduction in length of stay
- o Developed further the Discharge Hub with key performance indicators for each patient referred – every patient assessed within 4 hours with the aim to discharge within 72 hours
- o Input from Social Care and Voluntary sector in the Discharge Hub
- o A process from Social Care which has resulted in a safer, more rapid response to transferring patients to short term care home beds
- o A reduction in the number of people staying in the acute hospital over 28 days.

- **To Reduce Readmissions by 25% - care being more anticipatory**
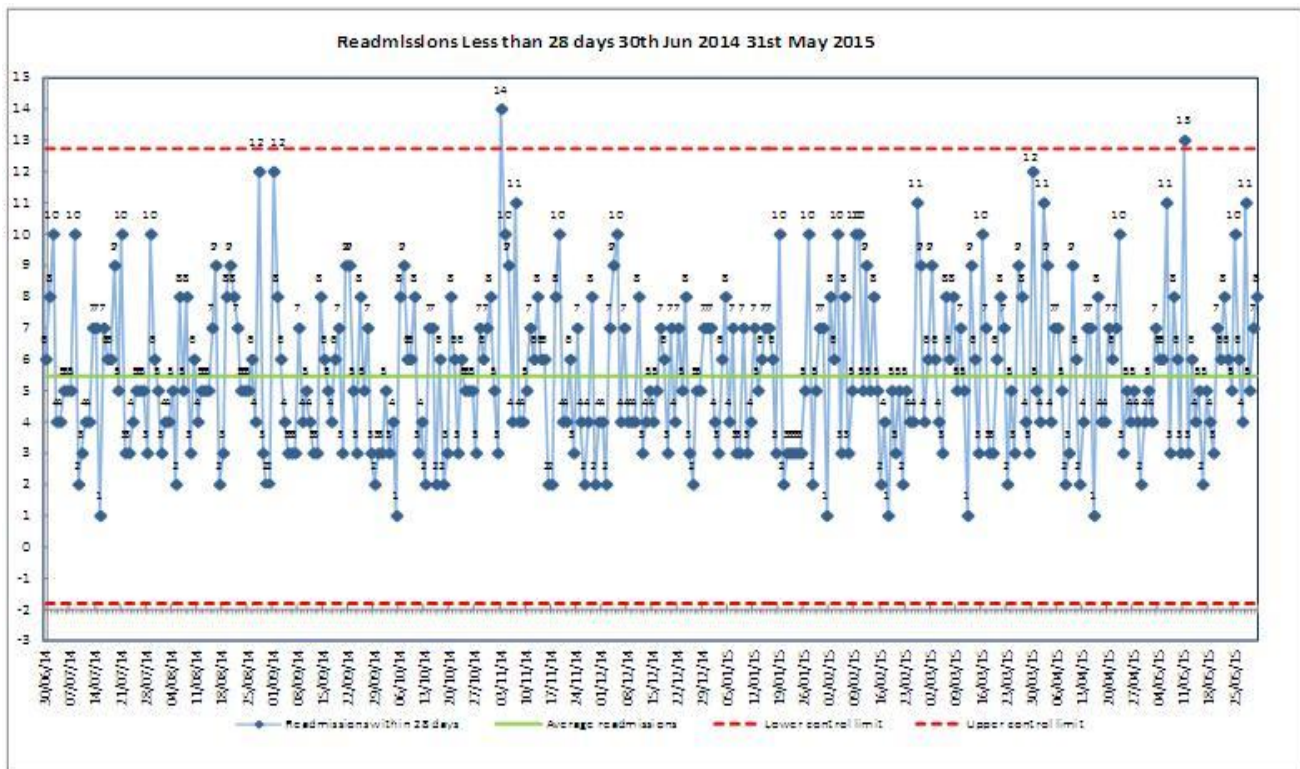
The project has not impacted on the reduction of readmissions as yet. However, a detailed data analysis of our readmissions has been completed in this time period which will inform focussed improvement activities.

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

Recommendations

The Board is 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		

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