

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – AUGUST 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

Background

The Clinical Governance and Quality update encompasses a range of work underway across the organisation to deliver a high quality of care for patients and their families. The report focuses on new developments and pertinent issues arising since the last report to Borders NHS Board in June 2016.

Summary

Pertinent points to highlight in this months Clinical Governance and Quality update to the Board include:

- Patient Safety
 - Work has been initiated to improve handover processes between clinical teams. This comes in response to learning themes identified from adverse events and a recent medical denary visit.
 - A patient helpline will be tested in the Borders General Hospital (BGH) throughout August 2016 to enable patients and their families to raise immediate concerns and gain a prompt response from senior clinical staff.
- Clinical Effectiveness
 - Older People in Acute Hospital (OPAH) standards continue to be a focus forming part of a daily audit programme to drive improvements and reliability in care for older people. A report is expected from Healthcare Improvement Scotland (HIS) in July 2016 to detail the outcomes of their review of OPAH in the BGH and learning from complaints and feedback in NHS Borders. This inspection was invited by NHS Borders with the aim of driving continual improvement in care for patients.
- Person Centred Health and Care
 - NHS Borders has embedded a new approach to complaints handling prompting greater dialogue with patients and their families and with frontline staff.
 - Performance against the 20 working day target for responding to formal complaints was 80% for the month of May 2016. No new decisions have been received from, and no new referrals have been accepted by the

Scottish Public Sector Ombudsman (SPSO) since the last report to the Board.

- Patient Flow
 - A further downward shift has been noted in the number of patients who are medically fit for discharge who meet the day of care audit criteria within the BGH, a key outcome measure for the Connected Care Programme. Between 30 and 40% of patients in community hospitals meet day of care audit criteria and are medically fit for discharge. Focus remains on improving processes in this area to ensure patients are discharged to their next stage of care appropriately.
 - Testing is underway to improve discharge processes across seven days of the week with a focus on weekend working and working processes during the week between wards and the discharge lounge.

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		

Borders NHS Board**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – AUGUST 2016****Aim**

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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).

Handovers

Focused work is underway to look at processes for handover between clinical teams. This work has started with a focus on handover between the teams managing the hospital during the day and the hospital at night team.

Health Foundation – Testing the Safety Measurement and Monitoring Framework

As this 18 month programme comes to a close the process of writing a case study about the testing of the framework along with a supporting film is currently underway. The first draft has been submitted to Health Improvement Scotland and filming has been taking place in the form of structured interviews which will be supported by animation. This will allow other NHS Boards and trusts to learn from the experience of NHS Borders. The dimensions of the safety measurement and monitoring framework have now been built into core reporting within NHS Borders and into safety dashboards and scripts used during the hospital wide safety huddle. There is now greater consistency on a daily and weekly basis in relation to the information provided and acted upon in relation to safety. There is greater situational awareness of safety.

Patient Helpline

Work is underway to test a helpline to enable patients and their families to get a prompt response if they wish to raise concerns about their safety, care or cleanliness whilst in the hospital. This model has been implemented with good success in Salford Royal NHS and will support the Boards focus on safety and person centred care.

Clinical Effectiveness

Older People in Acute Hospitals (OPAH)

A daily audit programme continues which is demonstrating a marked improvement in reliability of the essential daily assessments carried out on a patient's admission. Analysis of process and outcome measures at ward level has commenced based on a sample of the OPAH dataset in order to plan the next phase of this work.

OPAH Inspection and Learning from Feedback Review

NHS Borders requested a proactive inspection of the care of older people in acute hospitals from Healthcare Improvement Scotland (HIS); this took place in April 2016 with an unannounced inspection of the Borders General Hospital (BGH) and second review day focusing on the learning from complaints and Scottish Public Sector Ombudsman (SPSO) cases. A draft report has been received for comment and a final report is expected to be published later in the year. 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.

Research

NHS Borders has been successful in its application for two new commercial studies in Gastroenterology. The Gastroenterology team have built on their success in delivering on their first commercial research study last year and now continue to grow their involvement in research.

In non-commercial research, NHS Borders has been approached to participate in a study looking at the pathway of patients with dementia who are admitted to hospital with a fractured neck of femur. NHS Borders is also exploring the possibility of carrying out its own research project in Diabetes, and also participating in a multi-site trial next year in diabetic retinopathy.

