

**Borders NHS Board****BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – FEBRUARY 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**

The National Scottish Patient Safety Programme is currently at the end of a 90 day consultation process with the aim of informing the next phase of the Programme from April 2016. As reported in the last Board report, there is no decision as yet from the national team regarding the direction of the Scottish Patient Safety Programme, but it remains highly anticipated that the workstreams will be 'pathway' focused as opposed to topic focused for the acute adult workstream.

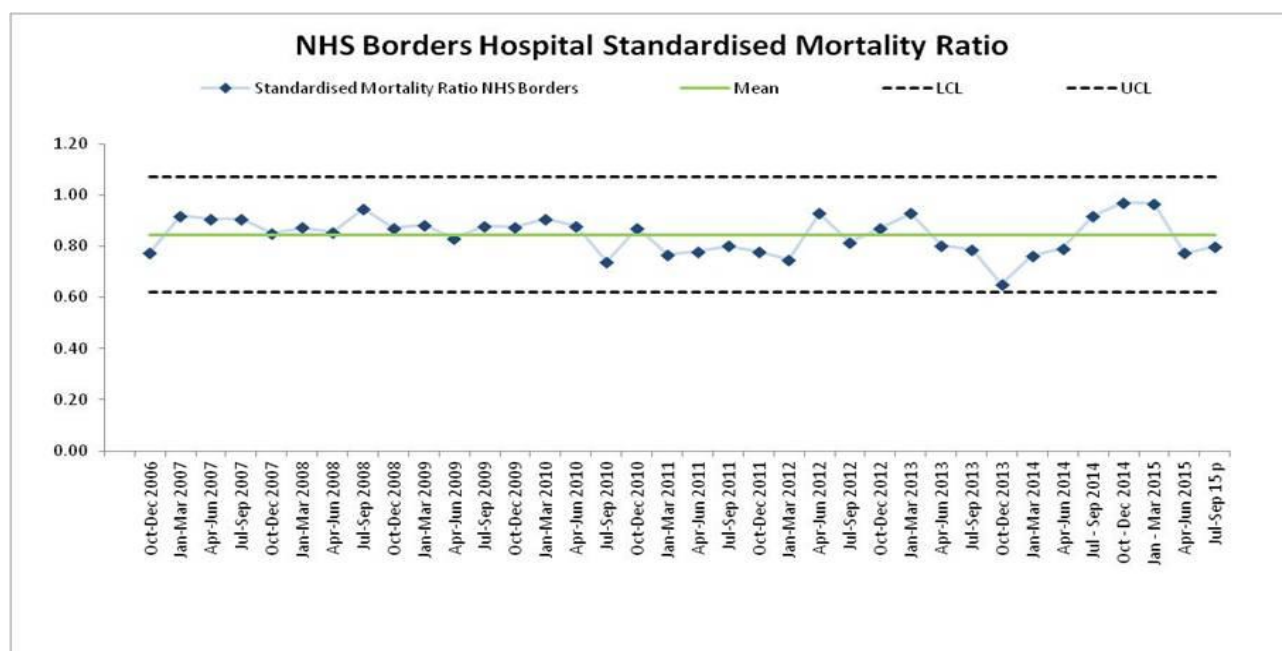
**Hospital Standardised Mortality Ratio (HSMR)**

As reported in the last Board report, NHS Borders monitors HSMR on a routine basis as one of a set of measures to assess quality and safety of care.

HSMR data includes all deaths within 30 days of admission to hospital (BGH) 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 remains at 0.84 as demonstrated in the control chart below and data remains within the upper and lower control limits showing normal variation:



NHS Borders carry out mortality reviews using the Institute for Healthcare Improvement Global Trigger Tool to review deaths occurring in the Borders General Hospital (BGH) to identify harm and any learning point relating to quality of care.

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

### Work-stream 1: Board to Ward Level

Refinement of the dashboard used at the weekly Joint Executive Team (JET) meetings continues using improvement methodology (PDSA cycles) on a weekly basis. The daily hospital wide safety huddle script is now embedded, based on the dimensions of the Framework, and the four Community hospitals now dial in to report the same data as the BGH, giving an overall barometer of safety in the Organisation.

As reported in November, the BGH and Primary Community Services (PCS) Governance groups continue to test the framework by reporting on issues, and providing assurance by using the five domains of the Framework. This is also refined on a monthly basis and the format is now being adopted at the Board Clinical Governance Committee for reporting.

### Work-stream 2: Frailty Pathway

Screening for frailty on admission has been introduced to ensure a rapid multi disciplinary assessment takes place within 24 hours of admission. This screening tool is embedded within core documentation, and in conjunction with the Older People in Acute Hospitals improvement work (OPAH), improvements are being shown in the reliable care assessment and planning for the over 65 years age group. The Older People Liaison Nurse is testing 'pulling' patients rather than relying on a referral to be made, a system which is used in other NHS Boards.

### Health Foundation Deteriorating Patient Project (Innovating for Improvement)

Small scale testing is underway using the National Early Warning Scoring System (NEWS) and a revised escalation procedure to monitor deterioration in the three project test sites including, the Borders Emergency Care Service (BECS), Kelso Community Hospital (KCH) and Waverley Care Home, Galashiels. Testing and educational work has begun to support

the introduction and use of the Situation, Background, Assessment and Recommendation (SBAR) communication tool across these test sites. There is significant interest in this work nationally and from other NHS Boards and trusts that are looking to develop similar models learning from the experience in NHS Borders.

### **Adverse Events**

NHS Borders welcomed the national team from Healthcare Improvement Scotland (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 Clinical Executive Operational Group.

### **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 introduction of a dataset for the Medical Assessment Unit and Ambulatory Care Unit to assess timeliness of patient assessment

### **Inspection**

An Older People in Acute Hospitals inspection has been requested by NHS Borders to support the assessment of the organisations position and to identify opportunities for improvement. HIS have agreed to support this and will be working with clinical staff over the coming months to agree the scope of the review to maximise the learning for NHS Borders.

### **Research**

Following a site visit in November 2015, NHS Borders has been successful in attracting a second commercial research study in Gastroenterology. This study which will involve patients with Crohn's Disease and is expected to commence in March 2016 following conclusion of the NHS Ethic's approval process. In addition NHS Borders is currently waiting to see if it has been successful in being considered as a site for a Rheumatology Biosimilars study.

A new non-commercial study in dementia has now opened and this is the first clinical trial NHS Borders has participated in for this area. The aim is to continue to build capacity within Mental Health research. Oncology and Haematology continue to maintain a high level of research activity.

