

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – NOVEMBER 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

The National Scottish Patient Safety Programme is currently midway through a 90 day consultation process with the aim of informing the next phase of the Programme from April 2016. A variety of stakeholders are being consulted to give their views on the way forward for the Programme. It is highly anticipated that the workstreams will be 'pathway' focused as opposed to topic focused, and as such as the new Medicines workstream has been established which focuses on medicines safety across primary, secondary and mental health areas.

The consultation closes on 22 December and Boards will expect to hear plans in February 2016. Nationally, Healthcare Improvement Scotland (HIS), the Joint Improvement team (JIT) and the Quality, Efficiency and Support team (QUEST) will come together under the governance of HIS by 1 April 2016. The overall purpose of this redefined organisation will be to provide improvement support focussing on the nine health and well being outcomes. The key focus of the work will be on enabling continuous quality improvement, and large scale transformation redesigned, using a co design approach.

Hospital Standardised Mortality Ratio (HSMR)

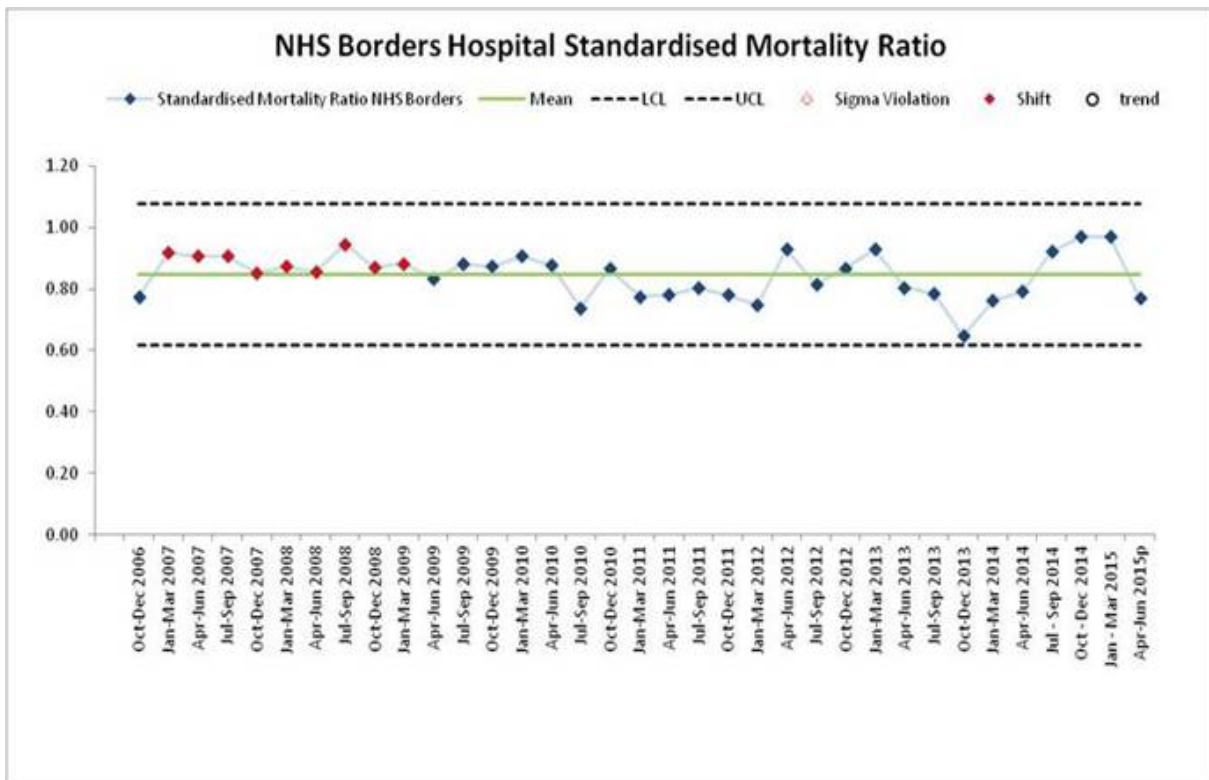
NHS Borders monitors HSMR on a routine basis as one of a set of measures to assess quality and safety of care. There are several organisational wider workstreams which aim to contribute to delivery of safe care including the work on deteriorating patient, frailty, anticipatory care planning, handovers, infection control, patient safety indicators including falls, pressure damage and catheter acquired infections and safety measurement and monitoring. Work under in these areas and in relation to mortality is regularly shared with the Board Clinical Governance Committee.

HSMR data includes all deaths within 30 days of admission to hospital including deaths within a hospital and those outwith a hospital. HSMR is a measurement tool which take crude mortality data and adjusts it to account for factors known to affect the underlying risk of death including age, gender, primary diagnosis, type and route of admission, number and severity of morbidities (this makes the calculation difficult to replicate locally). If the number of deaths is more than predicted (HSMR is more than 1) this does not necessarily

mean that these were avoidable deaths (i.e. that they should not have happened at all), or that they were unexpected, or attributable to failings in the quality of care. There are a number of factors which influence HSMR values including random variation in the number of observed deaths particularly in smaller hospitals, the model of palliative care provision in the area and data quality in relation to completeness and accuracy.

HSMR should therefore not be used as a standalone measure but should be used alongside other clinical indicators within the NHS Borders quality dashboard to stimulate reflection on the way services are configured/delivered and to prompt quality improvement activity.

NHS Borders' mean HSMR is 0.84 as demonstrated in the control chart below and data remains within the upper and lower control limits showing normal variation:



NHS Borders continues to carry out mortality reviews using the Institute for Healthcare Improvement Global Trigger Tool to review all deaths occurring in the Borders General Hospital (BGH) to identify harm and any learning point relating to quality of care. Three years worth of data has been analysed, and a decision is currently being made about the sampling methodology to be used in the future for mortality reviews within NHS Borders.

The recent analysis of mortality review findings suggests that improvement efforts should be targeted at:

- Safer medicines management, monitoring and reconciliation
- Improved use of early warning scoring systems with clear instructions for responding
- Pressure area care
- Improved end of life care planning/anticipatory care planning with better communication of these plans between primary and secondary care

- Improved clinical record keeping, with an emphasis on patient and healthcare professional identification and legibility
- Improved facilities and support to manage dying patients in or closer to their homes and reduce their need for admission to hospital

Work is underway to review these findings against current improvement initiatives to ensure appropriate action is being taken to drive improvement in each area. This work will be shared with the Board Clinical Governance Committee.

Health Foundation Safety Measurement and Monitoring Programme (SMMP)

Work-stream 1: Board to Ward level

In September it was reported that the SMMP framework was being tested as a daily, weekly and monthly prompt to develop a common language in safety conversations across NHS Borders. A daily safety hospital huddle script is now embedded to report safety issues at ward level and inform operational decisions across the hospital. The Joint Executive Team (JET) for the BGH and Primary and Community Services (PCS) are now utilising a dashboard on a weekly basis to discuss and influence decision making around quality and safety. In addition the BGH and PCS Clinical Governance Groups, meeting on a monthly basis, are testing the framework to support the process for providing assurance that appropriate governance systems and processes are in place.

Work-stream 2: Frailty pathway

Following on from the September Board paper the project team, consisting of representatives from Health and Social care has been established to focus on delivering key improvements for this work-stream. Improvements have included the development of a frailty pathway to improve flow for this cohort of patients, and the adaption and testing of the national frailty screening tool. Screening for frailty on admission to hospital enables rapid multidisciplinary assessment to take place within 24 hours of admission. This assessment triggers the most appropriate response to meet that patients needs ensuring care and support is put in place. Testing of the screening tool was undertaken in the Medical Assessment Unit (MAU) and proved successful; the tool is now embedded within the Rapid Risk assessment documentation and will be spread to all admitting wards in the BGH.

Health Foundation Deteriorating Patient Project

The project team for the Deteriorating Patient Project is now fully established with work being concentrated around the collection of baseline data and small scale testing in three test sites including the Borders Emergency Care Service (BECS), Kelso Community Hospital (KCH) and Waverley Care Home, Galashiels.

The project has three broad aims including the:

- implementation of the National Early warning Scoring System (NEWS) tool with community specific escalation protocol in the test sites
- development of a robust treatment escalation/anticipatory care format
- routine use of Situation, Background, Assessment and Recommendation (SBAR) model communication

A modified NEWS chart with escalation protocol is currently undergoing testing and further development with staff at KCH. A treatment escalation and anticipatory plan format is also being refined by the team and will shortly be available for testing.

Within the acute care setting, the plan to change the current early warning scoring system to the National Early Warning Scoring system (NEWS) was postponed by two weeks, but occurred on 15 November. Staff were educated on a one to one basis throughout the BGH. Since the switch over members of the critical care outreach team, the patient safety team and clinical improvement facilitators are working closely with clinical areas to monitor progress and track process and outcome measures to ensure a smooth and safe transition.

Adverse Events

NHS Borders welcomed the national team from HIS for a site visit regarding progress with the adverse events framework in October. Feedback was positive, and NHS Borders have agreed to take forward further work this year on how learning from adverse events is cascaded and implemented across the organisation.

