

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – MARCH 2016

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 (SPSP)

The SPSP has completed the 90 day consultation process for adult acute and primary care with the aim of informing the next phase of the Programme from April 2016. In the draft report the 90 day process identified a need across Scotland, to embed existing work before the addition of new areas of focus. In recognition of this, the report recommends that the coming financial year (2016/17) is used to:

- Embed and spread existing work
- Prototype new areas
- Transition programme delivery in line with recommendations

The report has also concluded that

- There is existing work within both adult acute and primary care programmes that will continue as nationally identified priorities
- There are three overarching themes (deteriorating patient, medicines safety and system enablers) beneath which existing work can be supported and new areas can be developed
- The core approach of SPSP (Model for Improvement) will be complemented by other approaches such as the use of campaign models (motivational tools used for communication)

A paper reviewing progress with the Adult Acute workstream of the local patient safety programme was considered by the NHS Borders Clinical Executive Operational (CEOPs) group in March 2016. The report made an assessment of outcome measures and the reliability of process measures against the priority areas of the adult acute programme. In addition learning from audits, review of adverse events, complaints and ombudsman cases was considered in relation to agreeing priorities for the coming year. The CEOPs group agreed a set of priorities for the coming year based on this detailed assessment including a continued focus on: the deteriorating patient, frailty, falls, tissue viability and medication management.

In addition CEOPs agreed a new focus for 2016/17 on the areas proposed by the patient safety team including:

- Handovers – To focus on communication between multidisciplinary teams including hospital at day and night in addition to a renewed focus on the quality of ward and theatre safety briefs. This will build on the work which has taken place in 2015/16 under the safety measurement and monitoring programme to embed a hospital safety brief and to test a revised approach to ward safety briefs, as well as, the well established techniques embedded through the safety programme of SBAR (situation, background, assessment and recommendation) communication at handover and during escalation.
- Venous Thromboembolism (VTE) – NHS Borders will work in partnership with Healthcare Improvement Scotland (HIS) to design an improvement approach to target VTE. This will involve design and testing with frontline clinical teams to inform the national approach and contribution to the design of a national media campaign. Funding will be provided for NHS Borders to lead this work as the chosen test site following successful interview in January 2016.

Health Foundation Safety Measurement and Monitoring Programme (SMMP)

Work-stream 1: Board to Ward Level

The safety measurement and monitoring dashboard developed and tested but the Joint Executive Team (JET) has proven to be very effective in structuring weekly communication about quality and safety and informing actions and decision making about the progress being made through the interventions in place. JET has used a continuous improvement approach to test new measures and assess their use in practice. This has informed refinement of the dashboard and inclusion of a selection of measures based on weekly discussion and identification of priority areas requiring a step up in measurement to assess the impact of changes. For example recent work on Older People in Acute Hospitals (OPAH), time to first medical assessment and complaints handling have informed new measures under the reliability and integration and learning section of the dashboard.

Beyond the core performance measures set and reviewed by the Board this resource would focus on operational measures which are set and adjusted to reflect priorities. These measures are identified from learning on a day to day basis about how well operational systems and processes are working and the review of learning from events such as clinical audits, complaints, adverse events and operational risks. Testing will now move into how this resource is used across the organisation to support discussion and decision making about quality and safety. A presentation will be provided at the Boards Development Session with this in mind.

Work-stream 2: Frailty Pathway

Working with the Older People in Acute Hospitals improvement work (OPAH) leads, testing has been undertaken regarding core documentation to ensure reliable care delivery for every frail person admitted to hospital. Revisions are at the final stages before being rolled out across in patient areas. 'Getting to Know Me' Documentation has been enhanced for testing to ensure a handheld record of pertinent information is available when patients present to healthcare services. Permanent recruitment is underway for an Older Peoples Specialist Nursing role and an additional Consultant Geriatrician which will facilitate planned changes to the way the multidisciplinary 'Frailty Team' work across the Borders General Hospital (BGH) to provide a rapid response, assessment and ongoing care for frail patients.

Health Foundation Deteriorating Patient Project (Innovating for Improvement)

Kelso Community Hospital (KCH) will go live in April 2016 with the introduction of the NEWS early warning system. This will follow a period of testing and refinement with the clinical team. Specific work is underway to look at decision making tools regarding escalation. This is focussing on ensuring patients are involved in discussion and decisions on admission about their management plan in the event of deterioration. This work will extend across KCH, Waverley Care Home in Galashiels and the Borders Emergency Care Service.

Adverse Events

There continues to be a focus this year on ensuring the learning from adverse events is captured and shared across teams and directorates. A recent thematic review of pressure damage was considered by the Board Clinical Governance Committee to examine progress against the aim to achieve zero avoidable pressure injuries. Good progress was noted across NHS Borders but a continued focus will remain on this area.

NHS Borders welcomed the national team from HIS for a site visit regarding progress with the adverse events framework in October 2015. NHS Borders are tracking adverse events to ensure robust review and learning capture. Clinical Board Governance Groups oversee adverse events for their areas of responsibility; in addition performance in respect of timeliness in the management of adverse events is monitored through the CEOPs Group. General Managers are focusing on reviewing processes within each directorate for the management of adverse events to ensure timely assessment and feedback to staff.

Clinical Effectiveness

OPAH Improvement Activity

NHS Borders have maintained a focus on the care of older people in acute hospitals specifically concentrating on achieving reliability in patient assessment for incapacity, deterioration, tissue viability, falls prevention, food and hydration, communication with patients, relatives and carers and person centred care planning.

The Alzheimer Dementia Nurse Consultant is working with staff at ward level on a daily basis to support staff in relation to patients requiring constant supervision through one to one care. This is confirming clinical decision making and providing the opportunity for staff education. Other education continues in relation to Dementia skilled practitioners with five Senior Charge Nurses and the Associate Director of Nursing due to complete training by the end of April. This will add to the 35 members of staff already trained. A further 27 staff currently work at an enhanced level as Dementia Nurse Champions and a further 17 staff are recognised as expert in Dementia Care with the ability to advise others. Dementia informed training is embedded within the mandatory and statutory training programme.

Medicines reconciliation work is underway within the MAU with advice and support being provided through the Clinical Pharmacy Team to inform continual improvement.

The review of existing multidisciplinary assessments and Adult Unitary Patient Record (AUPR) has been completed with the introduction of revised documentation commenced in December 2015. Final revisions to the AUPR for consultation and rapid roll out by the end of April 2016. This work will inform roll out to community hospital sites thereafter.

In relation to improving end of life care a guidance notes has been developed to support staff detailing how to support patients, families and staff at the end of life. The protocol and guidance for bereavement has been reviewed providing more practical guidance on ways to support people and outlining the various forms of documentation available. A presentation was given at the Grand Round educational session in March 2015 by the Associate Director for Primary and Community Services on the topics of difficult conversations, deteriorating patients and how end of life care is being developed Resources from the presentation are being made available to staff on the intranet.

OPAH Inspection and Learning from Feedback Review

NHS Borders has invited HIS to undertake a proactive inspection of the quality of care for older people in acute hospitals. This inspection will be unannounced and will provide an opportunity to identify both good practice and areas for improvement following the last OPAH inspection in 2012 and the subsequent visit to NHS Borders in May 2015. A single report will be produced by HIS based on the unannounced inspection and a review visit to take place in April 2016 to look specifically at the learning from complaints, inspections, adverse events and ombudsman cases. It is anticipated that the review visit in April 2016 will involve sessions with frontline staff and NHS Board members. This process will provide an opportunity to identify and share good practice and will identify any area for improvement to enable NHS Borders to prioritise continual improvement activity for the coming year.