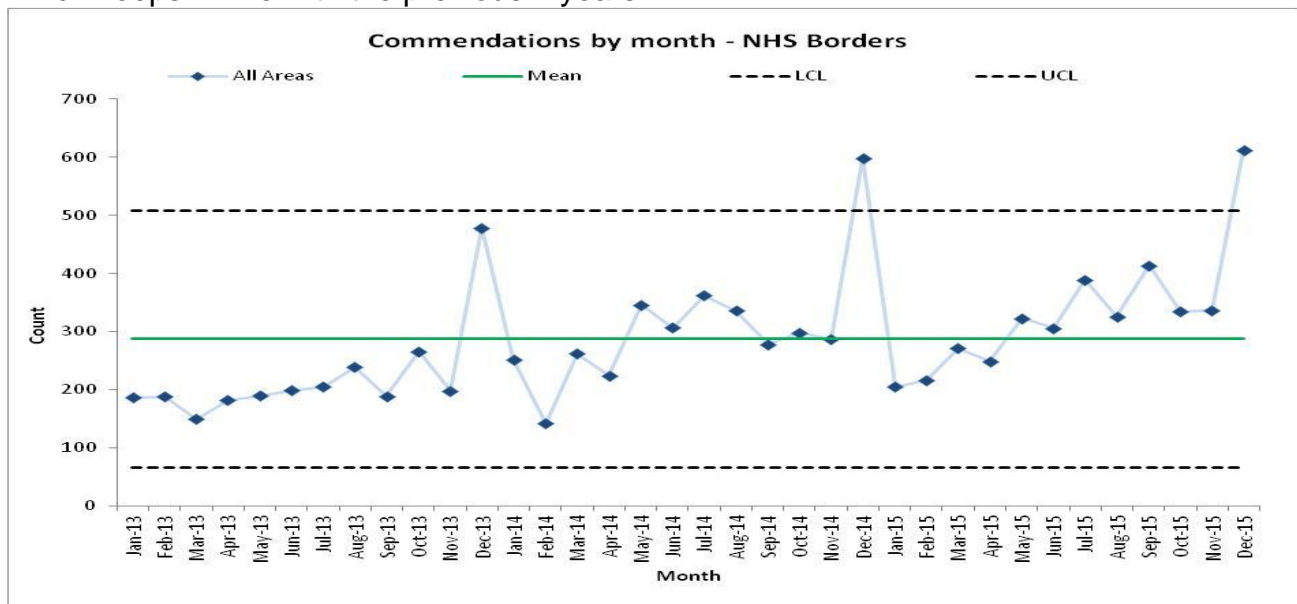
## Person Centred Health and Care

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

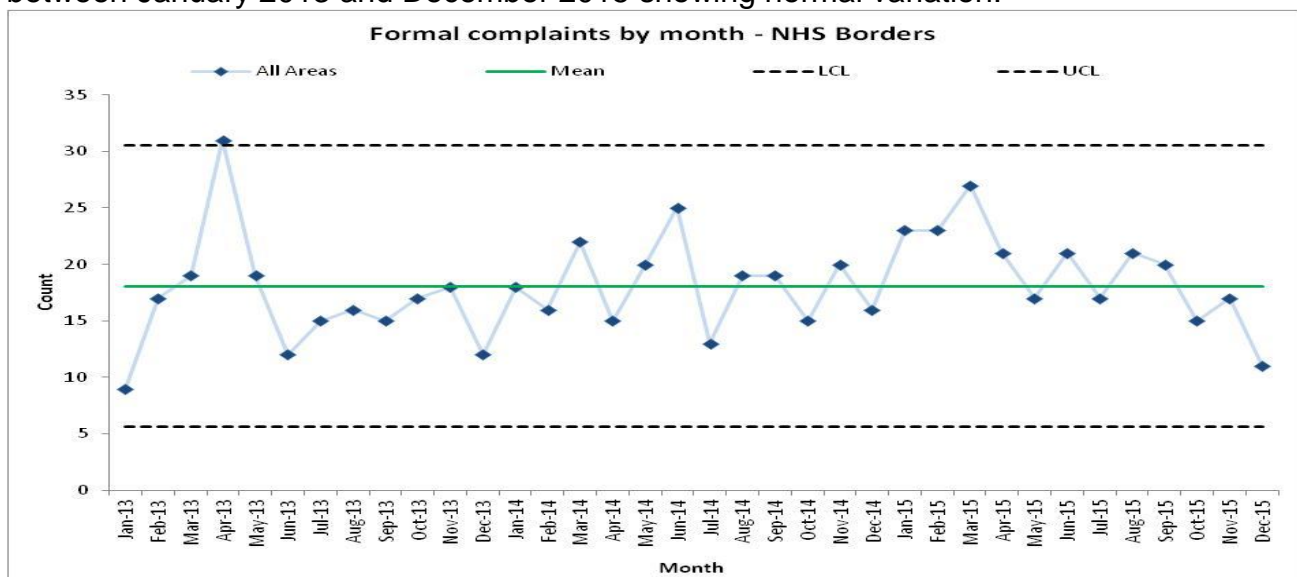
- Commendations, complaints, and concerns for the period January 2013 to December 2015
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to December 2015
- Patient Opinion online feedback received between October 2015 and December 2015
- Feedback received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

### Complaints, Concerns and Commendations

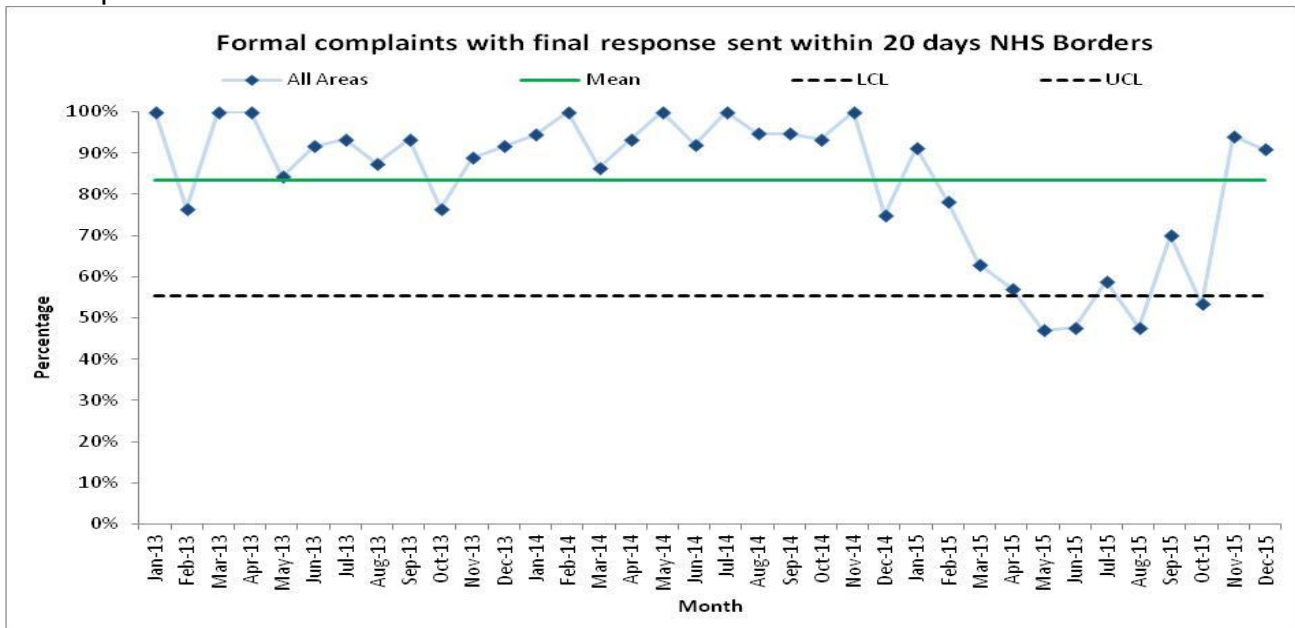
The graph below details commendations received between January 2013 and December 2015 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



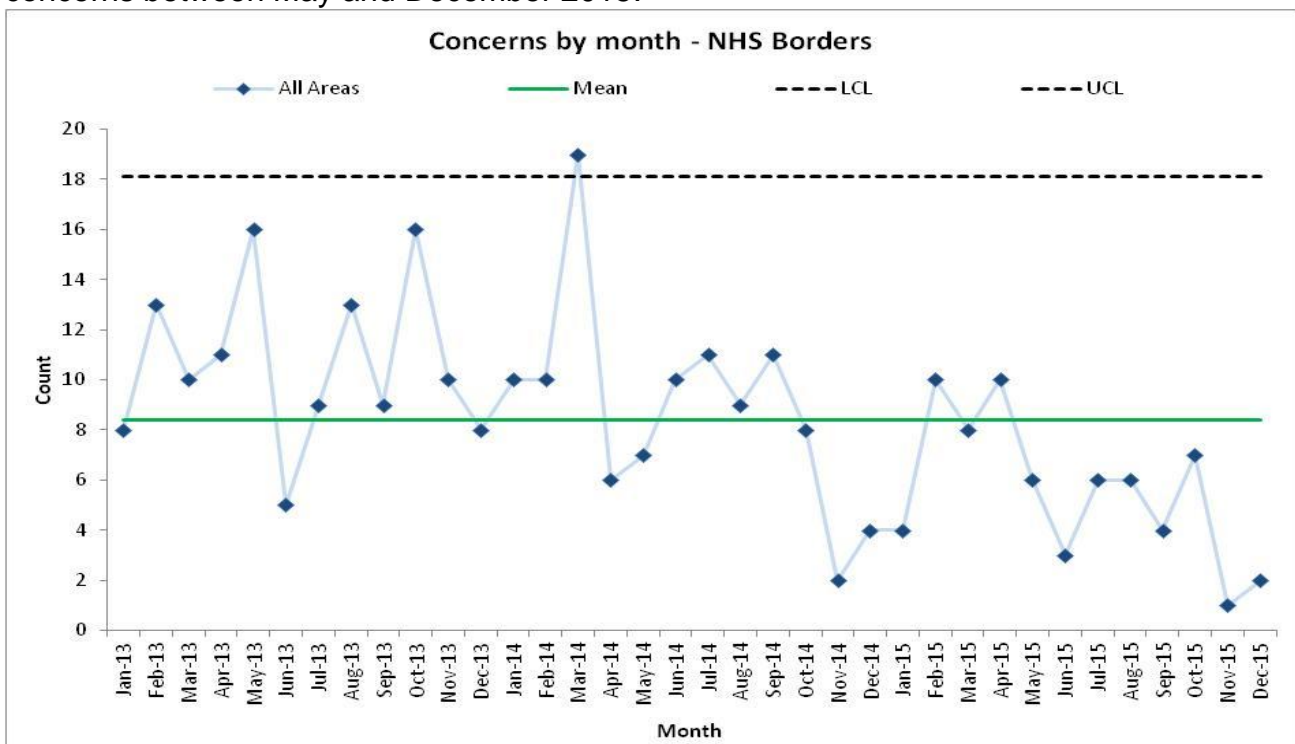
The graph below details the number of formal complaints we have received for the period between January 2013 and December 2015 showing normal variation:



NHS Borders 20 working day response rate for formal complaints for the period January 2013 to December 2015 is outlined in the graph below. A shift in performance has been noted between January and November 2015. 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. Some positive outcomes are being noted from the change and improvements continue to be tested:

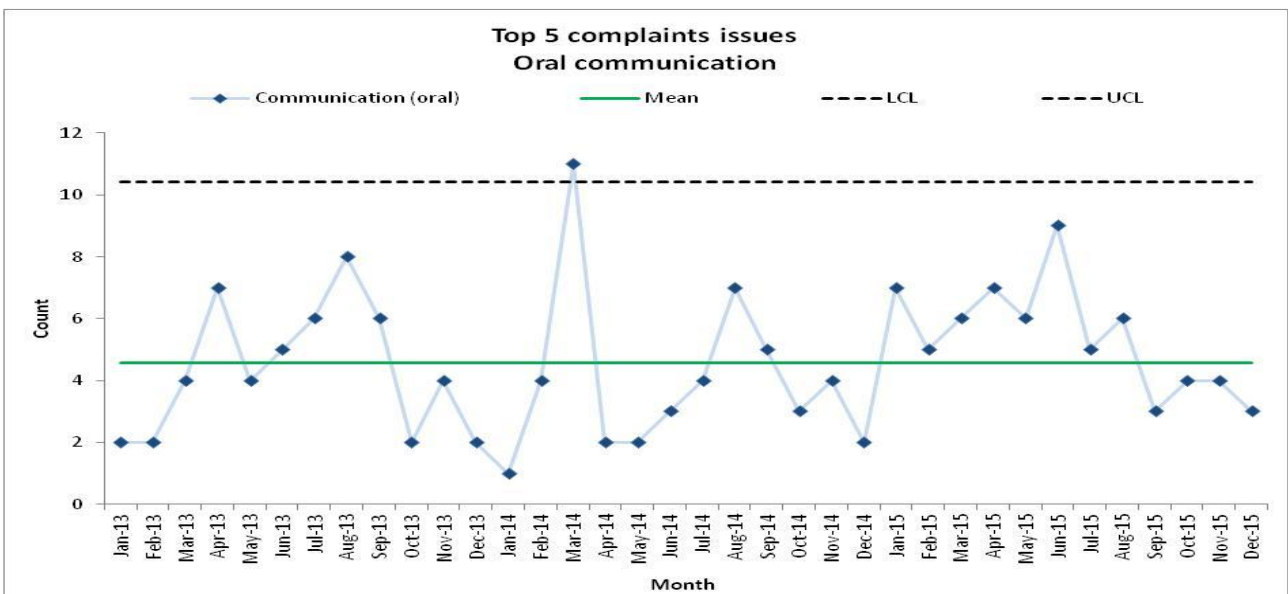
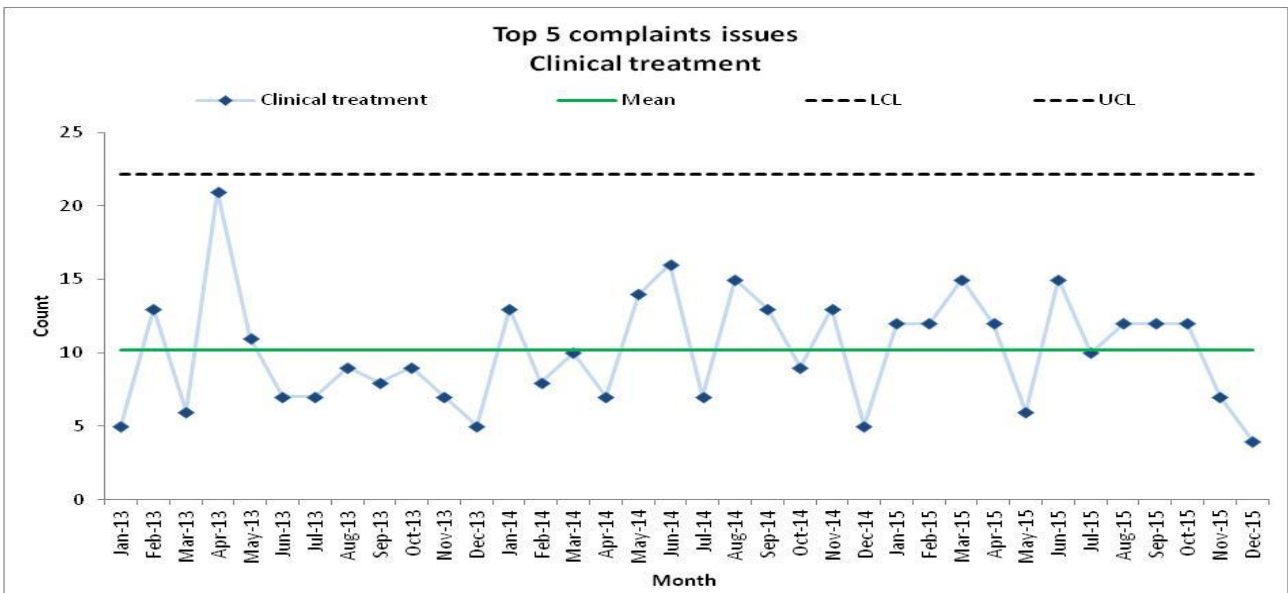
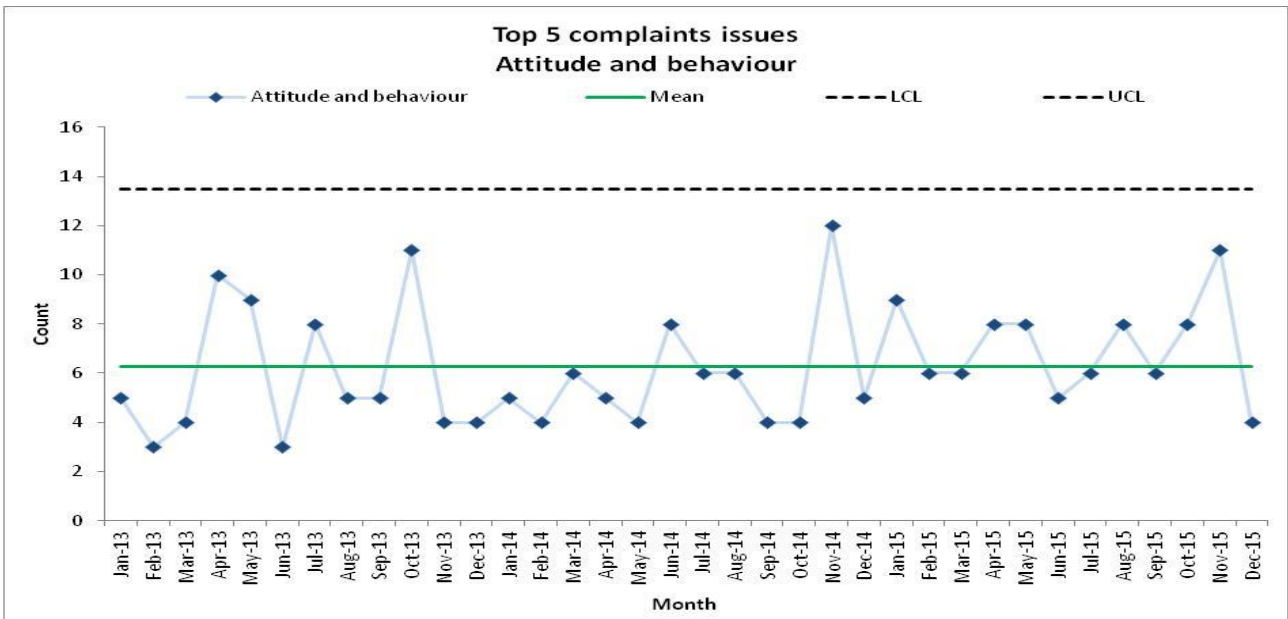


