

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – JUNE 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 Clinical Executive Operational Group (CEOPs) agreed a set of priorities for the coming year based on: the deteriorating patient, frailty, falls, tissue viability, medication management, handovers and Venous Thromboembolism (VTE).

A recent assessment of the adult acute programme in NHS Borders by Healthcare Improvement Scotland (HIS) was positive about the data collection, the improvements in process measures and NHS Borders commitment to safety. A combined site visit is planned for November 2016 which will involve all workstreams over a two day period.

- **Deteriorating Patient:** Feedback was given to CEOPs in May, 6 months after the implementation of the National Early Warning Score (NEWS) in the Borders General Hospital (BGH). There has been no significant shift in the outcome measure of cardiac arrest since the introduction of NEWS. Testing work is underway on 'structured response' which is a bundle of 7 elements ensuring that appropriate patients are escalated to a higher level of care in a timely, structured way. Further work will be undertaken in conjunction with the Older People in Acute Hospital (OPAH) daily audits to ensure actions are taken appropriately should a patient's score trigger according to the algorithm.
- **Frailty:** in conjunction with the Older People in Acute Hospital (OPAH), the Health Foundation Project on frailty concludes in July, but the pathway will continue to be improved to ensure reliable care for every frail person. A frailty screening tool has successfully been tested and implemented in core documentation, ensuring a timely referral to the Older Peoples Team to facilitate care.
- **Falls and Tissue Viability:** Again, in conjunction with the daily OPAH ward audits, the risk assessment for patients at risk of falls and pressure ulcers is showing good reliability. A shift in focus is planned to ensure that this also leads to an improvement in outcome measures.
- **Medication Management:** Concentrated improvement work has been underway since March 2016 focusing on medicines reconciliation on admission in the Medical Assessment Unit (MAU). A core multidisciplinary team, with clinical leadership has

been established, holding weekly huddles with tests of change in between meetings. As a consequence, medicines reconciliation is beginning to show improvements which in turn ensures a safer inpatient stay for patients.

- Venous Thromboembolism (VTE): NHS Borders will work in partnership with HIS to design an improvement approach to target VTE. Following successful recruitment, the VTE improvement advisor starts in post in June 2016.
- Handovers: Focus remains with teams on the use of the SBAR (situation, background, assessment and recommendation) communication tool at handover and during escalation.

There has been no change to the scope of the primary care, maternity, neonates, paediatrics and mental health patient safety work streams.

Health Foundation Deteriorating Patient Project (Innovating for Improvement)

All four community hospitals, community nursing teams, out of hours services and General Practitioners within NHS Borders will be making the switch to NEWS by August 2016.

The funding for this project expires at the end of August 2016 by which point the key aims of the programme will have been delivered and consideration will be given to next steps in building a model of recognition in the community.

Adverse Events

CEOPs (May 2016) were asked to support further work to ensure systems and processes within each directorate are working effectively to ensure adverse events are managed in a timely fashion with appropriate feedback to staff within 14 days. General Managers and Associate Medical and Nursing Directors have been asked to review the systems and processes for their own areas of responsibility to ensure the requirements of the adverse event management policy can be met.

There continues to be a focus this year on improvements resulting from the study of adverse events ensuring learning it is captured and shared across teams and directorates.

Clinical Effectiveness

OPAH Inspection and Learning from Feedback Review

NHS Borders requested a proactive inspection of the care of older people in acute hospitals from HIS; this took place in May 2016 with an unannounced inspection of the Borders General Hospital and second review day focusing on the learning from complaints and Scottish Public Sector Ombudsman (SPSO) cases. A draft report is expected at the end of June 2016. 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 Health and Care

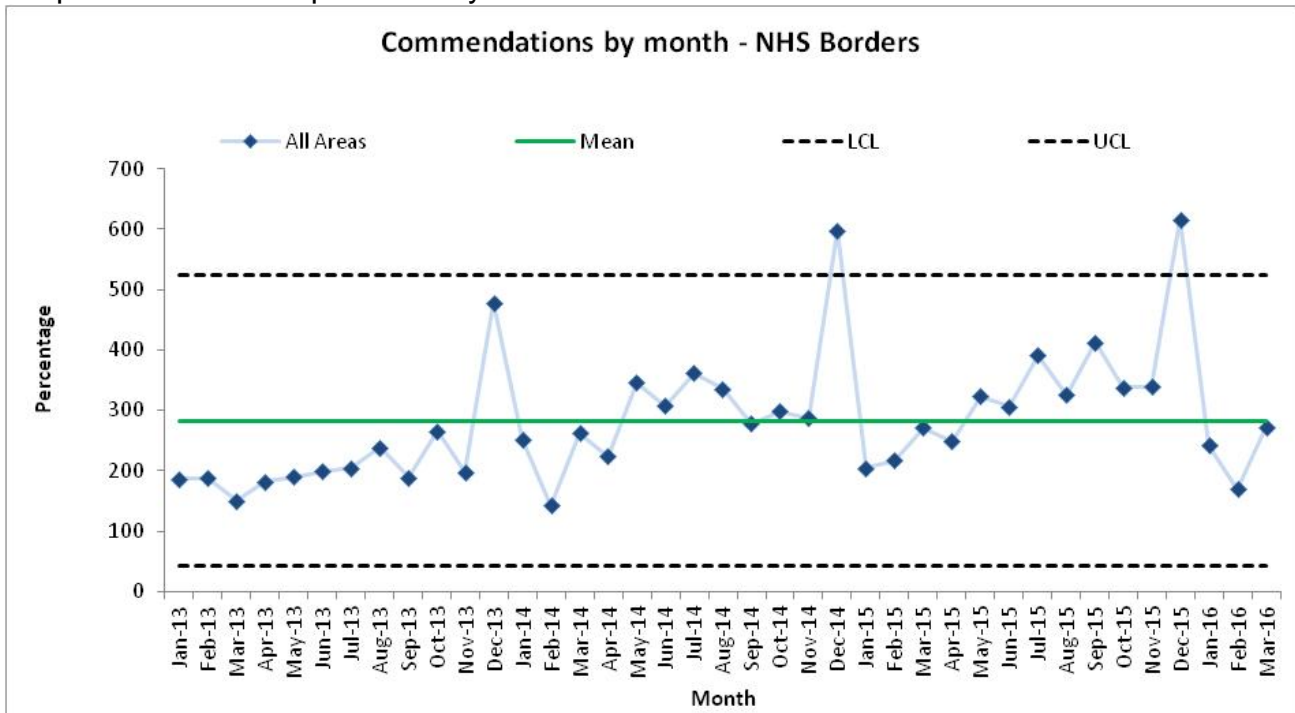
Patient feedback is collected through several different means within NHS Borders. The following report provides an overview of patient feedback received from:

- Commendations, complaints, and concerns for the period January 2013 to March 2016
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to March 2016
- Decisions received from the SPSO in February and March 2016

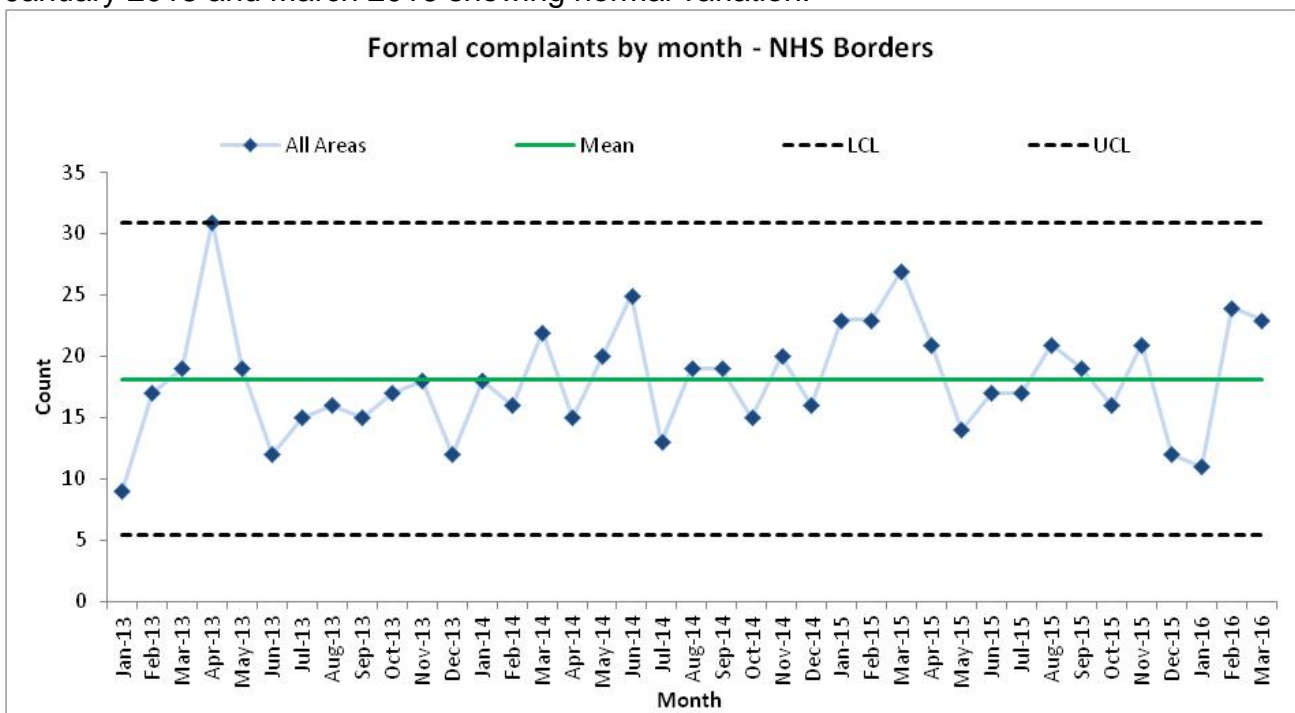
- Patient Opinion online feedback received between October 2015 and March 2016
- Feedback received through the '2 minutes of your time' proactive patient feedback system between December 2014 and April 2016

