

BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – JULY 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

Health Foundation Safety Measurement and Monitoring Programme (SMMP)

As outlined in the report to the Board in June 2015, 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. Baseline data continues to be collected for points of care and transitions along the patient's journey, which is being collated and analysed to identify the areas for improvement. A stakeholder event is planned on 20 July with colleagues from primary, secondary, social care, the Scottish Ambulance Service and third sector partners to identify the key areas for improvement.

Testing is also underway using the framework as a daily, weekly and monthly prompt by encouraging reactive and proactive learning conversations about safety at ward, huddle and operational level. The Model for Improvement is being used to test versions of the safety brief and hospital huddle with the aim of creating a common language about safety at differing levels and forums within the organisation.

Deteriorating Patient

Funding has been secured from the Health Foundation to build a model of recognition of deterioration in community settings building on the success of the model already well embedded in acute services. 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. Project set up is currently in progress, including recruiting a clinical lead and project manager.

Within the acute care setting, the plan to change the current early warning scoring system to the National Early Warning Scoring system (NEWS) remains in place, with the aim to change over on 31 October 2015.

Scottish Patient Safety Programme

Over recent months, the national team at Healthcare Improvement Scotland (HIS) have been working on the next iteration of the Scottish Patient Safety Programme, and in

particular the adult acute programme. No details have been cascaded as yet except a letter to Chief Executives in May regarding the reliable implementation of the 10 safety essentials at Board level. Boards are asked to ensure their own assurance and governance mechanisms are in place as the 10 essentials will remain within the scope of the Annual Review Process, but that submission to HIS on a monthly basis will no longer be required. NHS Borders are formalising their assurance and governance arrangements before reducing measurement.

Adverse Event Management

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. Work has been undertaken at local and directorate governance groups to identify learning, and to share best practice.

Clinical Effectiveness

Clinical Standards - Care of Older People in Hospital

The new standards for the Care of Older People in Hospital were published by Healthcare Improvement Scotland in June 2015. The standards can be accessed through the following link: http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/opah_standards.aspx

Unlike the previous standards, these do not only focus on acute care and initial assessment but also incorporate more complex journeys of care. In developing the new standards, recognition has been given to integration of health and social care services.

The standards do not define older people by age but instead have adopted an approach whereby treatment and care will be determined by a range of considerations including functionality and based on individual need.

The standards have been disseminated via governance and management structures within the four Clinical/Integrated Boards. The next stage will be for the Older People in Acute Hospital Group to complete a local self assessment against the standards.

Patient Information System

The new electronic system for the management of information leaflets for patients and the public is now up and running. The new system which is accessed through a web-link is now accessible by staff for the production and review of patient information leaflets. Patients and the public can also access this resource to obtain local information leaflets and links to other information resources such as NHS Inform, Care Information Scotland and the '2 minutes of your time' patient feedback survey at: <http://www.kingdomtech.co.uk/nhs/>

Research

The commercial study in gastroenterology closed to recruitment in June 2015. This was one month earlier than forecast due to the global recruitment target for the trial being achieved. The BGH recruited 20 patients as was the highest recruiting site in the UK throughout the study, an effort that has been acknowledged by the Chief Scientist Office. This commercial research study is the first that NHS Borders has participated in. It is hoped that the organisations ability to deliver this research will be recognised and lead to future opportunities to conduct commercial research studies. Participating in further

studies will allow NHS Borders to meet national targets set by the Chief Scientist Office and will expand the research portfolio within the Board.

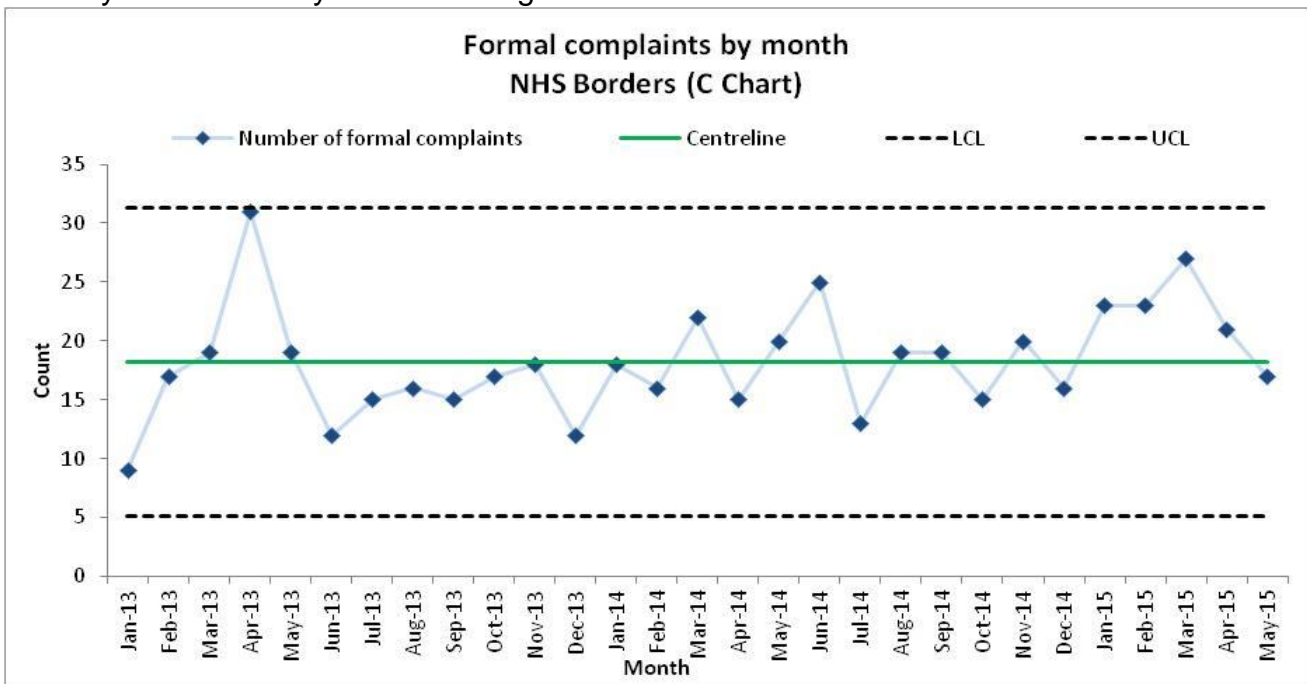
Person Centred Health and Care

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:

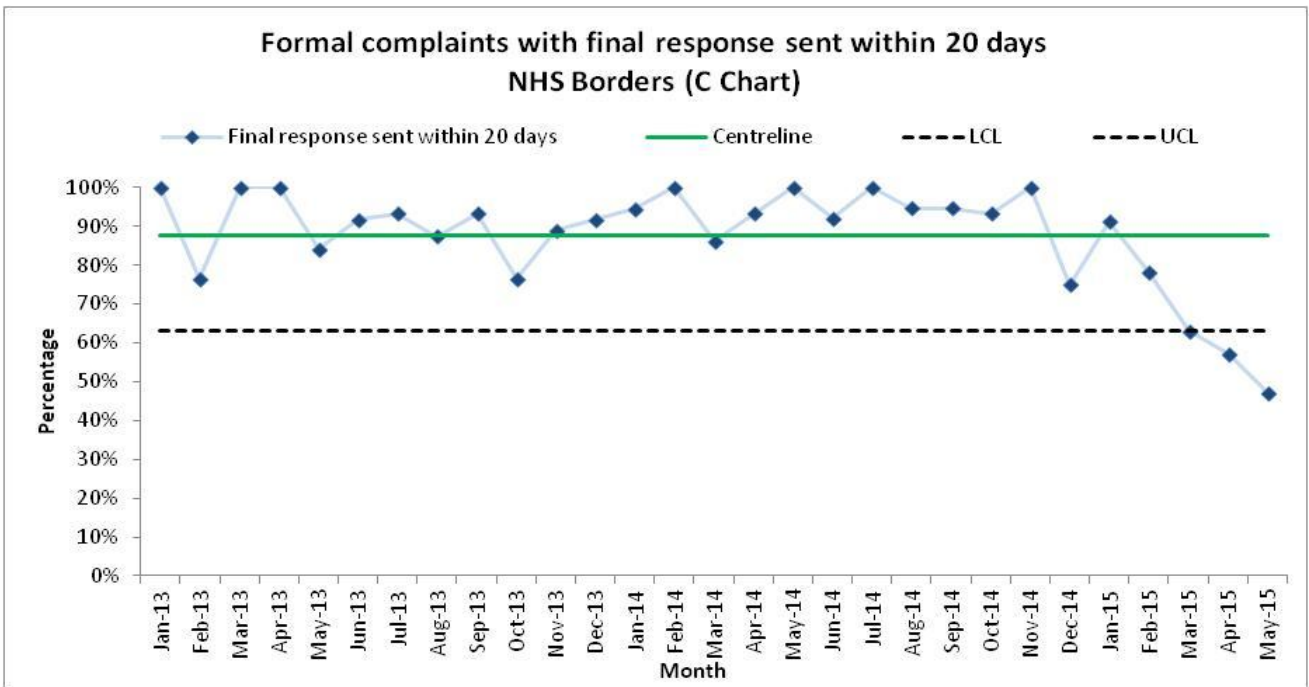
- Complaints, concerns and commendations for the period January 2013 and May 2015
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 and May 2015; and
- Patient Opinion online feedback received between May 2015 and June 2015.