Clinical Effectiveness

The clinical information team are supporting a number of developments across the organisation to improve the way that data is used to drive and influence improvement. These developments include:

- daily and weekly dashboards to support the management of safety and flow across NHS Borders
- sessions with Clinical Nurse Managers and Senior Charge Nurses to support the use of data at ward level to target improvements
- a quality dashboard to support the work of the Early Years Collaborative incorporating outcome measures set nationally by the Scottish Government, as well as locally agreed process measures
- a frailty dashboard to monitor the quality and safety of care provided to frail patients during their admission to hospital
- a dataset for MAU and ambulatory care to enable progress to be tracked when the new model of care is introduced in MAU in December 2015

Nursing and Midwifery Revalidation and CPD Objectives

Clinical improvement facilitators are working directly in clinical areas to support preparation for nursing and midwifery revalidation requirements by providing advice and education to staff. Link nurses have been identified and trained in each ward area for four priority CPD objectives including falls, pressure area care, food, fluid and nutrition and care of the deteriorating patient. Link nurses are being supported to identify opportunities for improvement in relation to these areas within their own wards and to test small changes.

Research

NHS Borders has submitted its self-assessment to HIS as part of the process to be accredited for the use of human tissue in research. HIS will now consider the supporting documentation and will provide a response early in 2016. It is hoped to achieve accreditation by August 2016.

Research activity remains strong with NHS Borders being approached to participate in several non-commercial clinical trials in recent months. A clinical trial in dementia has now opened extending the research portfolio to a new therapy area. Notification has also been received of a clinical trial in paediatrics which it is hoped will open shortly.

The commercial study in gastroenterology is now closed, however a site visit was undertaken in early November to assess the suitability of Borders General Hospital to undertake another study. The report is awaited, and if successful, the study is expected to commence in March 2016.

Innovation

The Head of Service for Obstetrics and Gynaecology, Dr Brian Magowan has been successful in a bid to the Health Foundation Innovating for Improvement Programme for funding to test and spread the SAFER tool. The SAFER tool has been developed as a risk assessment tool to improve outcomes for pregnant women and their families. Work will be undertaken with women to gain a deeper understanding of their attitudes and knowledge of risk during pregnancy to assess if a shared process of risk assessment facilitated by the SAFER tool influences behaviour. Opportunities for technology to support the use of this risk assessment such as smartphone applications will also be considered.

The Director of Pharmacy, Alison Wilson has also submitted an application to the Health Foundation Innovating for Improvement Programme and having been successful in the outline stage, has now submitted a full proposal to be considered. The pharmacy bid aims to ensure that high risk patients in the community with multiple co-morbidities for which they are prescribed several medications, receive a medication review to assess safety and where identified unused medications are returned safely to community pharmacies. It is hoped that this will reduce the number of preventable admissions to hospital following adverse drug reactions.

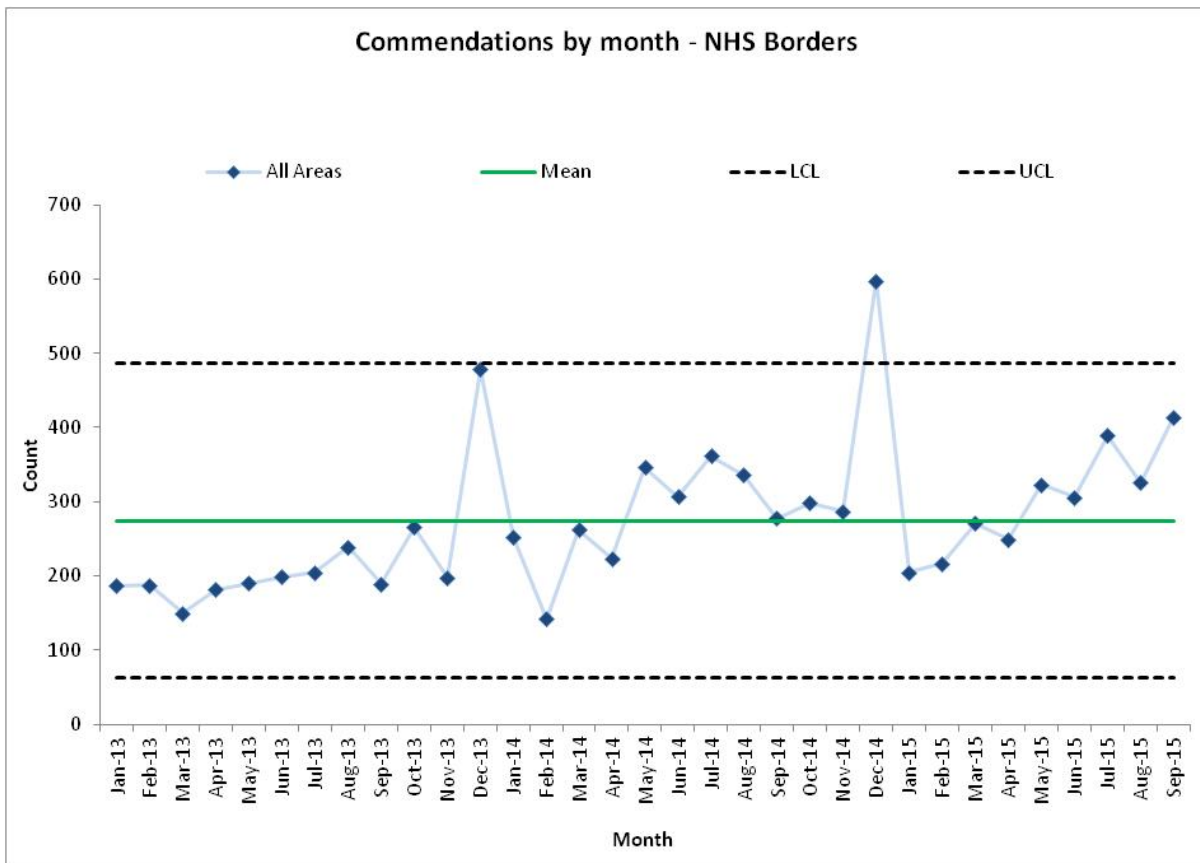
Person Centred Health and Care

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

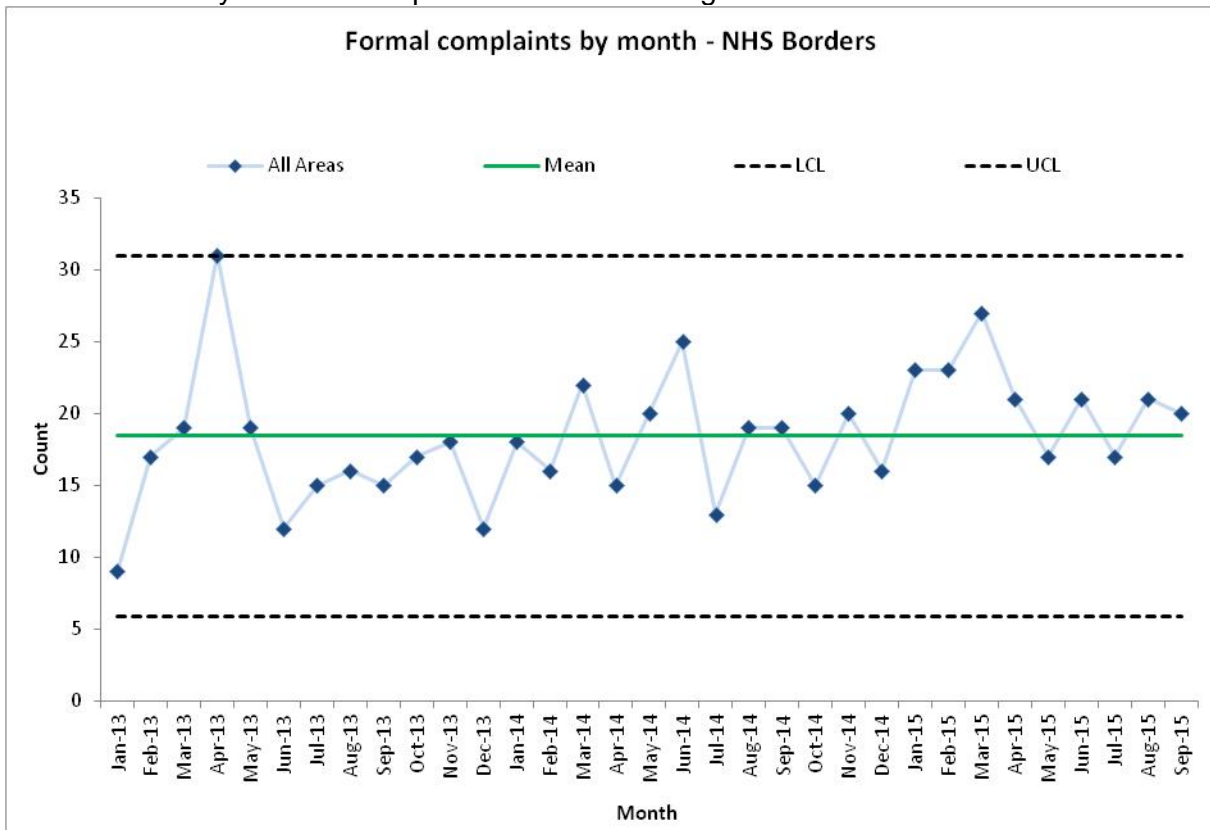
- Commendations, complaints, and concerns for the period January 2013 to September 2015
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to September 2015
- Patient Opinion online feedback received between July 2015 and September 2015
- Feedback received through the '2 minutes of your time' proactive patient feedback system between December 2014 and October 2015