Complaints, Concerns and Commendations

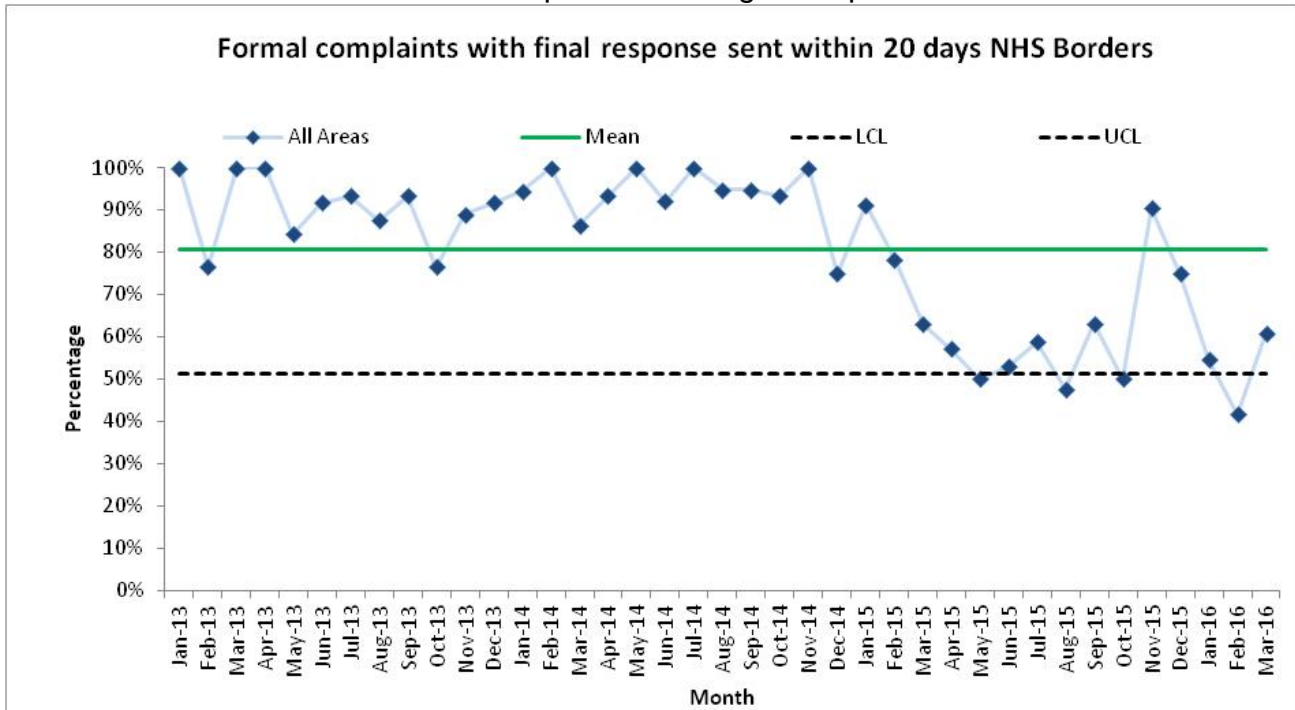
The graph below details commendations received between January 2013 and March 2016 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



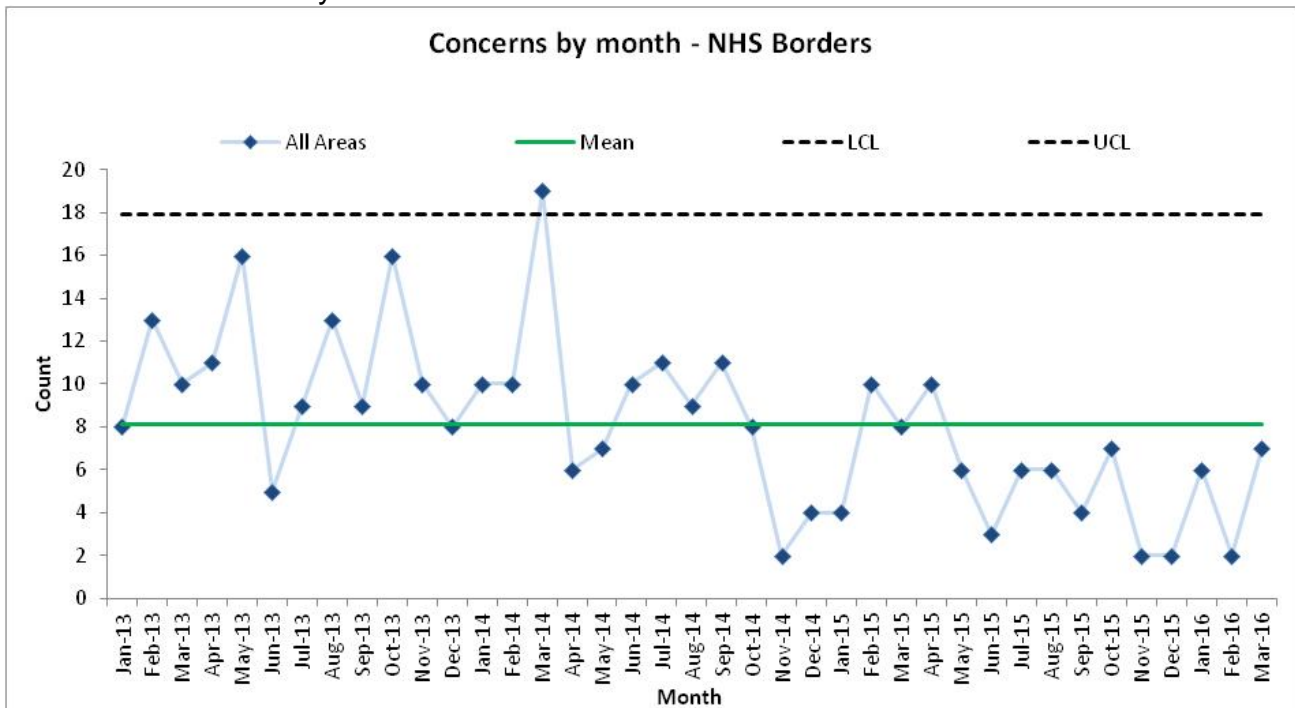
The graph below details the number of formal complaints received for the period between January 2013 and March 2016 showing normal variation:



NHS Borders 20 working day response rate for formal complaints for the period January 2013 to March 2016 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 new complaints handling approach which has been designed and tested since November 2015 and has been embedded as standard practice throughout April 2016.