Summary: Complaints, Concerns and Commendations

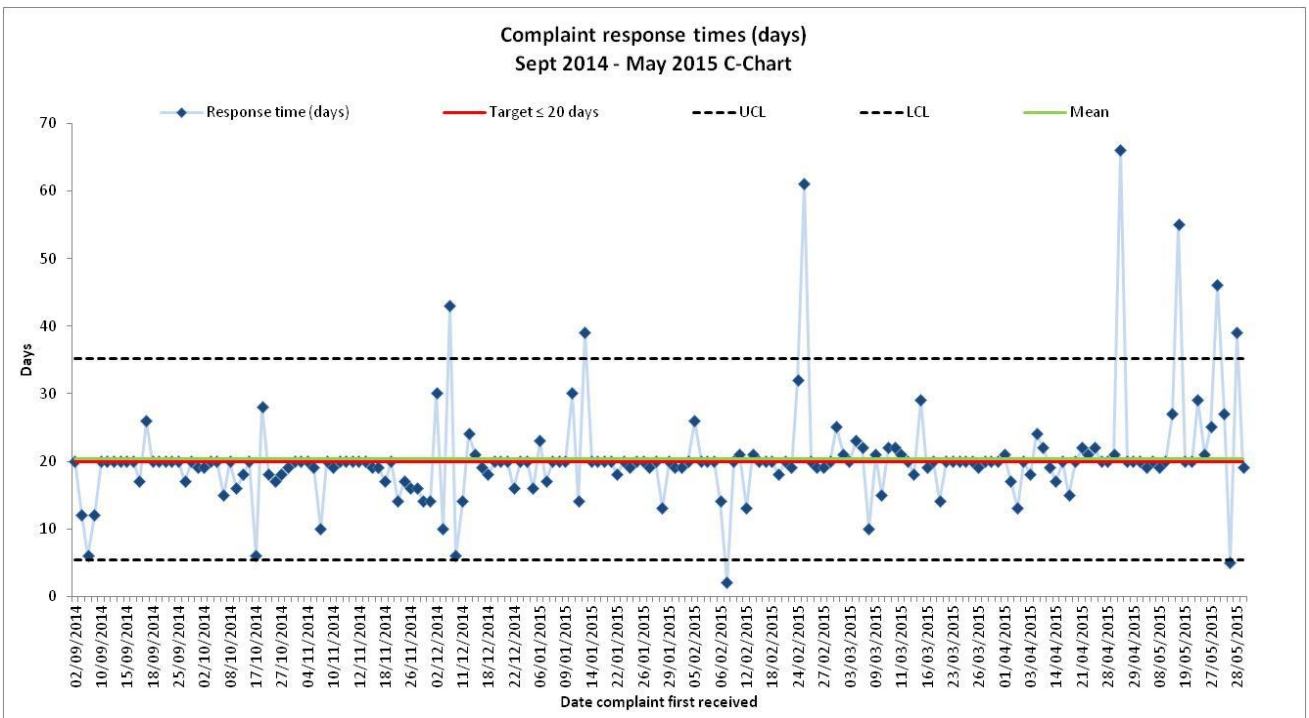
The graph below details the number of formal complaints we have received for the period January 2013 and May 2015 showing normal variation:



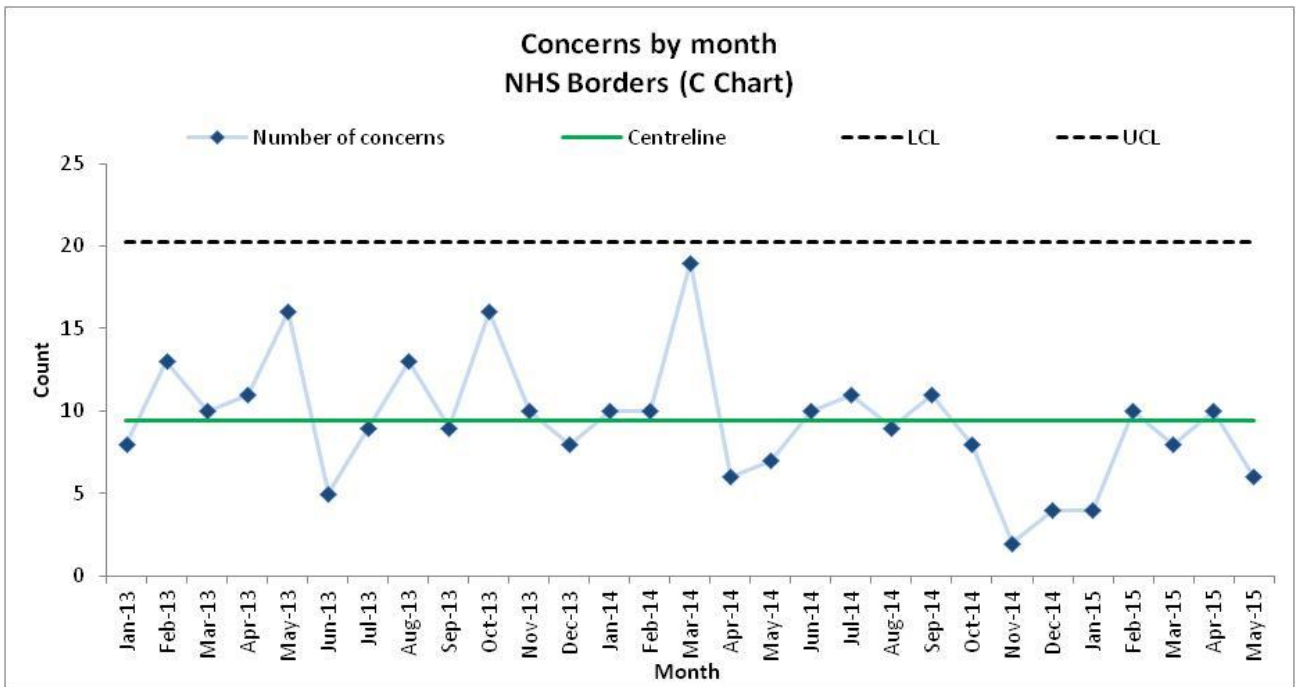
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to May 2015 is outlined in the graph below. A dip in performance has been noted between since January 2015. The Feedback and Complaints Team are working closely with general managers and the Chief Executive’s office to examine any delays in order to drive ongoing improvement. Changes to the complaints handling process will be tested through August and September:



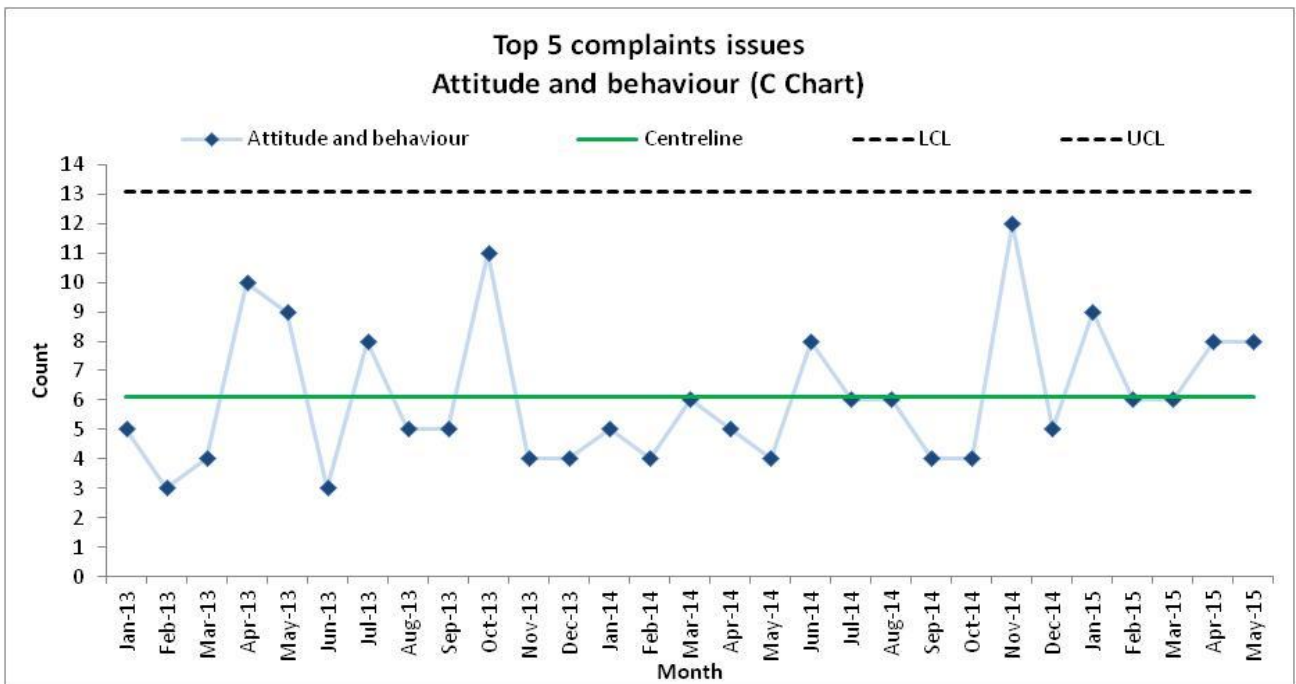
The graph below details individual complaint response times September 2014 and May 2015. The Clinical Governance and Quality team are monitoring each complaint to ensure delays are analysed and process issues addressed:

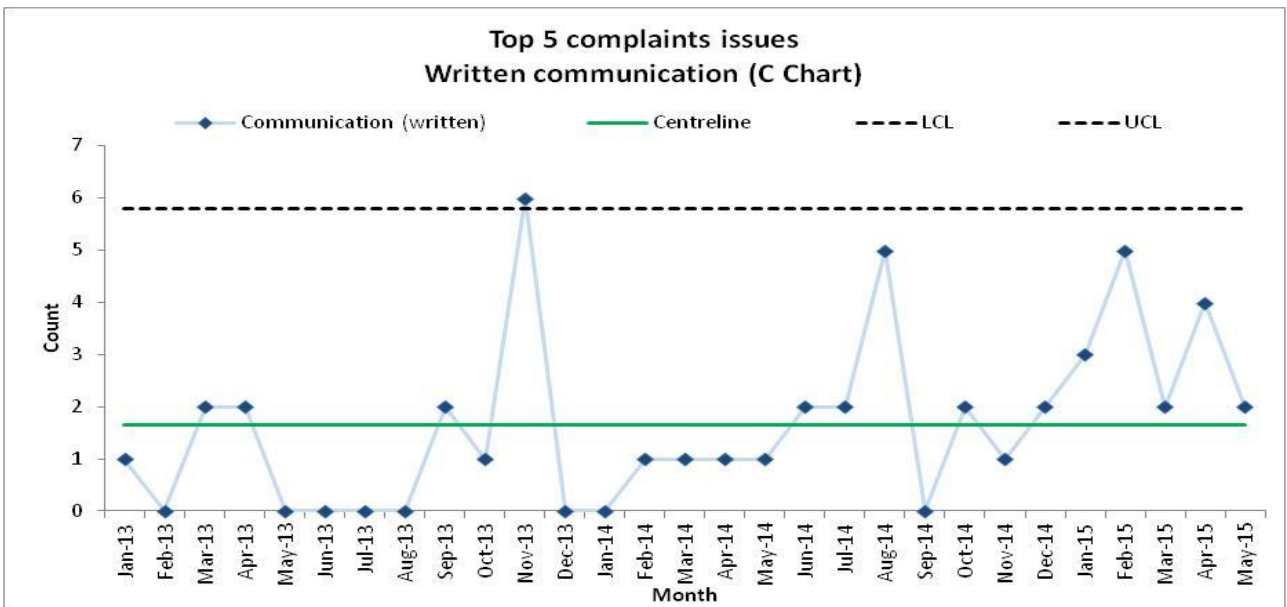
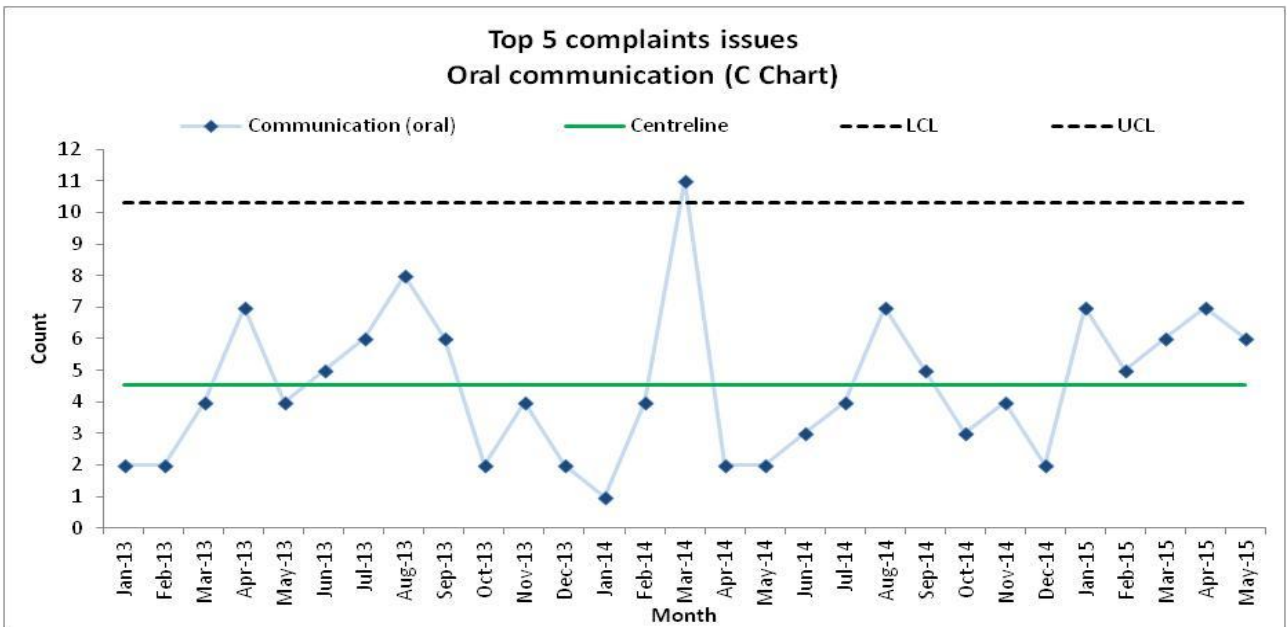
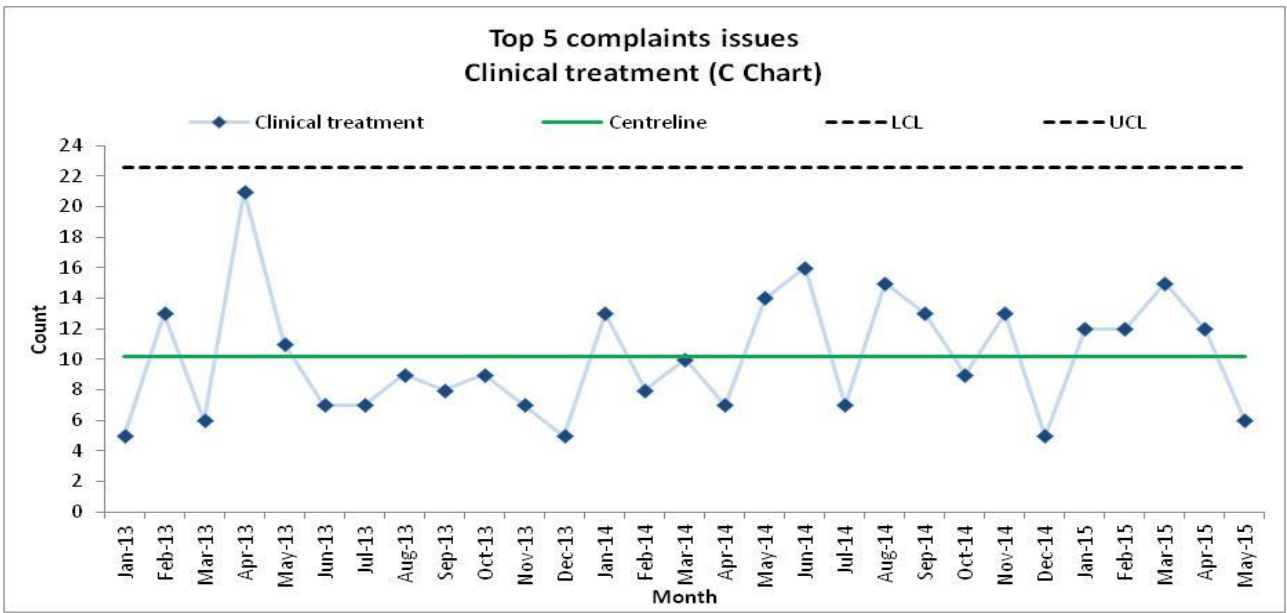