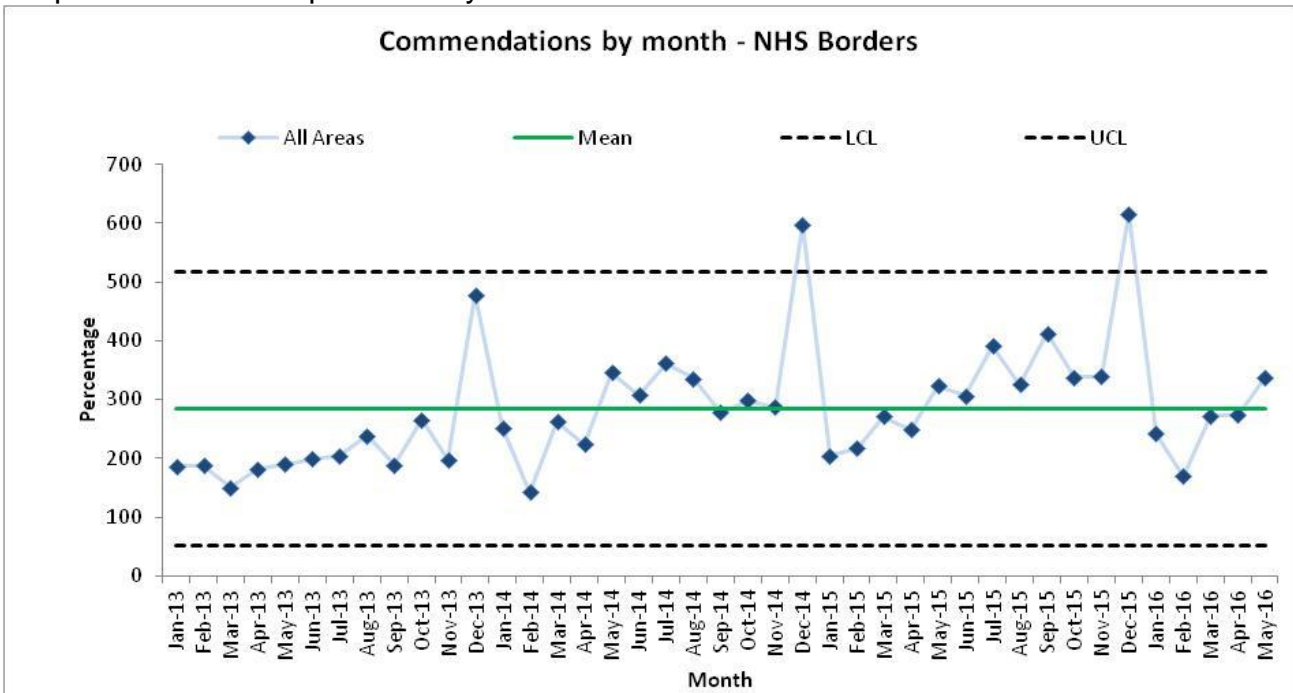
Person Centred Health and Care

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

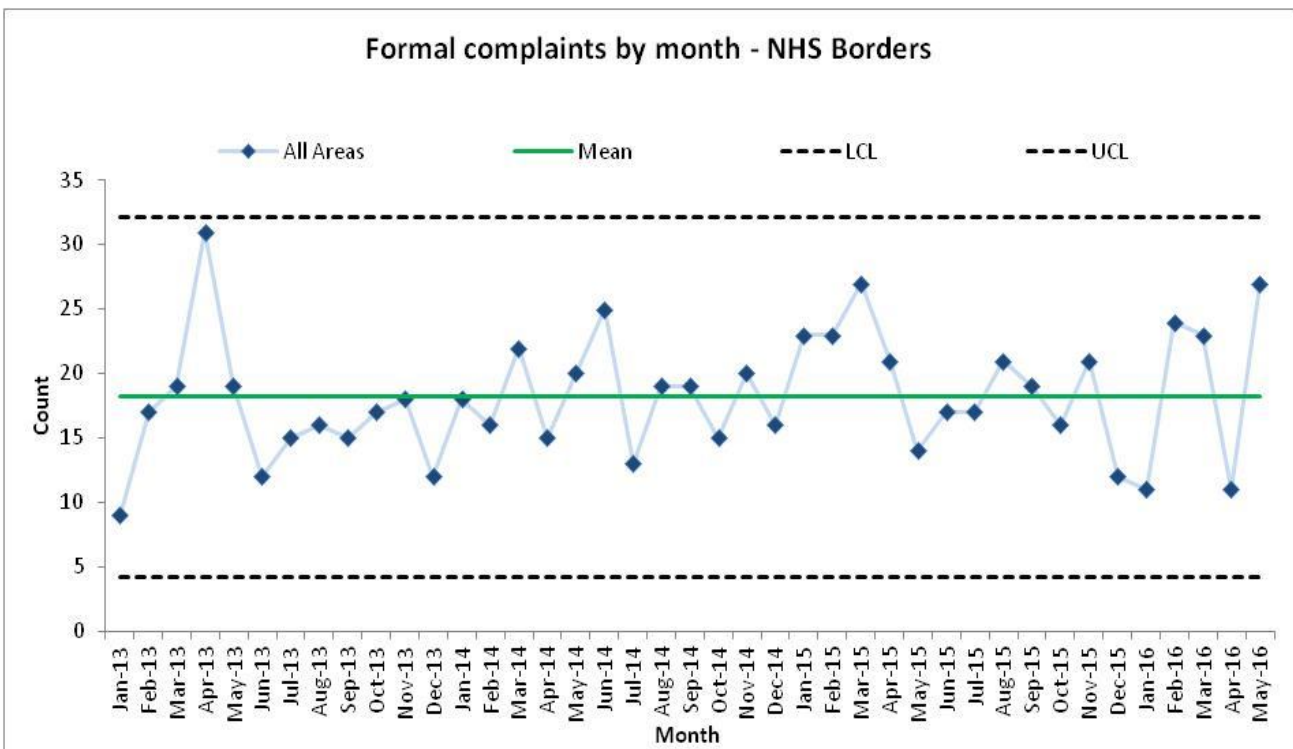
- Commendations, complaints, and concerns for the period January 2013 to May 2016
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to May 2016