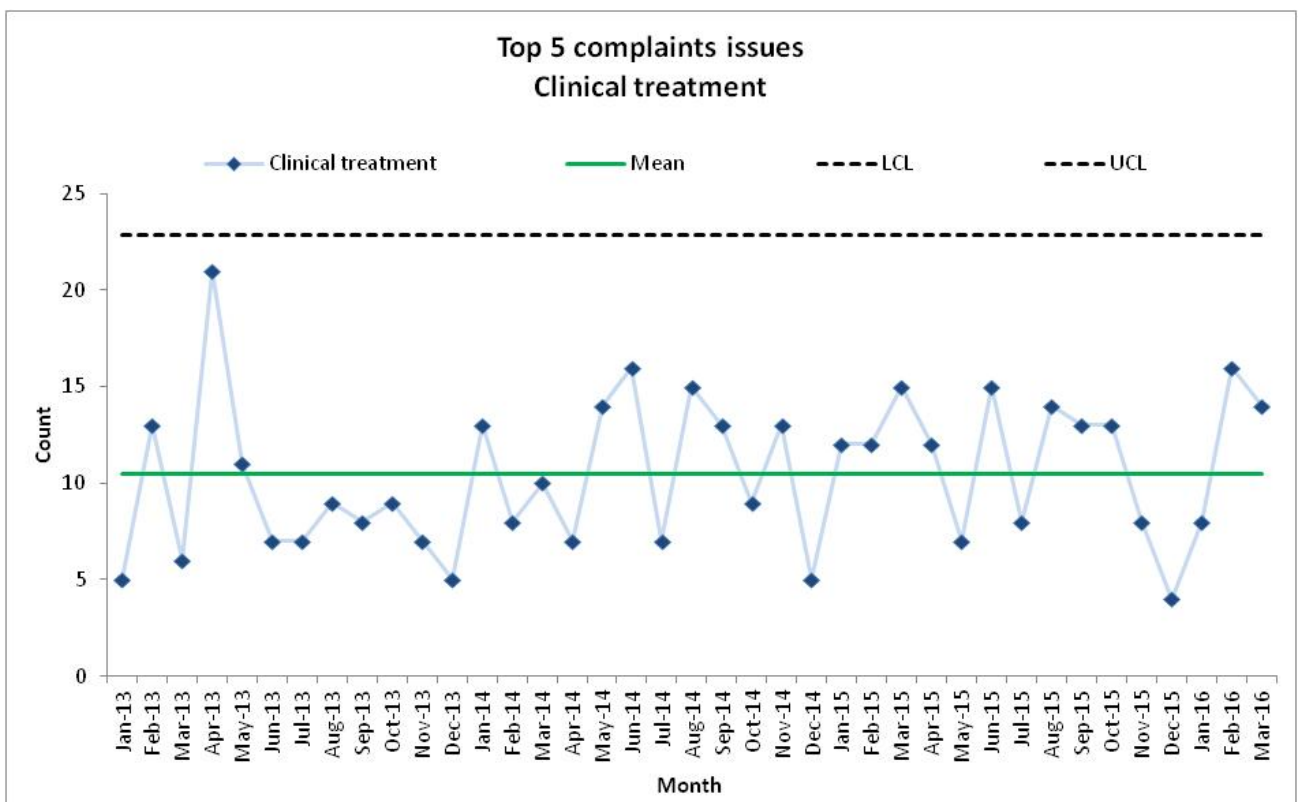
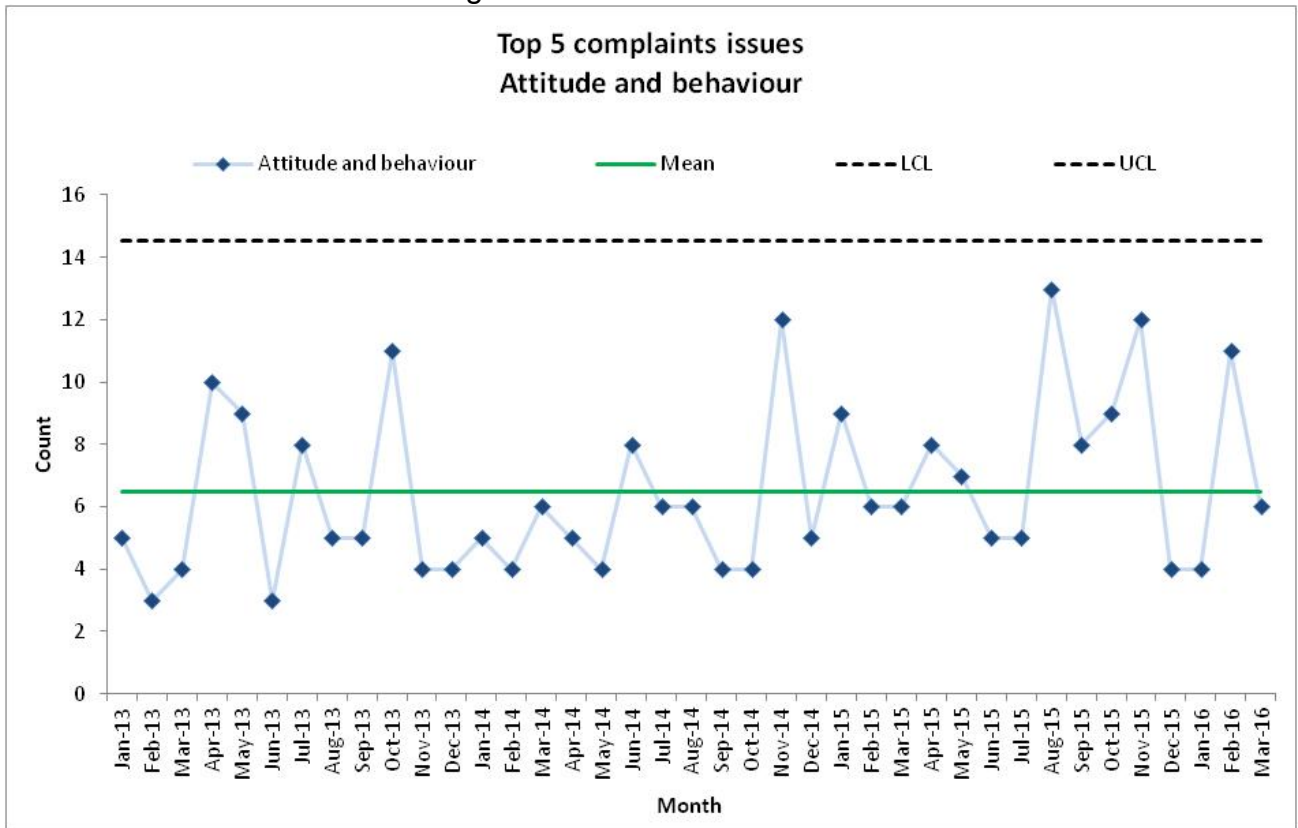


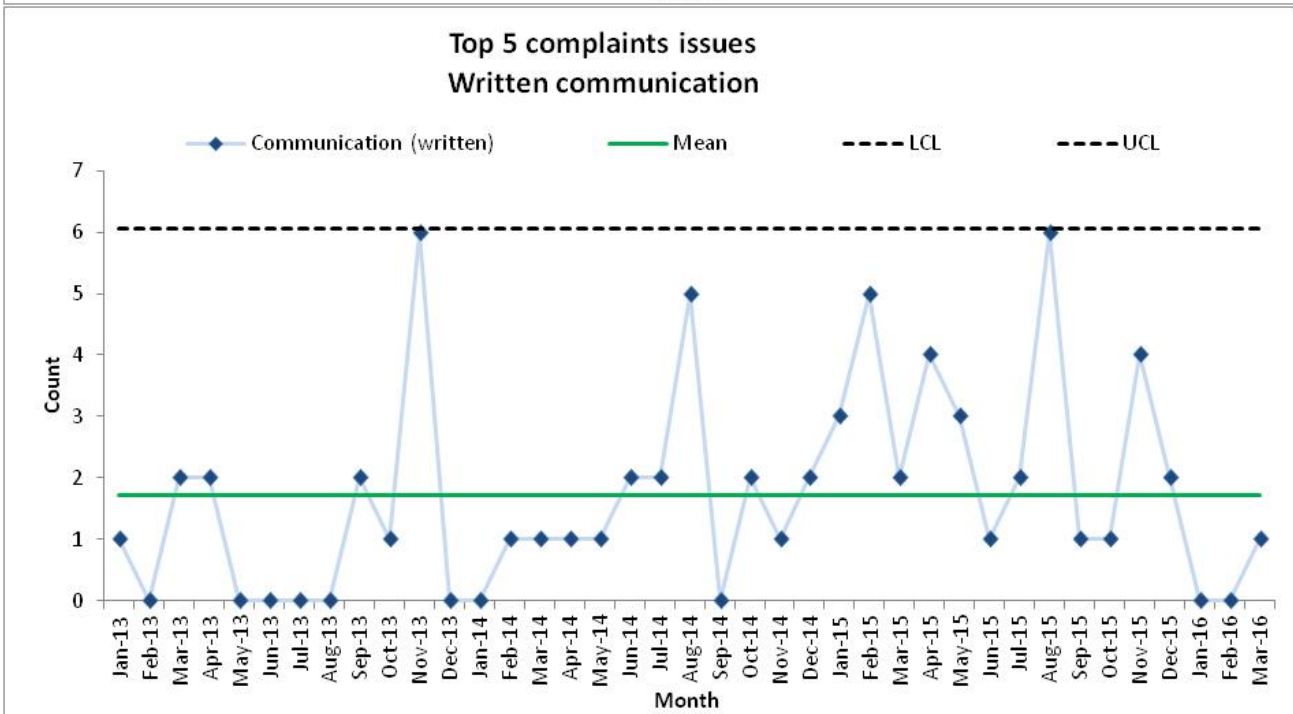
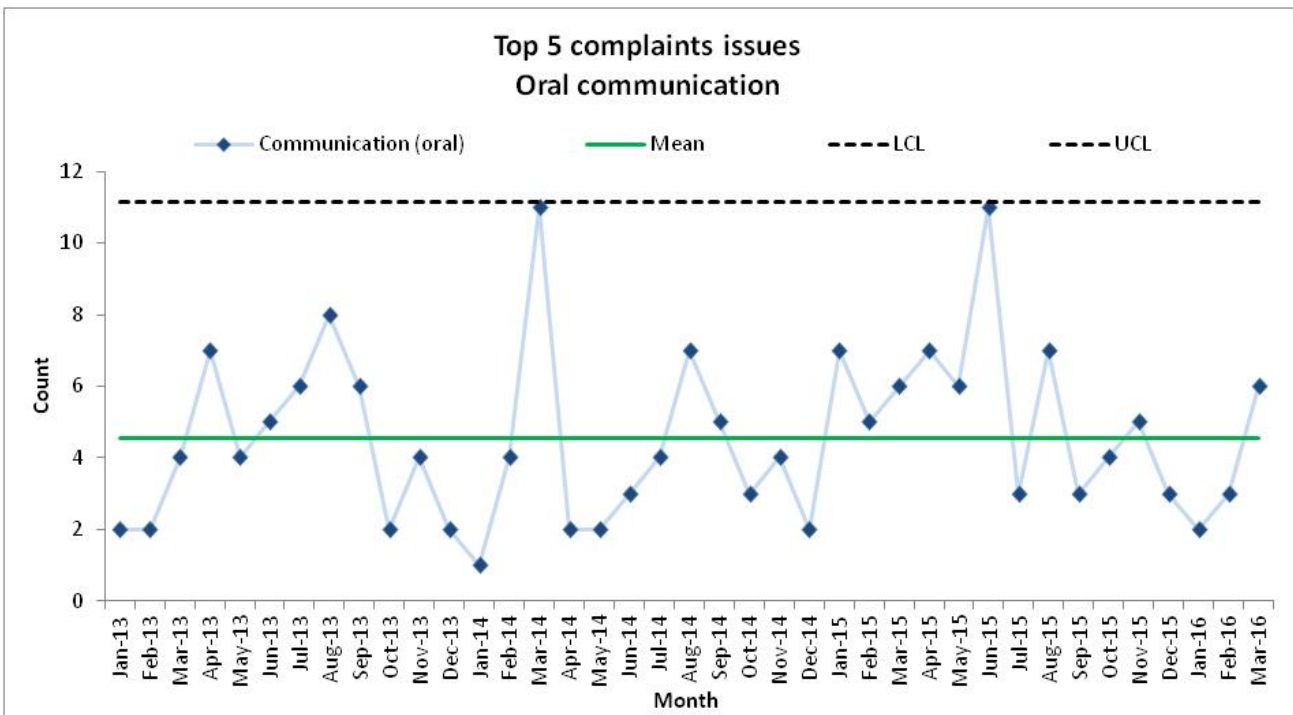
The graph below details concerns received showing a shift and reduction in the number of concerns between May 2015 and March 2016:

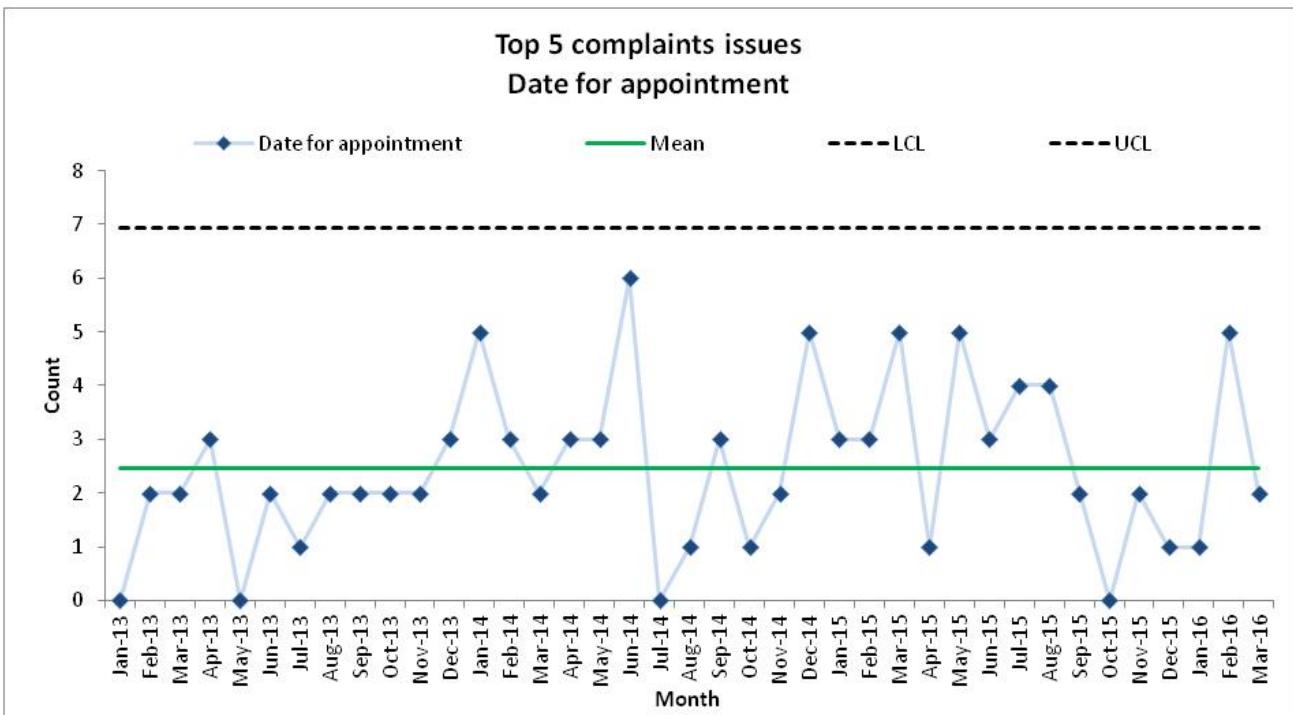


A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written

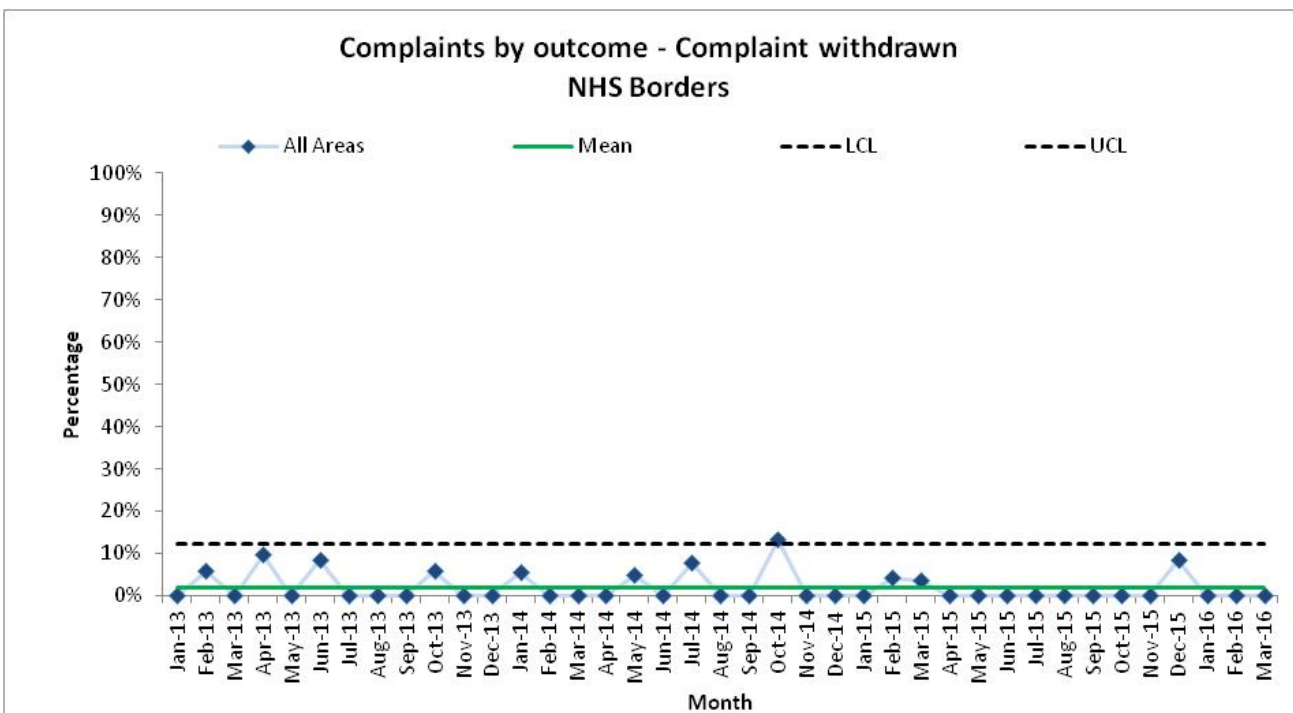
communication, date of appointment) contained in complaints received between January 2013 and March 2016 all showing normal variation.