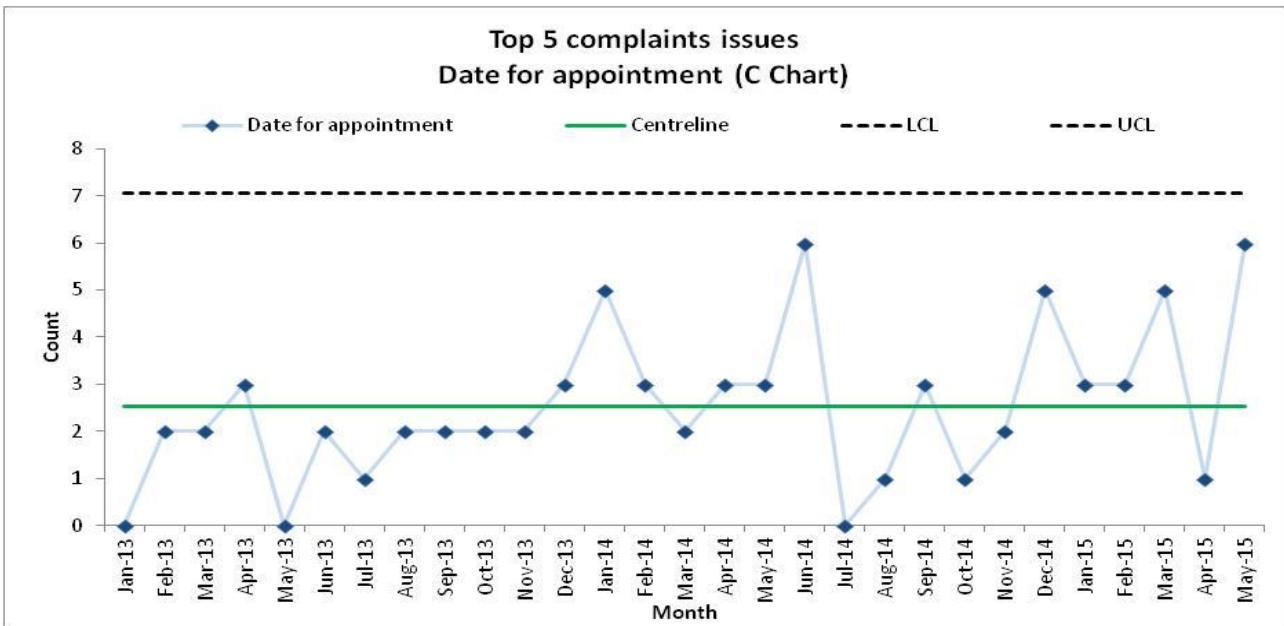
The graph below details the concerns received January 2013 and May 2015 showing normal variation:



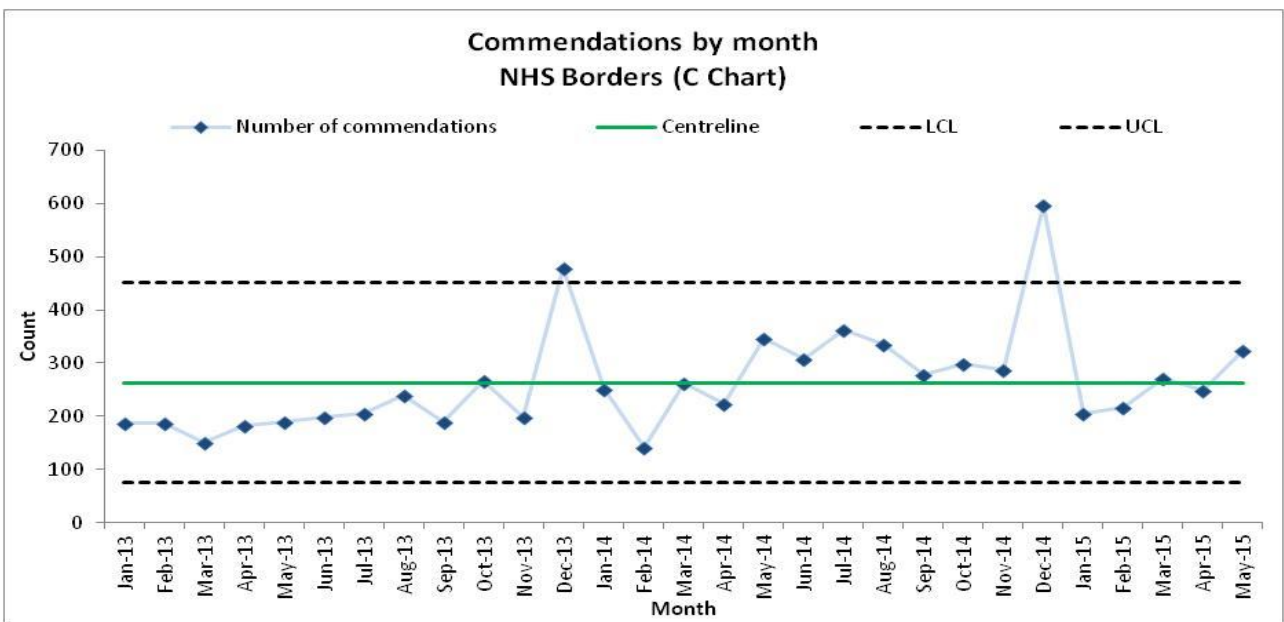
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in complaints received between January 2013 and May 2015 all showing normal variation:



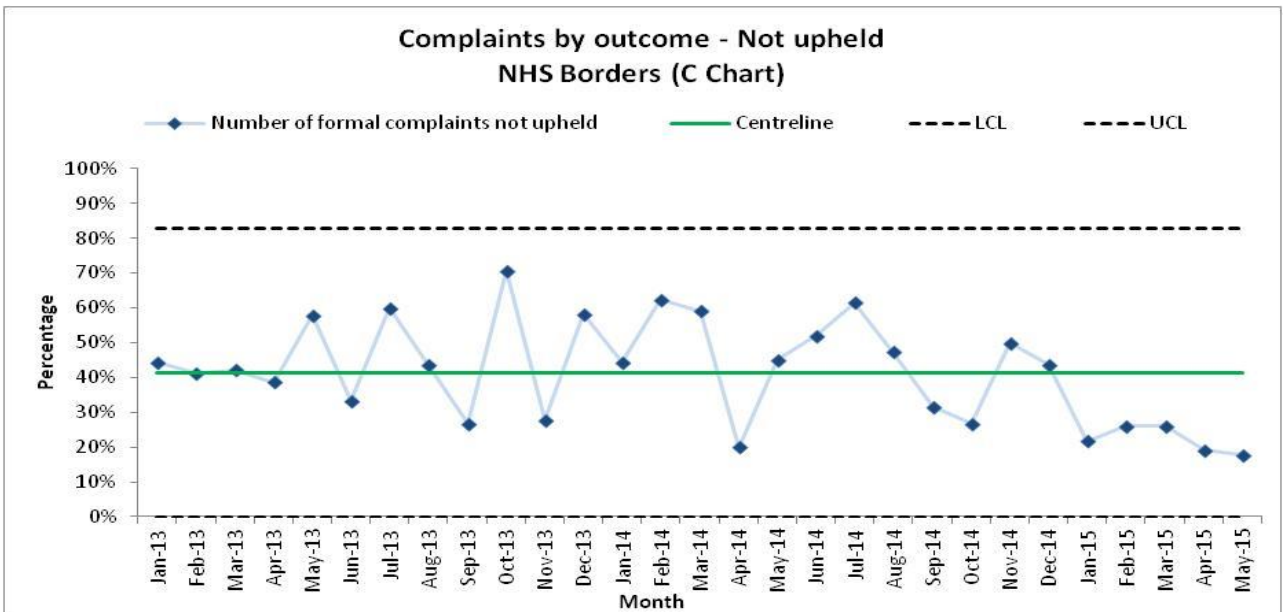
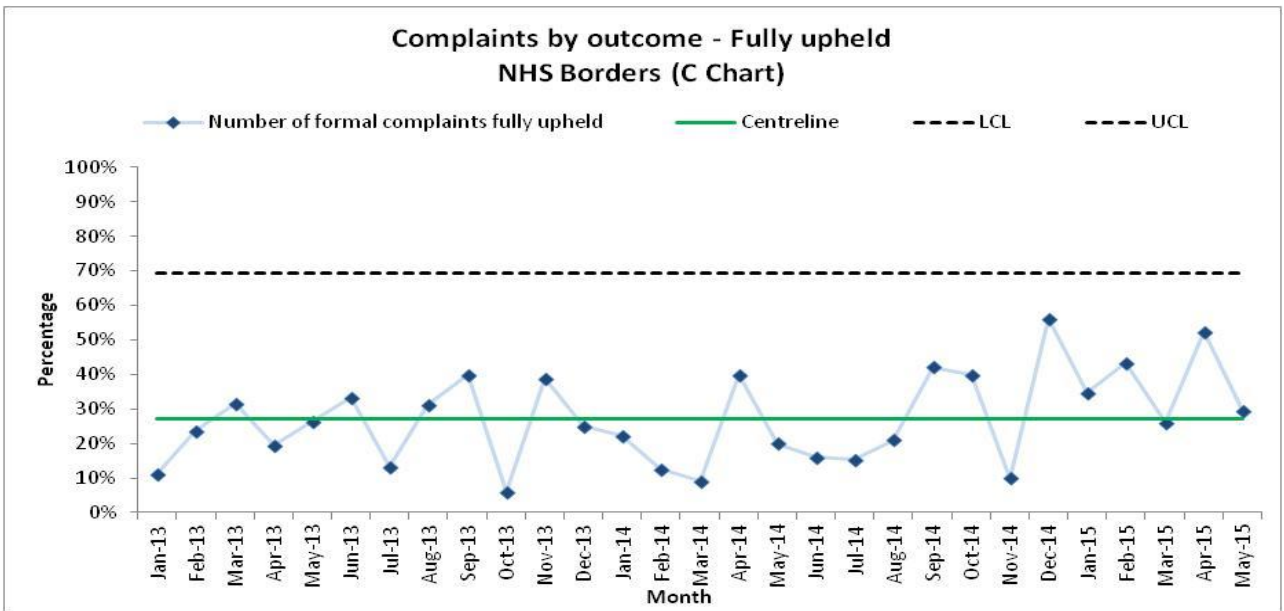
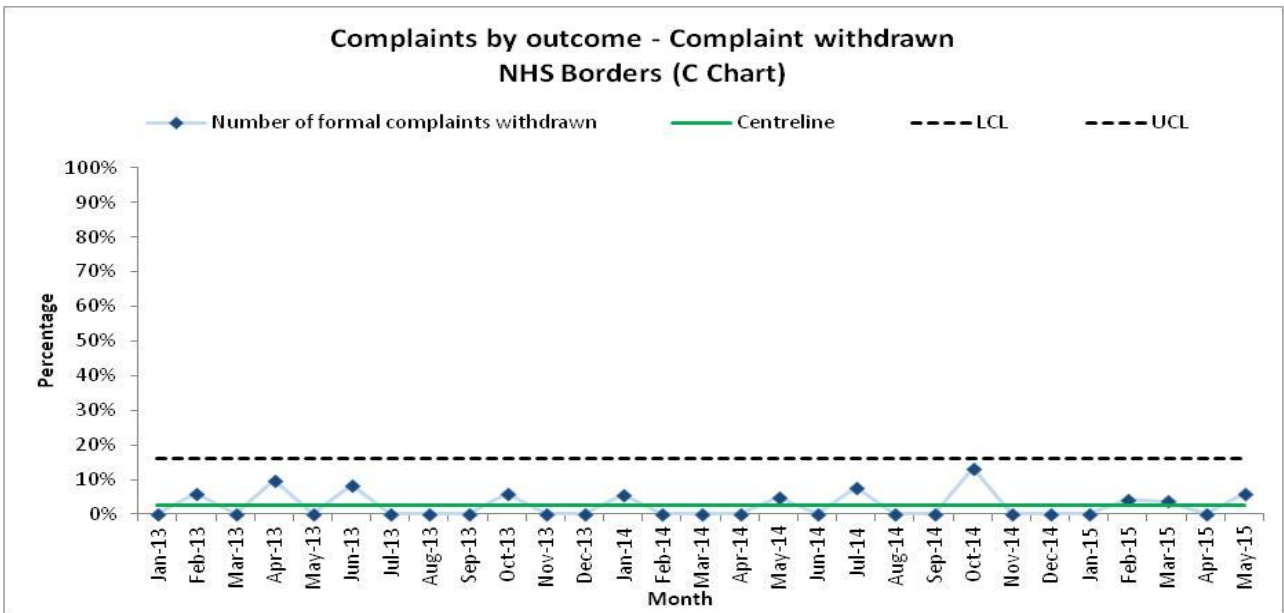