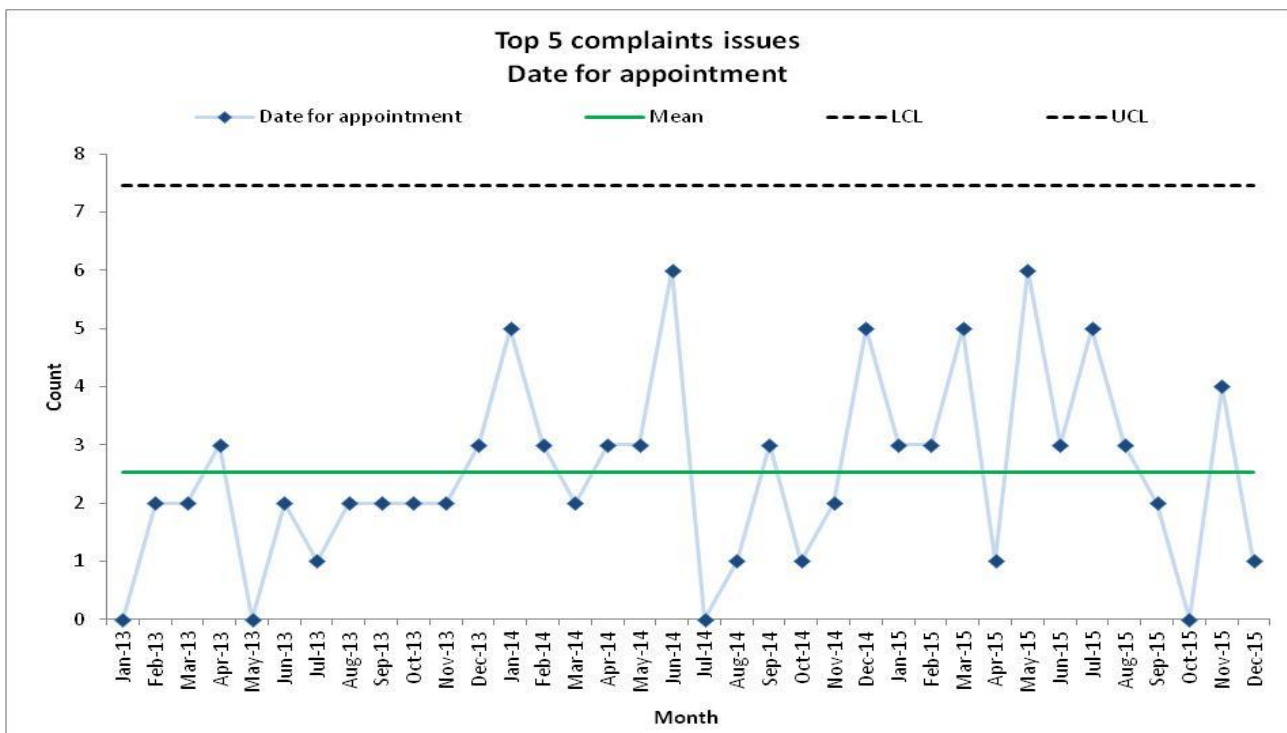
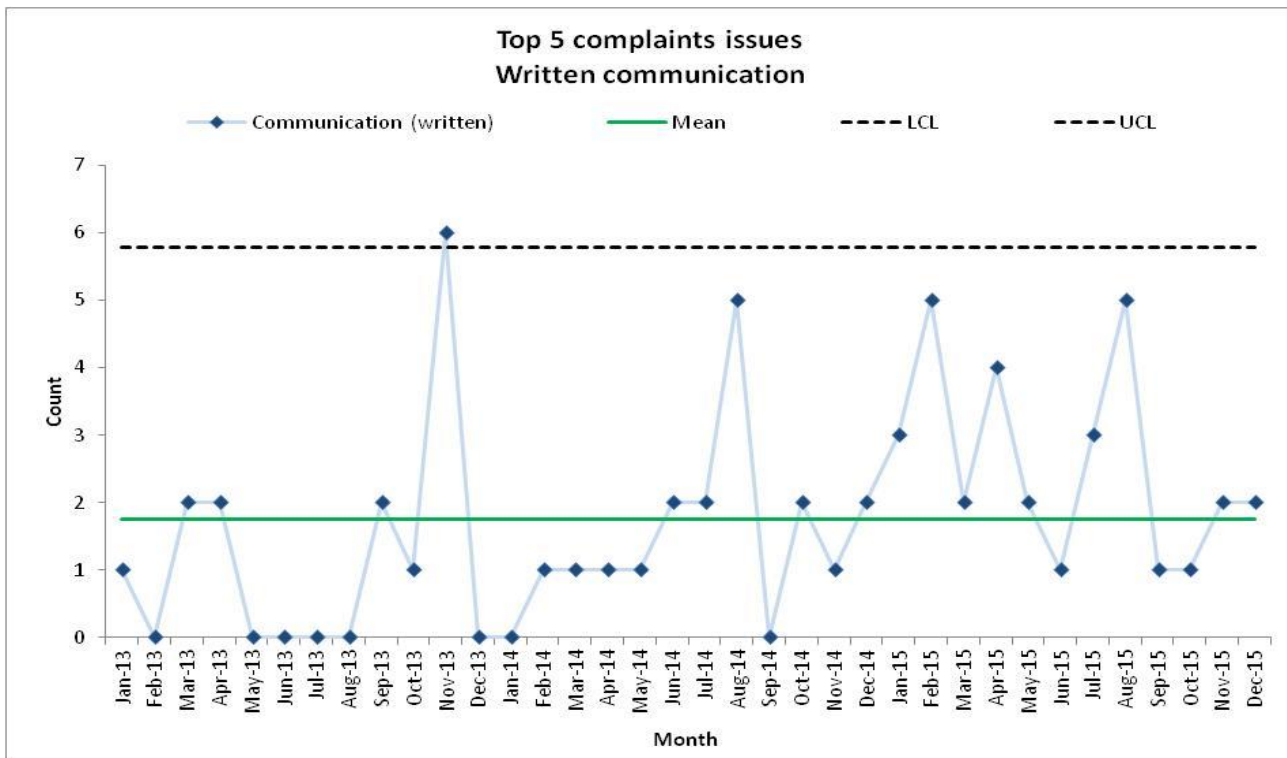
The graph below details concerns received showing a shift and reduction in the number of concerns between May and December 2015:



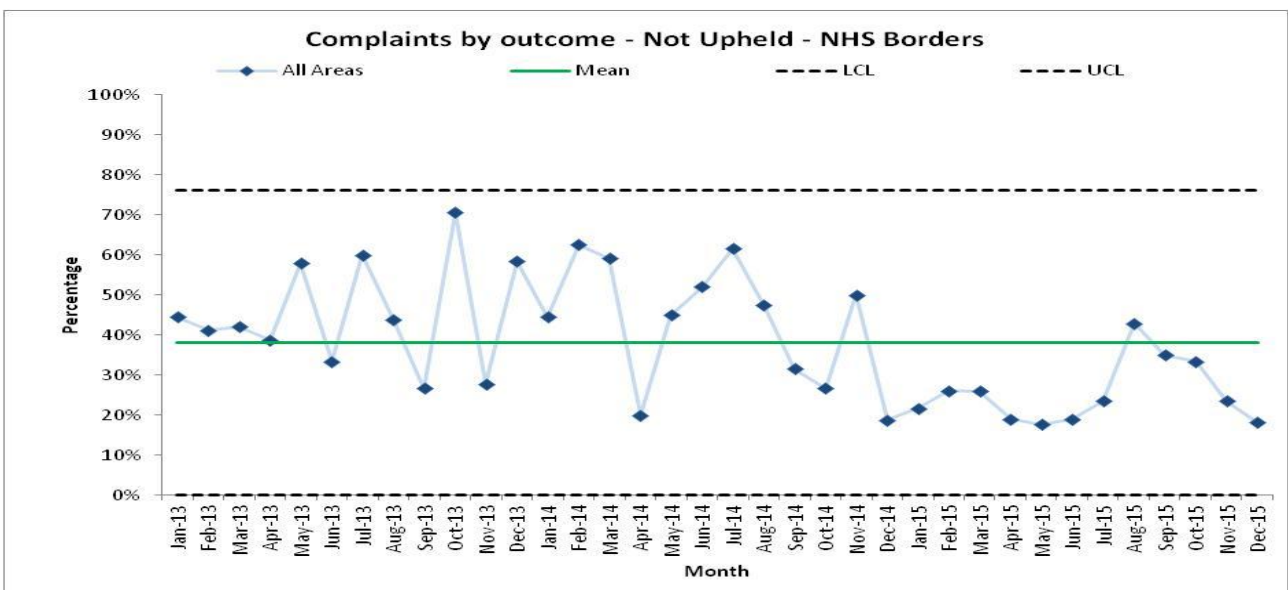
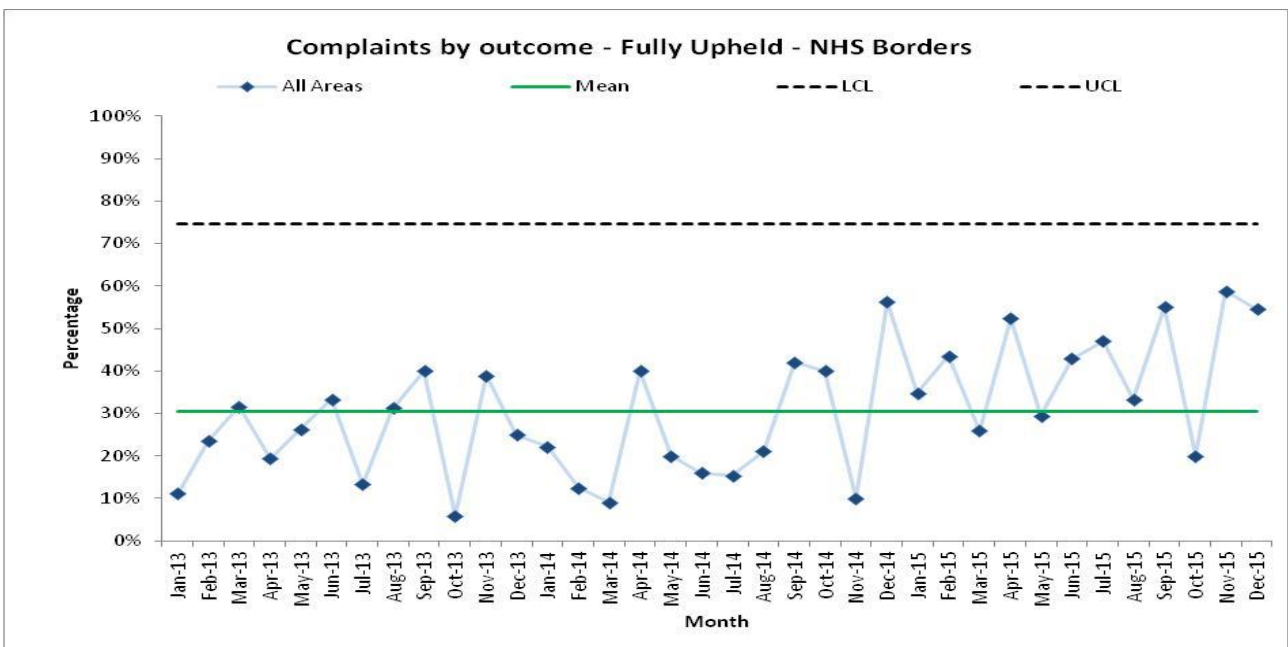
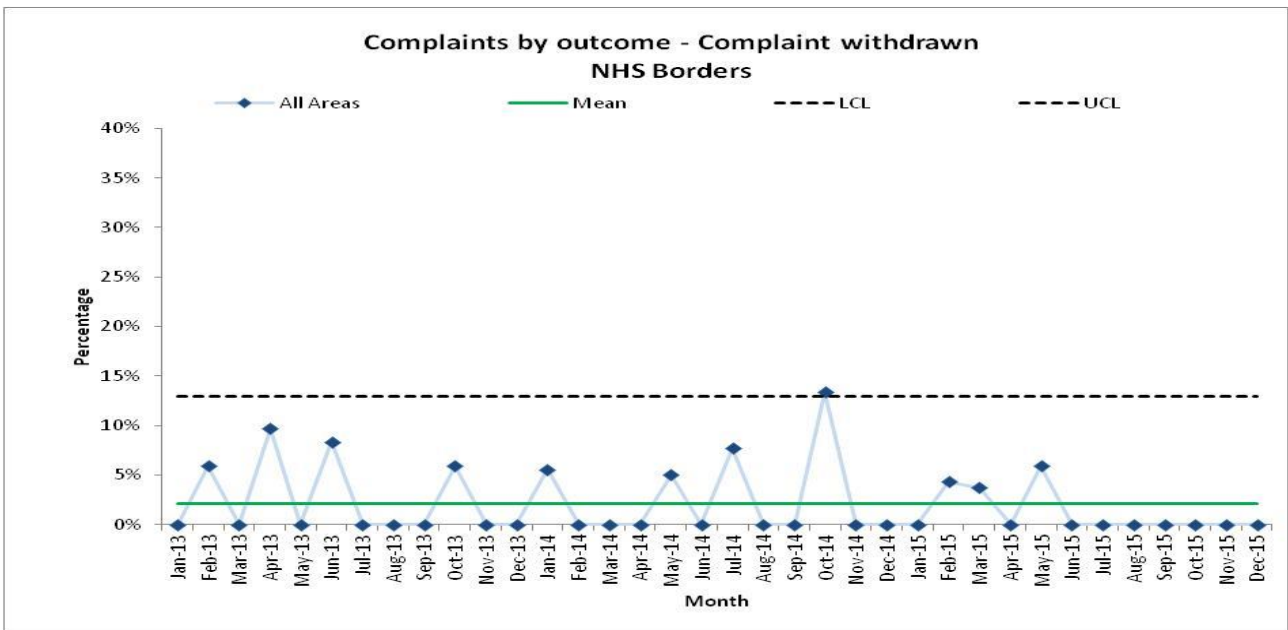
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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



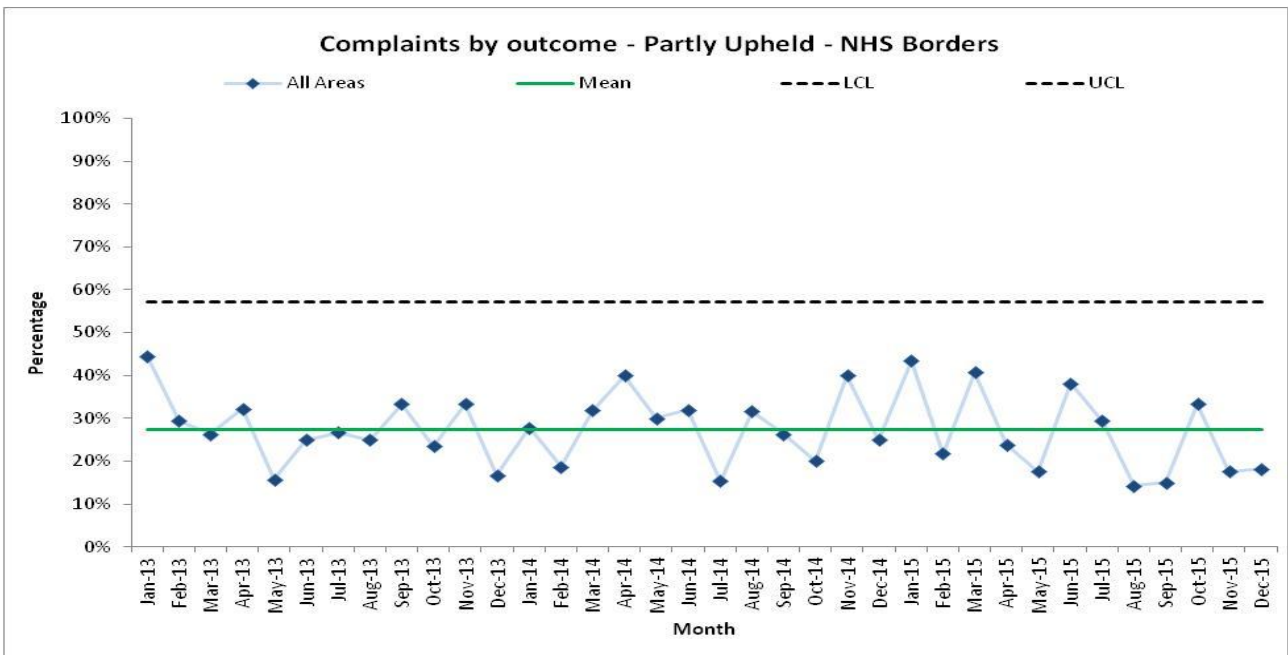




The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and December 2015 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:

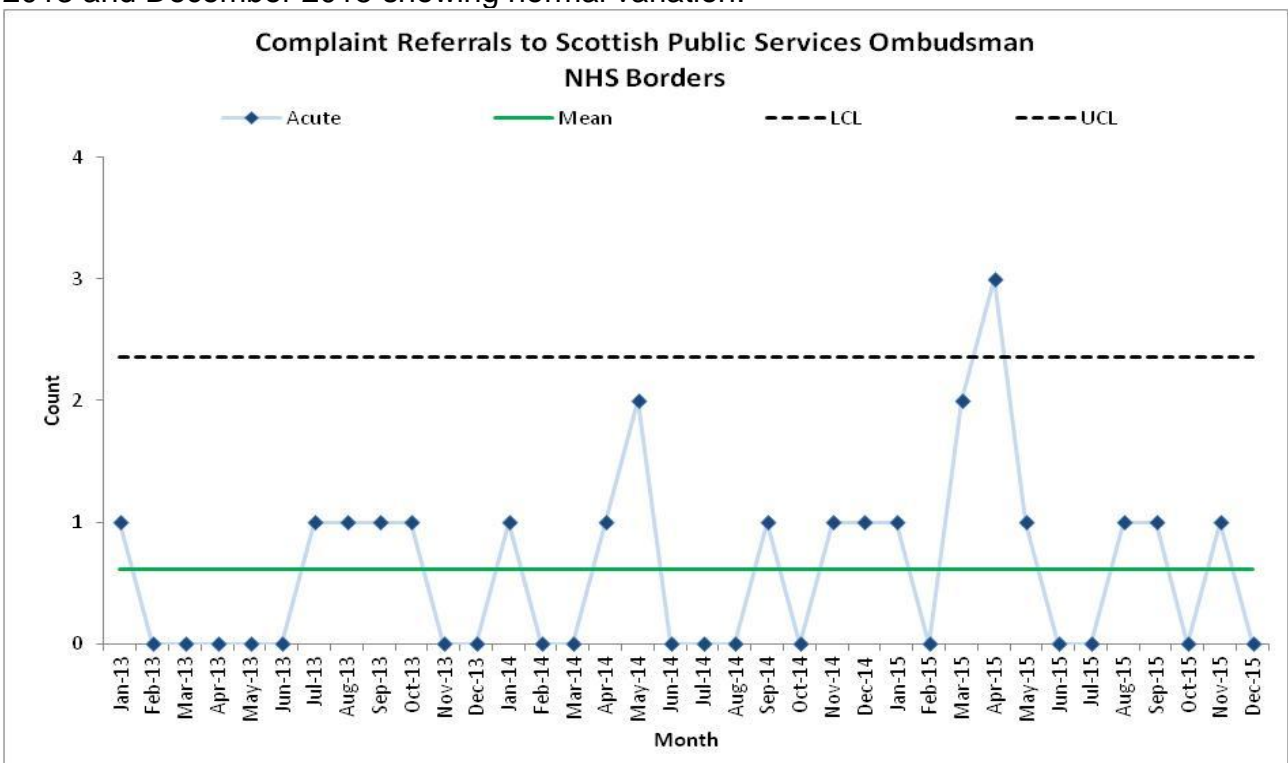






**Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters**

The graph below outlines the number of complaints taken to the SPSO between January 2013 and December 2015 showing normal variation:



The table below provides an overview of decisions received from the SPSO in December 2015:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201404767	<ol style="list-style-type: none"> <li>1) The Board provided inadequate care and treatment to Mrs A in hospital in March and April 2014.</li> <li>2) communication from Board staff with Mrs C and her family in March &amp; April 2014 was inadequate</li> <li>3) The Board provided inadequate care to Mrs A in hospital on 15 June 2015</li> <li>4) the attitude of and communication from nursing staff with Mrs C and her family on 15 and 16 June were unreasonable</li> <li>5) 5. the Board's handling of Mrs C's complaints was inadequate</li> </ol>	Upheld	<ol style="list-style-type: none"> <li>1) Carry out a review of nursing care and leadership in the relevant wards, taking account of the failings highlighted in this report.</li> <li>2) Further develop their action plan to take account of the criticisms in this report and, in particular, ensure that specific and robust action is taken to address the identified record keeping failings and the failure to provide appropriate, person-centred dementia care to Mrs A</li> <li>3) Carry out a review of their consent to treatment policy and patient documentation to ensure that the existence of any formal adults with incapacity arrangement is promptly identified, reflected in the care plan, and that appropriate communication with the relevant appointed person(s) takes place</li> <li>4) 4) Take urgent action to address the issue of confidential patient information being discussed by staff in hospital corridors and inform the Ombudsman of the steps taken</li> <li>5) Provide us with a copy of their action plan/strategy for end of life care; and</li> <li>6) Ensure they have a policy in place to guide staff in what they should do when a patient dies</li> <li>7) Review their handling of this complaint and identify areas for improvement, taking account of their statutory responsibilities as set out in the CIHY guidance;</li> <li>8) Apologise to Mrs C and her family for the failings this investigation has identified</li> </ol>	<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](http://www.spsso.org.uk)