Person Centred Care Health and Care

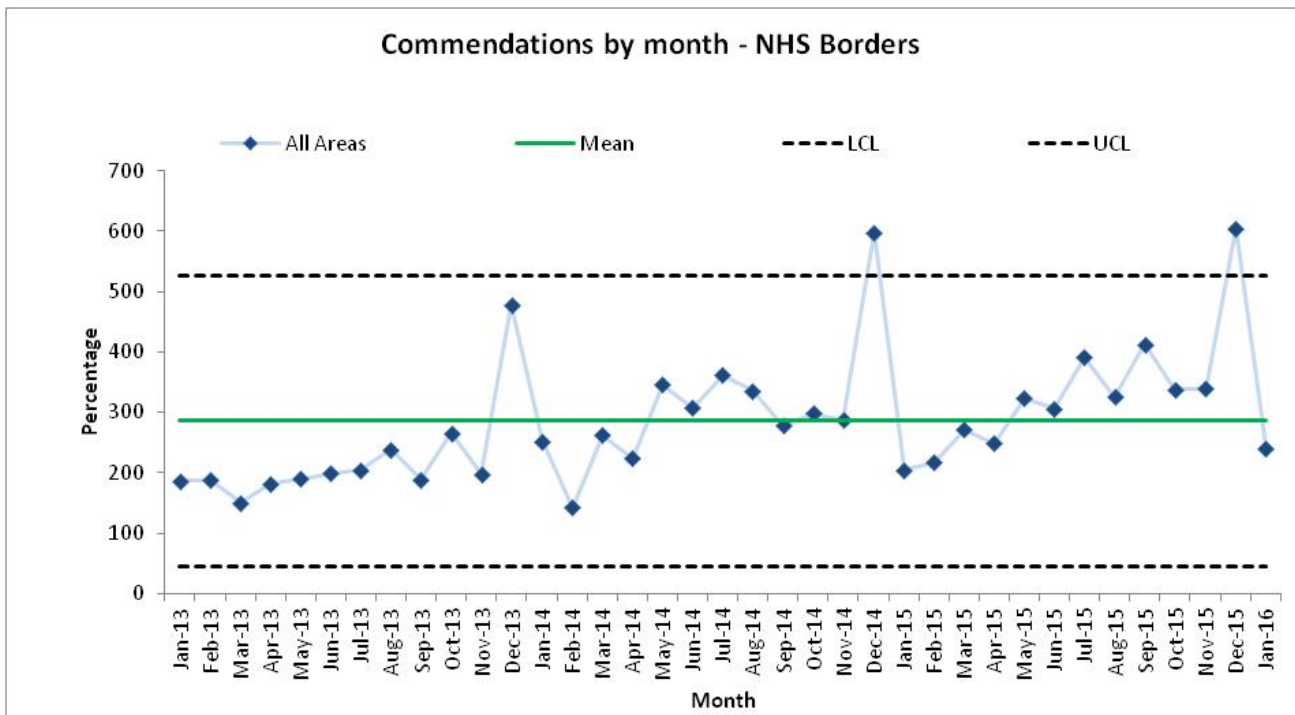
Feedback is collected through several different means within NHS Borders. The following report provides an overview of patient feedback received from:

- Commendations, complaints and concerns for the period January 2013 to January 2016
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to January 2016
- Decisions received from the SPSO in January and March 2016 and progress against investigation reports received in November and December 2015
- Patient Opinion online feedback received in January 2016
- Feedback received through the '2 minutes of your time' proactive patient feedback system between December 2014 and January 2016

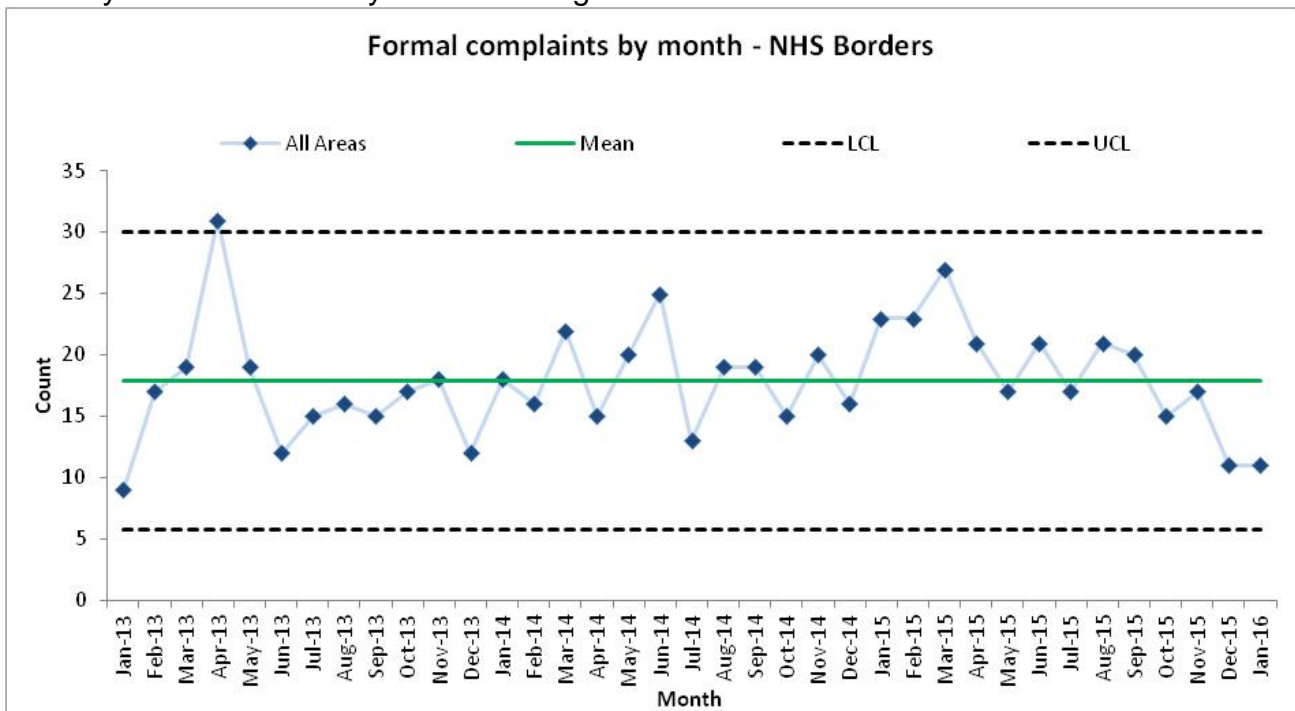
Complaints, Concerns and Commendations

A new approach to complaints handling has been introduced since November 2015 as presented at the Board Development Session in greater depth in January 2016. Changes to the approach have included an increase in the amount of direct dialogue and face to face meetings with patients, families and staff as part of the investigation and follow up process. This model, whilst requiring additional steps and greater involvement from range of staff is felt to be delivering a better outcome for those who have taken the time to provide feedback on NHS Borders services. Following testing the focus is now on embedding the new process by the end of April 2016 and on seeking some feedback from patients and families on the process.

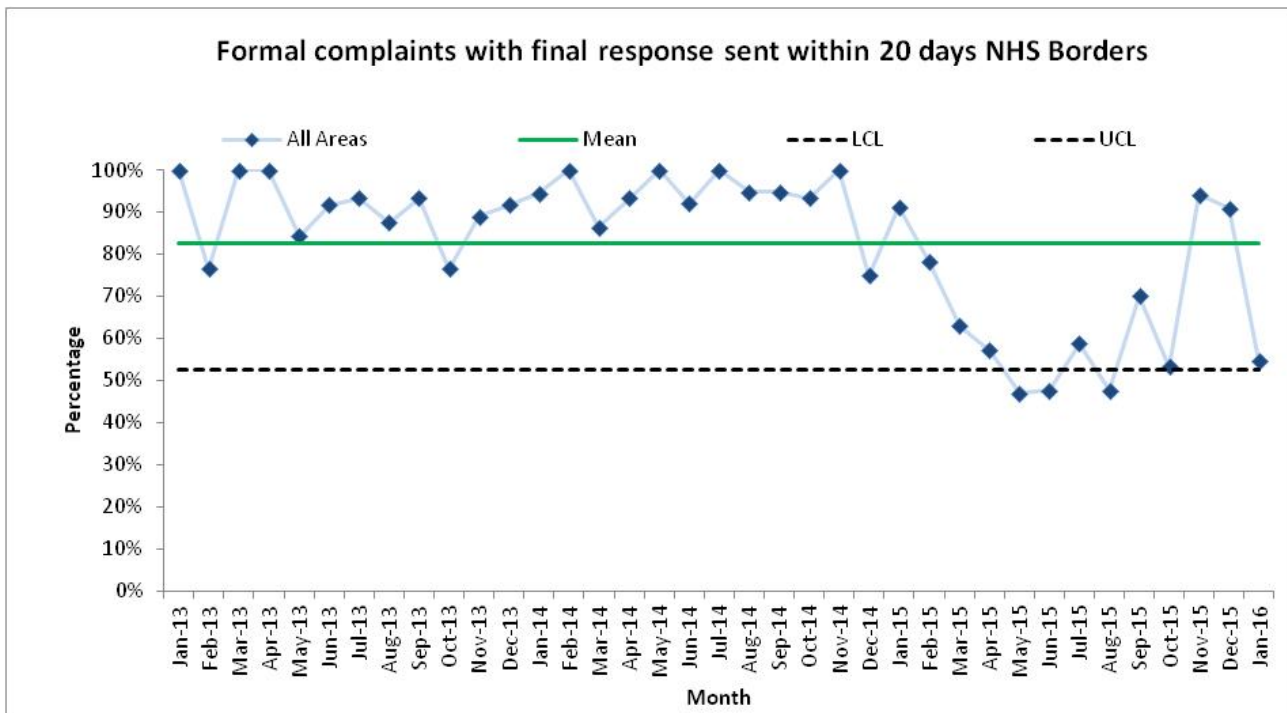
The graph below details commendations received between January 2013 and January 2016 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



