

**Borders NHS Board**



## **BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – SEPTEMBER 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**

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. Further correspondence was sent to Boards in early September detailing that the Acute Adult Delivery Group with the support of the Scottish Patient Safety Programme Board and Scottish Government sponsors has now reached a decision to focus reporting activity on the harms of the Scottish Patient Safety Indicator (SPSI) (falls, pressure damage and cardiac arrests) and Catheter Acquired Urinary tract Infections (CAUTI). Sepsis will remain as a vital element of the Deteriorating patient workstream, and in addition medicines safety will remain as core work across all SPSP programmes. In relation to Venous Thromboembolism (VTE), it is acknowledged that the collaborative supported significant improvement in awareness and activity and some demonstrable improvements in care. However it is clear that the achievement of the aim continues to be challenging and therefore SPSP is currently exploring alternative approaches to supporting this workstream.

A revised measurement plan has also been sent to all Boards with the following:

The core measures are:

- Outcome measure relating to the harms of SPSI
- Process measures relating to the harms of SPSI (including sepsis)
- Measurement relating to Medicines

The measurement plans and associated work plans for primary care, mental health, maternity, neonates remain unchanged. Progress against these measures is reported to the Clinical Executive Operational Group on a monthly basis.

#### **Hospital Standardised Mortality Ratio (HSMR)**

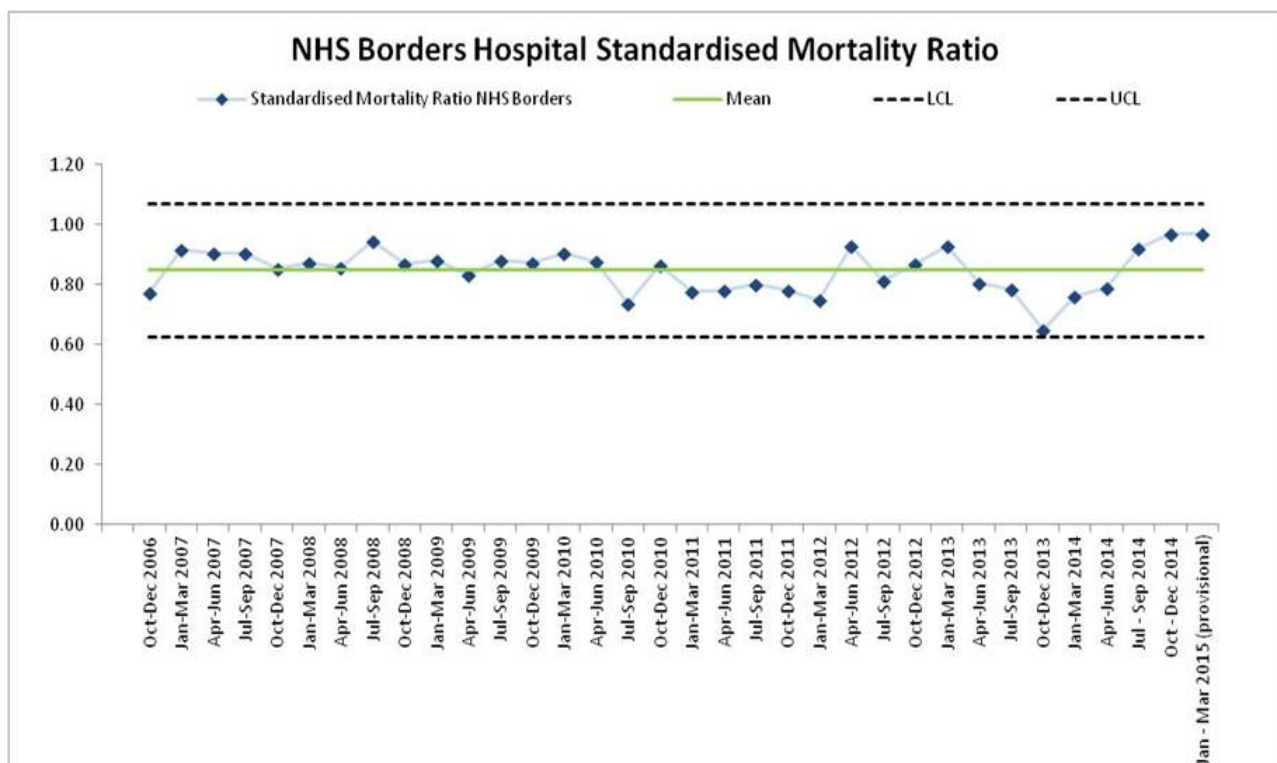
NHS Borders monitors HSMR on a routine basis as one of a set of measures to assess quality and safety of care. There are several organisational wider workstreams which aim to contribute to delivery of safe care including the work on deteriorating patient, frailty, anticipatory care planning, handovers, infection control, patient safety indicators including falls, pressure damage and catheter acquired infections and safety measurement and

monitoring. Work under in 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 following a sharp reduction exceeding the lower control limit for the period October to December 2013:



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 to identify harm and any learning point relating to quality of care. The HSMR improvement plan is also being reviewed to draw together all of the areas of work underway.

### **Health Foundation Safety Measurement and Monitoring Programme (SMMP)**

As outlined in the report to the Board in July 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. Following a stakeholder event in July, several areas for testing have been identified, including a frailty screening tool which is currently being tested in the medical assessment unit (MAU).

Continued tests of change are 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. A Board development session will be rescheduled to lead the Board through this work later this year.

### **Deteriorating Patient**

As outlined in the report to the Board in June 2015, a project team has been set up to focus on building a model of recognition and rescue of deteriorating patient in community settings under the Health Foundation Innovating for Improvement programme cohort one. The initial test sites are Kelso Community Hospital and the Borders Emergency Care Service (BECS) and a care home will also be invited to join in conjunction with the telehealth project being managed by the General Manager for Primary Care. Baseline data collection and analysis is currently in place, and a case note review has been undertaken. Early testing work of an escalation plan is being tested by BECS.

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 at midnight 1<sup>st</sup> November 2015.

### **Clinical Effectiveness**

#### **Joint Executive Team Interactive Dashboard**

An interactive dashboard has been developed for use at the weekly Joint Executive Team meeting using the safety measurement and monitoring framework which is being tested in NHS Borders as part of the Health Foundation programme. Testing of the dashboard is currently underway. Into the third week of testing, refinements have been made each week to improve the effectiveness of this tool in facilitating discussion, informing decision making and action.

The principle aim of the dashboard is to highlight special cause variation in the data to support staff to assess the performance of the system and if the changes which are being introduced are having any impact on quality of care overall and specifically safety, effectiveness and efficiency of services. Measures such as complaints, adverse events, clinical quality and patient flow indicators are examined.

#### **Quality of Care Reviews**

NHS Borders have prepared a combined response to the HIS consultation on the proposed format of Quality of Care Reviews in the future.

## Research

NHS Borders is seeking to achieve external accreditation for the use of human tissue for research. As part of this process a self assessment is currently being completed. The four regional health boards have already achieved this accreditation and the scheme has now been extended to include satellite boards who may not have their own research tissue banks but who collect tissue samples. NHS Borders does not currently sponsor any research studies that obtain tissue samples, however it does host multi-centre research studies and is therefore required to undergo this accreditation.

HIS is managing the accreditation process. There are three key standards identified in the accreditation process, these include:

- Consent/authorisation
- Governance
- Premises

The deadline for completion of the self assessment is November 2015 and accreditation is due in August 2016.

## Innovation

The NHS Borders maternity team have been shortlisted for interview from over 160 applicants under cohort two of the Health Foundation Innovating for Improvement programme. If successful following interview the team will test and evaluate the use of the SAFER risk assessment tool developed by Dr Brian Magowan. The project will test both the impact of the introduction of the tool from a staff perspective on the reliability of maternal risk assessment and resulting actions, as well as, from the patient's perspective in relation to involvement in their own risk assessment, awareness of risk and their attitude to holding their own electronic record of risk assessment.