- Decisions received from the SPSO between February and May 2016
- Patient Opinion online feedback received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

Complaints, Concerns and Commendations

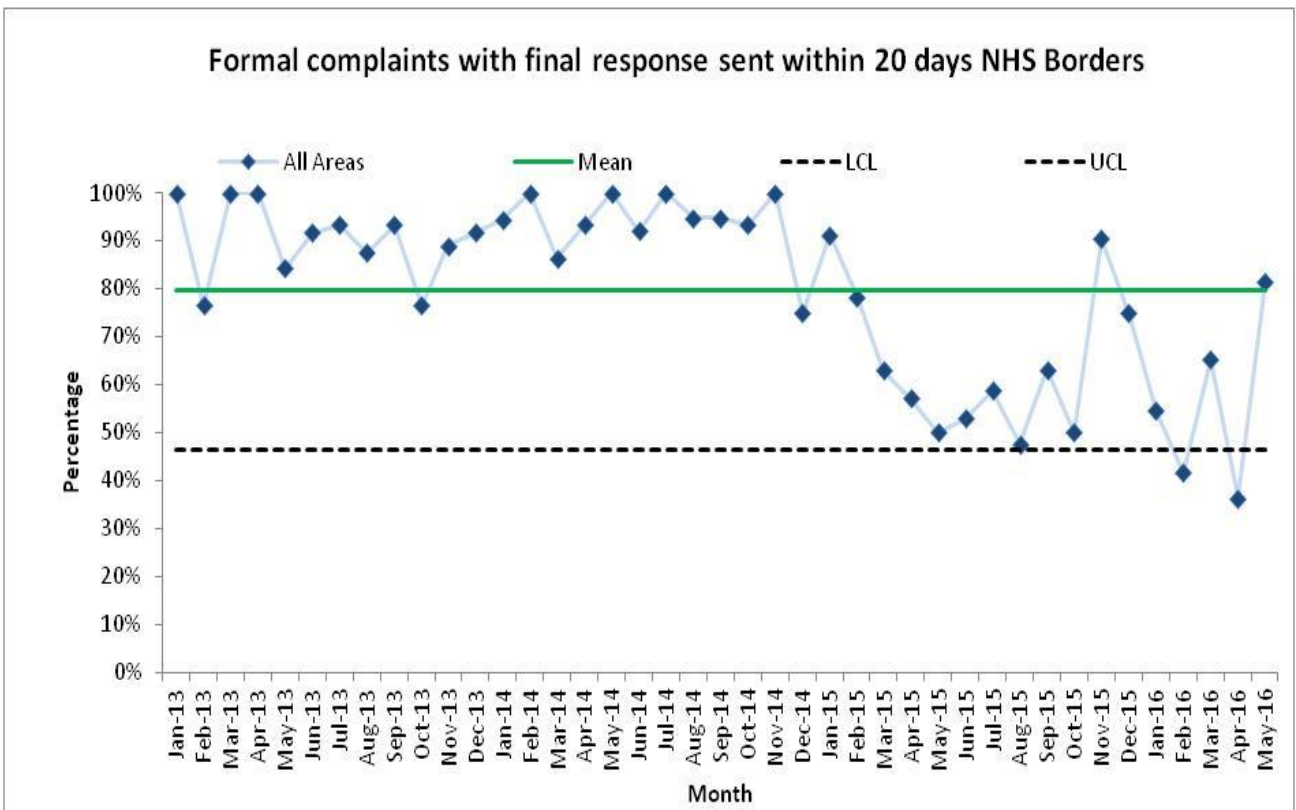
The graph below details commendations received between January 2013 and May 2016 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