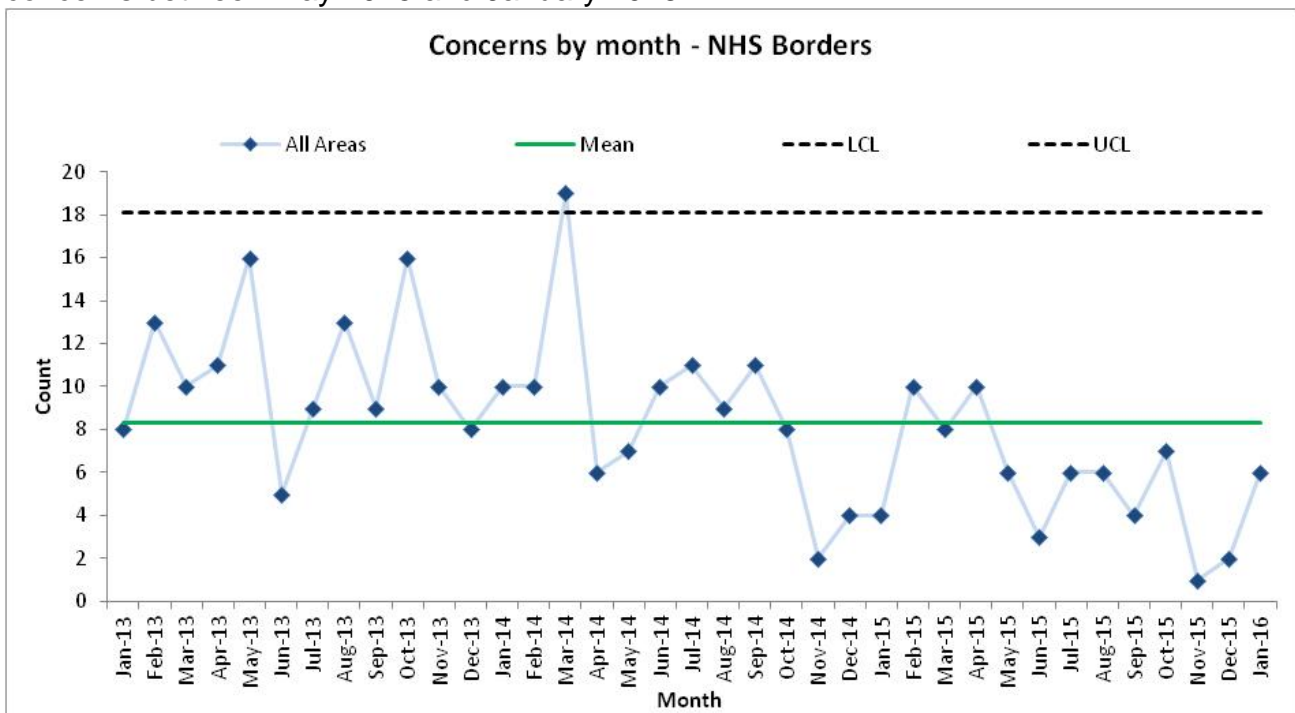
The graph below details the number of formal complaints received for the period between January 2013 and January 2016 showing normal variation:



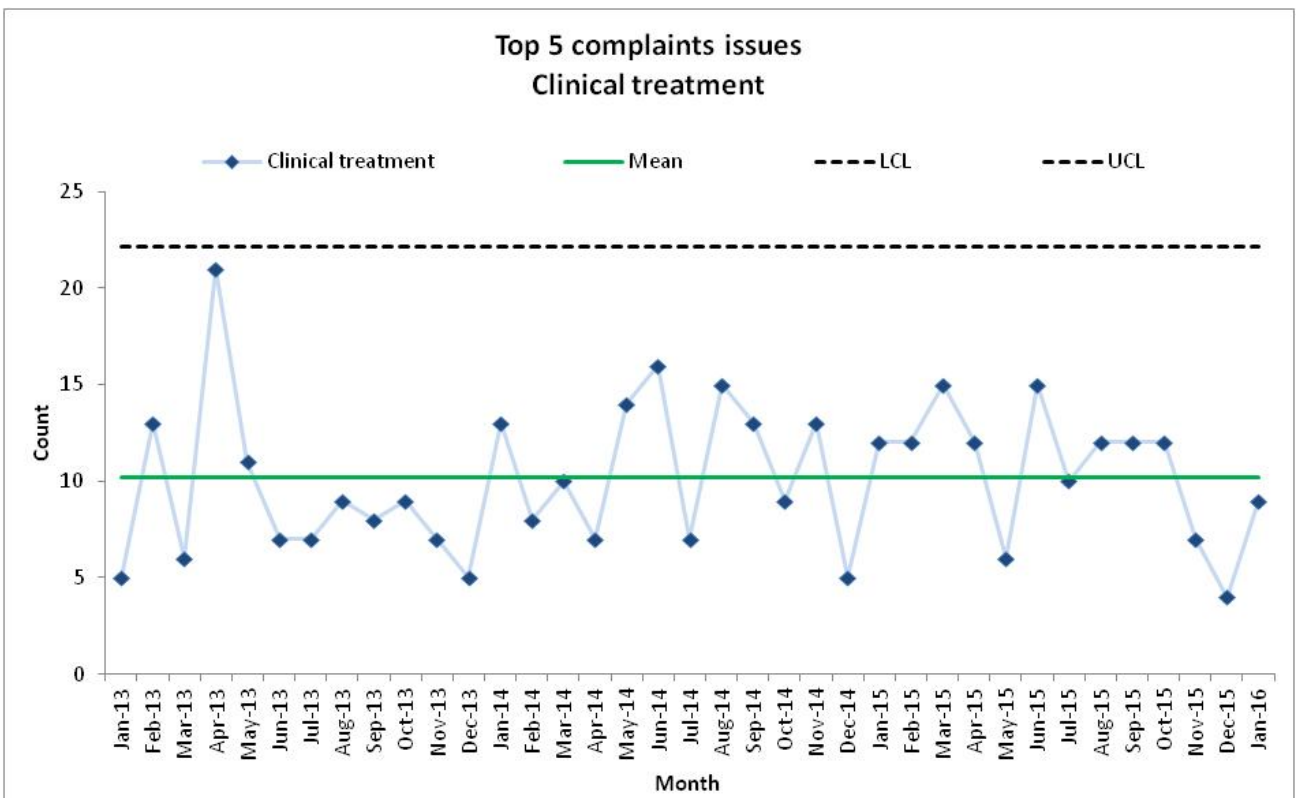
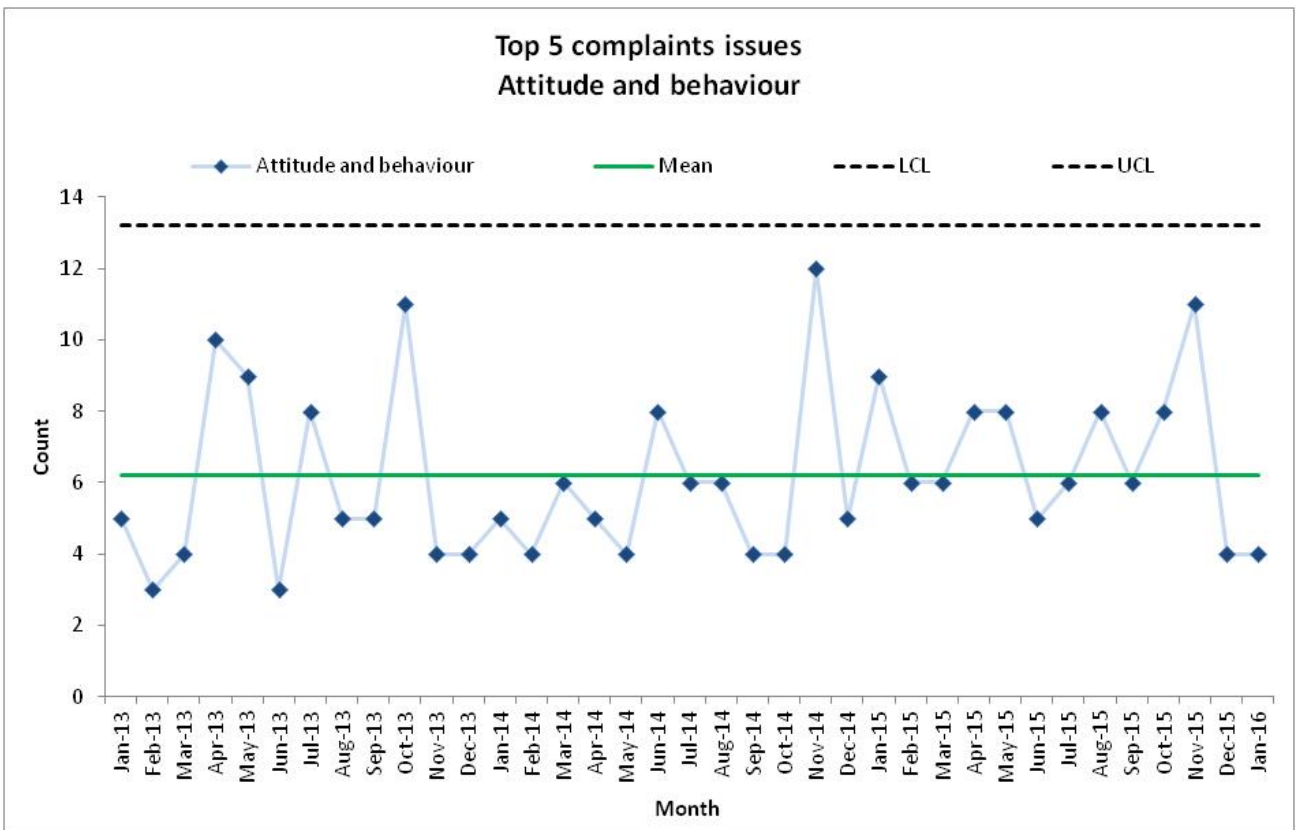
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to January 2016 is outlined in the graph below. A shift in performance has been noted between January and November 2015. Some positive outcomes are being noted from the change to the complaints handling process but not yet a sustained improvement against the 20 working day response:

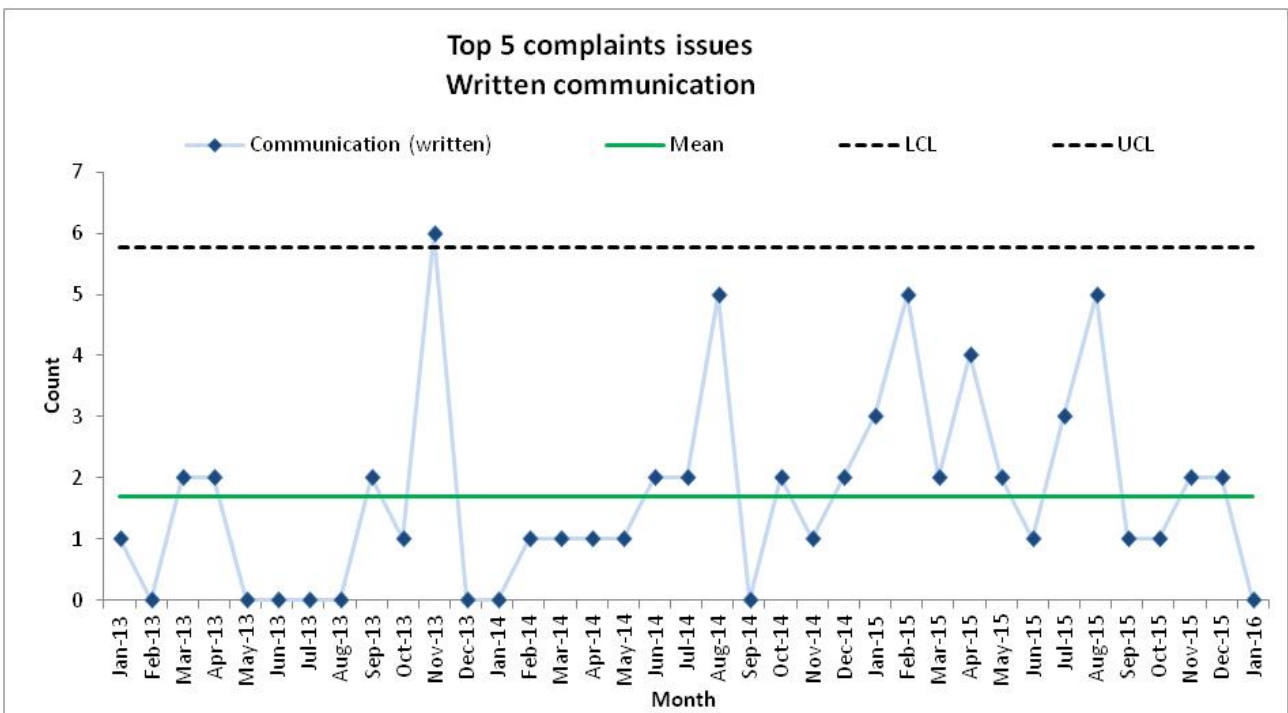
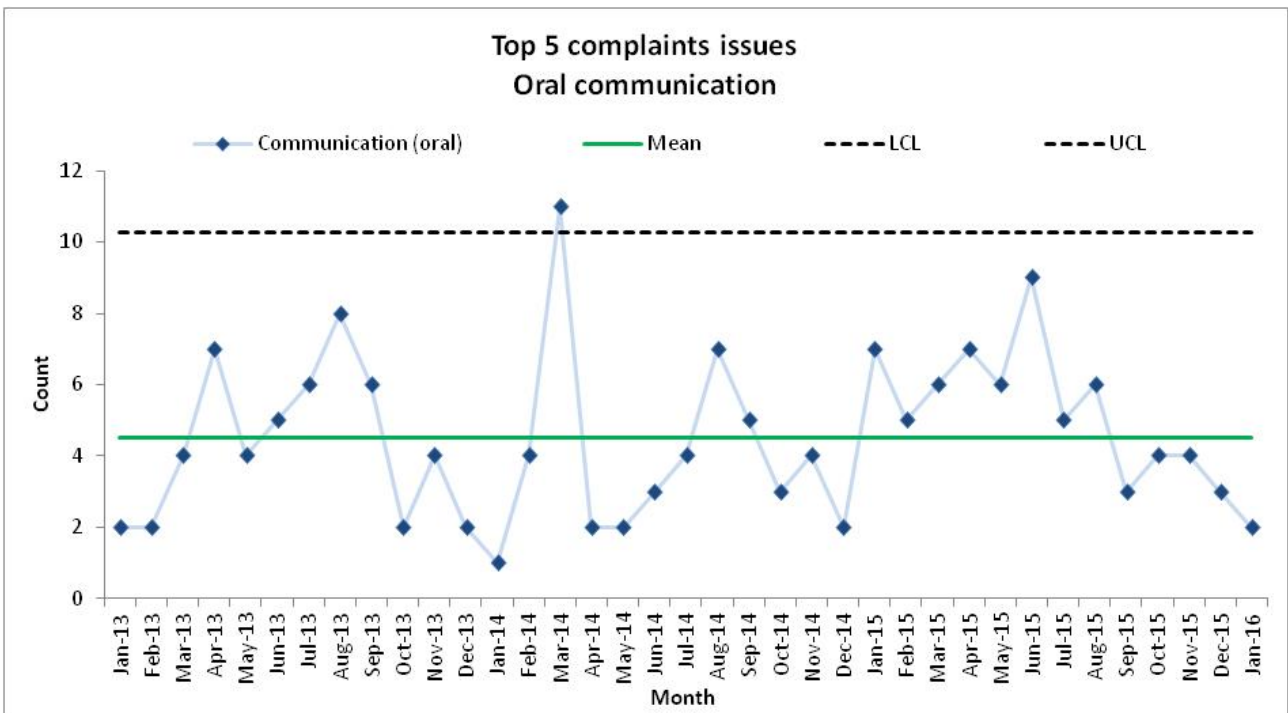


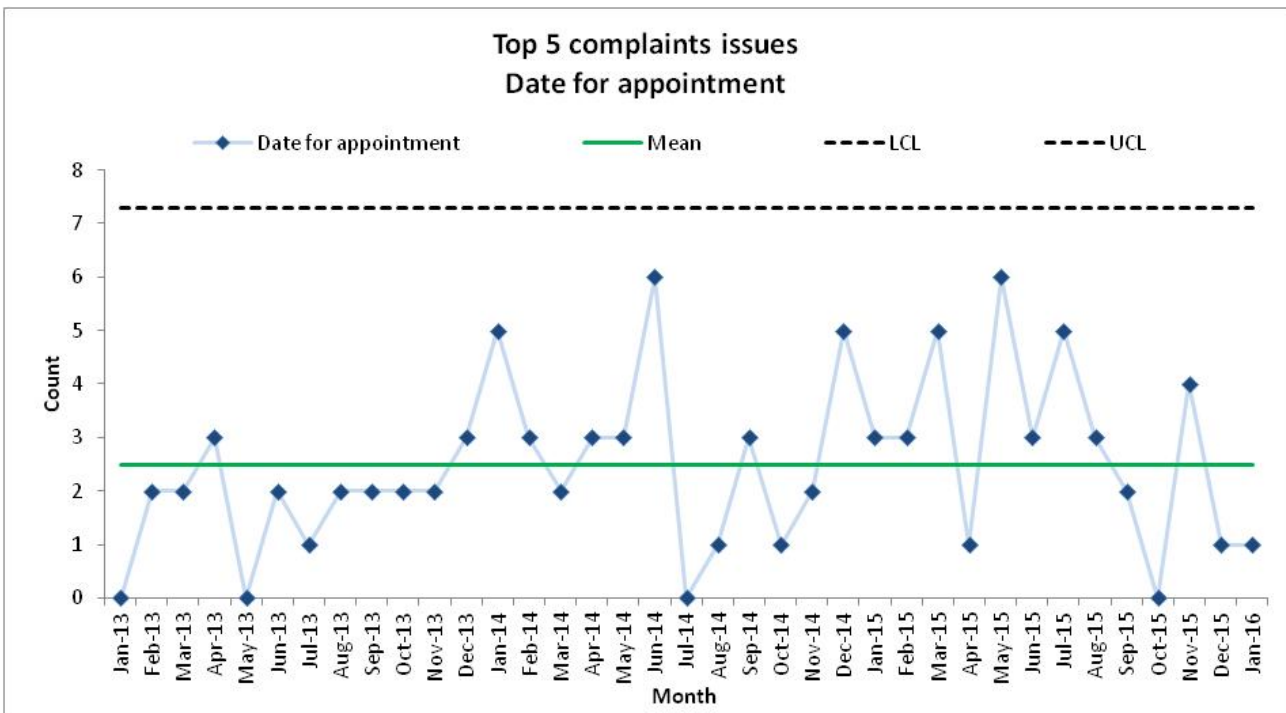
The graph below details concerns received showing a shift and reduction in the number of concerns between May 2015 and January 2016:



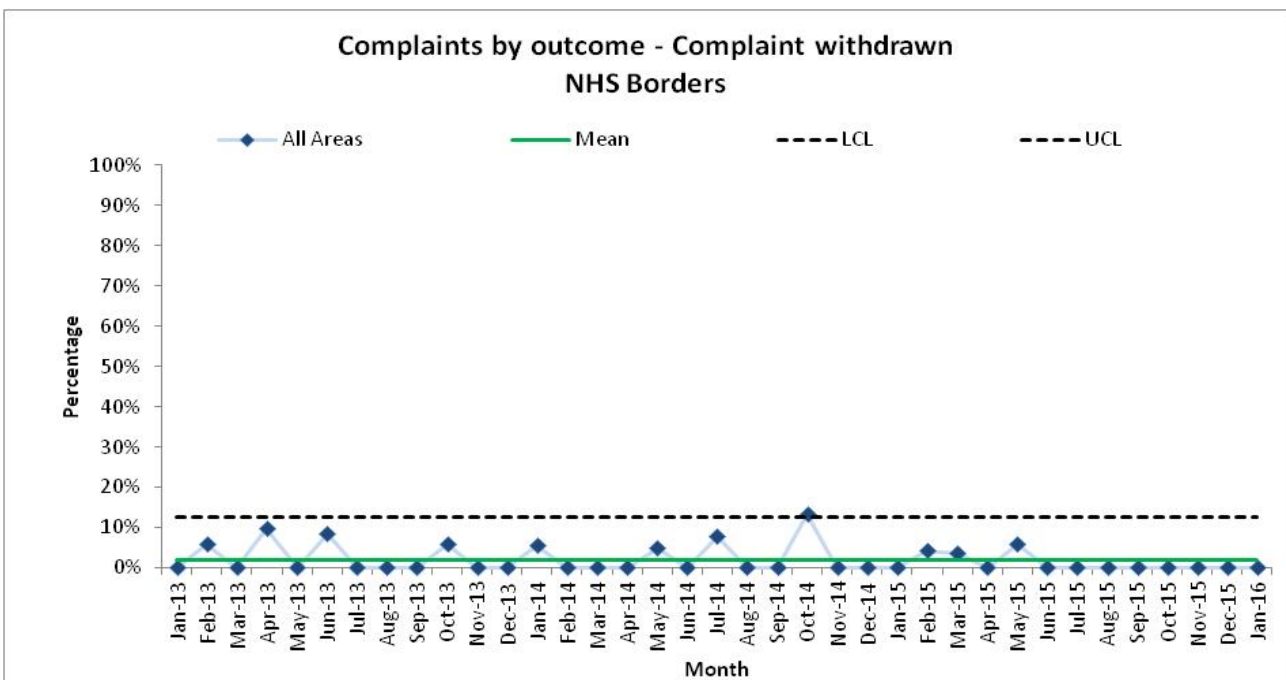
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in complaints received between January 2013 and January 2016 all showing normal variation.

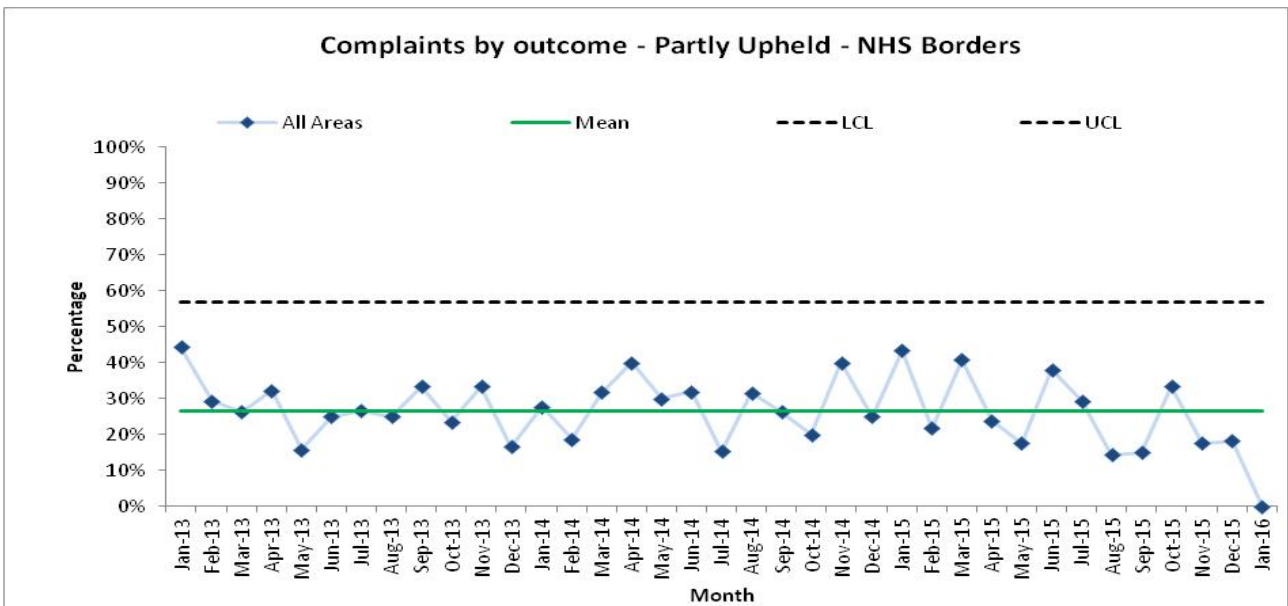
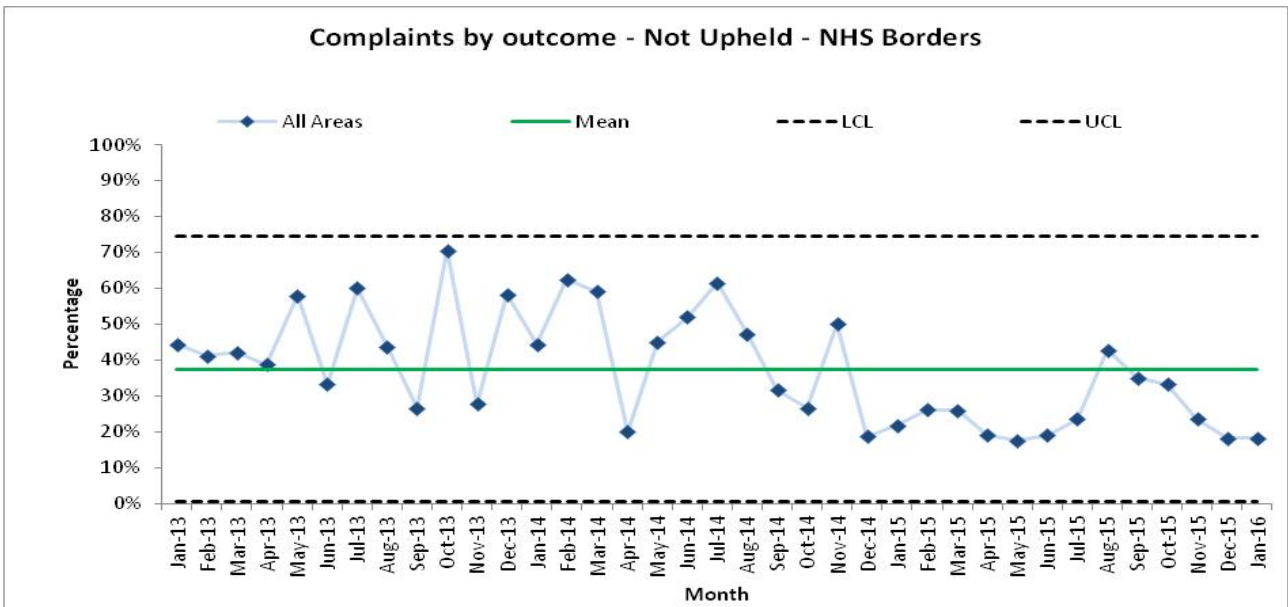
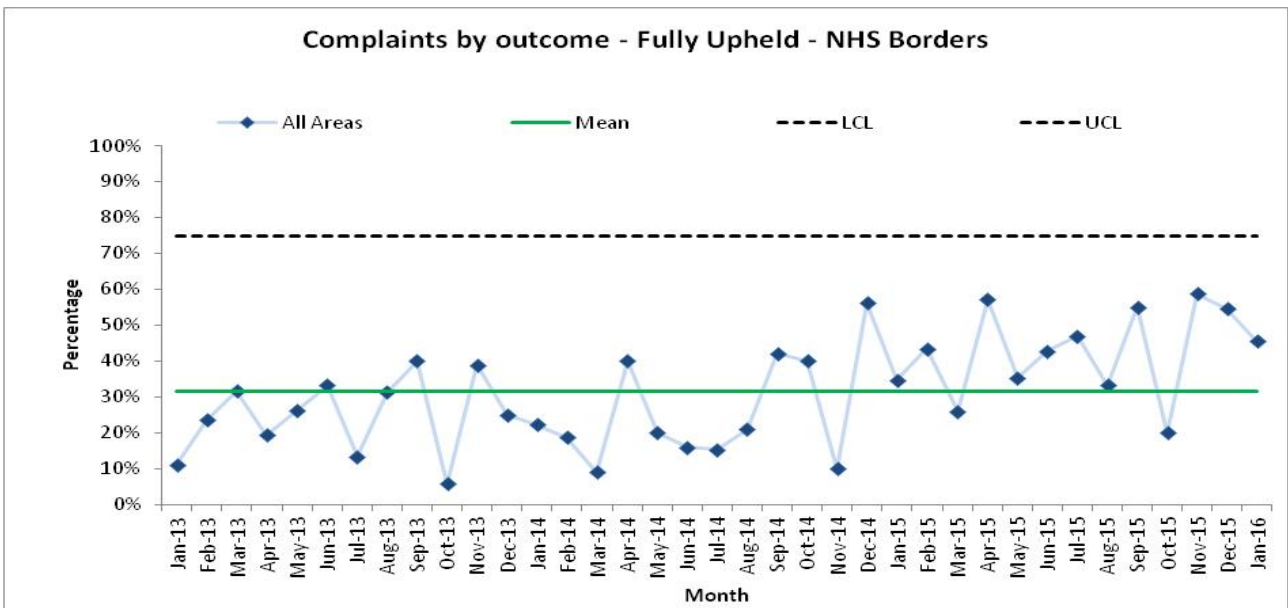