Complaints, Concerns and Commendations

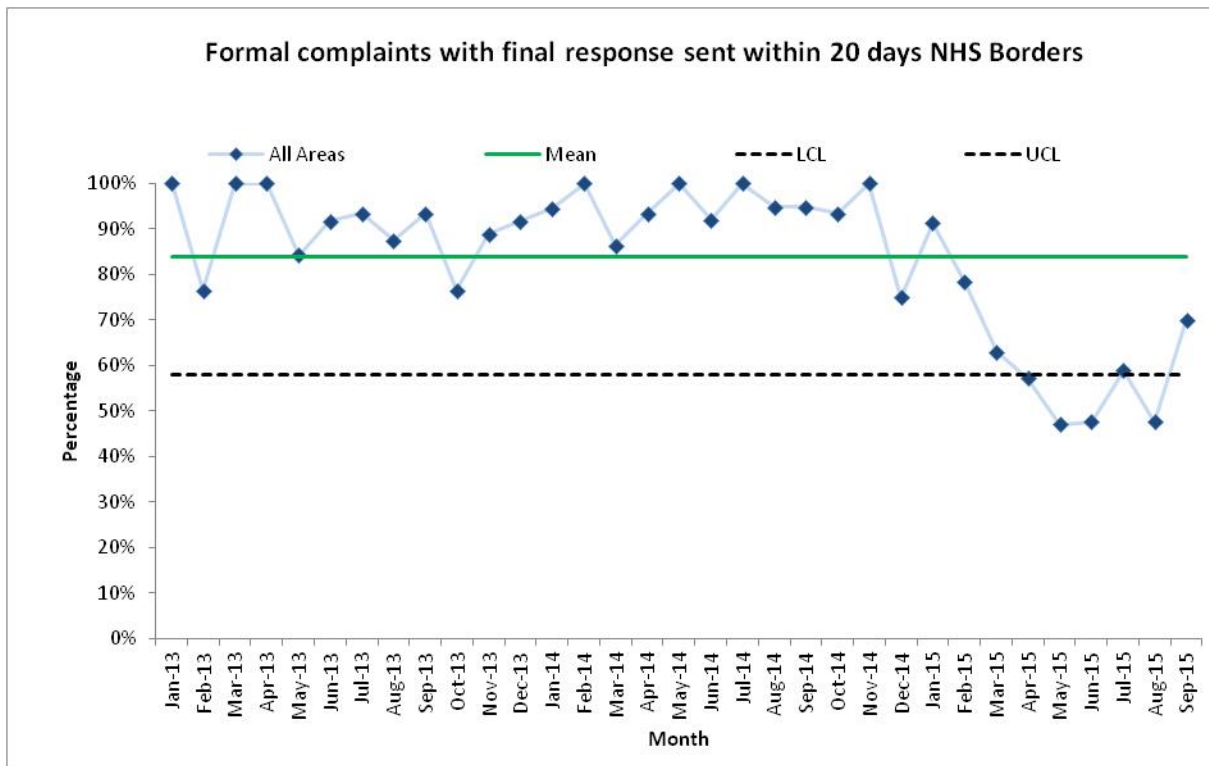
The graph below details commendations received between January 2013 and September 2015 showing normal variation:



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



NHS Borders 20 working day response rate for formal complaints for the period January 2013 to September 2015 is outlined in the graph below. A shift in performance has been noted since January 2015:

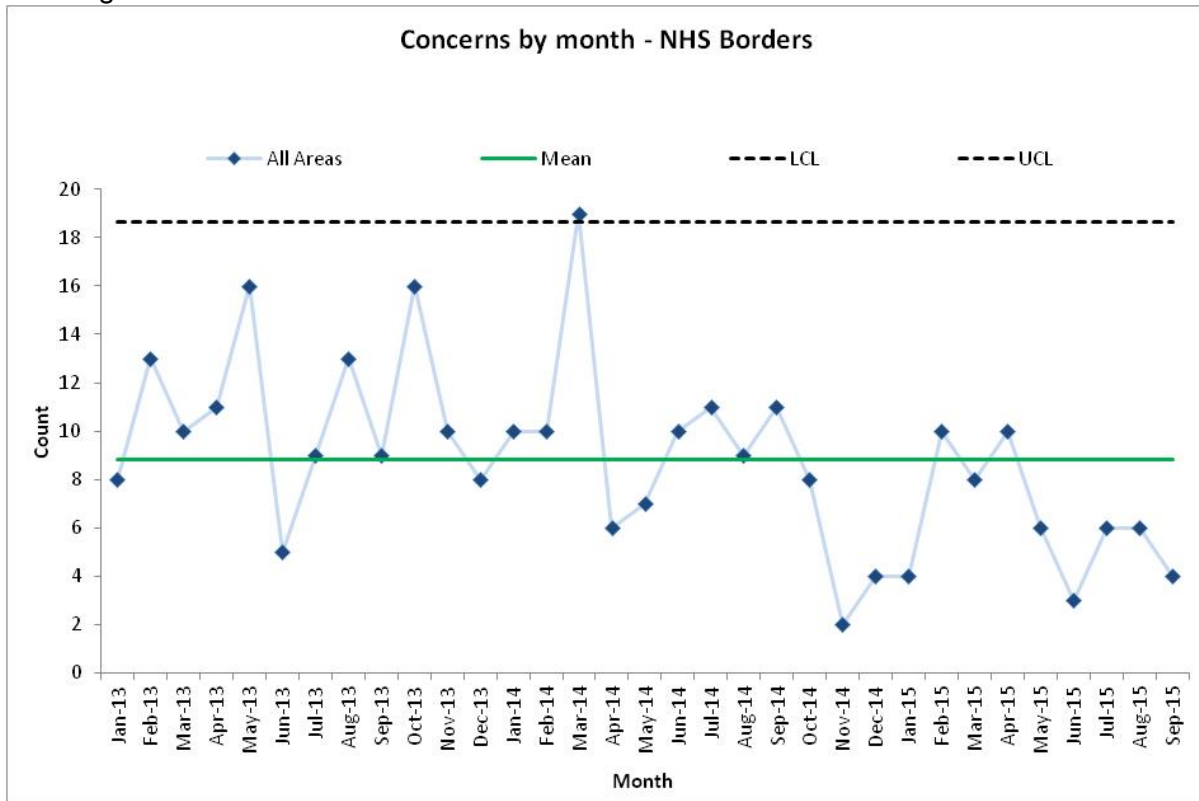


The Feedback and Complaints Team are working closely with the Chief Executive, General Managers and Heads of Service to examine any delays in order to drive ongoing improvement.

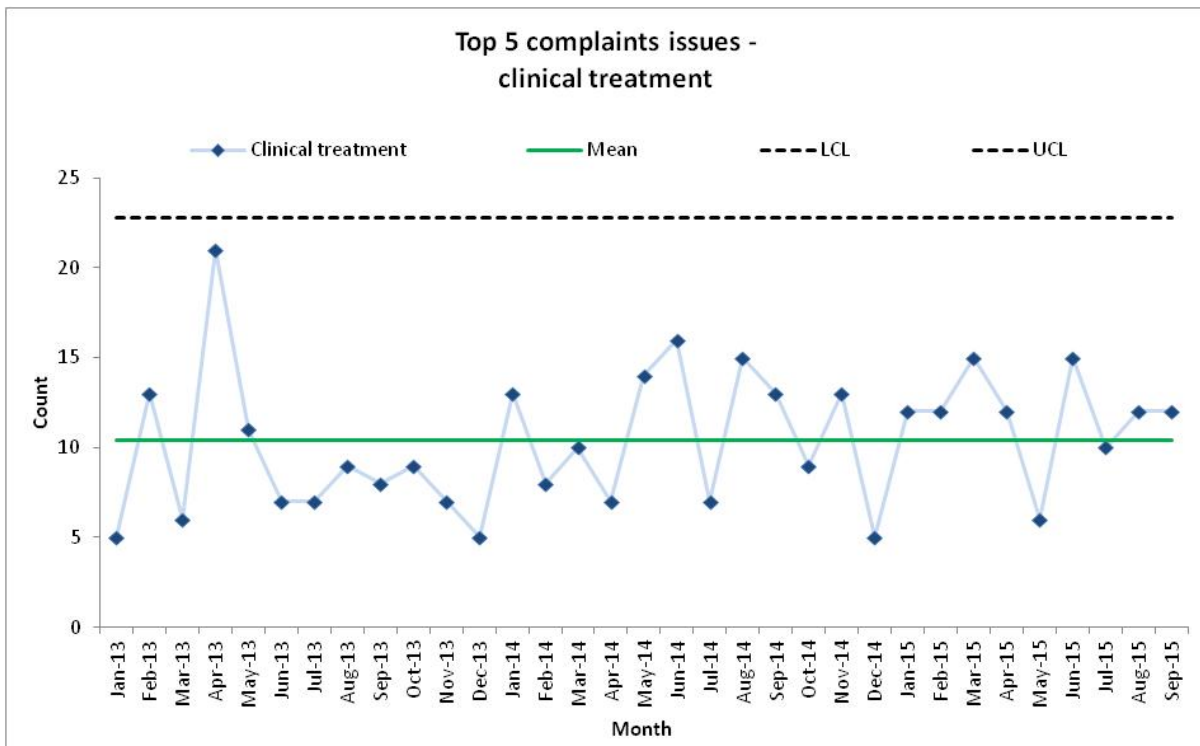
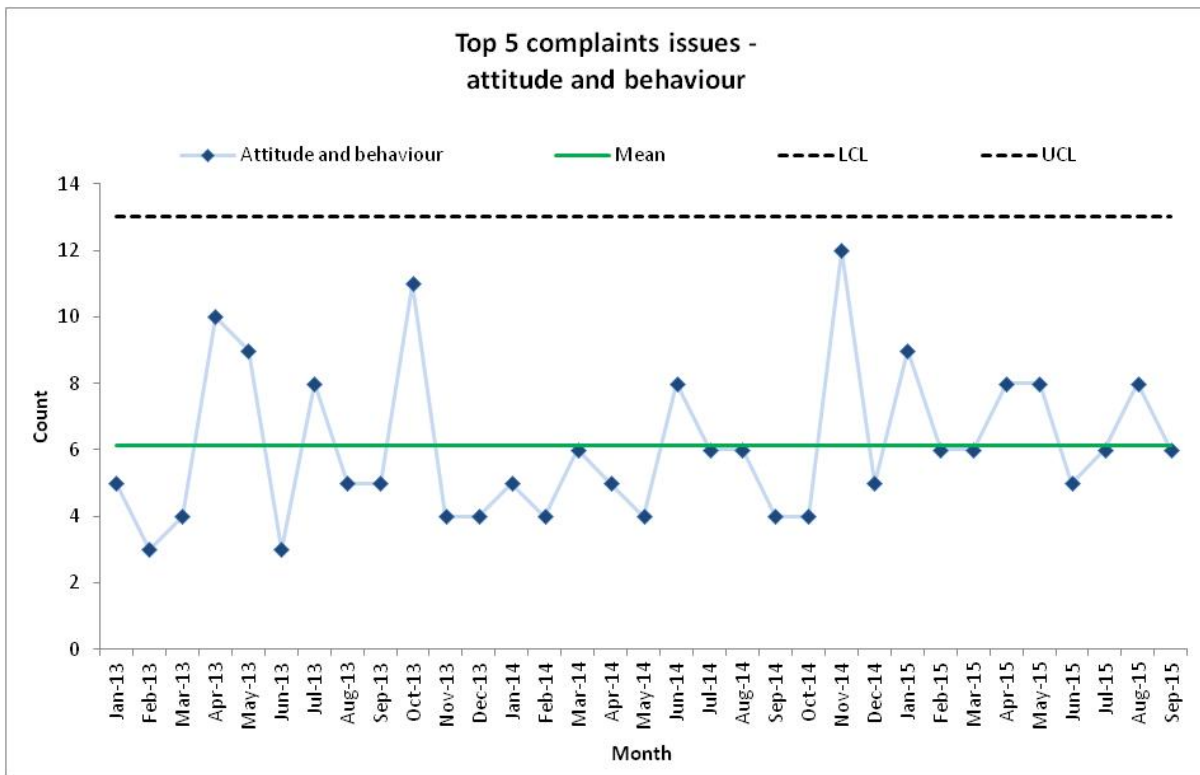
Changes to the complaints handling process are being tested with the aim of improving the quality of response to complainants. In early November a new process was adopted to streamline the experience of members of the public raising complaints or concerns about their care or interaction with NHS Borders. Twice daily triage of new complaints and concerns takes place to assess their complexity and level of investigation required. Following this assessment the case is assigned to either the Feedback and Complaints Administrator for simple issues or Feedback and Complaints Officer and a Senior Staff member who work together to investigate more difficult or complex issues. Prompt telephone contact is made with the complainant to acknowledge receipt of their complaint and gain clarity on the issues which require investigation. An investigation then occurs promptly with the aim of providing feedback to the complainant in as timely a fashion as is appropriate and where possible within 10 days.