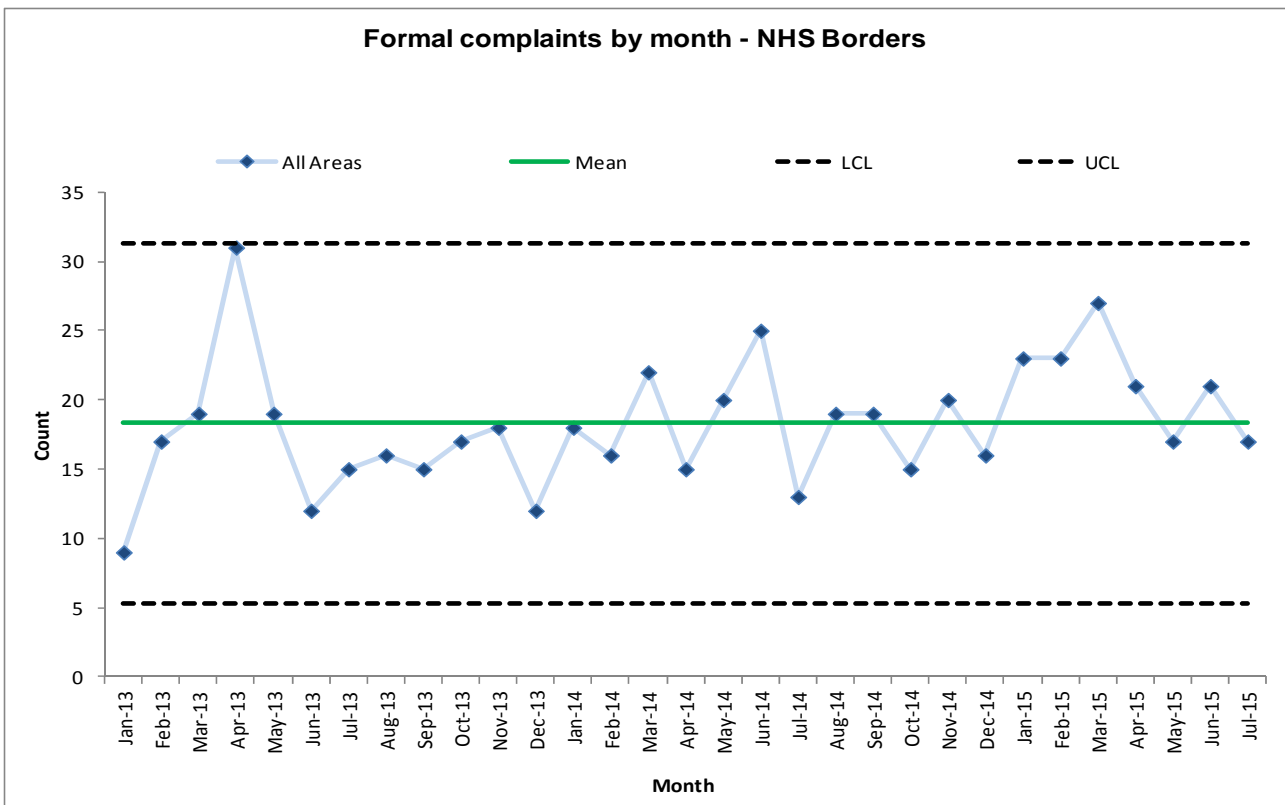
## Person Centred Health and Care

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

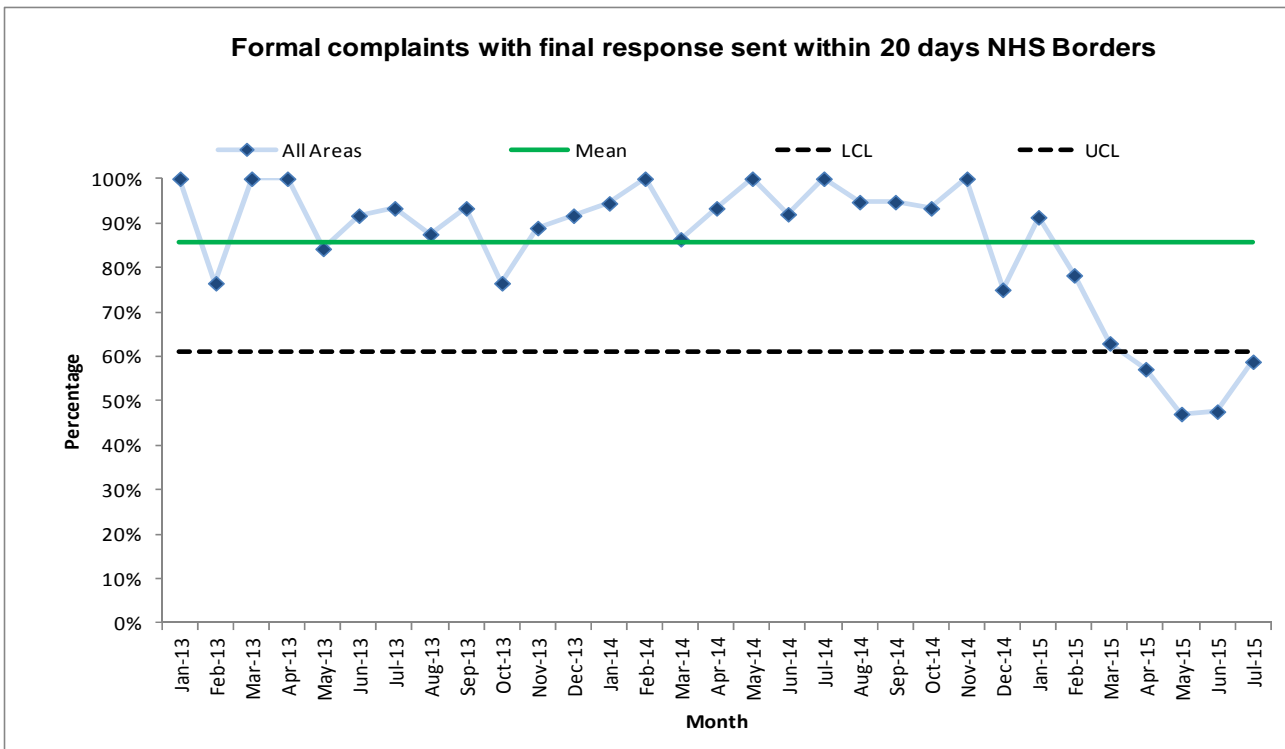
- Complaints, concerns and commendations for the period January 2013 and July 2015
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 and July 2015
- Patient Opinion online feedback received between May 2015 and June 2015
- Feedback received through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

## Complaints, Concerns and Commendations

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



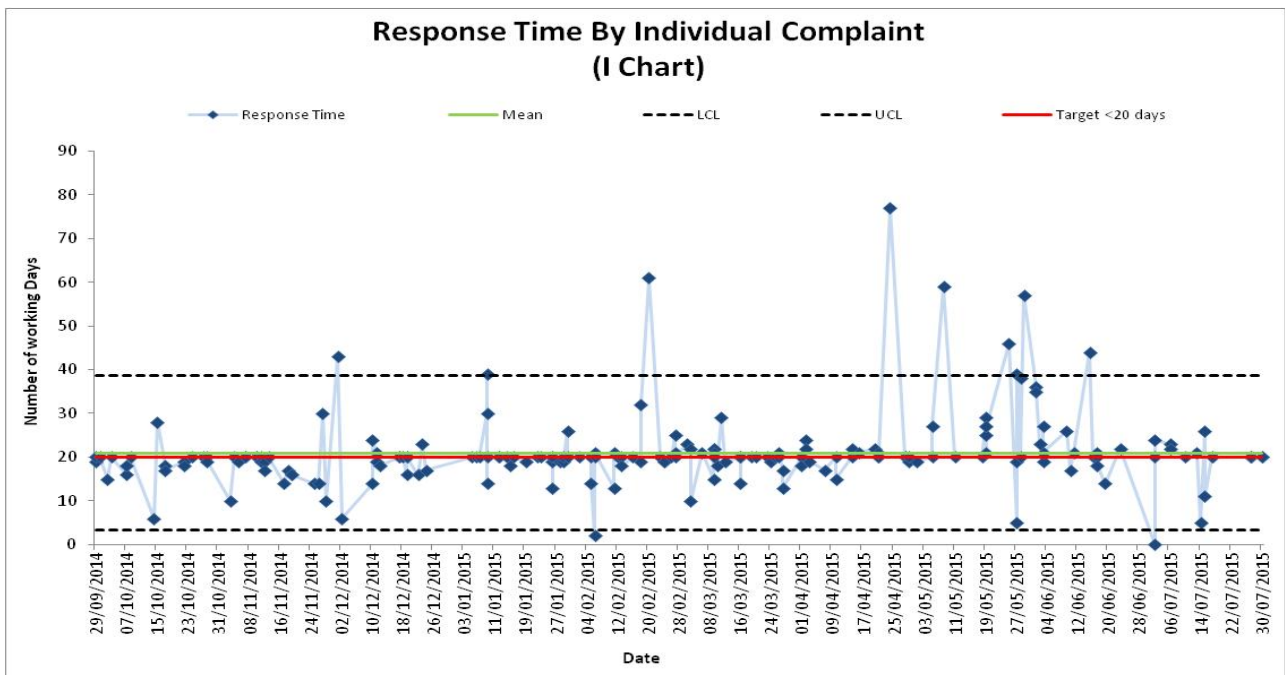
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to July 2015 is outlined in the graph below. A dip in performance has been noted since January 2015:



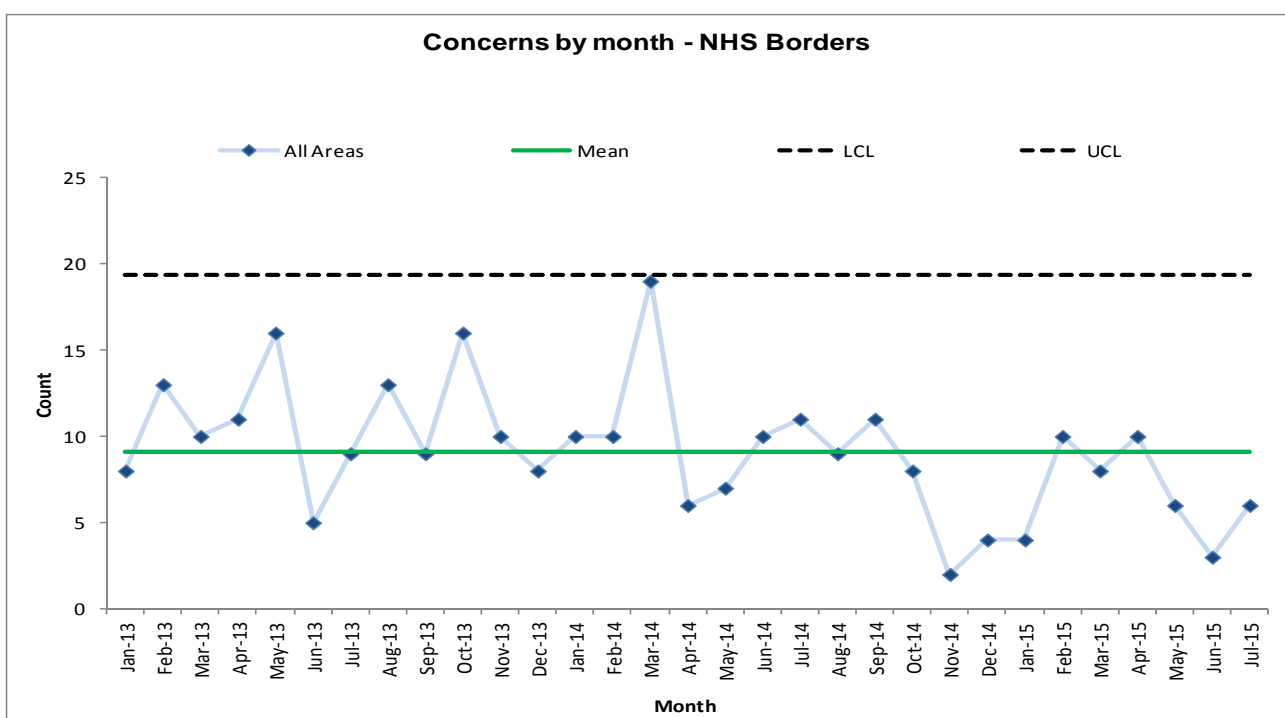
The Feedback and Complaints Team are working closely with General Managers and the Chief Executive's office to examine any delays in order to drive ongoing improvement. Changes to the complaints handling process are being tested with the aim of improving the quality of response to complainants. Initial testing is focussing on:

1. an immediate conversation with the patient to acknowledge the complaint and to listen to the complainants concerns in detail
2. triaging of complex versus more simple complaints to appropriate staff to streamline the management of complaints
3. a face to face approach to dealing with complex complaints inviting complainants to meet with staff

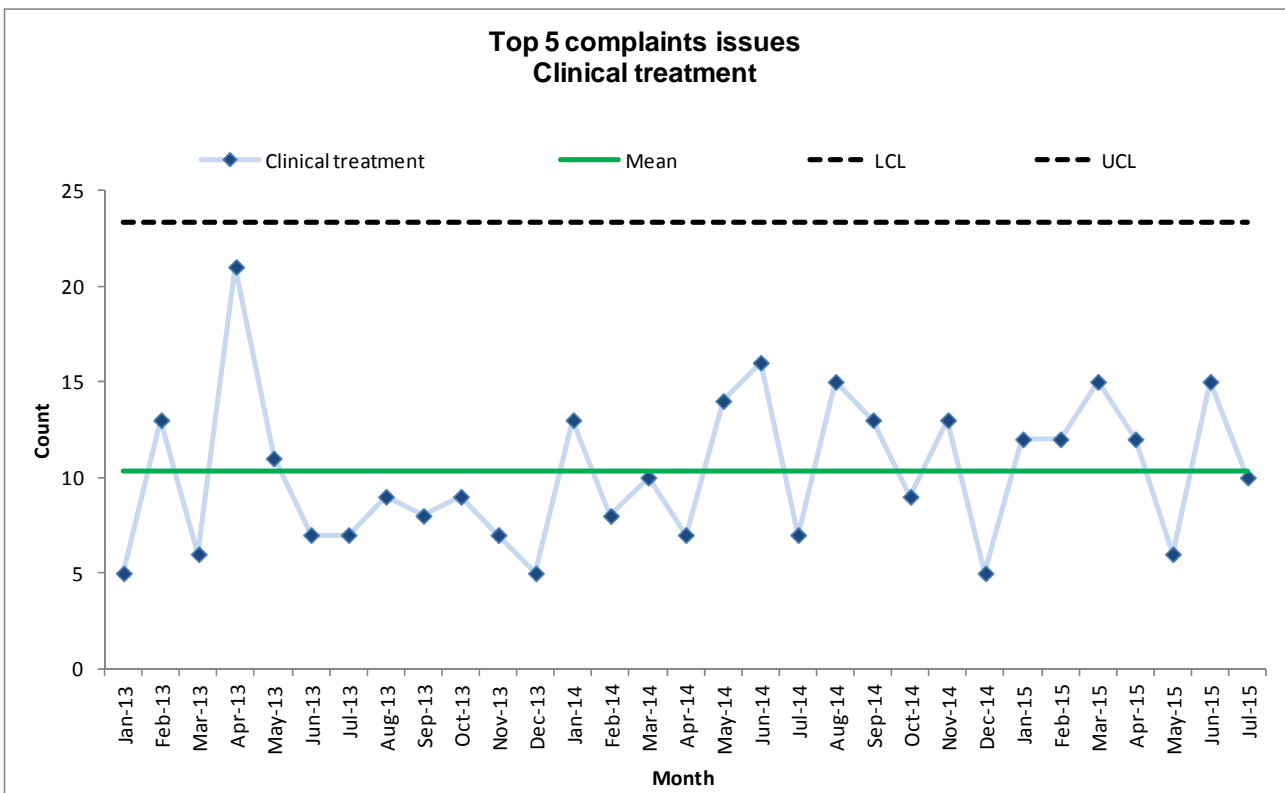
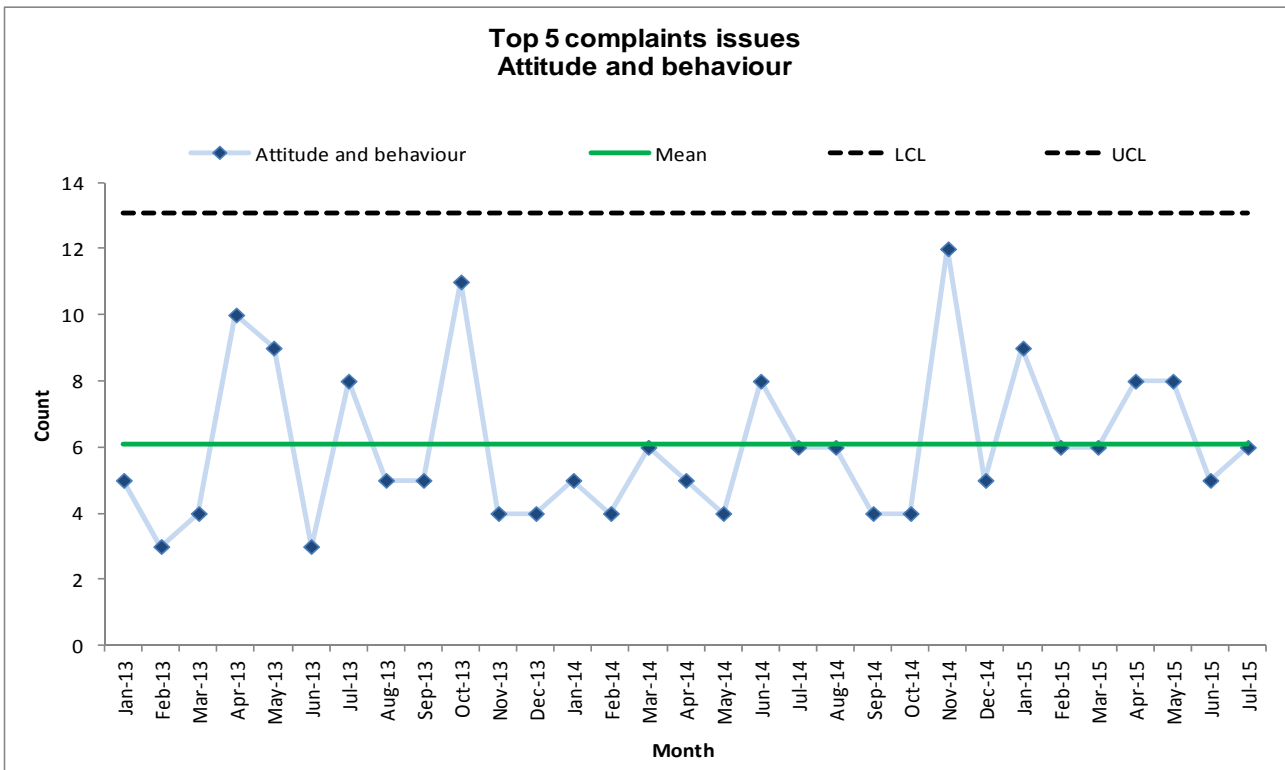
The graph below details individual complaint response times from October 2014 to July 2015. The Clinical Governance and Quality team are monitoring each complaint to ensure delays are analysed and process issues addressed:

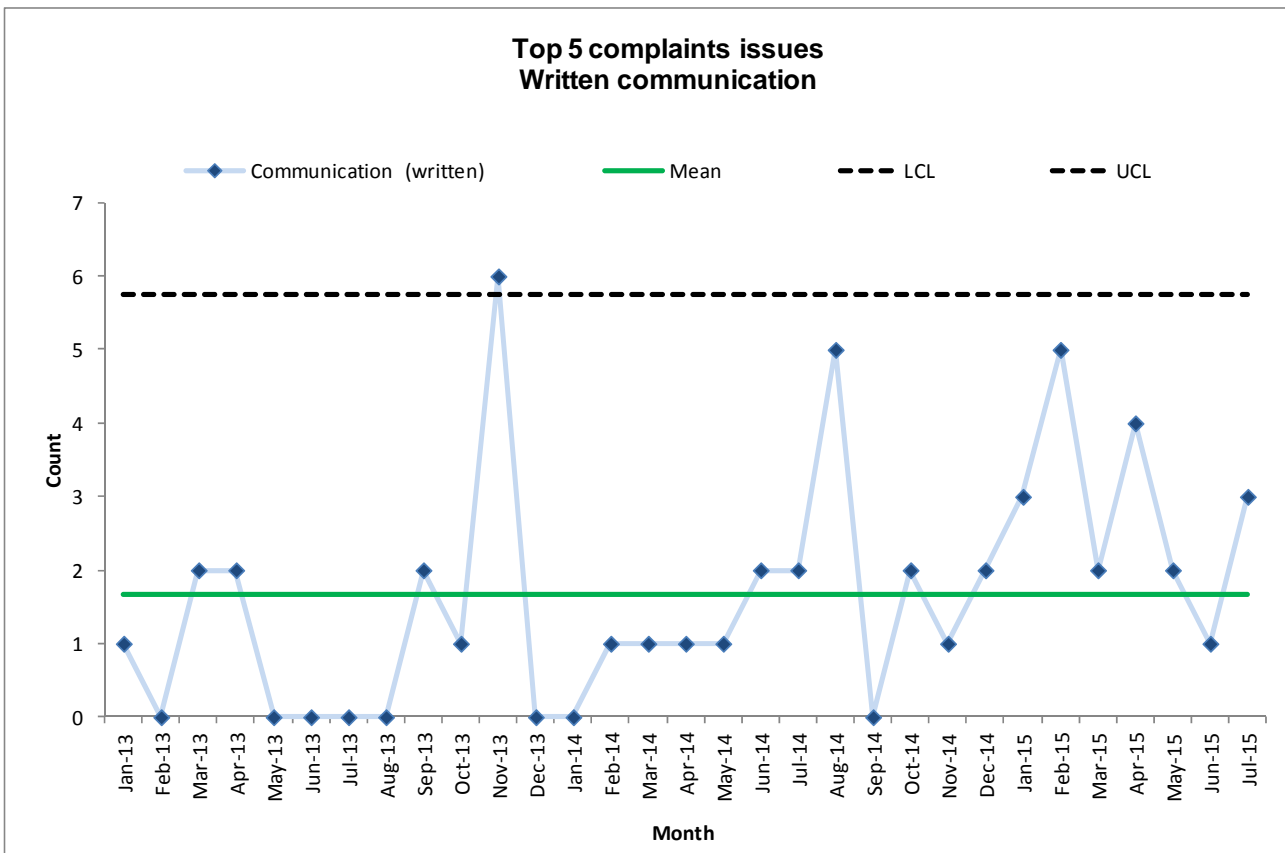
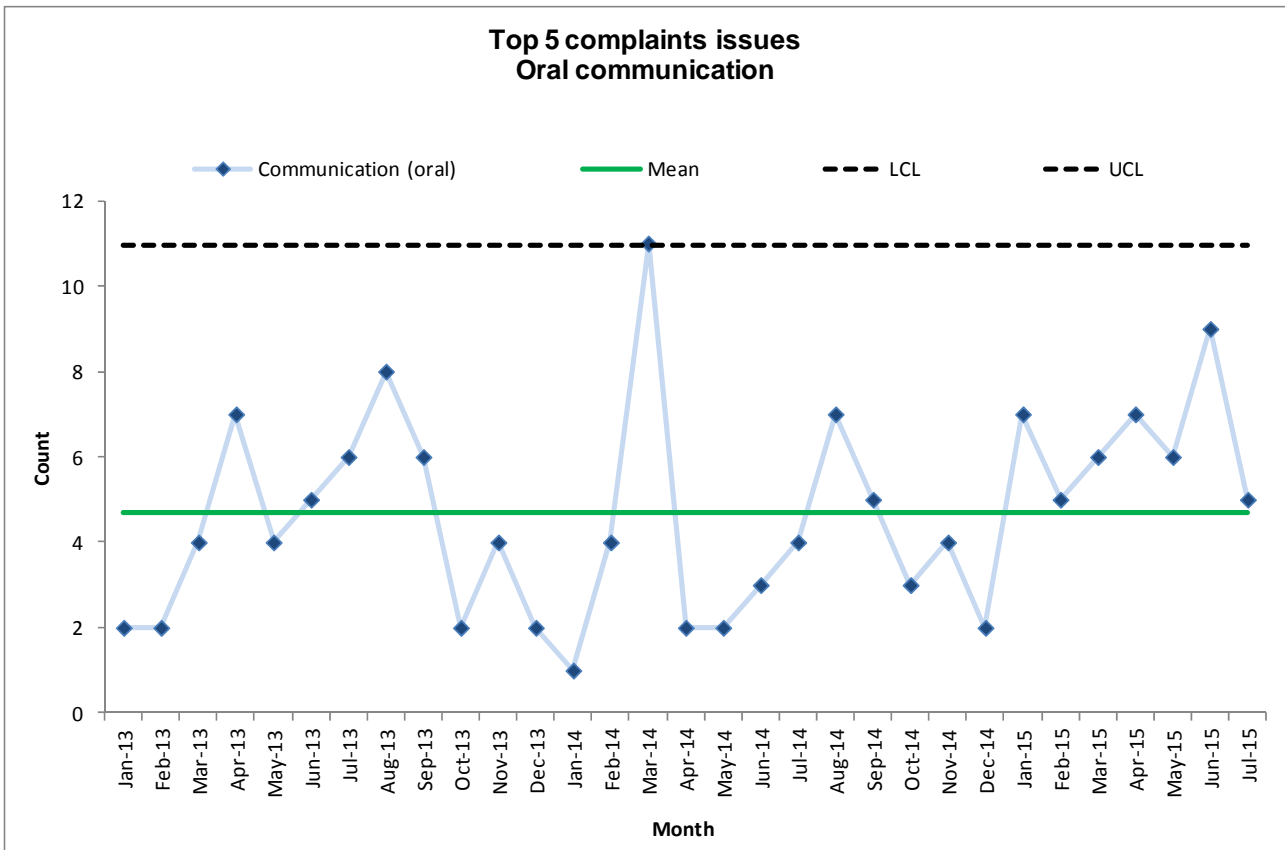


The graph below details the concerns received January 2013 and July 2015 showing normal variation:

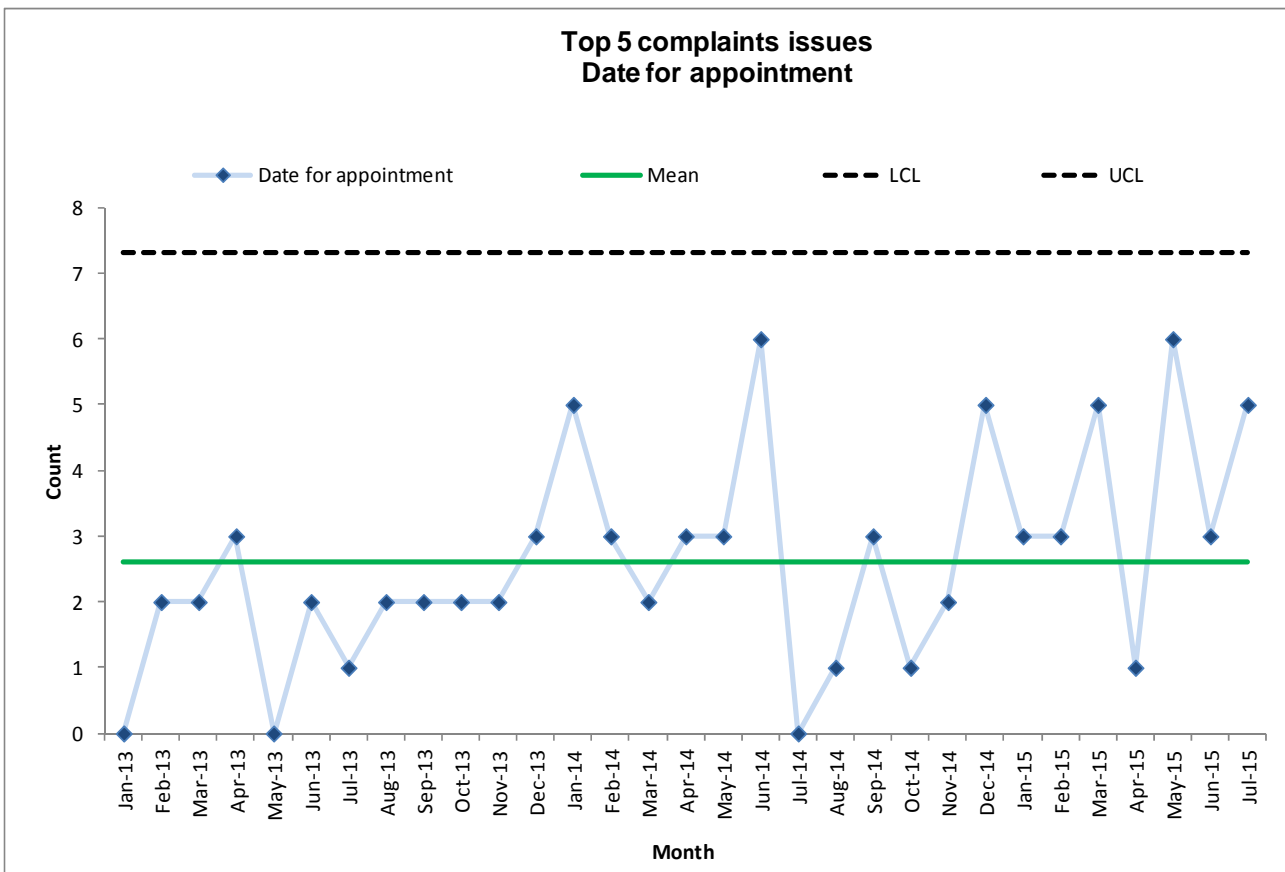


A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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

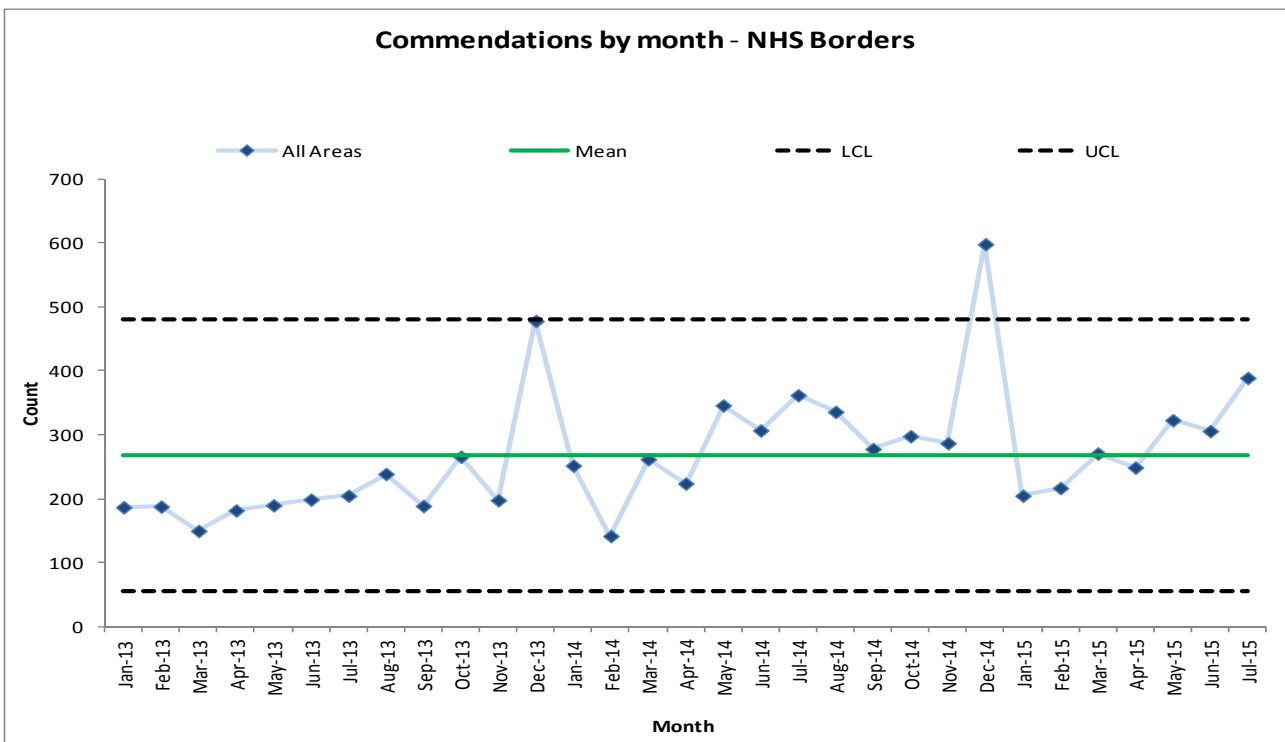






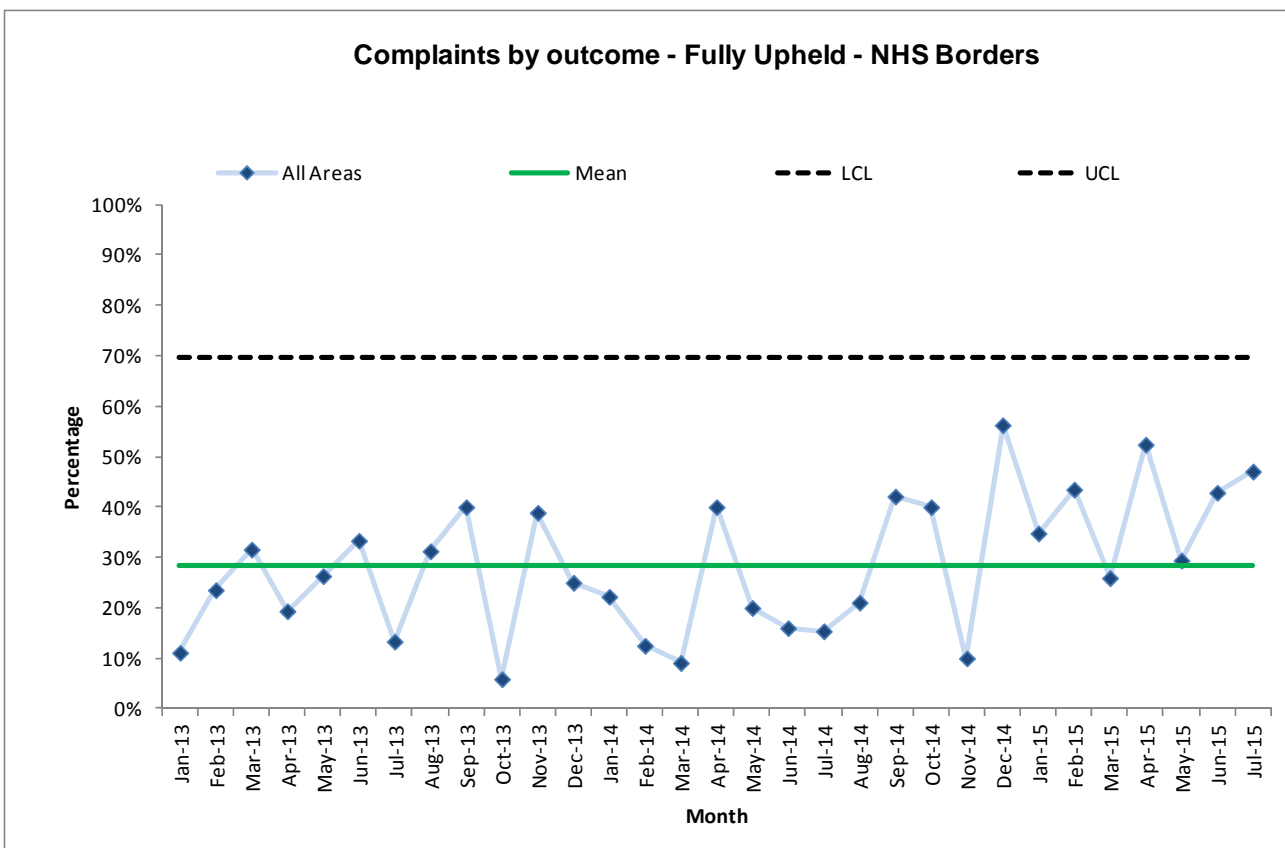
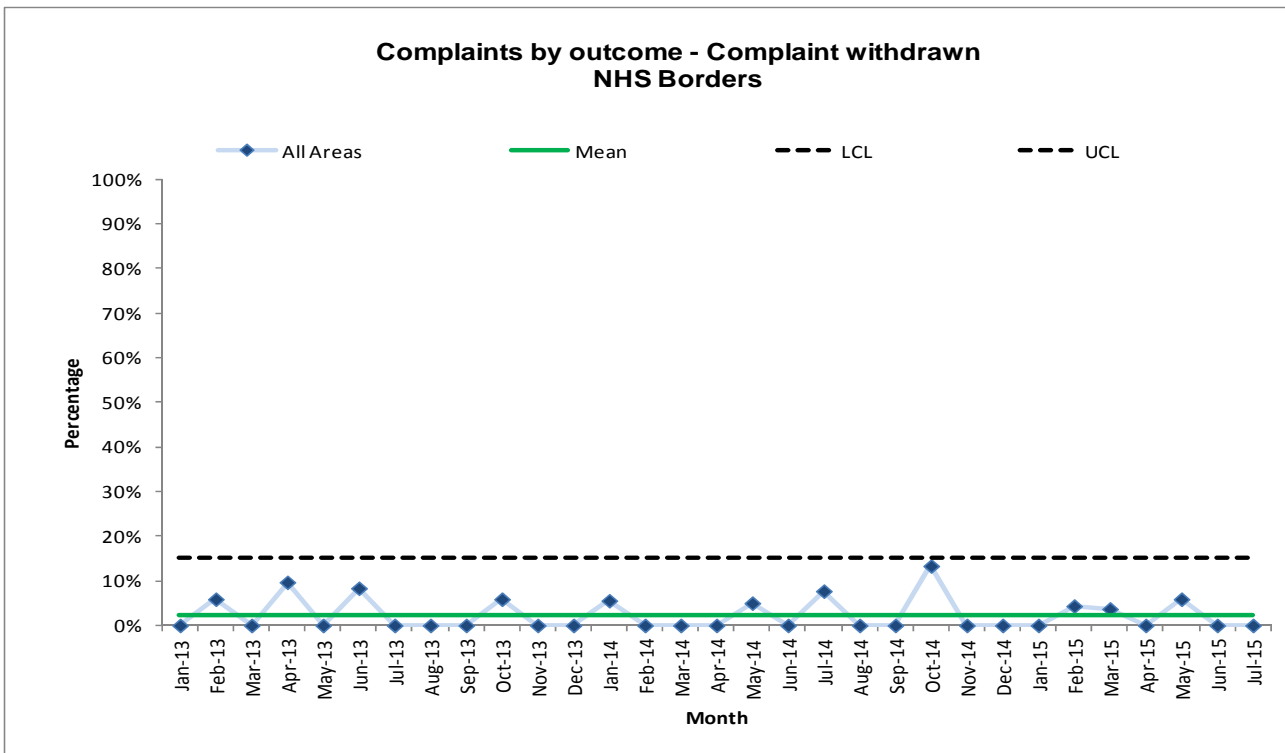