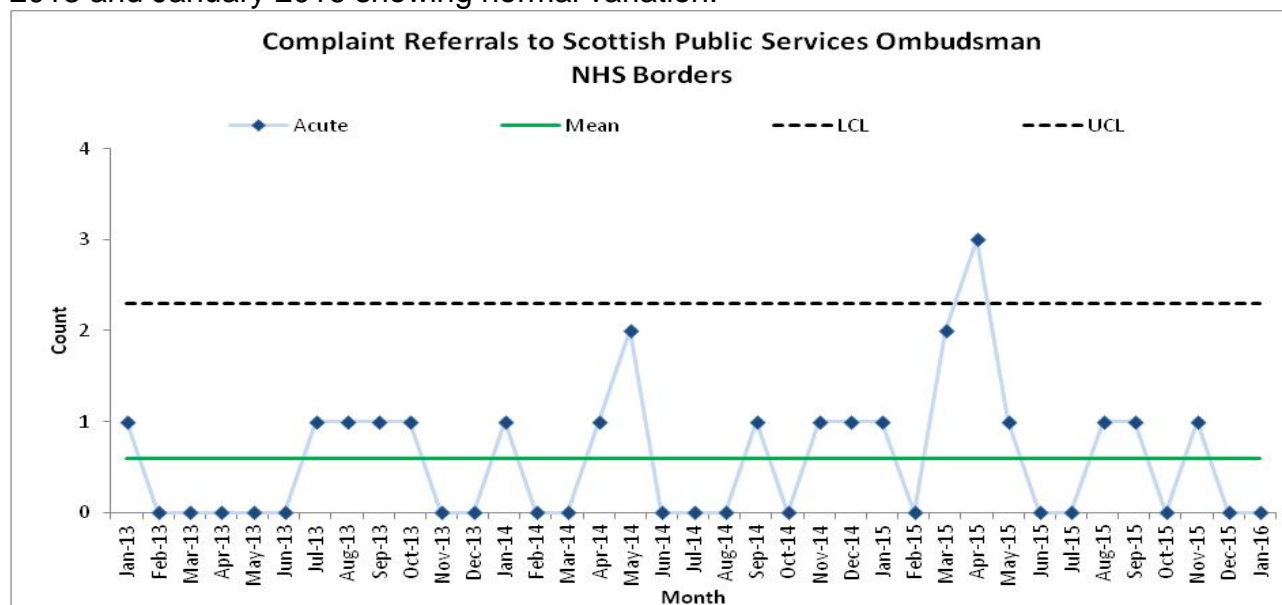
The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and January 2016 a shift is noted in the number of complaints which are not upheld between December 2014 and August 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:





SPSO Investigation Reports and Decision Letters

The graph below outlines the number of complaints taken to the SPSO between January 2013 and January 2016 showing normal variation:



The table below provides an overview of decisions received from the SPSO in January and March 2016:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201405563	That the consultant: 1. Unreasonably decided that patient should undergo a caesarean section; and 2. Failed to communicate with patient and husband in an appropriate manner	1. Not Upheld 2. Upheld	Given action already identified in complaint response no recommendations were made	Closed
201406607	That Board staff: 1. Unreasonably put in place and maintained DNACPR status for Mrs F during March 2014 to June 2014 without informing Mr F who had power of attorney That Borders General Hospital staff: 2. Carried out a PEG procedure and subsequent feeding and management inappropriately in May 2014 and	1. Upheld 2. Not upheld 3. Not upheld 4. Upheld	1. That the board apologise to Mr F for failure to properly involve him in discussions about Mrs F's DNACPR status by 8 th April 2016 2. That the Board remind medical staff of the importance of involving patients and their carers in discussions about their end of life care and of documenting such discussions by 8 th April 2016 3. That the Board review their process for checking and prescribing relevant medication following admission and advise the Ombudsman of the steps they have taken to avoid a repeat of the failings this investigation has highlighted. To be actioned by 10 th	In progress

	<p>June 2014.</p> <p>3. Provided inadequate care to Mrs F between March 2014 and June 2014 – not upheld but one recommendation made in relation to other aspects of care</p> <p>That The Boards:</p> <p>4. Response to Mr F's complaint was inadequate</p>		<p>June 2016</p> <p>4. That the Board apologise to you for the inadequate response to your complaint by 8th April 2016</p> <p>5. That the Board remind complaint handling staff of the importance of investigating and responding to complaints comprehensively and accurately, ensuring that information provided is supported by available evidence and that any discrepancies are reflected in correspondence with complainants. To be actioned by 8th April 2016</p>	
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*Note: The full reports can be accessed here www.spsso.org.uk

The SPSO published two upheld reports in November and December 2015 on care delivered within the Borders General Hospital in 2014:

- Case 201405009 concerned a patient with terminal cancer who received poor assessment and management of pain control in the Emergency Department (ED) and the MAU
- Case 201404767 concerned a patient who was poorly managed in the MAU and DME ward over two separate episodes of care, with a lack of attention to care needs and a failure to involve the family as guardians in the patients care, and poor standards of end of life care.

The approach that has been taken in addressing these cases has involved meeting with the families involved to hear their experience in addition to the development of actions that ensure that the failings identified by the SPSO will not happen again and that changes will apply across the entire system. For case 1 a total of 9 actions were agreed to address the gaps identified. Six actions are now complete and 3 are in progress. For case 2 a total of 23 actions were agreed. Thirteen actions are now complete and a further 10 actions are in progress with 6 close to completion and a further 4 actions have longer-term timescales.

Progress against actions is being monitored weekly until complete. Maintenance of standards will be embedded into scorecards and other monitoring and assurance mechanisms. The Board Clinical Governance Committee is receiving an update on progress at each meeting.