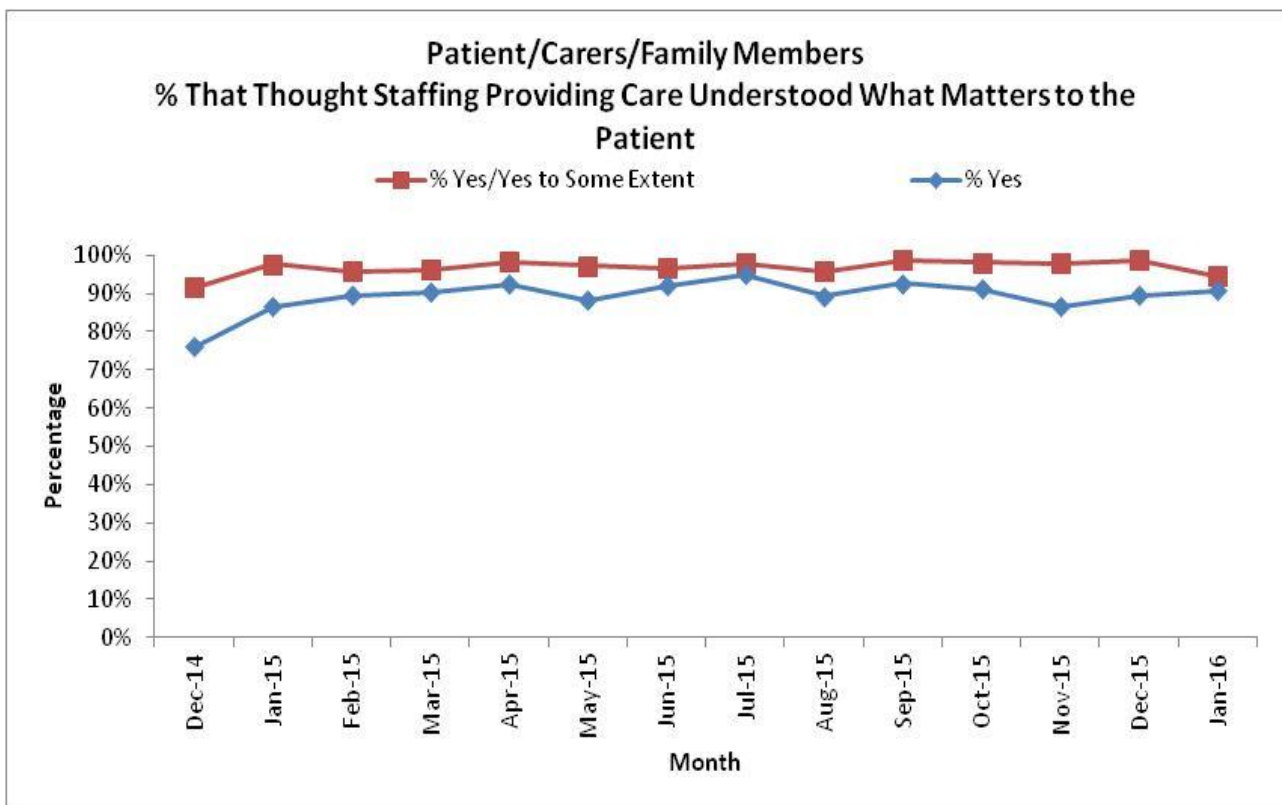
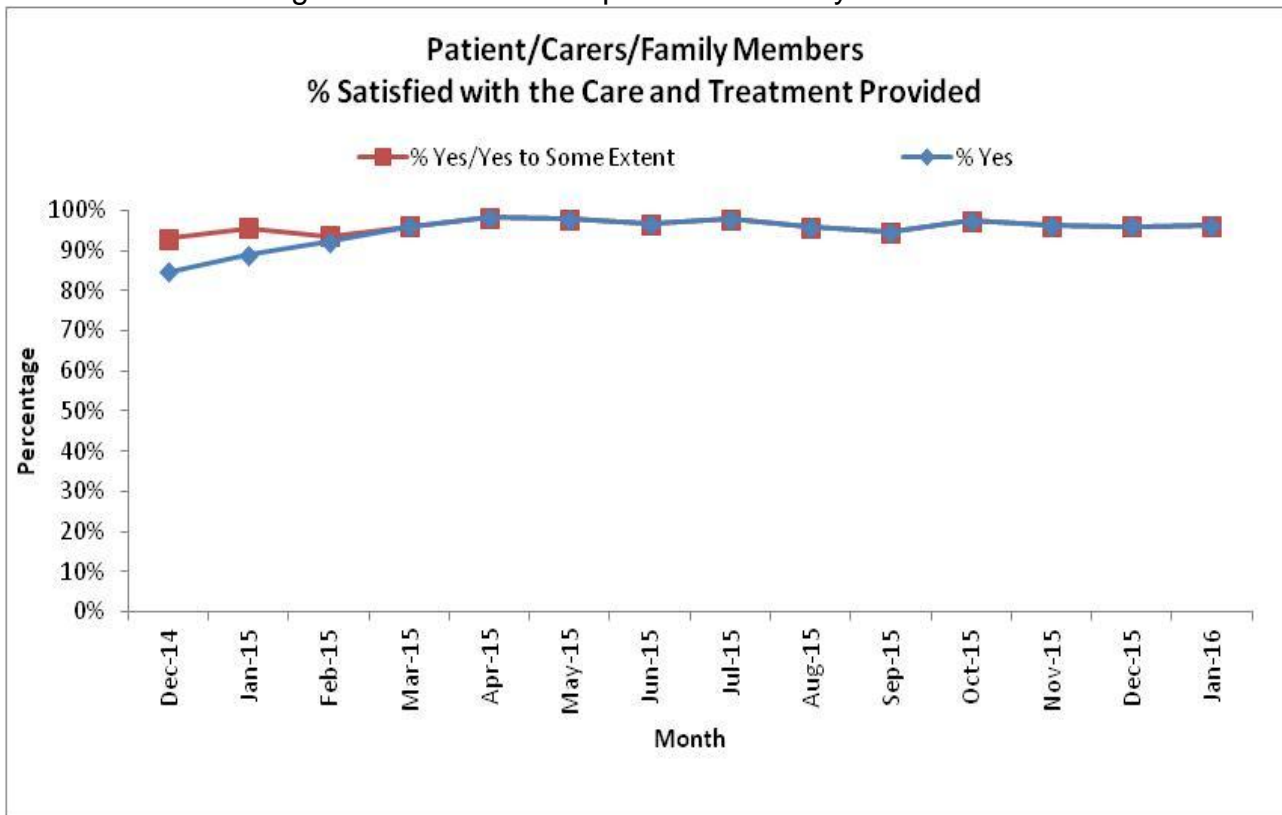
**Patient Opinion Feedback**

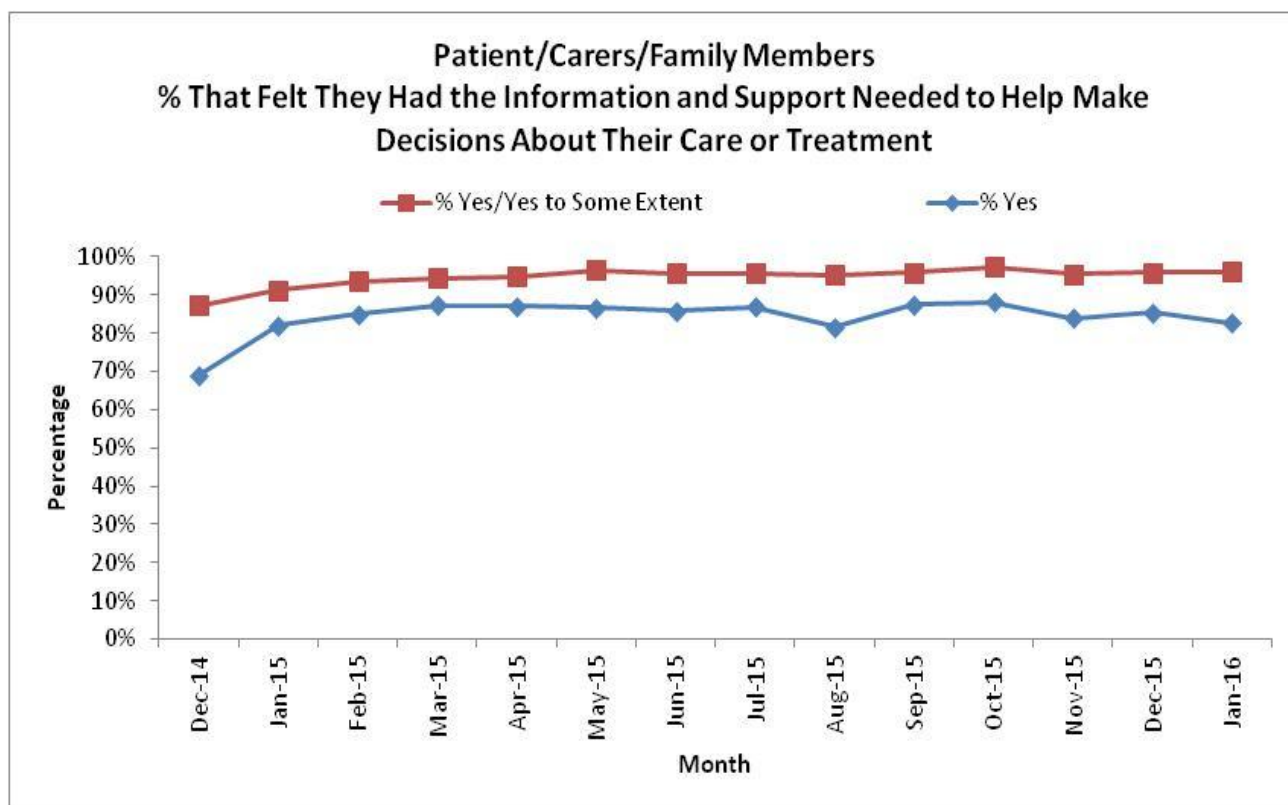
The table below outlines feedback received between July and December 2015 through the Patient Opinion website relating to patients experience of NHS Borders services:

<b>Month</b>	<b>Title</b>	<b>Criticality *</b>	<b>What was Good</b>	<b>What could be improved</b>	<b>Action Taken</b>
Oct 2015	Failed diagnosis at A&E	3	Care Nurses	Diagnosis	Response provided with staff contact details.
Oct 2015	Borders General Hospital Great Service	0	Atmosphere Friendliness		Response provided, and feedback shared with appropriate staff.
Oct 2015	Follow up to Hip Replacement	0	Everything		Response provided, and feedback shared with appropriate staff.
Nov 2015	Emergency admission for a UTI	0	Calm Communication between staff Information sharing		Response provided, and feedback shared with appropriate staff.
Nov 2015	Discharged in a taxi	3		Ambulance Assessment Service Wheelchair	Response provided with staff contact details.
Nov 2015	Mysterious phone call	2		Communication	Response provided with staff contact details.
Dec 2015	Great service at Borders General Hospital	0	Service Staff		Response provided, and feedback shared with appropriate staff.
Dec 2015	Local domestic abuse services please	0		Information	Response provided with service contact details.
Dec 2015	My total hip replacement at the borders general	0	Care Food	Shower facilities	Response provided, and feedback shared with appropriate staff.