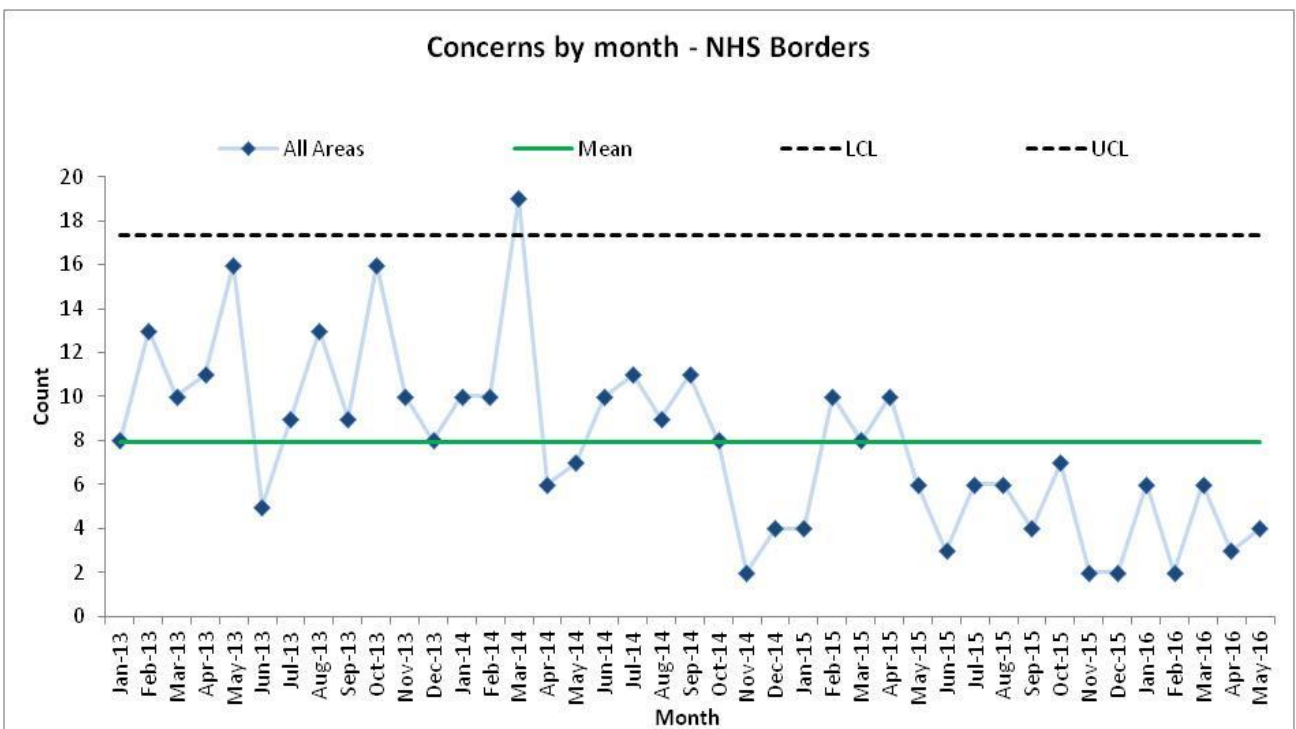
The graph below details the number of formal complaints received for the period between January 2013 and May 2016 showing normal variation:



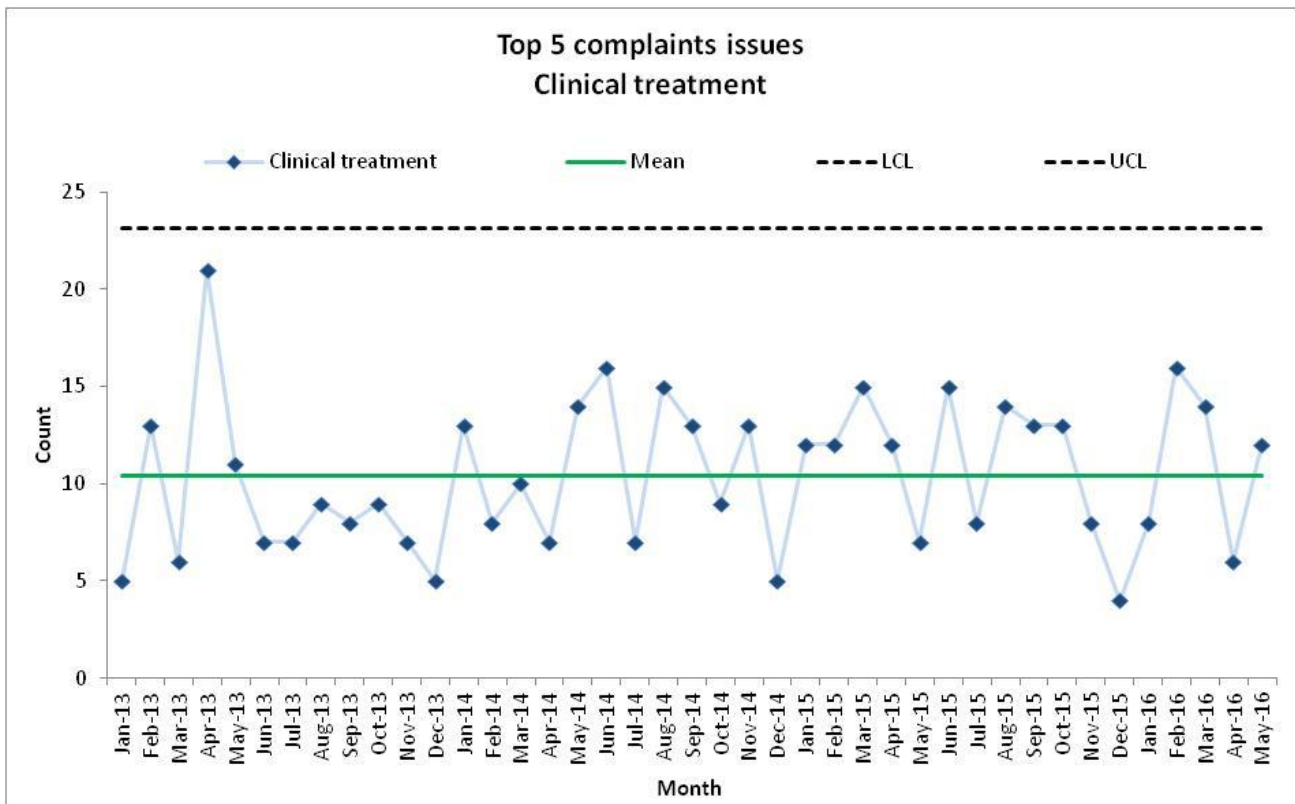
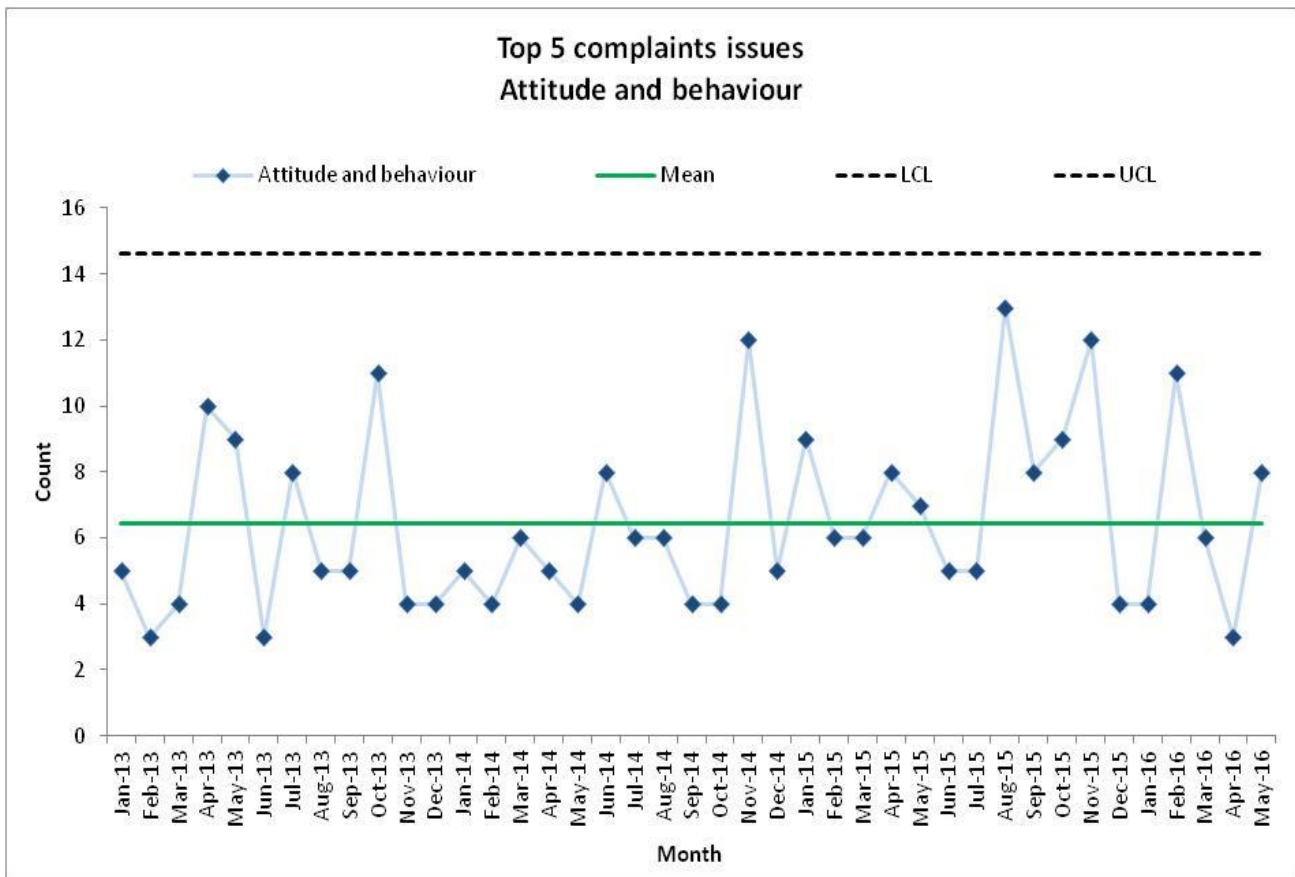
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to May 2016 is outlined in the graph below. A shift in performance has been noted between January and November 2015. A new approach to complaints handling has been embedded to improve the quality of the way NHS Borders deals with feedback:

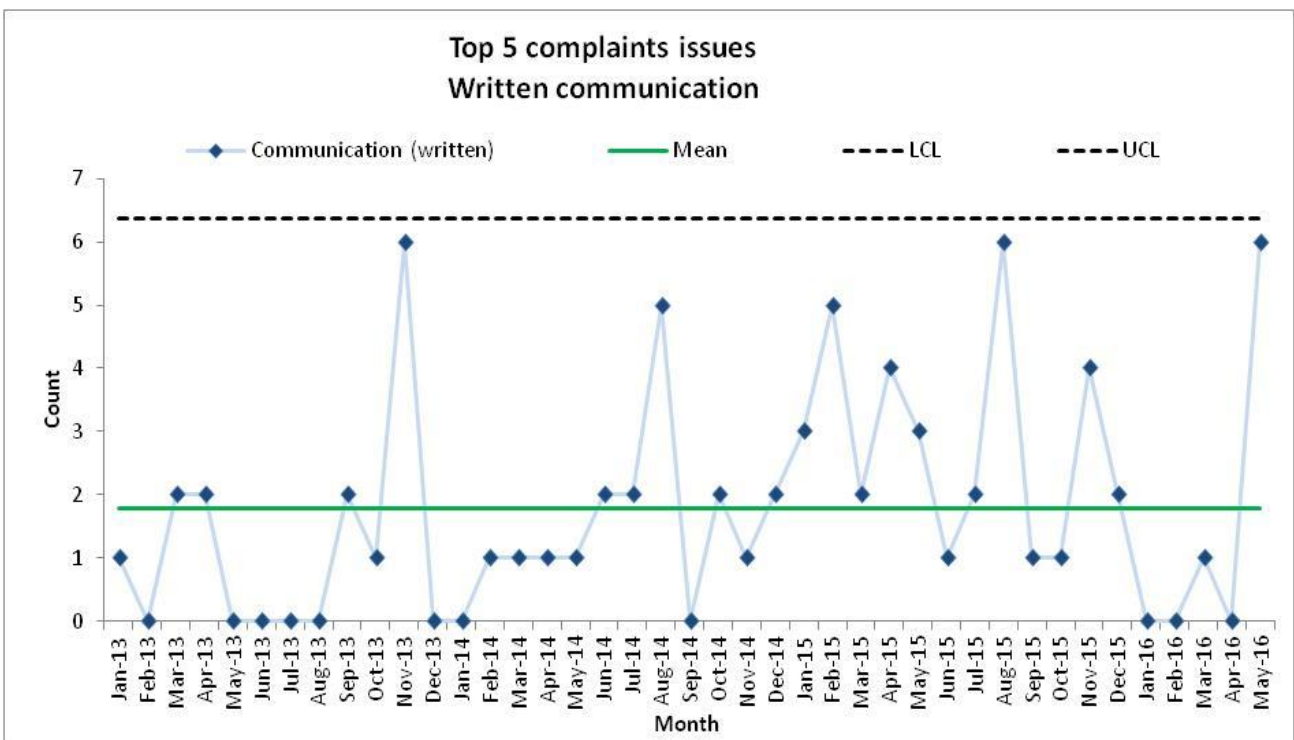
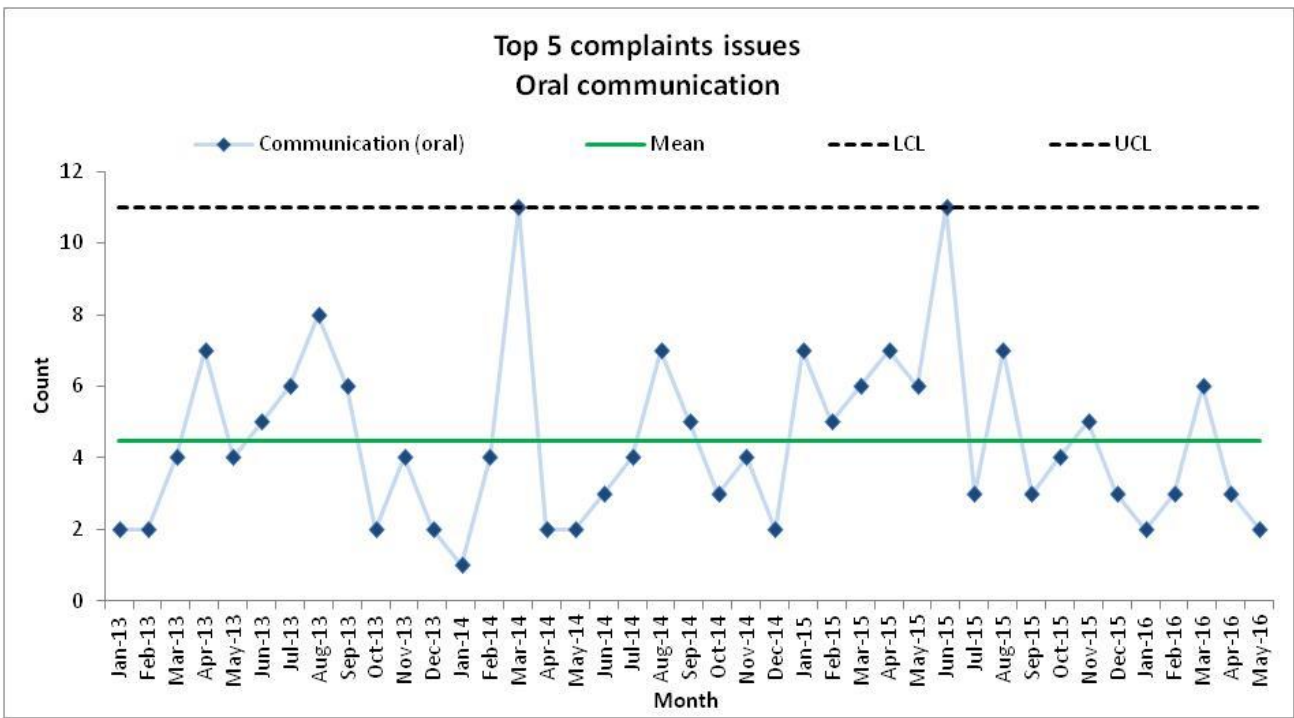