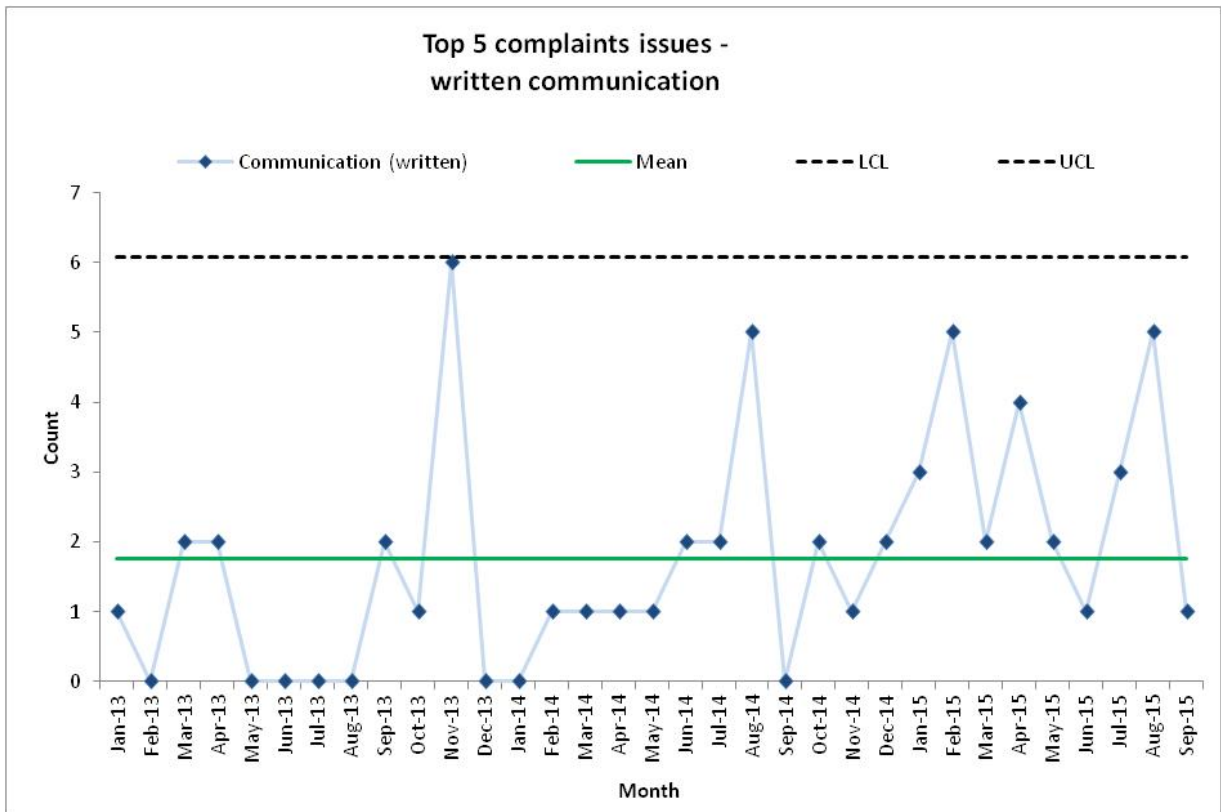
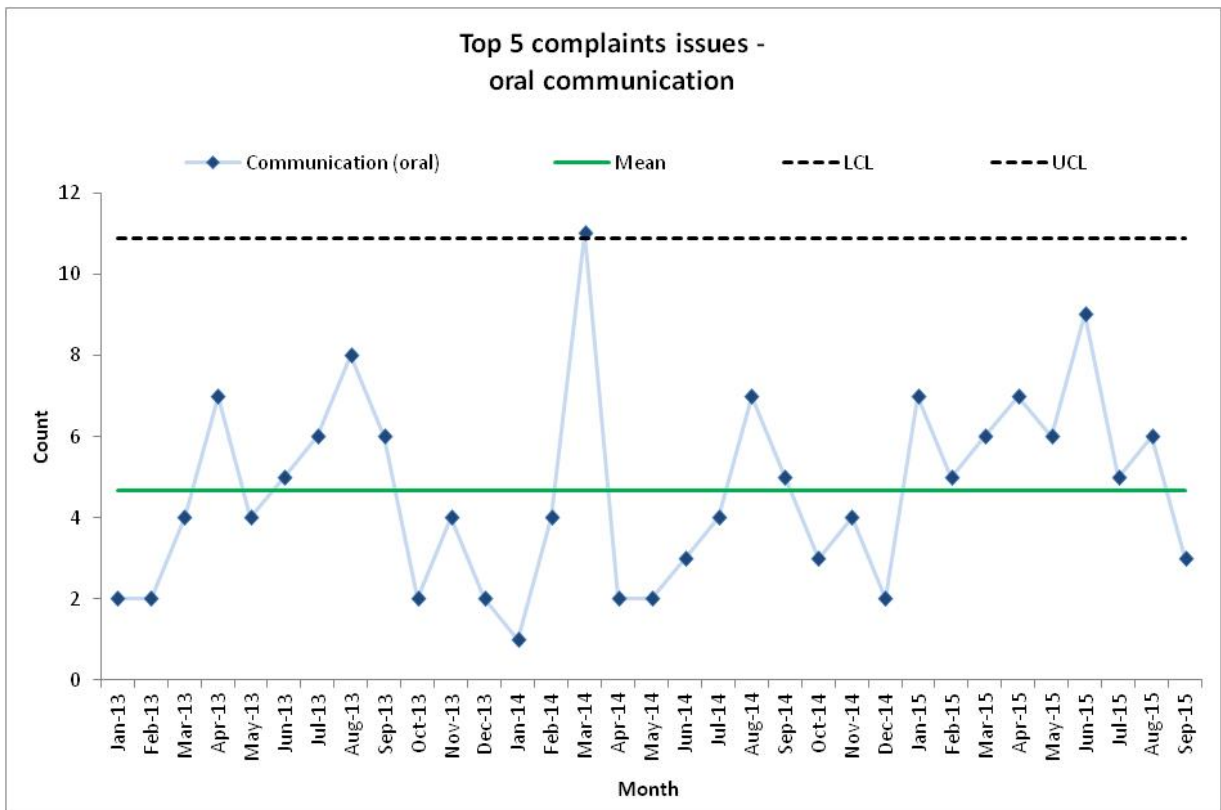
During the change to the new process medical oversight has been provided to ensure that any investigation and response provided to the complainant is person centred and addresses the clinical concerns which have been raised. Face to face meetings have taken place to reduce email traffic and lead time in obtaining the information required to conclude the investigation.