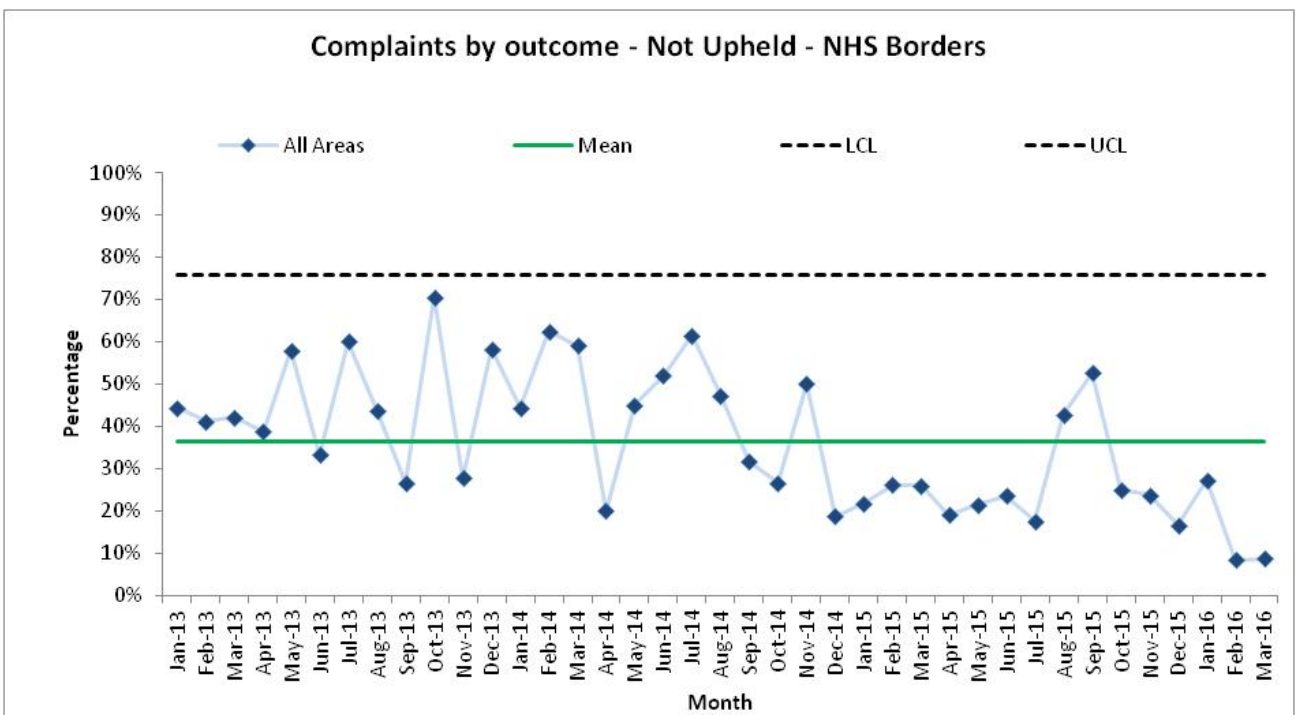
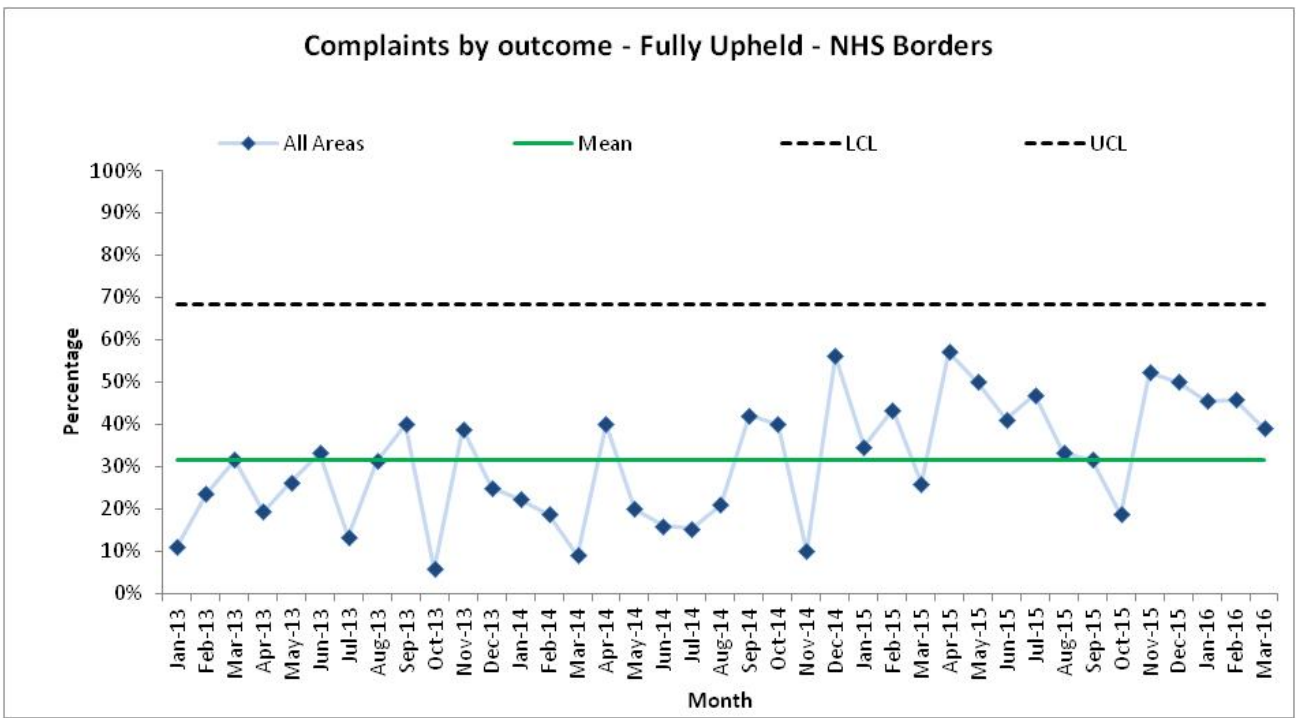


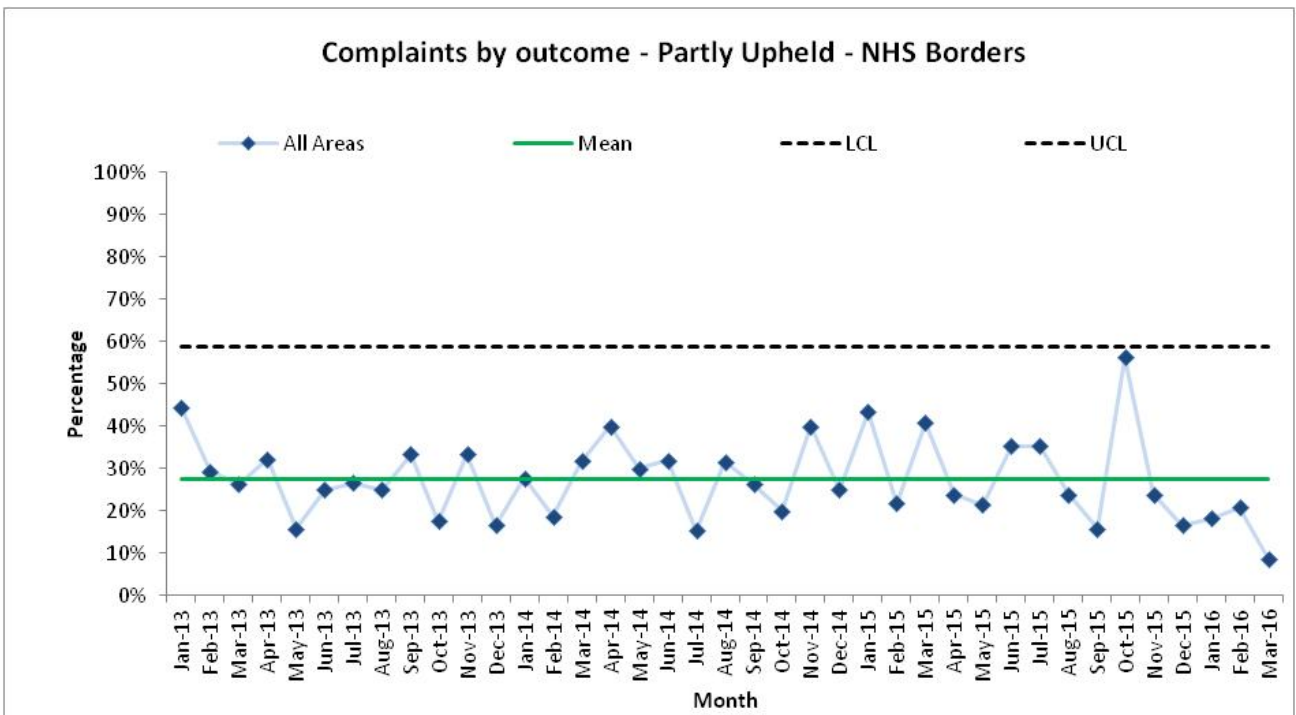




The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and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