Patient Opinion Feedback

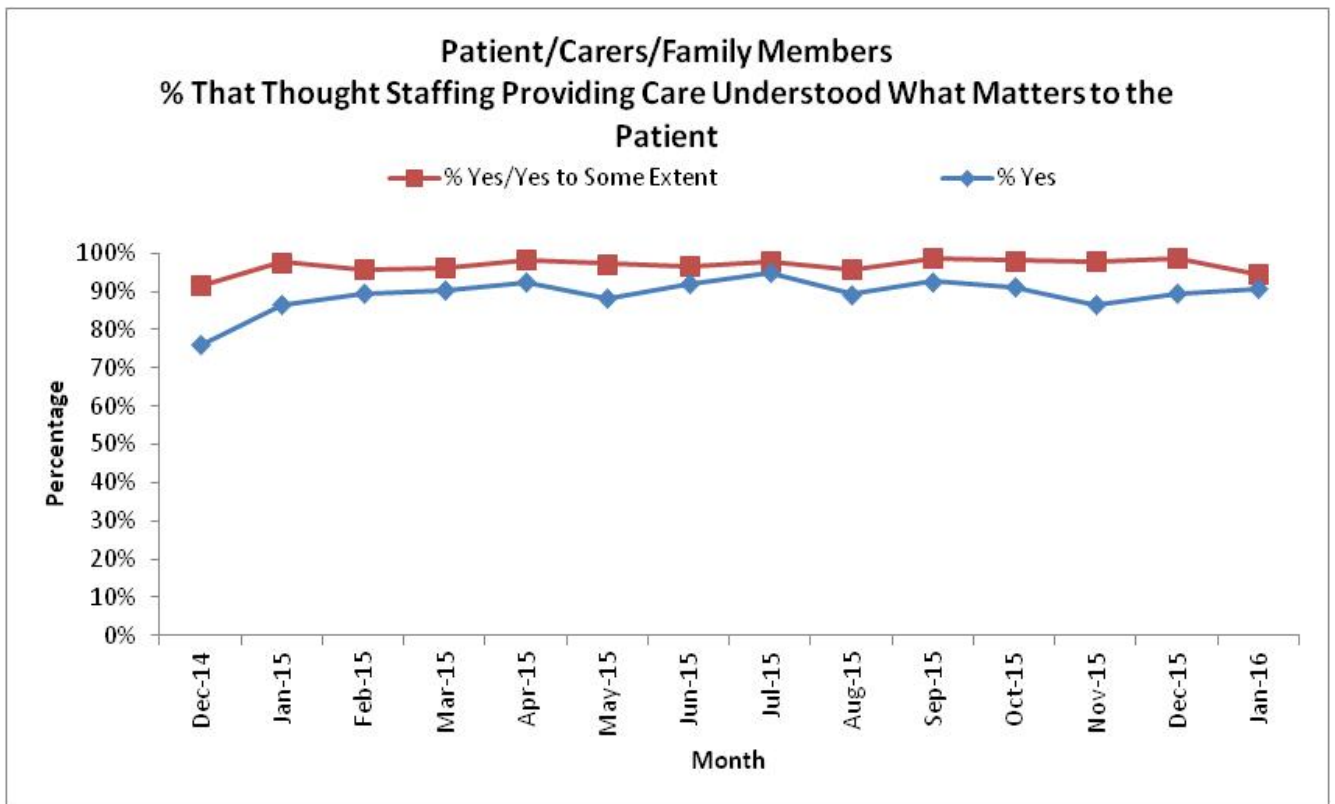
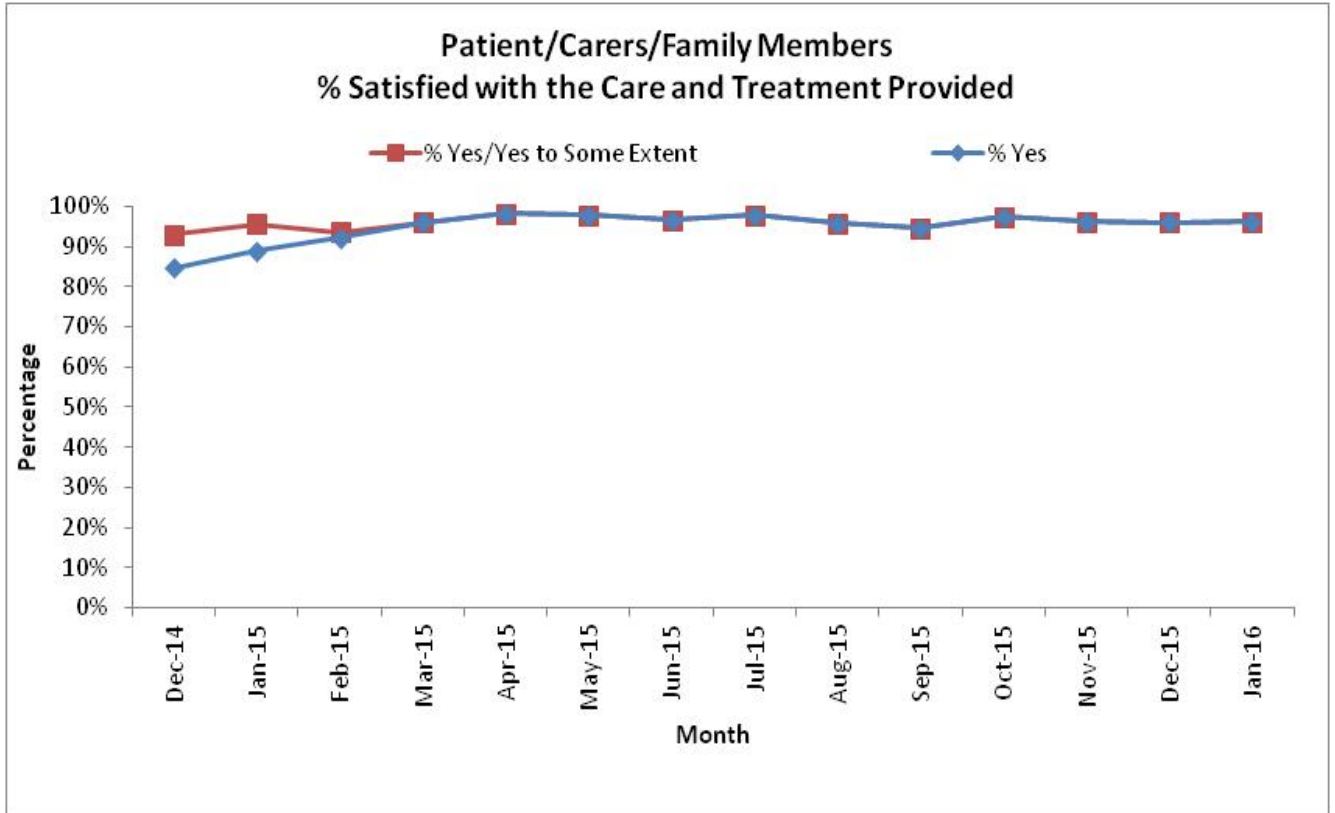
The table below outlines feedback received in January 2016 through the Patient Opinion website relating to patients experience of NHS Borders services:

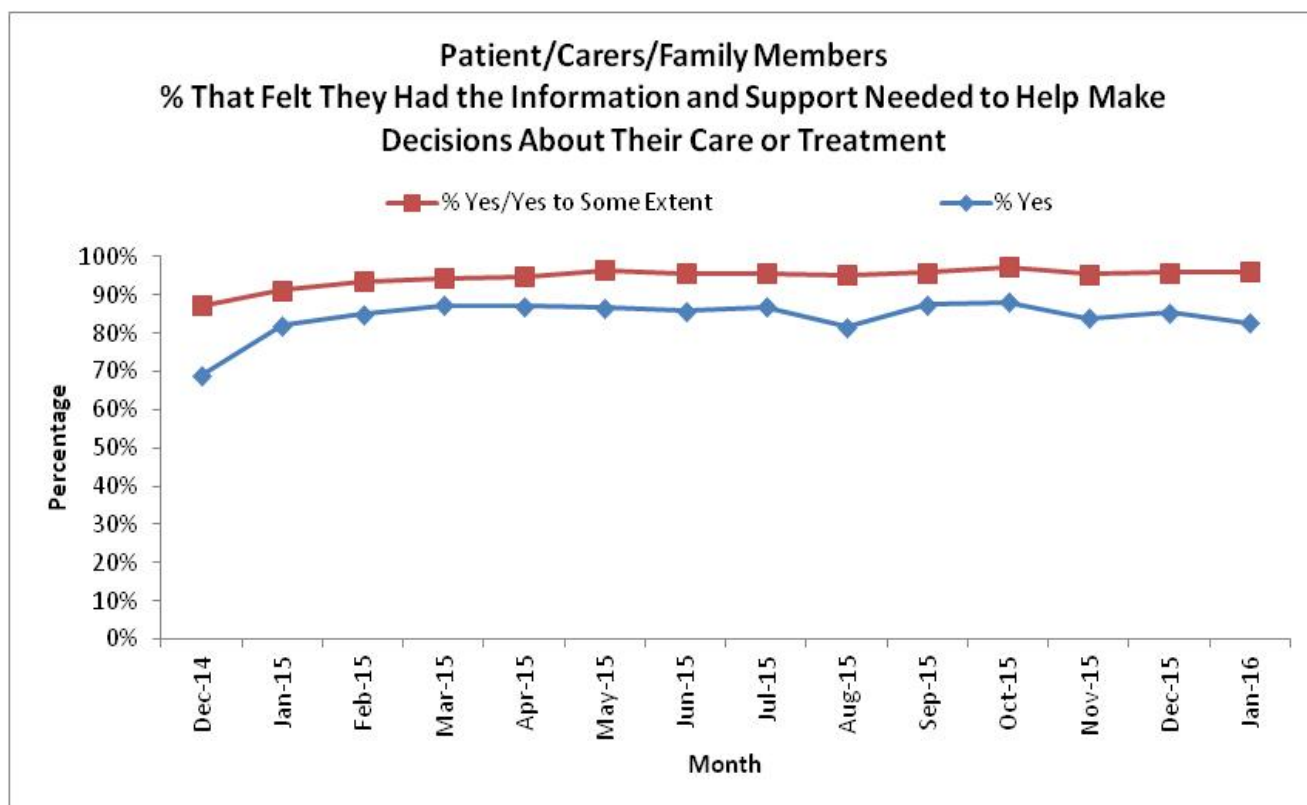
Month	Title	Criticality *	What was Good	What could be improved	Action Taken
Jan 2016	Mental Health services in NHS Borders	1		Empathy	Response provided with staff contact details.