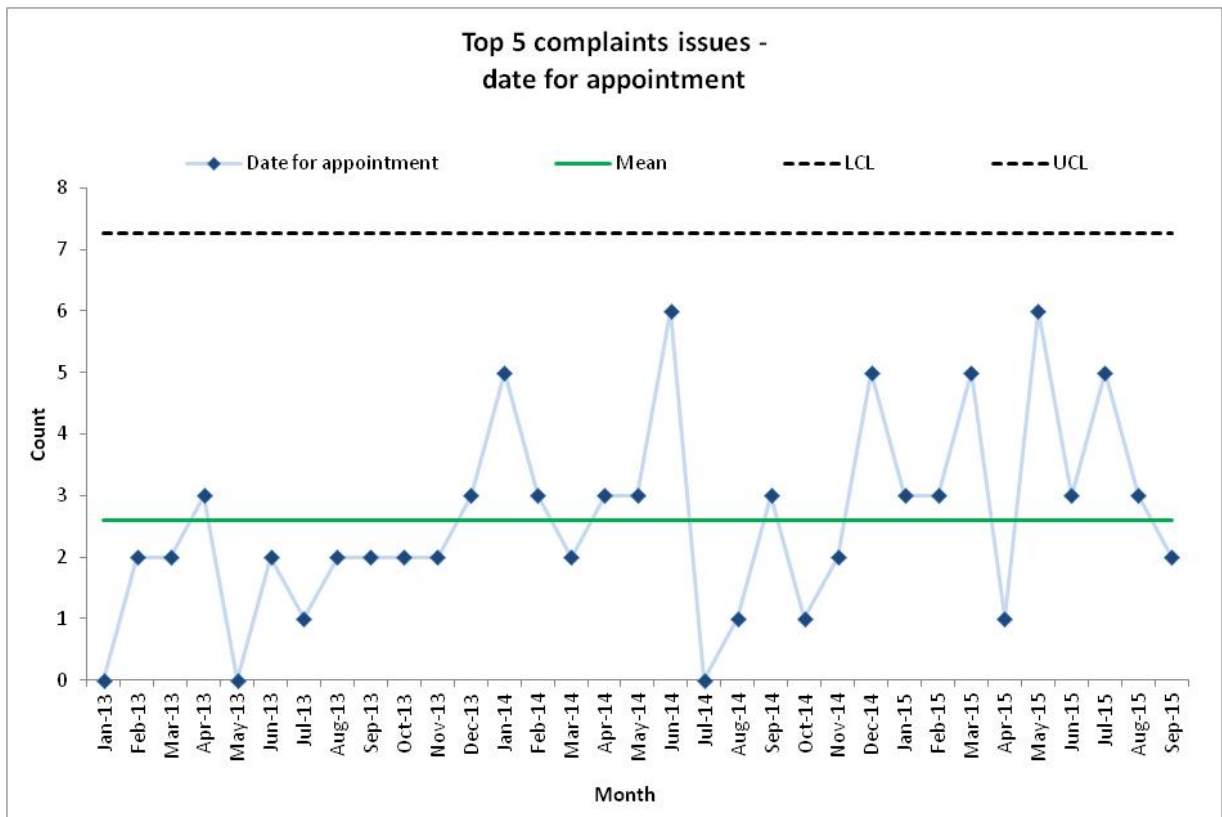
The graph below details the concerns received January 2013 and September 2015 showing normal variation:



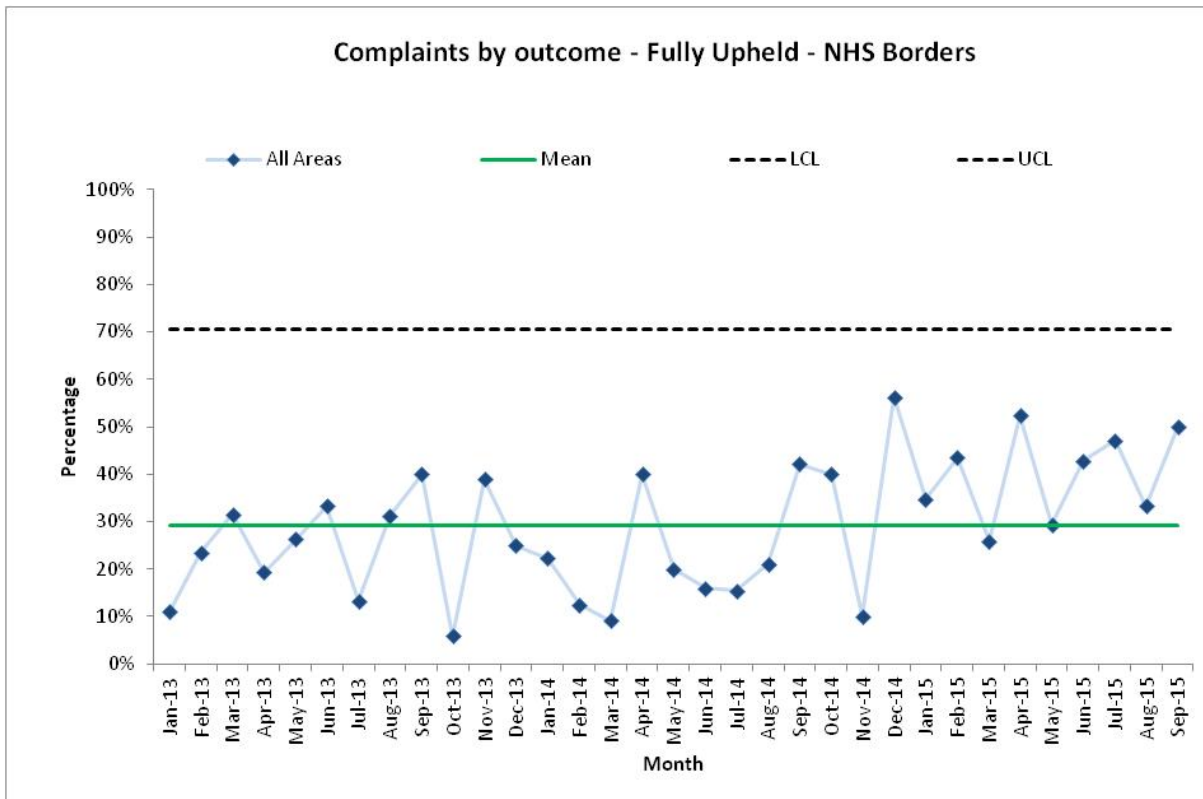
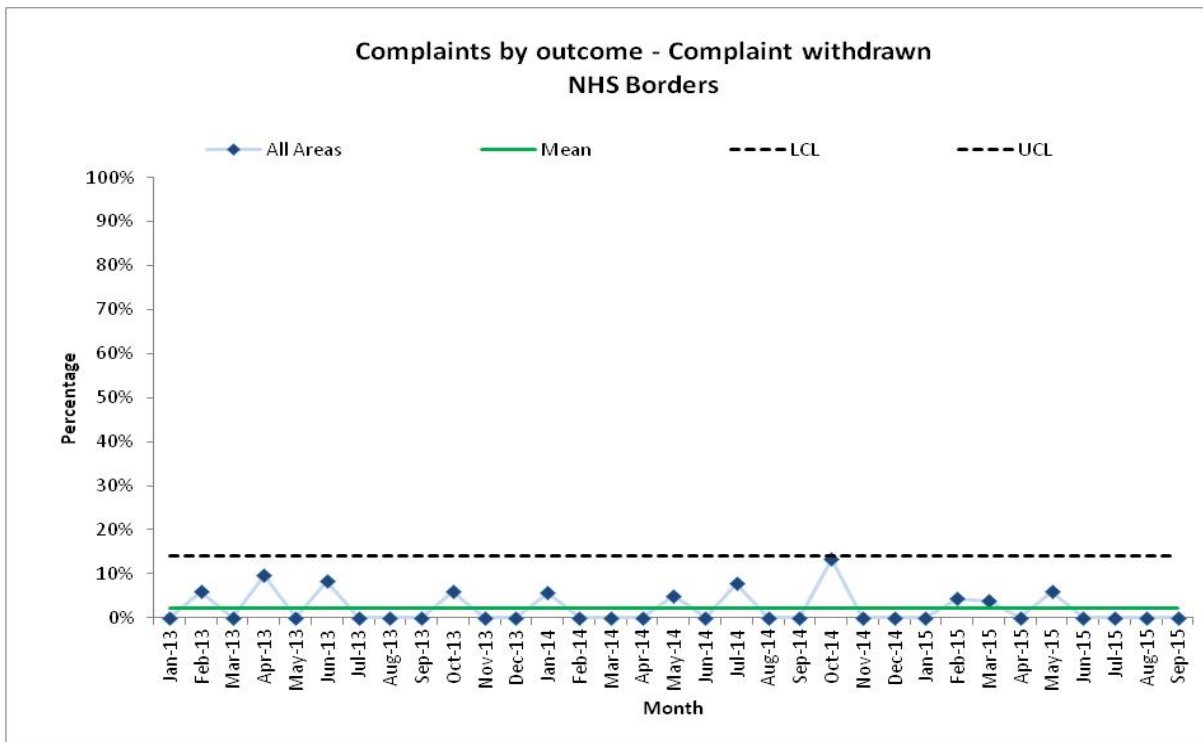
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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