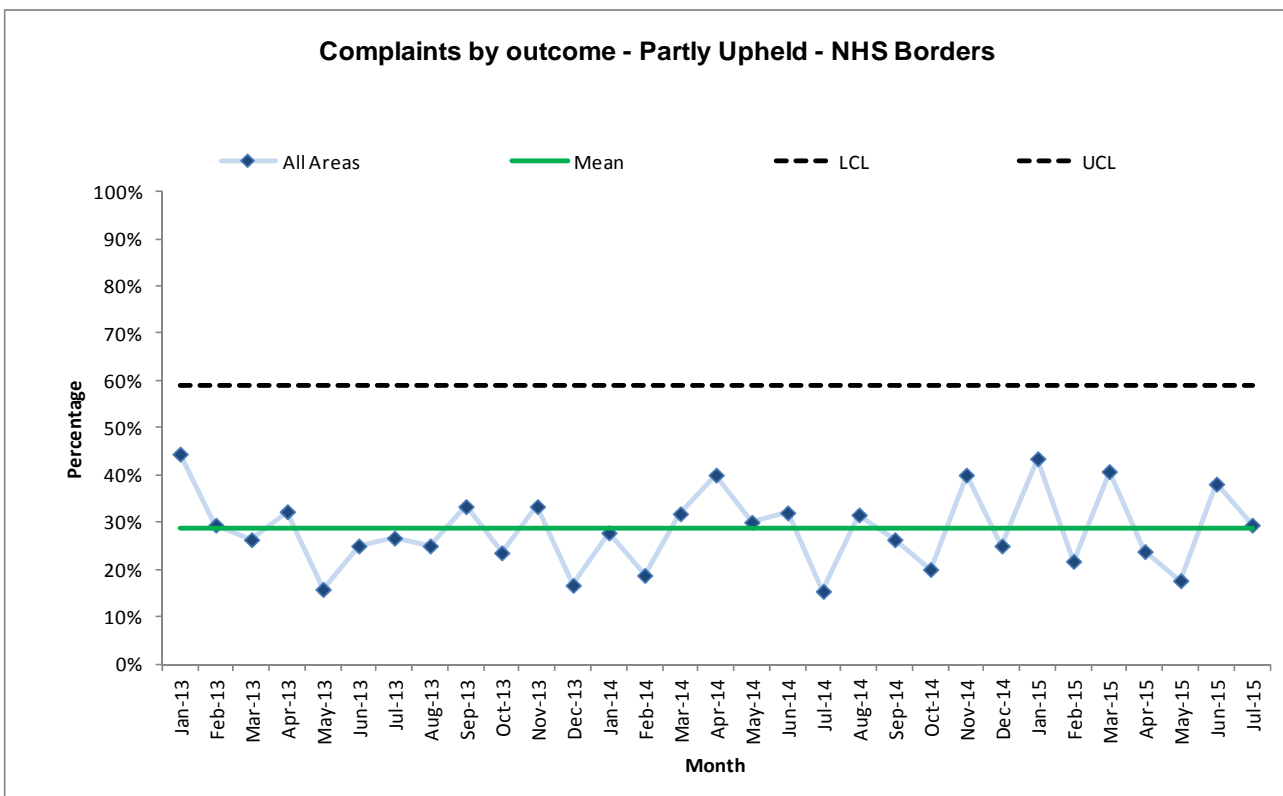
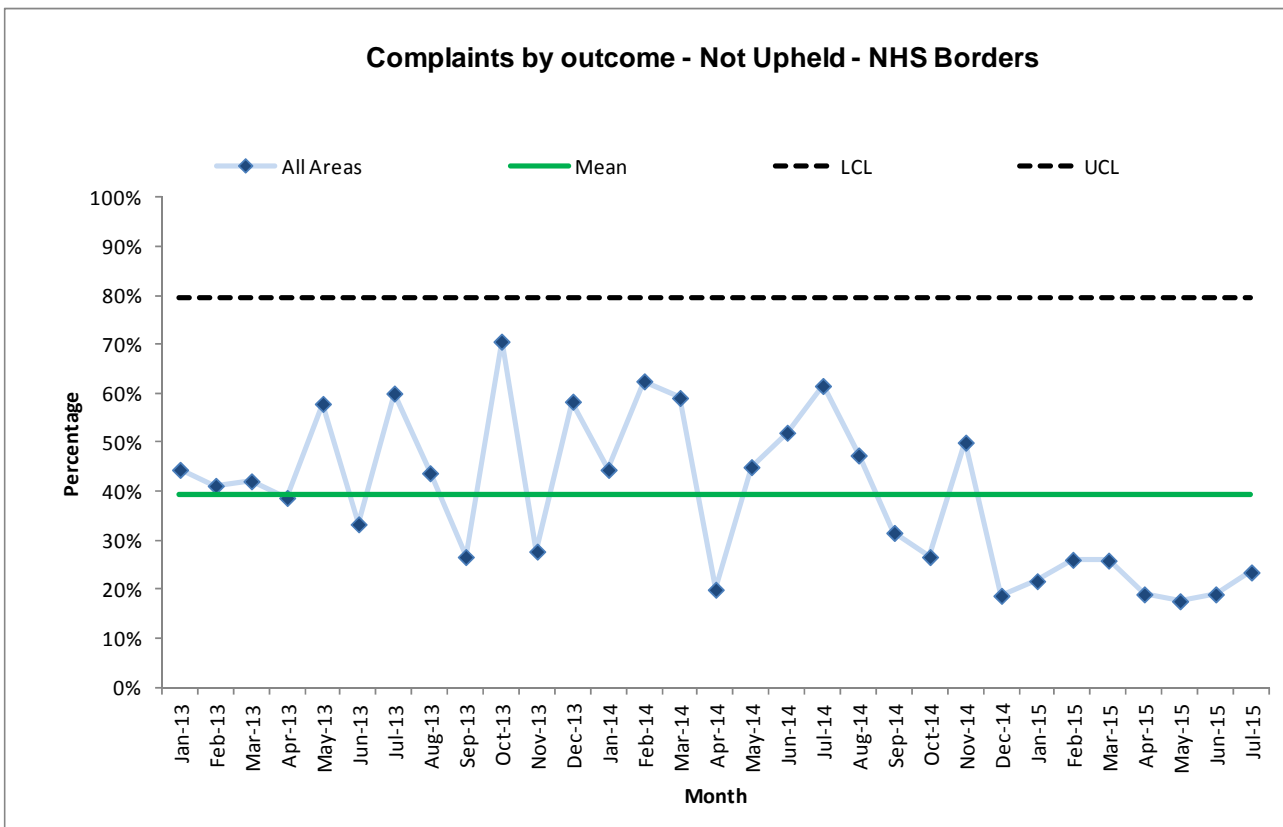
The graph below details commendations received between January 2013 and July 2015 showing normal variation:



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

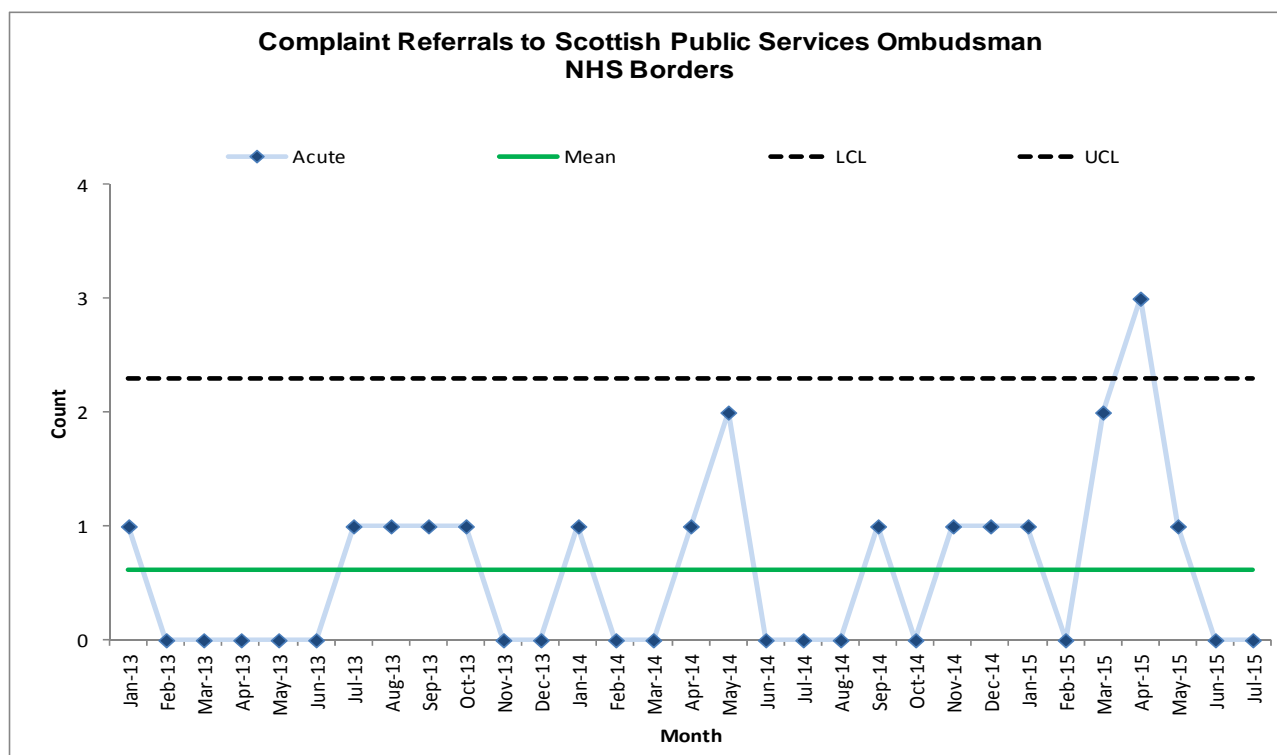
formal complaints between January 2013 and July 2015 a shift is noted in the number of complaints which are not upheld between December 2014 and July 2015 this is not yet correlated with a shift in the number of complaints fully upheld:





**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 July 2015:



Since the last report no decisions have been received from the SPSO.

### 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:

Month	Title	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 prepared, GP input being sought.

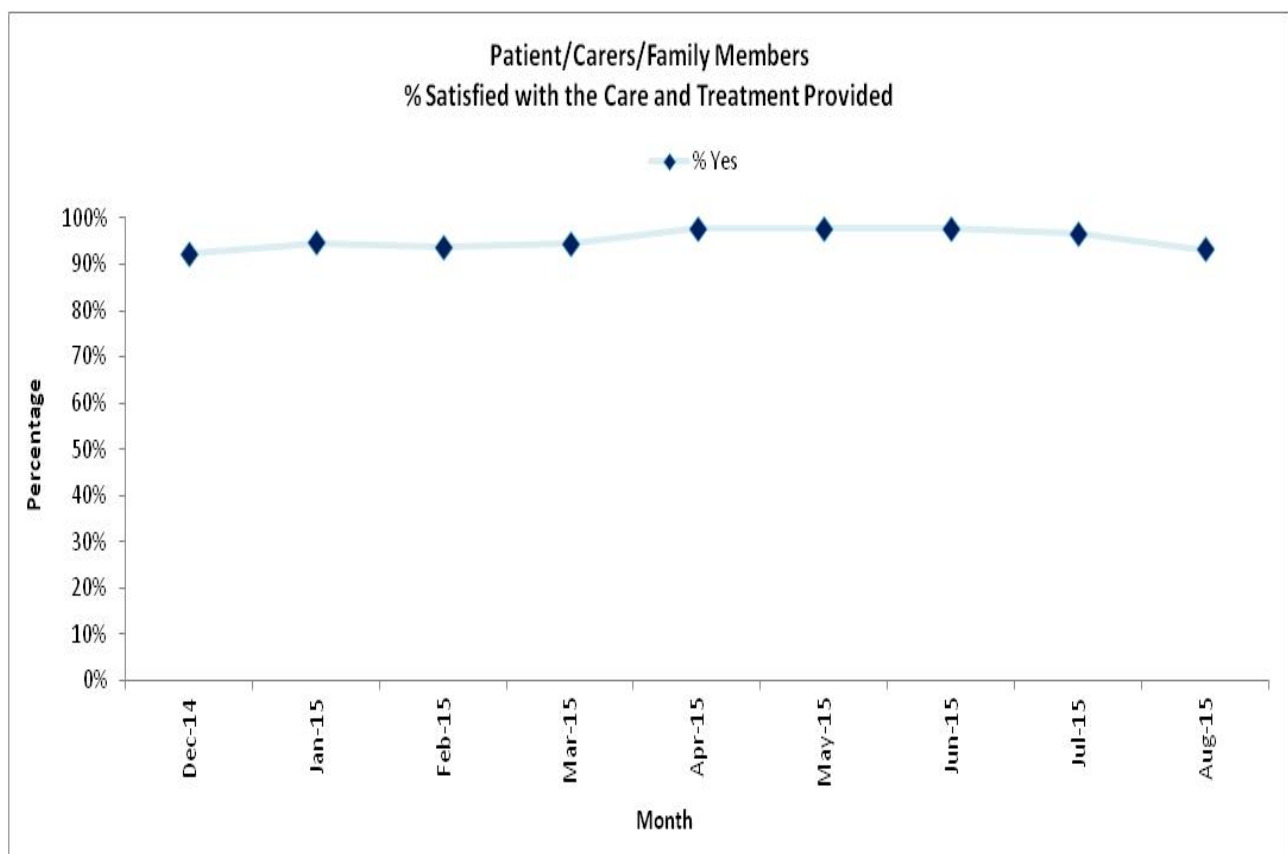
\*Note – ratings and feelings assigned are as described on the Patient Opinion website and all feedback is passed onto the relevant staff and service areas. Criticality rating works on a six point scale from not critical (0) to severely critical (5).