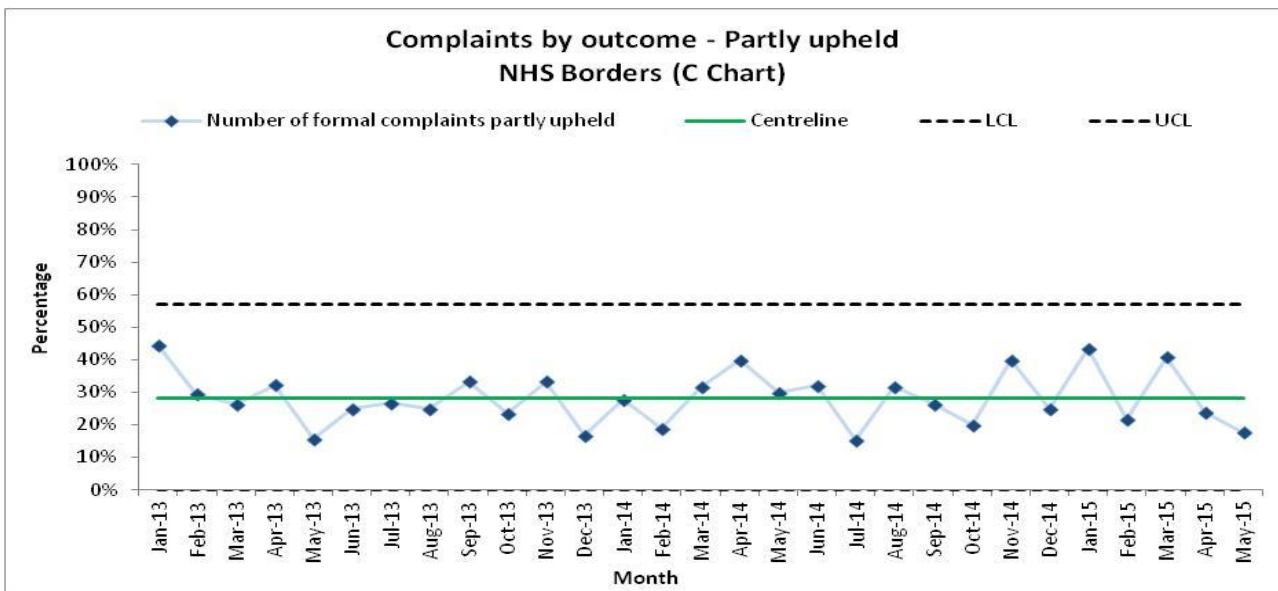


The graph below details commendations received between January 2013 and May 2015 showing normal variation:



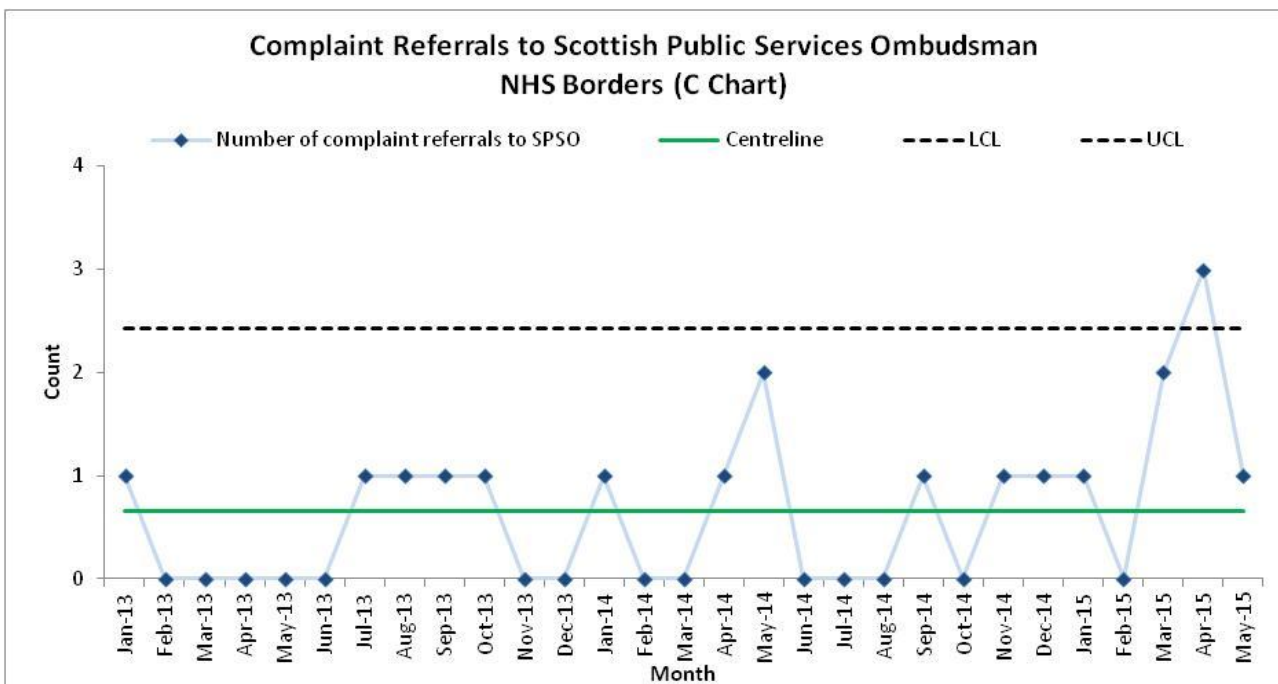
The graphs below detail the outcome of formal complaints between January 2013 and May 2015 all showing normal variation. The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing 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 taken to the SPSO between January 2013 and May 2015:



Since the last report there have been two decisions received from the SPSO in relation to cases they have accepted and one complaint has been withdrawn:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
20140 6474	1. Complainant was unreasonably, not provided with a cardiology service between January 2013	Upheld	Review the process by which patients are discharged from one service to another and back again. Build in safeguards to ensure, the system is robust. Ensure following review that the process is shared and understood across specialist areas as well as within	Compliant

	and August 2014. 2. A letter unreasonably took 49 days to reach him after an appointment on 20 August 2014; and 3. His complaint was not reasonably responded to.		administration teams	
20130 6190	The care and treatment the patient received following surgery in November 2012 was unreasonable.	Upheld	<p>i) Monitor practice to ensure national dementia standards are being met including specifically that the presence of cognitive impairment is given due regard in the planning of care, and that the level of observation, supervision and provision of support provided to people with delirium and/or dementia is appropriate for their impaired capacity.</p> <p>(ii) Ensure that staff comply with adults with incapacity legislation, in particular completing section 47 certificates and accompanying care plans.</p> <p>(iii) Take steps to ensure communication with relatives and carers of patients with cognitive impairment is proactive and systematic</p> <p>(iv) Ensure that falls prevention clinical practice is administered within the hospital in line with recognised good practice and Board policy.</p> <p>(v) Ensure that nutritional care is carried out in line with national policy and that nutritional care plans are developed, implemented and evaluated for each patient as appropriate</p> <p>(vi) Explore all options to implement an observational pain assessment tool for use with patients with cognitive impairment</p> <p>(vii) Undertake an audit of record-keeping in wards caring for patients with cognitive impairment to ensure compliance with record-keeping guidelines and a reasonable standard of practice</p> <p>(viii) Review the discharge policy to ensure: its continued relevance in light of the failings arising from SPSO case; it meets the needs of people with cognitive impairment and the need to fully involve the family in decision-making; a more systematic approach to discharge planning; and pre-discharge assessments are clearly identified at an early stage and carried out within a reasonable time to inform follow-up care.</p> <p>(ix) Ensure the failures identified are raised as part of the annual appraisal process of relevant staff and address any training needs, particularly in relation to falls prevention and adults with incapacity legislation.</p> <p>(x) Apologise for the failures SPSO investigation identified.</p>	Action Plan in place to address recommendations