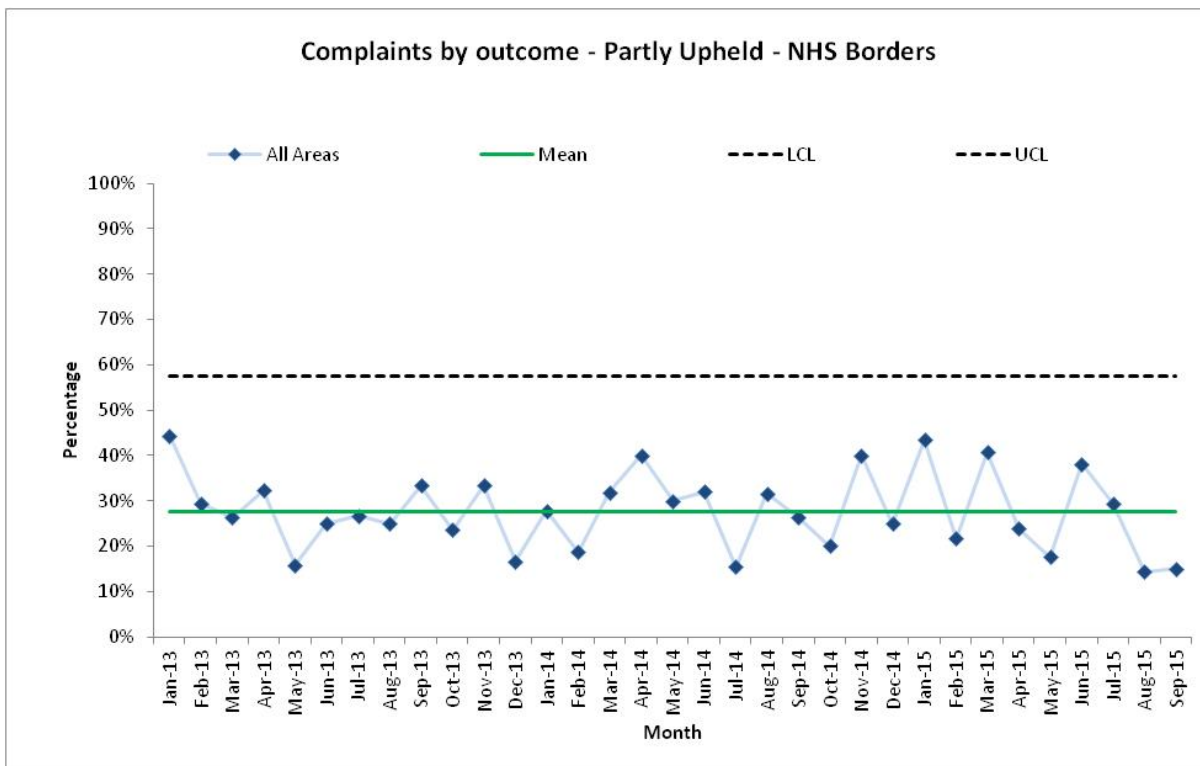
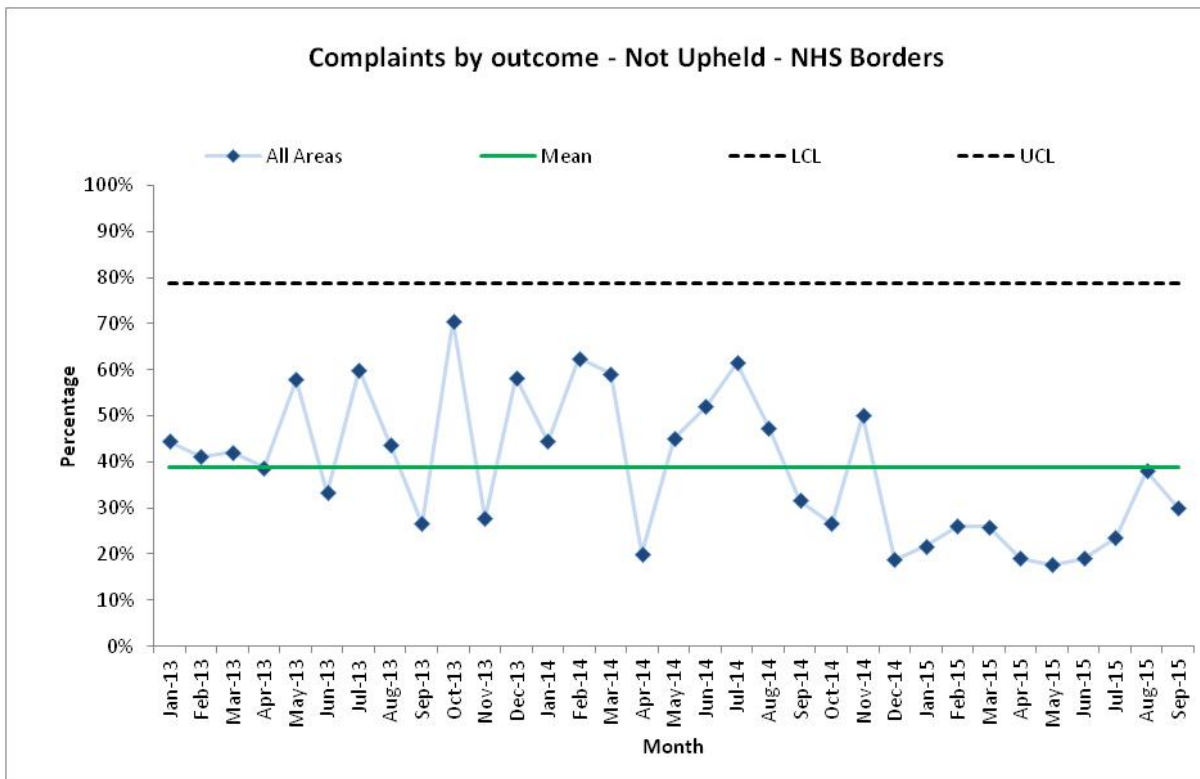






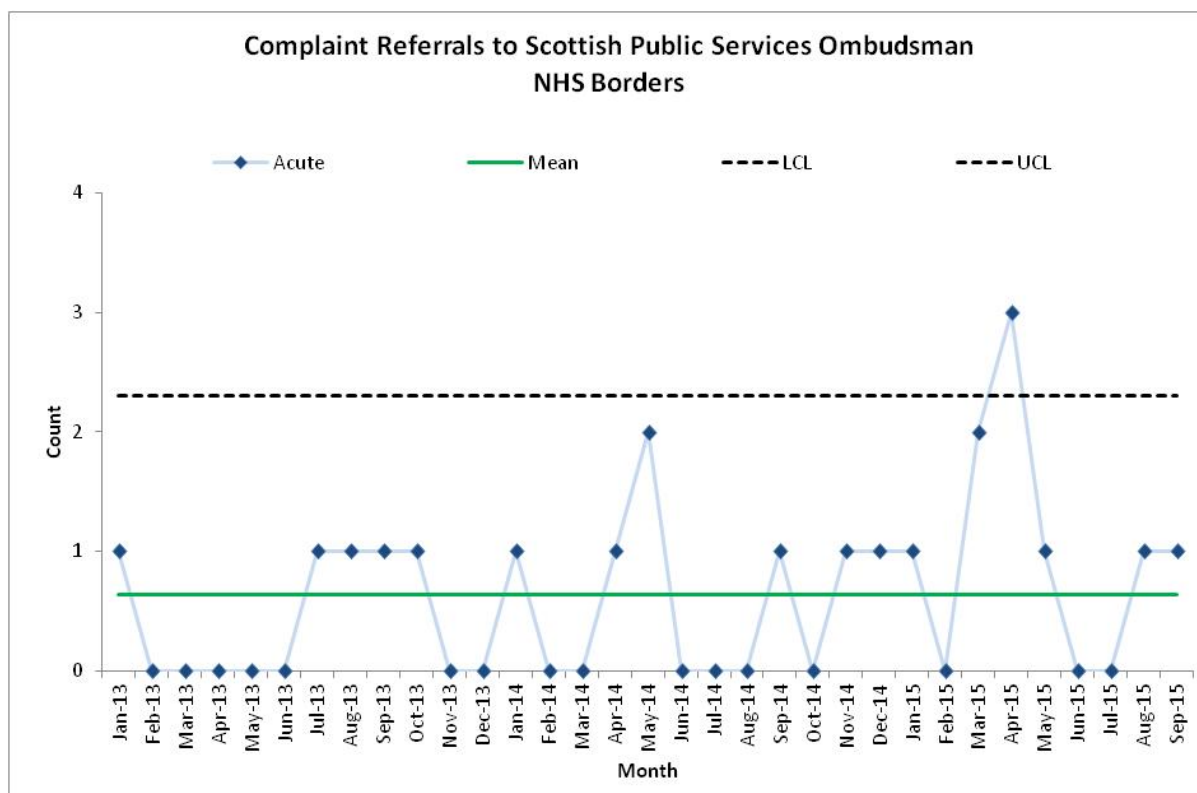
The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and September 2015 a shift is noted in the number of complaints which are not upheld between December 2014 and September 2015 this is not yet correlated with a shift in the number of complaints fully upheld although an increase is being observed. NHS Borders were noted to have a low rate of upheld complaints against the Scotland wide position in last year comparator report:





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 September 2015:



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

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201405009	the hospital's care and treatment during patient's admission from 10 September 2014 were unreasonable	Upheld	<ol style="list-style-type: none"> 1. Provide evidence of the action to ensure that oxygen equipment checks are made between patients in addition to standard twice daily checks carried out. 2. Provide evidence of the action taken to ensure that the assessment of a patient is completed within sixty minutes of arriving in the MAU. 3. Ensure the comments of the medical advisory in relation to the treatment of this patient's pain control are brought to the attention of relevant medical staff and they reflect on this. 4. Apologise for the failings identified in this patient's medical care and treatment. 5. Reflect again on this complaint by reviewing what went wrong and what learning has taken place. 6. Consider implementing learning and development training in early resolution of concerns and complaints for front line nursing staff in the MAU. 7. Carry out a review of nursing in the MAU to explore the leadership and culture within the ward – to include a review of pain assessment and monitoring of patients in the hospital and, in particular, in the unit. 8. Apologise for the failing identified in this patient's nursing care and treatment. 	<p>Actions being reviewed to agree timelines and leads.</p> <p>Apology provided.</p>

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

Patient Opinion Feedback

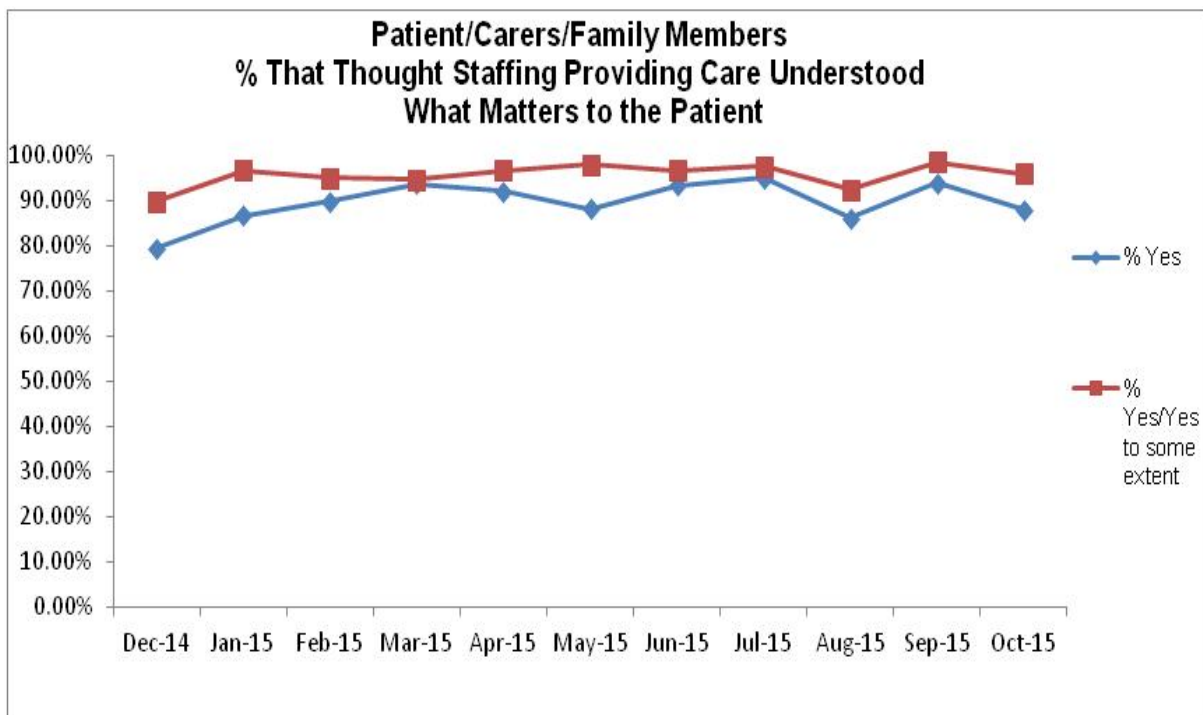
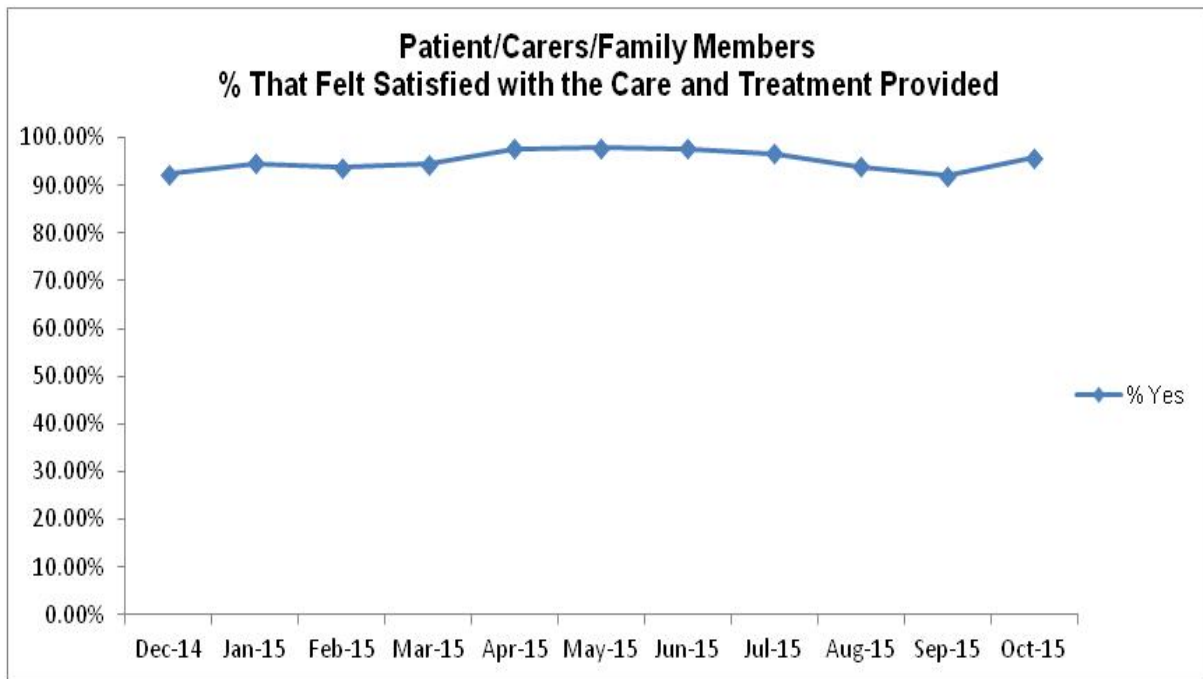
The table below outlines feedback received between July and September 2015 through the Patient Opinion website relating to patients experience of NHS Borders services:

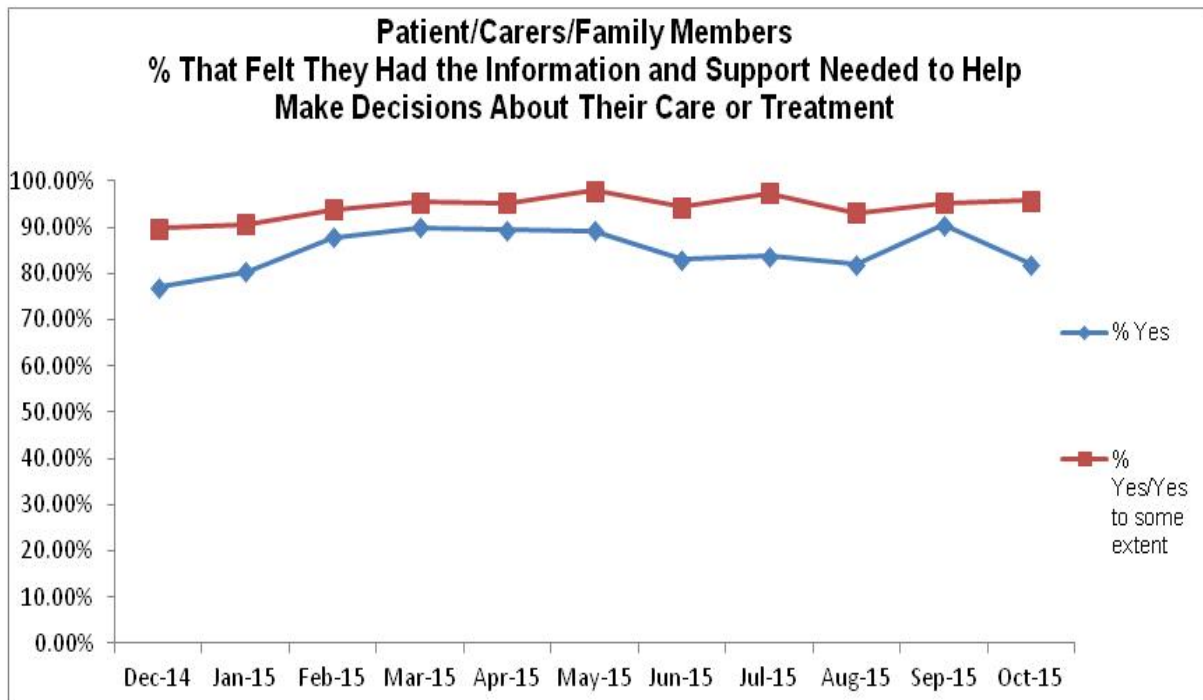
Month	Title	Criticality*	What was Good	What could be improved	Action Taken
August 2015	"What's happening at the ENT clinic at BGH?"	2	-	-	Response provided with staff contact details.
August 2015	"Recent stay in ward 12 at Borders General Hospital	0	-	Menu	Response provided, and feedback shared with appropriate staff.
August 2015	"Repeated appointment cancellations"	2	-	Appointment system	Response provided with offer to discuss further.
September 2015	"Lack of GP service"	2	Hospital	Abdominal Attitude GP Lack of care	Response provided with relevant contact information.
September 2015	Good quality care	0	Efficient Friendly	-	Response provided, and feedback shared with 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).*