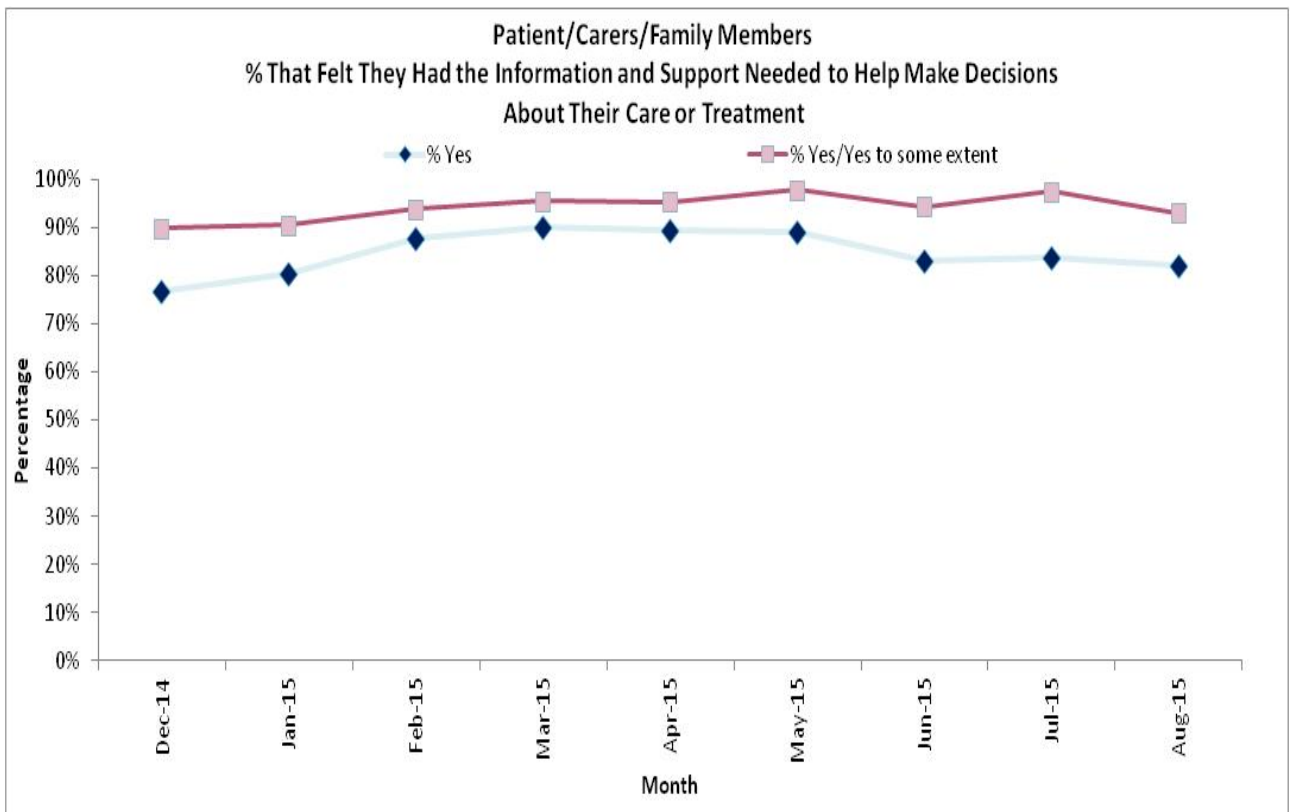
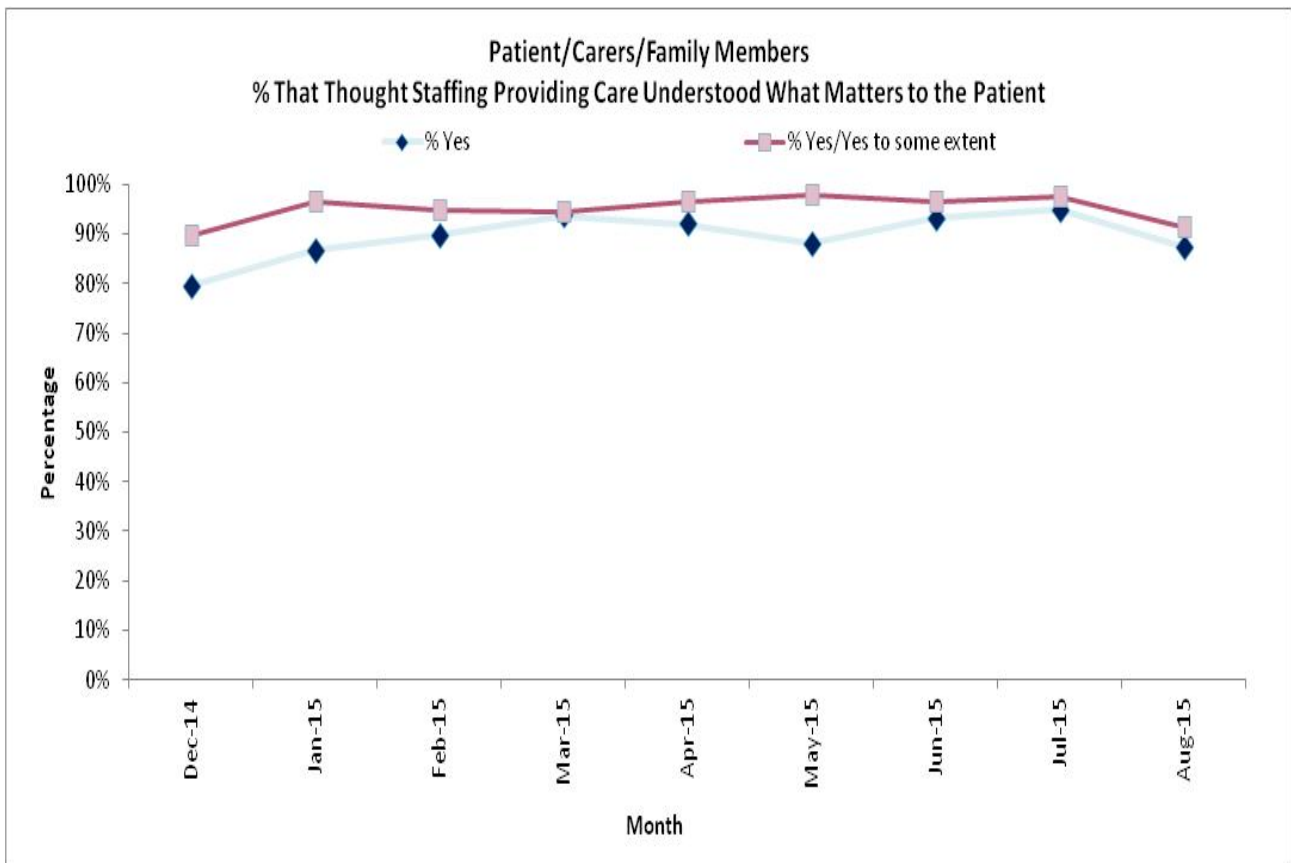
### “2 Minutes of Your Time” Proactive Patient Feedback

As a result of comments from our last inpatient survey NHS Borders has developed a patient feedback questionnaire using a local nurse photographed to promote the survey with the title “2 minutes of your time”. Three key questions have been incorporated which are used in every questionnaire throughout NHS Borders in addition to questions tailored to the individual area. There are eleven feedback boxes situated in public areas throughout the Borders General Hospital with a further eight located within mental health inpatient areas and community hospitals.

Starting in November 2014 NHS Borders recruited twelve patient feedback volunteers. The volunteers support clinical teams to gather feedback about their service. This work began in the BGH discharge lounge and ground floor outpatients. Since then volunteers are now active in the orthopaedics waiting area, Royal Voluntary Service cafeteria area, wards 4, 5, 6, 9 and 12, along with BECS, A & E waiting area and Theatres/Recovery. Feedback collected by volunteers is collated, analysed and fed back to each area. If an issue is highlighted to a volunteer real time feedback is given to the area involved to enable them to respond immediately. A poster was accepted for the NHS Scotland Event 2015, and shortlisted as a finalist, outlining the progress with this work.

The graphs below represent the collated data from feedback provided from over 1400 patients/carers and family members between December 2014 and August 2015:





The following work has been initiated as result of the patient feedback received:

- Problem in hearing the nurses calling patients for their outpatient appointment because of noisy waiting area and hearing difficulties – Staff are going to come into the waiting area when calling a patient

- Difficulty in knowing who staff are when talking to them – Work is underway to introduce ‘Hello my name is.....’ name badges for staff
- Comments received on catering both positive and negative – has stimulated catering staff to prepare a more detailed questionnaire run across the service over one to obtain feedback on meals including information on quality, choice and dietary needs. This will now be used to make improvements

### **Volunteering**

Our Ante Natal Transport Support project is now up and running with two of our volunteers taking expectant mothers to their appointments this week. We will monitor this project closely and undertake regular evaluations to ensure it is successful.

Kelso Hospital is now receiving visits from the Beauty Therapy Volunteer. In agreement with the Senior Charge Nurse, pamper sessions including manicures, pedicures, facials and massages will be offered to patients to enhance experience.

A new volunteer role has recently been created in Haylodge Community Hospital after a member of the public contacted us to say they would like to volunteer there. Using the volunteer’s ideas on the support they could provide to enhance patient experience a new activity assistant/befriending role was created. This is a great example of a volunteer role being created around what someone feels they can offer.

A new Volunteer Information System will be introduced in NHS Borders over the coming three months. This is funded by the Scottish Government and delivered through the Volunteering in NHS Scotland development programme. This system will enable NHS Borders to introduce a robust management tool to assist in managing volunteering information from recruitment through to placement. In addition the system will facilitate local and national reporting on volunteering. The Volunteer Coordinator is currently meeting with individual volunteer leads to introduce them to the system and to confirm current volunteer information in preparation for migration.

### **Person-Centred Care Projects**

A paper outlining options for introducing the ‘hello my name is...’ name badges will be considered by the Clinical Executive Operational Group in October. Samples and quotes from various companies have been received and information from other boards who have decided to purchase these badges for their staff has been sought.

Following successful testing and implementation at Melburn Lodge, Playlist for Life is now being rolled out into Kelso Community Hospital. The Senior Charge Nurse is now testing with one patient before spreading further. Roll out plans are being discussed with community based teams to assess the feasibility of preparing playlists for community patients.

### **Patient Flow**

A range of improvement initiatives are underway to improve patient flow across the system including programmes within:

- Unscheduled care – including work to improve the flow of patients at the front door of the hospital, introduction of ambulatory care, streamlining daily site management and escalation and testing of a community ward model
- Connected care – including streamlining care planning and management, discharge planning and social care assessment, access to intermediate care and opportunities to reduce readmissions

- Planned care – including work to redefine theatre urgency classifications and scheduling processes, smoothing elective inpatient cases across the week and simplifying pathways for assessment and admission for emergency surgical patients

### Recommendation

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

<b>Policy/Strategy Implications</b>	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
<b>Consultation</b>	The content is reported to Clinical Boards, Clinical Executive Operational Group and to the Board Clinical & Public Governance Committees.
<b>Consultation with Professional Committees</b>	As above
<b>Risk Assessment</b>	In compliance as required
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Yes
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters.

### Approved by

Name	Designation	Name	Designation
Dr Sheena MacDonald	Medical Director		

### Author(s)

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Laura Jones	Head of Quality and Clinical Governance		