### Patient Feedback Volunteers

There are now a total of 14 patient feedback volunteers, eight who are progressing through their inductions and training. The increase in the number of volunteers will enable 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:





We are also working with a number of colleagues to support areas of improvement:

- Training has been given to volunteers to support them to gather feedback from patients with a possible diagnosis of a dementia type illness. This will help us gain a deeper understanding of how effective our work is to improve the care of patients with dementia in the BGH
- Focused work to ask about the environment in the outpatient clinics
- Support to assess the impact that the supervisory charge nurses' daily conversations are having
- Focused work to look at how effective communication is with patients and their families about medication

NHS Borders Public Involvement Officer will give a presentation at the next National Person Centred Care in February 2016 on the work that we are doing around the use of patient feedback volunteers given considerable interest from other NHS Boards.

### **Volunteering**

A role is in development which will support our Early Years Centres in Langlee, Philiphaugh, Burnfoot and Eyemouth. This role has been created in partnership with SBC and will support the activities that take place in each of the centres, this would include arts and crafts, assisting with snacks and breakfast clubs and general play.

A role within Gala Day Unit has been created after a member of the public enquired about volunteering locally in Galashiels with people diagnosed with dementia. The staff in the day unit were delighted to explore this and a role was developed to support a new ladies group that will run monthly in Gala Day Unit.

Recently an ex patient contacted us to enquire about volunteering within the Pain Clinic after receiving treatment and support from the Pain Team. The team discussed this idea and created a role which will assist with the running of the pain self management



programme that takes place in the Chaplaincy Centre. The team feel that having someone with lived experience of chronic pain and self management will help and motivate other participants.

A volunteer recognition event was held in early December 2015 to thank NHS Borders volunteers for their contribution over the year. The event was hosted by John Raine and Jane Davidson and was well attended with over 30 volunteers in attendance. This event also gave us the opportunity to seek feedback from volunteers on their experience and has provided us with areas for improvement to take forward in 2016.

In January 2016 the Endowment Committee discussed the Volunteer Coordinator role and agreed to fund this post for another year pending a wider Board discussion this year about priorities and developments in this area.

### **Patient Flow**

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 uses Improvement methodology undertaking 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.

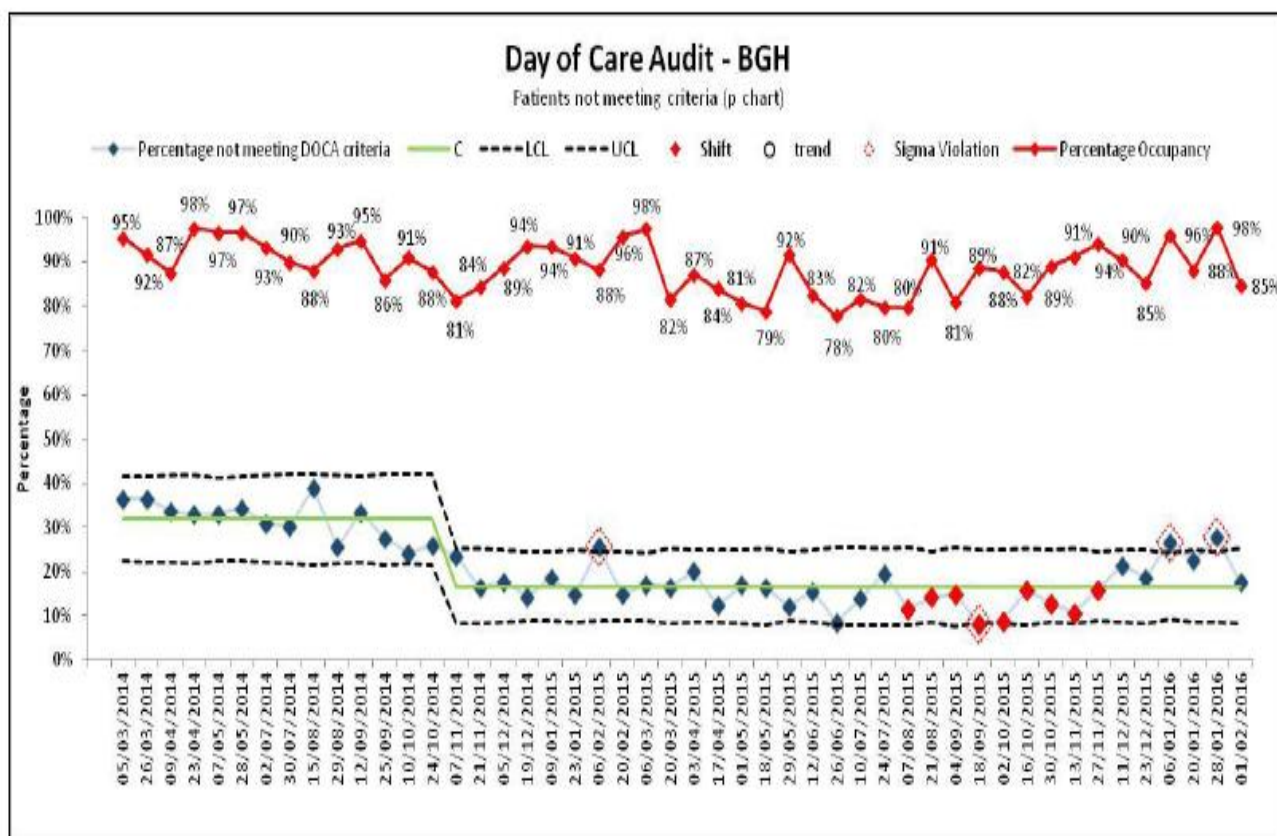
Focus continues on the different initiatives both implemented and being tested. Work has been progressed in testing changes in:

- Community Hospitals: using a similar model to that implemented initially in the Department of Medicine for the Elderly at BGH and more recently at the Knoll Community Hospital, testing is being progressed around four elements:
  - Multidisciplinary team meetings
  - Care management
  - Use of Wardview
  - Regular board rounds

This is now being introduced in Hay Lodge, Kelso and Hawick Community Hospitals.

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. Until recently carried out every other Friday. However, it has been decided to increase the frequency up until end of March 2016 and change the day to Thursday to get greater alignment with operational processes to address any delays. DoCA has also recently been commensed in all four community hospitals.

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 February 2016. The graph demonstrates a sustained shift in the number of patients who are medically fit awaiting discharge in the BGH between November 2014 and February 2016 with some deterioration noted from December 2015 onwards:



**Planned Care Surgical Flow Programme**

The Institute for Healthcare Optimization (IHO) visited NHS Borders on 2 February 2016 and presented clinical and managerial representatives with modelling options for NHS Borders to consider that focus on:

- Workstream 1 - Improving access to theatres for both emergency and scheduled patients
- Workstream 2 - Incorporating a smoothed elective inpatient flow which will identify the appropriate number of beds required for our elective patients

All options presented by IHO would mean an improvement to the service currently offered to our patients.

Work is now underway to work up all options to consider the full impact for patients and staff and to consider the quality and efficiency gains. This will be considered in more detail by the Board in due course.

**Recommendation**

The Board is asked to note the report.

<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</b>	As above

<b>Committees</b>	
<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**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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