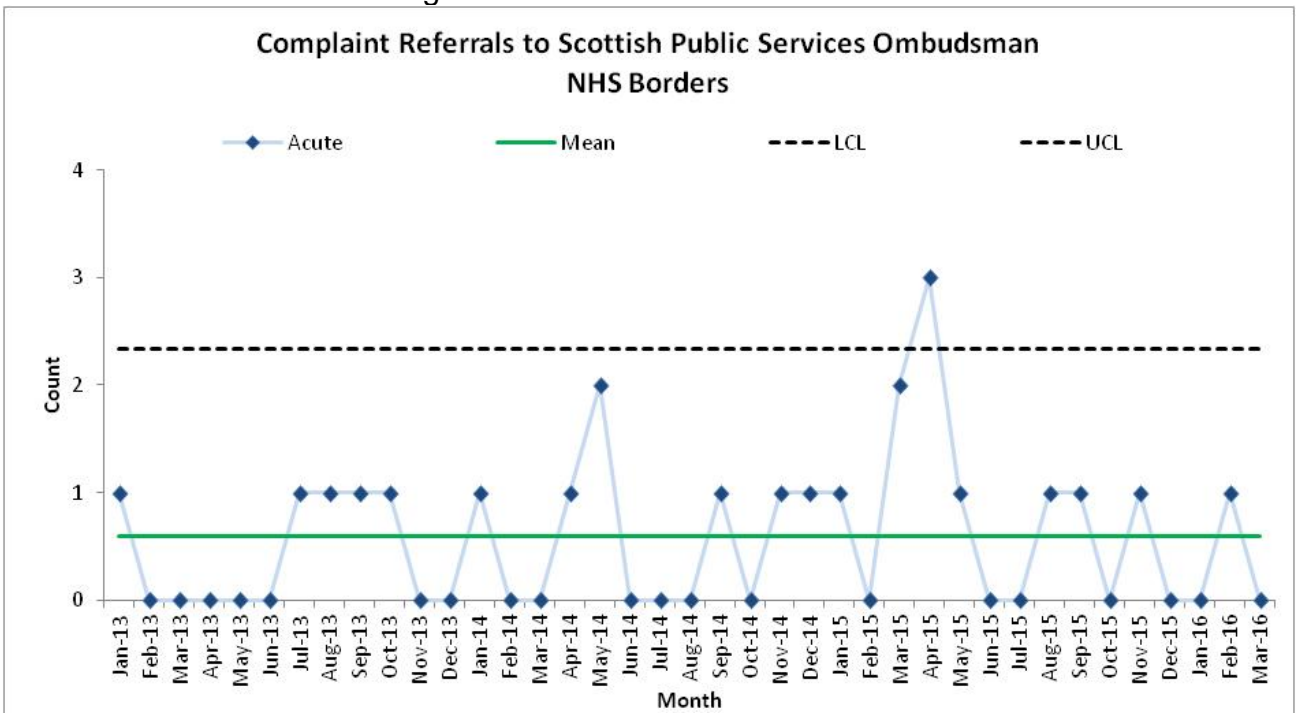






Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

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



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

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201502380	<ol style="list-style-type: none"> The Board staff failed to provide Mrs G with appropriate clinical treatment in view of the symptoms she presented with The Board staff failed to communicate adequately with the family 	Upheld	<ol style="list-style-type: none"> That the board apologise to Mrs B for not having identified Mrs G's deteriorating condition in a timely manner. That the Board share the findings about record keeping, blood testing and blood pressure monitoring with the medical and nursing staff who were involved in Mrs G's care in the MAU on 29 May 2015. That the Board conduct a review of care and treatment in the MAU to ensure timely care is provided to those patients who are at risk of rapid deterioration. That the Board provide more information on the pilot they carried out in relation to improving communication and whether this has been implemented throughout the hospital. 	As above

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

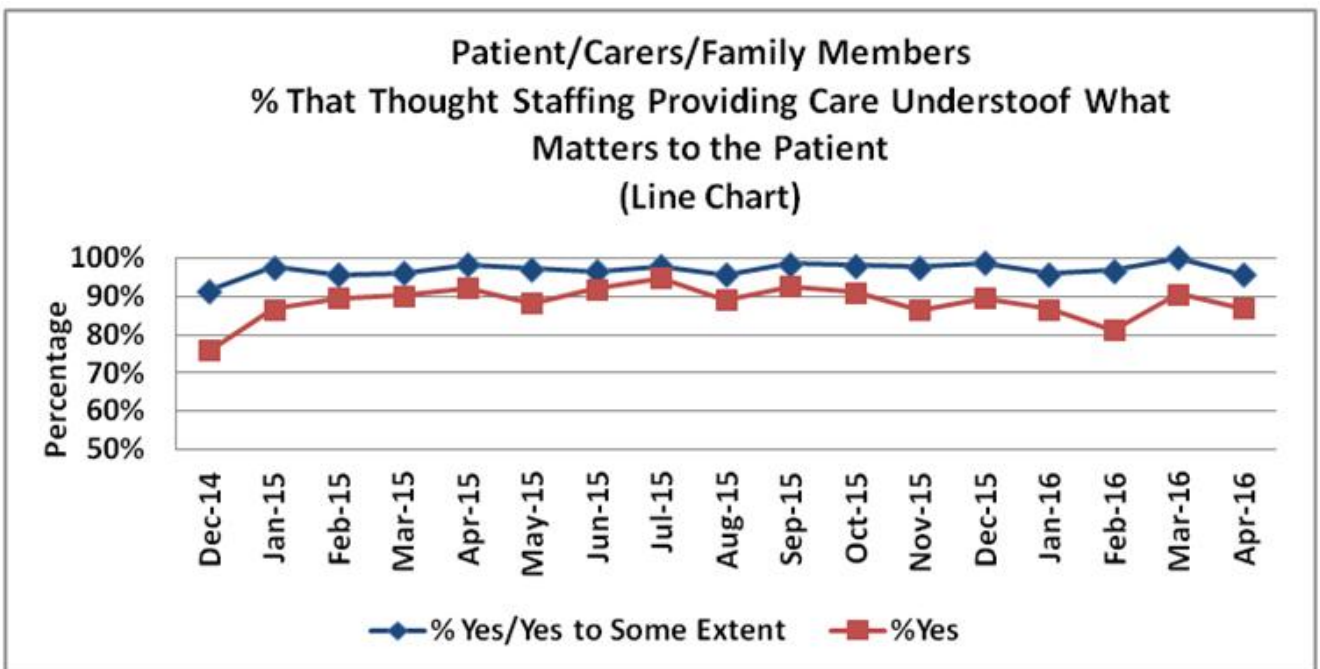
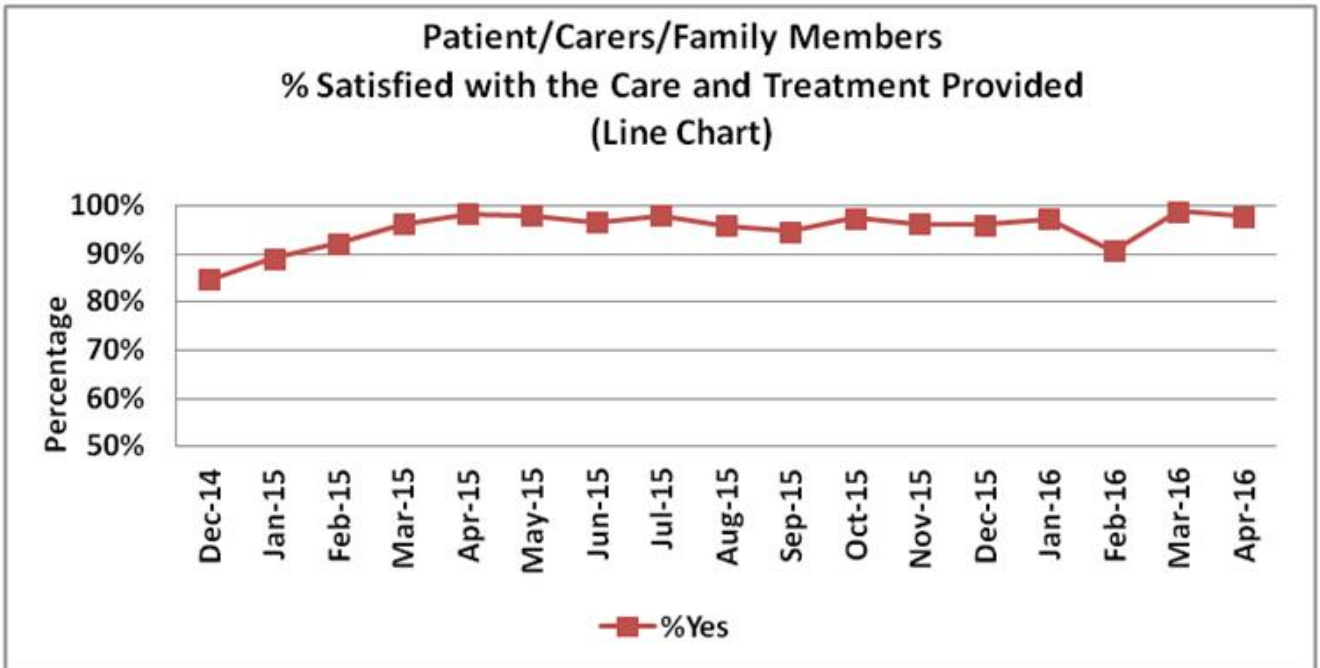
Patient Opinion Feedback