*The full reports can be accessed here www.spsso.org.uk

Patient Opinion Feedback

The table below outlines feedback received between May and June 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
May 2015 A recent sudden stay in hospital	1	Excellent care by staff. Good communication	Food available	Response provided, and feedback shared with the appropriate staff.
May 2015 Waiting times and staff behaviour towards patients	2		Bedside manner Communication Waiting times	Response provided with offer to discuss further. Contact details provided. Issues dealt with through Feedback & Complaints process.
May 2015 Departmental directions	1	Helpful staff	Directions	Response provided and shared with appropriate staff.
June 2015 Side effects of a blood cancer	2	Macmillan	Holistic	Response provided.
June 2015 Inconsistency within the system	2	Medical care	Communication	Response provided.
June 2015 Changing my surgery to another	2		Attitude of staff Discouraged Knowledge	Response being prepared

**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).*

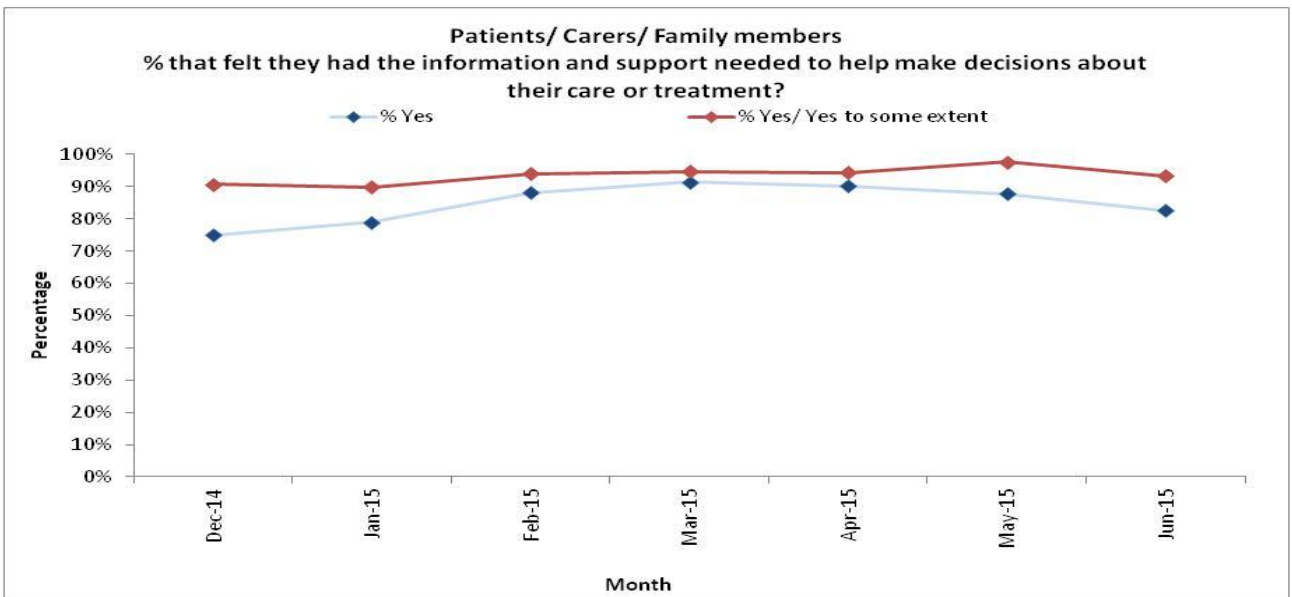
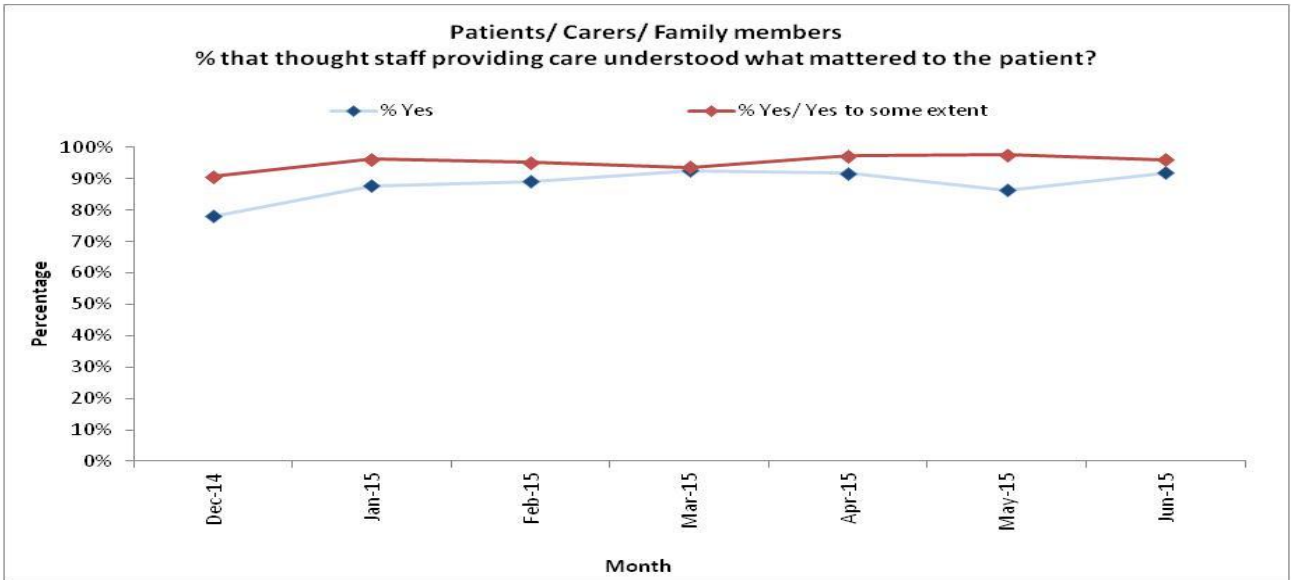
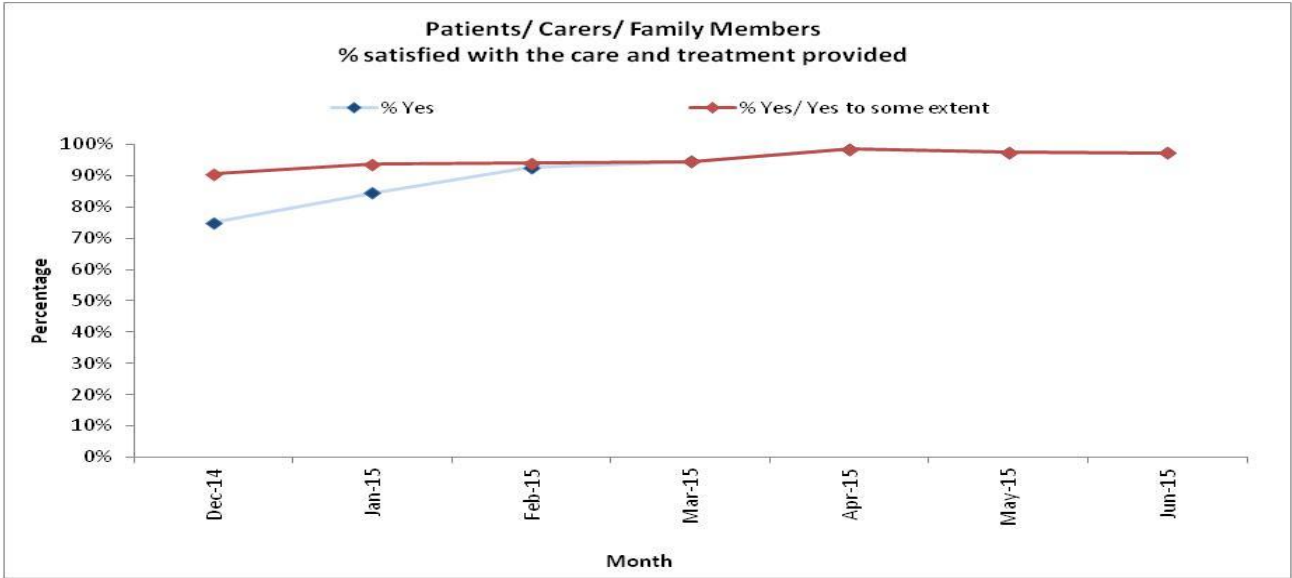
Proactive Patient Feedback

The work to develop a real-time patient feedback system in NHS Borders was presented and nominated as one of the finalists at the NHS Scotland Event 2015.