Patient Feedback Volunteers

A further six feedback volunteers (taking the total number of patient feedback volunteers to 13) have been recruited to support our patient feedback work due to the high number of public and clinical areas now using volunteers. These areas include the discharge lounge, outpatients, Royal Voluntary Service cafeteria, theatre and recovery, wards 4, 5, MAU, 9, 10, 12 and initial testing in Hawick Community Hospital. The graphs below outline feedback received against the three core questions used by the feedback volunteers in addition to more specific questions tailored by the clinical area:





From the feedback gathered below is an example of some of the improvements that have been made:

- Lack of hearing devices on the ward for those patients with a hearing impairment – a meeting is taking place with staff from sensory services to look at providing wards with personal hearing devices for patients
- Toilets at main entrance to the hospital not always clean – an increase has been made in the number of times the toilets are checked
- Shower head in ward 4 too high and nowhere to put toiletries – estates have been contacted to adjust height of shower head and to provide a suitable fitting for toiletries
- New patient to the Borders area commented that the maps and information on the internet regarding hospital car parks was poor – the web team to take this into account during the update of the NHS Borders website over the next few months
- ED/BECS waiting area was reported to be dirty – general services are monitoring the situation and reviewing the cleaning schedule

Development of Public Partnership Forum (PPF)

The main topic at our Public Partnership Forum Development day in October was Health and Social Care Integration. The aim of the PPF development day was to consider how the PPF will evolve to support the ongoing agenda of the NHS and health and social care integration. Members considered key questions on the day including:

- How will the remit of PPF evolve to support the NHS and Integrated Health and Social Care Services?
- What should the membership of the PPF be, who should be represented and how should members be recruited?
- What should member's roles and responsibilities be and what is the term of office?

The outputs of the development day will inform the development of the PPF over the coming year and will be reflected in the overarching public involvement and community engagement action plan.

Volunteering

In September, eight pupils from Earlston High School visited Melburn Lodge with a view to volunteering within the unit. The pupils are all interested in getting involved with different activities and initiatives, including Playlist for Life. Six pupils are now going through the recruitment process.

The first volunteer core training programme took place on the 19 November. Nine volunteers from a variety of roles attended a half day session that covered the main statutory and mandatory training elements including patient confidentiality and data protection, risk, health and safety, infection control and a briefing on public protection. These training sessions will run on a quarterly basis and feedback will be sought from volunteers as well as the topic leads to facilitate ongoing improvement in the approach. In addition a new volunteer Information System is being introduced by December 2015 to enable NHS Borders to keep accurate and up to date records for volunteers.

A volunteer recognition event will be hosted by the Chairman and Chief Executive on the 9 December. All of the volunteers active in NHS Borders have been invited along to the Chaplaincy Centre to thank them for their contribution over the year.

Patient Flow

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.

The Connected Care Programme uses Improvement methodology undertaking and tests of change in the form of Plan, Do, Study, Act (PDSA), across health, social care, voluntary and independent sectors to support the projects aims for patients.

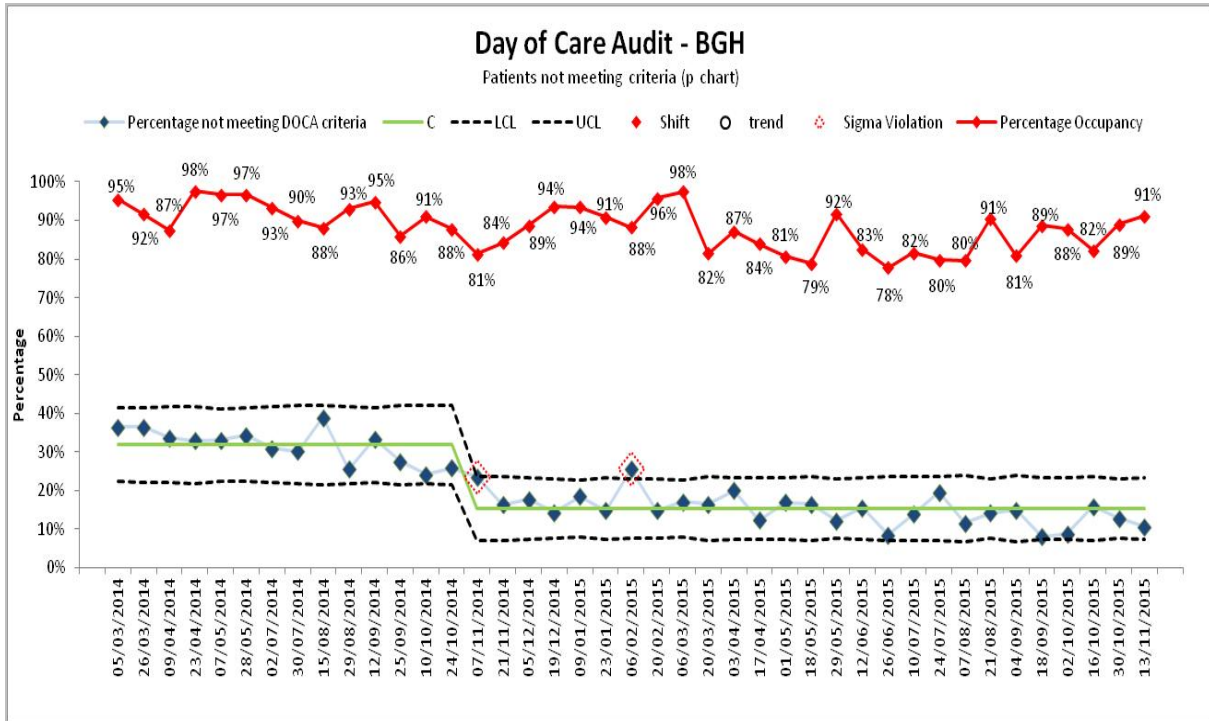
The programme currently has a number of different initiatives that have been implemented or are being tested. These include work to sustain improvements made in the:

- Discharge Hub: this currently takes the form of a daily meeting held on a Monday to Friday at 12:00. The objective of the hub is the delivery of 4 hours to assessment and 72 hrs to discharge once a patient is identified as medically fit for discharge. Going forward the plan is for the hub to evolve from the current daily meeting to an 'Intelligence Hub' where information is updated regularly throughout the day and available 7 days a week
- Department of Medicine for the Elderly (DME): a number of PDSAs have been undertaken and changes subsequently implemented in respect of the multidisciplinary team meeting (MDT), discharge planning and dedicated nurse care managers for DME. The DME team continue to give consideration to length of stay and explore reasons for rises and dips identified in the data

And new workstreams to test changes in working practice around:

- Community Hospitals: the model adopted in DME is now being extended to Community Hospitals. Testing and implementation is underway at the Knoll Hospital and Hay Lodge Hospital at present and it is planned that this work will be progressed in Kelso and Hawick Community Hospitals within the next month
- Readmissions: one of the aims of the Connected Care Programme is to reduce the level of readmissions to acute beds by 25%. Further analysis of data pertaining to readmissions during 2014/15 has identified those patients with the highest rate of readmission to hospital. Work will begin with one GP practice to examine this cohort of patients in detail to look for alternatives to admission

The Day of Care Audit continues to be used as a measure of success in supporting a reduction in patients who are medically fit, who are waiting for discharge. The graph below shows BGH performance in respect of the percentage of patients not meeting day care audit and bed occupancy for the period January 2014 to November 2015. The graph demonstrates a sustained shift in the number of patients who are medically fit awaiting discharge in the BGH:



Planned Care Surgical Flow Programme

NHS Borders are participating as a national pilot site to improve surgical flow with the Scottish Government Quality and Efficiency Support Team (QuEST) and the Institute for Healthcare Optimisation (IHO). The 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 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 full data set has been submitted to IHO for workstream one and two to enable modelling to begin. Draft operating guidelines for theatres and a weekend gap analysis has been produced to support the work underway on modelling. A workshop has taken place with clinical staff to consider options for smoothing surgical cases across the week between specialties.

Over the coming two months NHS Borders will work closely with IHO to model local data to consider the options for improving surgical flow. Options will be prepared for the end of January 2016 for further consideration by the Strategy Group.

Unscheduled Care Programme

Winter Plan

The Winter Plan has been submitted to Scottish Government and the current RAG status for November is Amber. Both the communication and festive plans are now complete and the ongoing work strands have actions with identified responsible people and timescales for completion.

Ambulatory Care Unit (ACU)

The ACU based in MAU opens on 2 December 2015. The purpose of introducing a new Ambulatory Care service into NHS Borders is to provide a safe alternative to acute hospital admission, improving patients experience by ensuring timely assessment and treatment is provided which avoid admission to hospital. The project plan is in place and all target dates are being met at this time.

Criteria Led Discharge

Criteria Led Discharge is part of the pathway for patient's safe and timeous discharge and has been piloted within ward 12. The study of the work undertaken in ward 12 has identified several components which must work in tandem to facilitate safe and early discharge. On the basis of these findings the next phase of testing will begin in wards 12 and 4 in December 2015.

Recommendation

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, Clinical Executive Operational Group and to the Board Clinical & Public Governance Committees.
Consultation with Professional Committees	As above
Risk Assessment	In compliance as required
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	Services and activities provided within agreed resource and staffing parameters.

Approved by

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