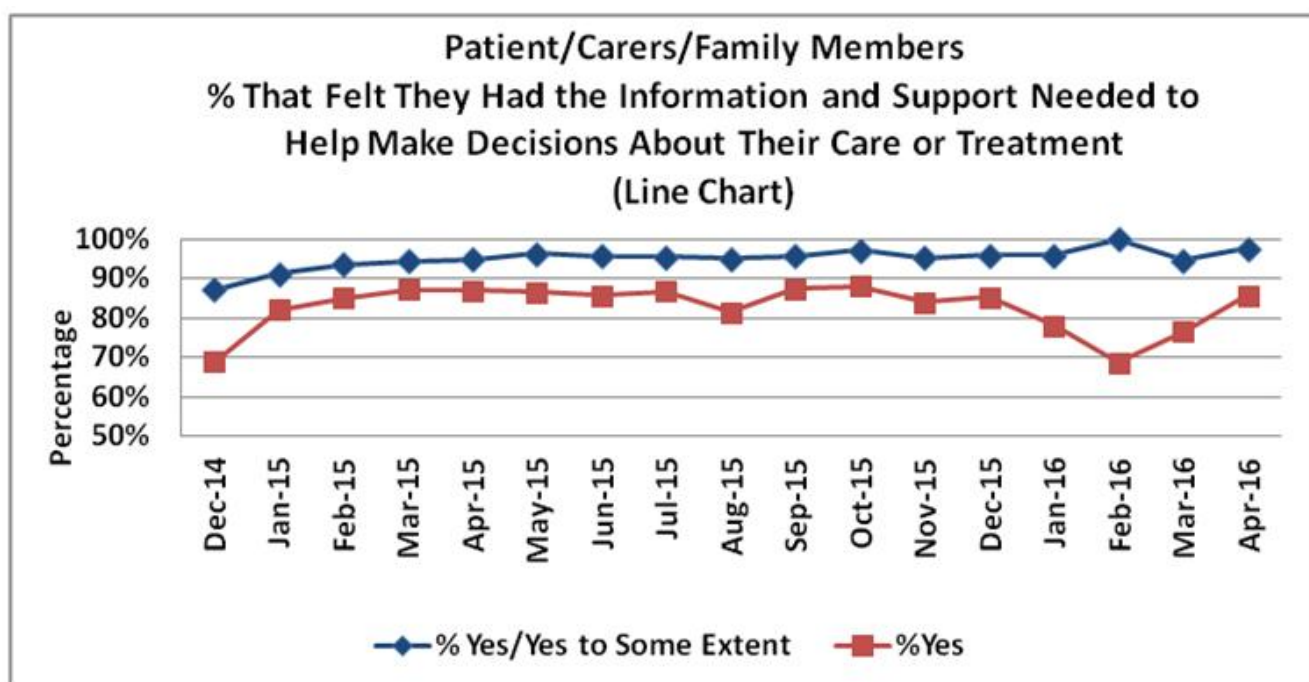
The table below outlines feedback received between October 2015 and March 2016 through the Patient Opinion website relating to patients experience of NHS Borders services:

Month	Title	Criticality *	What was Good	What could be improved	Action Taken
Feb 2016	Poor patient care and discharge	3	Consultants	Communication Discharge Procedure Nurses attitude Patient Care	Response provided with staff contact details. Follow up response provided.
Feb 2016	Disabled parking spaces	1		Parking	Response provided indicating review to be undertaken to see if alternative location available.
Feb 2016	Going against patient's wishes	2			Advice provided, but unable to share as relates to unknown GP Practice.

Patient Feedback Volunteers

There are a total of 16 patient feedback volunteers' registered providing support across multiple services and departments within NHS Borders. The graphs below outline the response from the core questions asked by patient feedback volunteers of patients, carers, relatives and visitors.





At a recent peer support session for volunteers feedback was provided on their experience so far in this role to inform planning for the future. The volunteers enjoyed the support they received from each other and talking about their likes and dislikes i.e. areas they enjoyed going to and the frequency of their visits.

At this session the Alzheimer Dementia Nurse Consultant and Associate Director of Nursing for Primary, Acute and Community Services attended to talk to the volunteers about ways in which they could support the introduction of 'What Matters to Me' and 'Getting to Know Me' for our patients. This will be tested on the Department of Medicine for the Elderly (DME) ward.

Volunteering

Since the last update to the Board 5 new volunteers have been recruited to support our Early Years Centres in Selkirk, Hawick and Eyemouth. This takes the total number of registered volunteers to 144 in addition to over 60 other volunteers who work under the friends of the BGH and community hospitals.

The S6 pupils from Earlston High School that volunteer within Melburn Lodge will be leaving us in June as the school year (and their time at High School) ends. Feedback from staff on the ward has been extremely positive and they would like to continue with this arrangement and invite a small group from next year's S6 to volunteer in Melburn Lodge. Discussions are taking place with the teaching staff at Earlston on how we take this forward.

Ten volunteers attended the recent volunteer core training session. This session covered an introduction to volunteering in NHS Borders, Risk, Health and Safety, Infection Control, Patient Confidentiality and Public Protection. Representatives from these areas came along to deliver the training and hold discussions with the volunteers on these topics to ensure that they are well equipped for their volunteering roles. Feedback has been positive and areas for improvement have been suggested which will be taken forward by the Volunteer Coordinator.

Patient Flow

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 currently focusing on sustaining the gains made to date and testing in new areas:

- Social Work Screening Tool: following successful development of the tool through use of PDSA, further testing over a three day period has been completed in the Medical Assessment Unit through collaboration between Social Work, Allied Health Professions staff and the Older People Liaison Specialist Nurse. Further testing is required before judgement can be made on the success of this.
- Readmissions: some progress has been made in respect of trying to obtain clinical engagement with meetings/information sharing sessions have taken place with a GPs in Galashiels and Hawick, Nursing and Allied Health staff the Cheviot Community Healthcare Team and the District Nursing Team in Galashiels. From these sessions it is clear that there is an appetite but not necessarily the capacity to actively engage in a piece of work. Consideration is being given to how this might be facilitated.

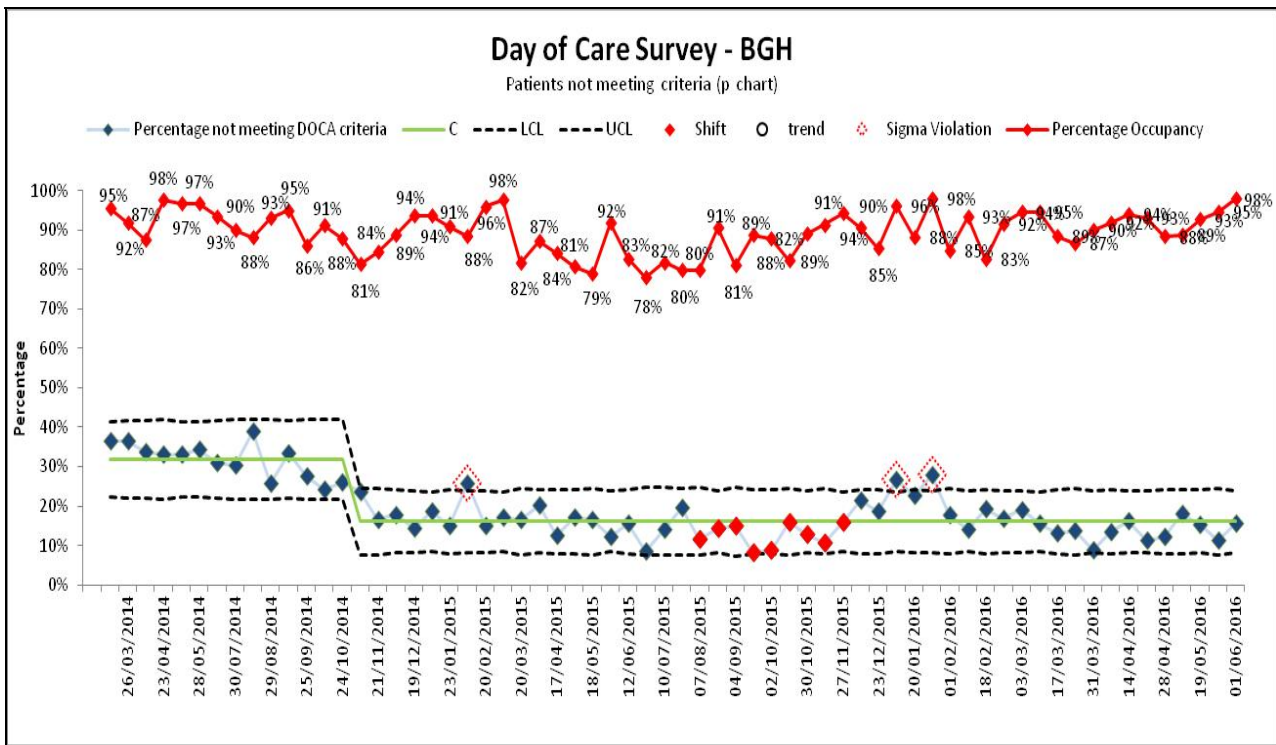
The initial readmissions data has now been revisited and updated. This has assisted in provision of a demographic profile, identification of primary reason for readmission and an updated list of the top 30 repeated admissions to the acute hospital. Data analysis is still required to be undertaken for community hospitals.