In addition to the many clinical and public areas within the BGH previously outlined to the Board, work has now begun to gather feedback in the Medical Assessment Unit/ward 6. Volunteers are also supported colleagues to gather feedback around particular projects and topic areas. This has included the collation of feedback on ward information boards as well as health and wellbeing. In the next few weeks feedback will be gathered around Catering specifically focussing on menus and dietary requirements and in Cardiology in relation to the service provided through the Rapid Access Chest Pain Clinic (RACPC). The tools being used will include the three core questions from the “two minutes of your time” survey and the additional questions required by each area.

Consideration is being given to setting up a Community Hospital Participation Group. This is being tested at one site, Hawick Community Hospital. In addition to the information received from the “two minutes of your time” questionnaires and the feedback boxes already located within the hospital, it is planned to have a patient feedback volunteer to gather information from patients, carers and relatives. This information will help to form the basis of discussion at future meetings.

The graphs below represent the collated data from over 1200 questionnaires:



Feedback and Complaints Annual Report and Participation Standard Self Assessment

Annually, there is a legal requirement on all NHS Boards to produce a Feedback and Complaints Annual Report. This stems from The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions 2012 and the 'Can I help you?' guidance. In addition, NHS Boards are required to complete a self assessment against the Participation Standard. This year these two requirements have been aligned, and in so doing, the annual report this year has formed the basis of the self assessment.

The Feedback and Complaints Annual Report and the completed self assessment against sections 1 and 3 of the Participation Standard, were submitted to the Scottish Health Council/Healthcare Improvement Scotland at the beginning of July 2015. A copy of the annual report was also sent to the Scottish Government, the Patient Advice and Support Service and the Scottish Public Services Ombudsman.

NHS Borders self assessed itself as being at Level 1 (Developing) in relation to sections 1 and 3 of the standard believing that there is scope for continuous improvement in the way the organisation gathers, learns and acts on feedback. In the coming year it will be expected that improvement is evidenced in respect of meeting the Participation Standard and a plan will be set out against this when feedback is received on the self assessment from the Scottish Health Council.

Prior to submission, comment and feedback were sought from the Public Governance Committee, the BGH Participation Group, Public Reference Group and Public Partnership Forum. In addition to the consultation with the aforementioned groups prior to submission, letters and consent forms have also been distributed to all Public Involvement members on behalf of the Scottish Health Council. The purpose of these letters is to request the permission of individual members for the Scottish Health Council to contact members as part of the consultation process related to the self assessment.

Volunteering

Five new volunteers have been recently appointed. Two of these volunteers will support the Audiology Department with their new outreach clinics in Peebles, Hawick, Kelso and Eyemouth. The volunteers will support patients with basic hearing aid repairs on a drop in basis.

Volunteer roles are in development for three new areas in the area of dementia care to support the Playlist for Life initiative to create music playlists for patients and to support patients to carry out meaningful activities. The second volunteering role will develop and maintain the garden aiming to offer a calming therapeutic environment for patients, relatives and staff and the third will spend time doing activities with patients attending the a community day unit.

The Volunteer Steering Group continues to work through the actions on the volunteer improvement plan. At present work is underway with the statutory and mandatory training topic leads and Training and Professional Development to agree a core training plan for volunteers. All volunteers will receive the necessary training to support them in their role.

Person Centred Care Projects

Feedback has been sought from patients, relatives and staff on the new information boards that have been installed in Ward 12. This feedback will inform the future roll out of these boards to other areas. The aim is to ensure that information provided on the wards

for patients, visitors and staff is clear, relevant, streamlined and easy to understand. In addition as interest grows around the 'hello my name is' campaign NHS Borders are looking at ways we can take this forward within the organisation.

Ward 9 have recently started testing 'what matters to me' to assess and incorporate the things patients find meaningful into their care and treatment plan. This information is visibly displayed above patient's bed and is used to support a person centred approach to care.

Patient Flow

Surgical Flow Project

As part of a national pilot with the Scottish Government and the Institute for Healthcare Optimisation, the Surgical Flow Project has two workstreams:

1. Reengineering the Theatres
This project focuses on balancing resources and flow of time sensitive surgical cases and elective scheduled surgeries based on our local demand
2. Redesigning Surgical Inpatient Flow
This workstream will create a "smoothed" schedule for elective inpatient admissions. 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

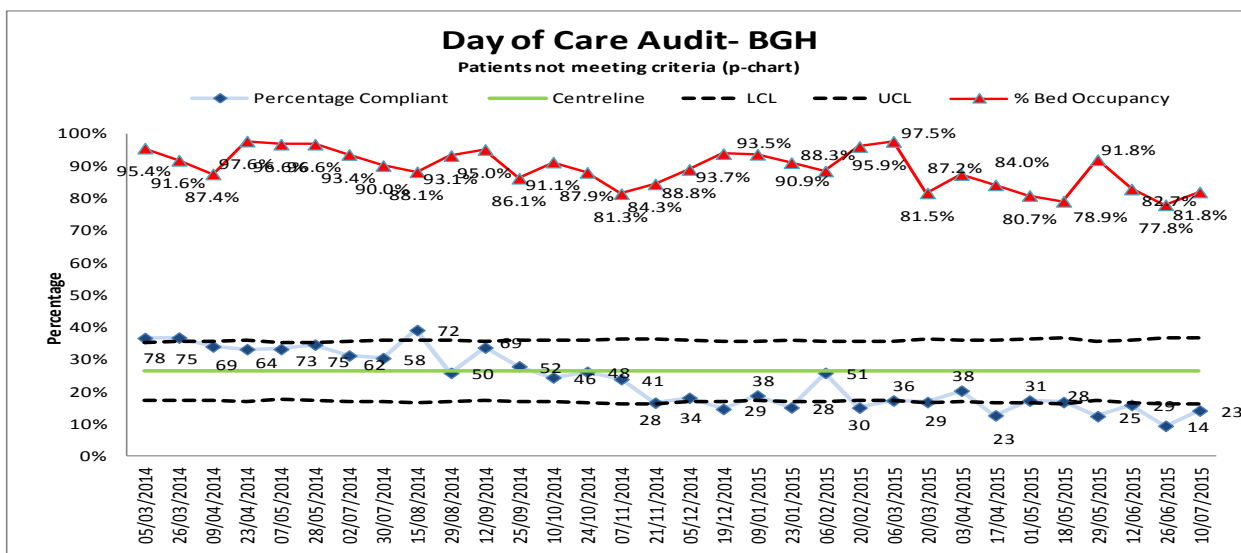
In the last two months a New Urgency Classification system has been introduced and is monitored on a daily basis. Data collection against the new classification system is underway which will inform discussions on the next phase of the programme on elective in-patient smoothing. Over the coming two months data collection will be completed and operating guidelines for non-elective theatres will be agreed and a gap analysis will be performed to look at weekend provision of services.

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.

The project is progressing with continued success in supporting a reduction in patients who are waiting for discharge who are medically fit (using Day of Care Audit). The graph below shows sustained reduction in the number of people who are medically fit who remain in hospital.



Detailed work is underway to introduce a model of criteria led discharge into medical wards. This work has begun in ward 12 and is being led by the Consultant Physicians. The next phase of this work is focussing on the ward schedule to support effective flow and timely discharge when all criteria are met.

In the previous Board report the work in medicine for elderly wards was highlighted which has focussed on improving social work input to the ward and multidisciplinary team working. This model is now being extended to community hospital sites beginning in the Knoll Hospital.

Recommendations

The Board are asked to **note** the Clinical Governance and Quality report and the work underway to recover the complaints response performance.

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
Evelyn Rodger	Director of Nursing and Midwifery/ Interim Director of Acute		

	Services		
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Author(s)

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