Patient Feedback Volunteers

There are now a total of 16 patient feedback volunteers. The increase in the number of volunteers is enabling NHS Borders to now widen the reach of volunteers to cover additional public and clinical areas to obtain feedback from patients, carers and visitors.

The graphs below outline the feedback received against the three core questions used by volunteers:





The presentation on gathering patient feedback at the recent HIS National Person Centred Care event around the use of volunteers to drive forward and support this work was well received. A number of colleagues from other NHS Boards showed a keen interest in this work taking away examples of our questions and methods of collecting and reporting this information to test in their own areas.

Patient feedback volunteers are supporting:

- The new Acute Assessment Unit (AAU) and Ambulatory Care Unit (ACU). The feedback is discussed at team meetings in order to continuously improve the experience for future patients
- Focused work in all clinical areas to gather feedback on patient safety

Volunteering

There has been significant interest in new roles developed to support the Early Years Centres in Selkirk, Eyemouth and Hawick.

The Volunteering Information System being rolled out by the national volunteering programme is now live in NHS Borders. All data on our current volunteering activity has been migrated across to the new system and it is now being used to record and track volunteering recruitment and placements.

The Board Strategy and Performance Committee in February 2016, heard a patient story from one of the NHS Borders volunteers about their journey to becoming a volunteer. Stories like this are being collated so that those who contact NHS Borders about volunteering opportunity can gain a better perspective on the opportunities volunteering can offer and the practicalities of becoming a volunteer.

Patient Flow

Planned Care Surgical Flow Programme

Work underway to improve patient flow in planned care is progressing well and options presented following detailed modelling are now being worked up in further detail to consider resource requirements. This will include an option to improve flow in theatres for unscheduled cases following the introduction of a revised urgency classification system. In addition options are being reviewed to gain improved flow of patients through the elective and unscheduled inpatient bed footprint.

This work is being progressed in partnership with the Scottish Government and the Institute for Healthcare Optimization as part of a national testing workstream. This work provides a significant opportunity for NHS Borders to accelerate local improvements to build a sustainable surgical service and to inform national discussions about the design of district general hospitals. There is exceptional clinical engagement in this piece of work from local clinical leads for surgical specialities, anaesthetics and nursing. A full implementation plan will be developed following full consideration of resources and the preferred option.

Unscheduled Care Acute Assessment Unit (AAU)

The AAU at the BGH opened on 2 December 2015 with the purpose of ensuring that timely assessment of acutely unwell patients occurs based on clinical condition, with senior clinical decision makers involved as early as possible. The aim of this process is to assess to discharge rather than admit to assess. The standards the unit is working to are:

Target	Jan 16	Feb 16
To assess and discharge 30% of patients seen in AAU	32.97%	26.19%
Time to 1 st review by nursing staff within 15 minutes from arrival	86%	92%
Time to 1 st assessment by medical staff within 60 minutes from arrival	75%	71%
Time to 1 st assessment by medical staff within 120 minutes from arrival	92%	95%
Emergency Access Standard of 95%	82.97%	90.10%

Every breach to the agreed standards is examined on a daily basis to continually improve the service for patients.

Ambulatory Care

Ambulatory care opened on 2 December 2015 providing a safe alternative to acute hospital admission. Ambulatory care releases capacity from the inpatient footprint and thus allows more effective and efficient care to be given to those requiring admission and improves patients overall experience. To date 344 patients have been seen in the ambulatory care service with 300 (87.2%) of those patients being safely discharged home.

Morning Discharges

Improvement work is ongoing to provide effective patient flow through the BGH by creating early capacity in inpatient areas, thus ensuring all emergency admissions arriving via the ED or AAU are assessed and if necessary admitted within the 4 hour Emergency Access Standard or discharged if clinically appropriate. Actions include ward-level data which is produced to close the loop on ward discharges by identifying patients for discharge and following them through the next day. Estimated discharge times for next day discharges are now given by each ward and workload is now planned at the new morning huddle in the Discharge Lounge around those times.

Collaborative working is underway with the Scottish Ambulance Service (SAS) to provide transport earlier in the day for Community Hospital discharges, this will provide a targeted time for BGH transfers to Community Hospitals.

Work is also underway to ensure discharges continue at all times of the week including weekends. This work includes focused use of the Short Term Assessment and Reablement Team (START), increased Hospital Manager presence and cover from the Rapid Assessment and Discharge (RAD) team at weekends to ensure a consistent approach to patient flow 7 days a week.

Connected Care

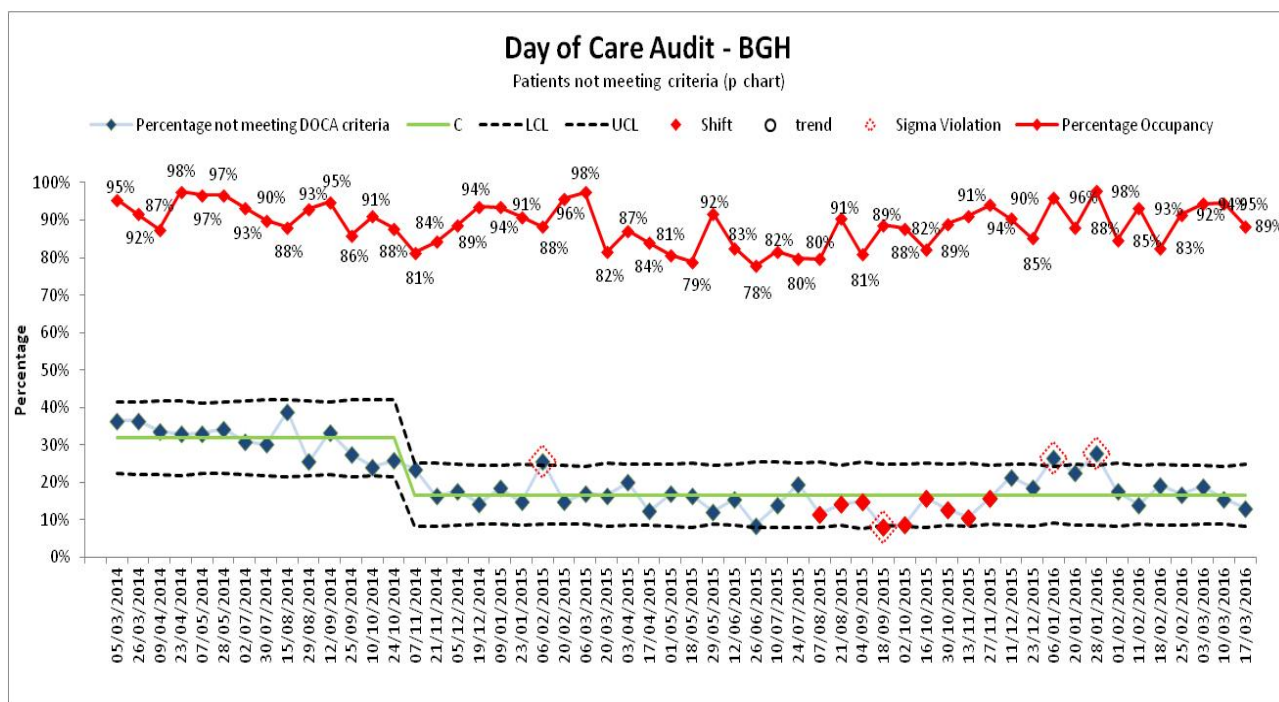
The Connected Care Programme is fundamentally about “no person being in hospital who does not require hospital care”. The programme aims to develop systems and processes to ensure no delay, no unnecessary hospital stay and no delay in care intervention for the residents of the Scottish Borders.

The Connected Care Programme is this month testing work across health, social care, voluntary and independent sectors including:

- “Ticket Home”, the patient information booklet that is intended to provide patients and their relatives/carers with information regarding discharge from hospital. Previous feedback from patients/relatives/carers has indicated they felt that information provided regarding their discharge was poor. The plan is to test the draft booklet with patients in one ward at the BGH this month.
- Social Work Screening Tool for use by care managers at point of admission to hospital. The tool is intended to enable identification of patients likely to require social work input. This will ensure early pick-up of people who will require services and care arranged or provided via social work and therefore facilitate efficient and effective discharge at the point the person no longer requires acute hospital care. Testing is being carried out in the ED, AAU and MAU at the BGH.

The Day of Care Audit (DoCA) continues to be used as a measure of success in supporting a reduction in patients who are medically fit, who are waiting for discharge. Currently DoCA is being carried out on a weekly basis, on a Thursday morning, in the BGH. DoCA had also commenced in the four community hospitals with a plan to do this on a monthly basis from March 2016.

The graph below shows BGH performance in respect of the percentage of patients not meeting day care audit and bed occupancy for the period March 2014 to March 2016. The graph demonstrates a sustained shift in the number of patients who are medically fit awaiting discharge in the BGH, showing a sustained shift in a positive direction:



Recommendation

The Board is asked to **note** the 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 Clinical Board Governance Groups, the 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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