Links have been forged with the Information Services Division and Healthcare Improvement Scotland Living Well in Communities Team. This is giving access to improvement and data analysis advice and support.

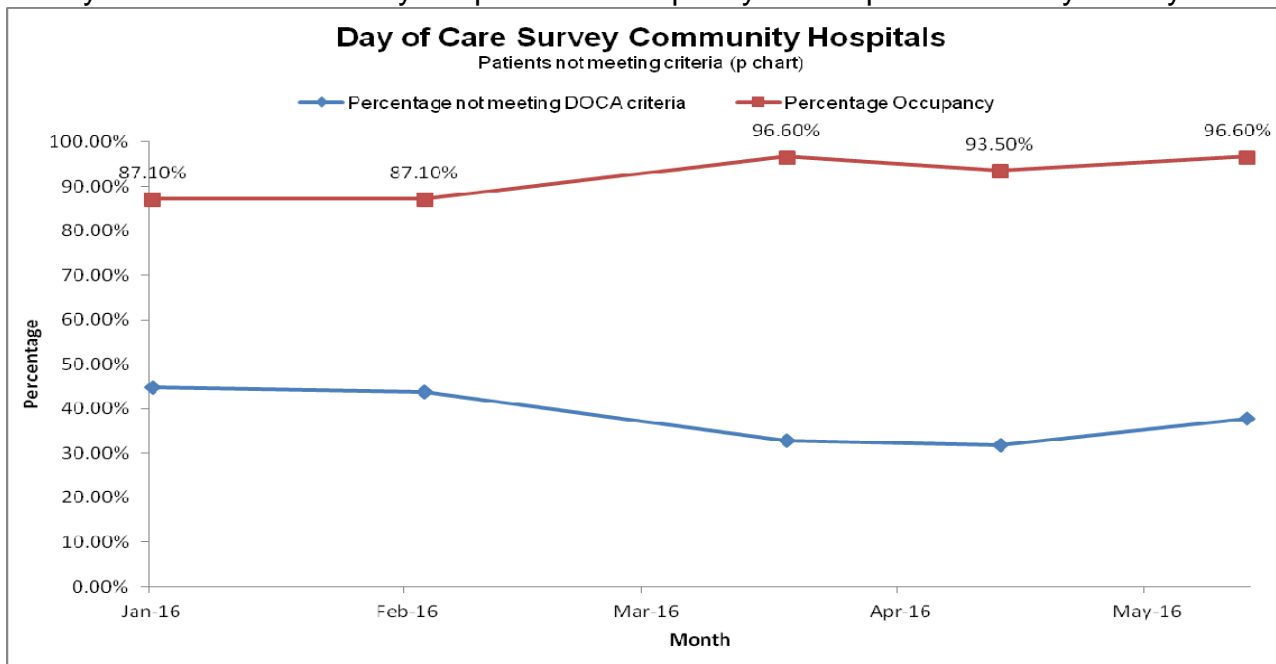
- Discharge Hub: further to the workshop held in March 2016 at which presentations of discharge hub models implemented in other NHS Boards were given, consideration is being given to how the discharge hub in the BGH can function more effectively to support the 72 hours discharge target. This has included a mapping exercise and identification of an action plan to support development of the hub. Taking this forward will involve use of improvement methodology using PDSAs as a key means of doing this.
- Use of Wardview and establishment of Board Rounds in Community Hospitals: this has been successfully implemented at the Knoll and Hawick Community Hospitals. Work is currently underway with cycles of change being used to progress implementation in Kelso Community Hospital.

The Day of Care Survey (DoCS) is used as way of measuring success in meeting the aims of the programme. DoCS provides intelligence on the number of patients who although assessed medically are experiencing a delay in their discharge. Currently DoCS is carried out on a weekly basis, in the BGH and monthly in the four community hospitals.

The chart below shows performance in respect of the percentage of patients not meeting day care survey criteria for need for care in the acute service and bed occupancy in BGH for the period March 2014 to end of May 2016. The data continues to demonstrate a sustained shift from October 2014, in the number of patients who are medically fit awaiting discharge in the BGH:



The graph below shows percentage of patients identified as not meeting day of care survey criteria for community hospital and occupancy for the period January to May 2016.



Unscheduled Care Improvements

6 Essential Actions

Action 1- Focused and Empowered Hospital Management

The Hospital Safety Brief takes place every week day morning to reflect back and learn from the previous 24 hours and to plan ahead for the next 24 hours. At present BGH participation is consistent and effective however, Community Hospital input is variable and so work is ongoing to provide a whole system safety brief.

Action 2 - Hospital Capacity and Patient Flow Realignment

A Daily Demand and Capacity Plan is shared at the Safety Brief with a focus on whole hospital and individual areas to enable each area to plan their patient flow and smooth flow throughout the system as a whole. Managers are allocated to each area to support staff to achieve the required discharge profile and identify plans to accommodate admissions.

A standardised daily breach review for both the Emergency Department (ED) and the Acute Assessment Unit (AAU) is being embedded to reflect on any breaches of the Emergency Access Standard (EAS) actions put in to place based on the issues identified.

Work is ongoing relating to early morning discharges with group sessions held and individual focussed work with SCNs to ensure compliance and understanding of the EAS and quality of care associated with smooth and efficient patient flow early in the day.

The table below outlines the quality targets for the AAU:

Target	Jan 16	Feb 16	March 16	April – accurate to 28/4/16
To assess and discharge 30% of patients seen in AAU	32.97%	26.19%	35.3%	27.2%
Time to 1 st review by nursing staff within 15 minutes from arrival	86%	92%	94%	69%
Time to 1 st assessment by medical staff within 60 minutes from arrival	75%	71%	88%	94%
Time to 1 st assessment by medical staff within 120 minutes from arrival	92%	95%	96%	99%
Emergency Access Standard of 95%	82.97%	90.10%	93%	90.18%

Action 3 - Patient Rather than Bed Management

Create early capacity in medicine through early discharges in downstream wards. Work is underway to increase 11am discharges to 40% over a period of 4 months through more effective use of the Discharge Lounge, raising awareness sessions and more effective use of Board Rounds ensuring we are planning for tomorrow.

Actions are being taken to ensure a more robust discharge management process in Community Hospitals including a standardised weekly MDT in each hospital.

Action 4 - Medical and Surgical Clinical Processes to Pull from ED

The AAU service now accommodates 90% of all medical GP referrals with a discharge rate of 30% being achieved as per table above.

Action 5 - 7 Day Services to Smooth Variation

Work has been progressed to establish of a 7 day senior management presence to provide leadership and focus on patient safety and flow to smooth variation and facilitate weekend

discharges thus ensuring ability to maintain patient flow going into each new week without breaches of EAS or elective cancellations.

Action 6 - Ensuring Patients are Cared for in Their Own Homes

The AAU is targeted to turn around 30% of patients assessed in the department and has achieved an overall discharge rate of 30.4% since 1 January 16. ACU has an estimated admission avoidance rate of 25% thus reducing admission to hospital for those who do not require inpatient care.

The Rapid Assessment and Discharge (RAD) team continue to focus on front door discharges with a view to facilitating care at home for patients where appropriate. A Frail Elderly Assessment Pathway is being developed to impact positively on length of stay within the department for medicine for the elderly.

Planned Care Surgical Flow Programme

A update was provided to the Clinical Executive Strategy Group on 12 May 2016 detailing project progress to date and advising that a full paper will follow in June. This paper will detail the preferred modelling options for implementation. The preferred options are:

- Workstream 1: Provide a 1.5 combined emergency theatre resource & 3.5 elective theatre resource
- Workstream 2: Implement a combined/ interchangeable elective surgical ward with 5 day smoothing and bring back our sendaways

IHO visited NHS Borders on 18 May 2016 to assist us with our discussions regarding moving forward to implementation. This visit was well attended by a range of clinicians and managerial representatives. There was good engagement on the day and staff are feeling positive and are excited about the potential benefits that could be achieved through implementation of the modelling options.

On 18 April 2016, when John Connaghan and Martin Hopkins from the Scottish Government attend our Project Team meeting to provide assurance around the conflicting priorities we were receiving from the Government were, we were also asked to consider if NHS Borders would be willing to take forward blueprint planning for District General Hospitals for the future. There was enthusiasm from the Borders team to undertake this work.

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

Name	Designation	Name	Designation
Andrew Murray	Medical Director		

Author(s)

Name	Designation	Name	Designation
Laura Jones	Head of Quality and Clinical Governance		