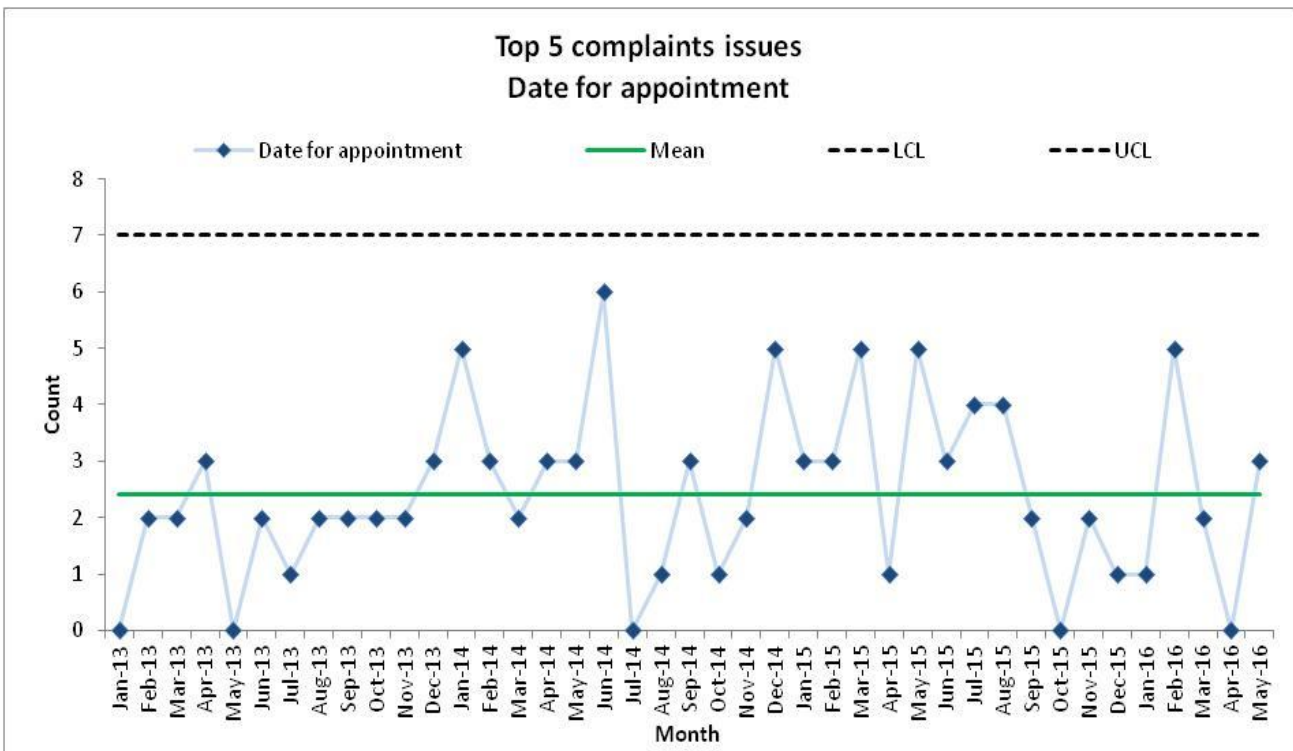
The graph below details concerns received showing a shift and reduction in the number of concerns between May 2015 and May 2016:



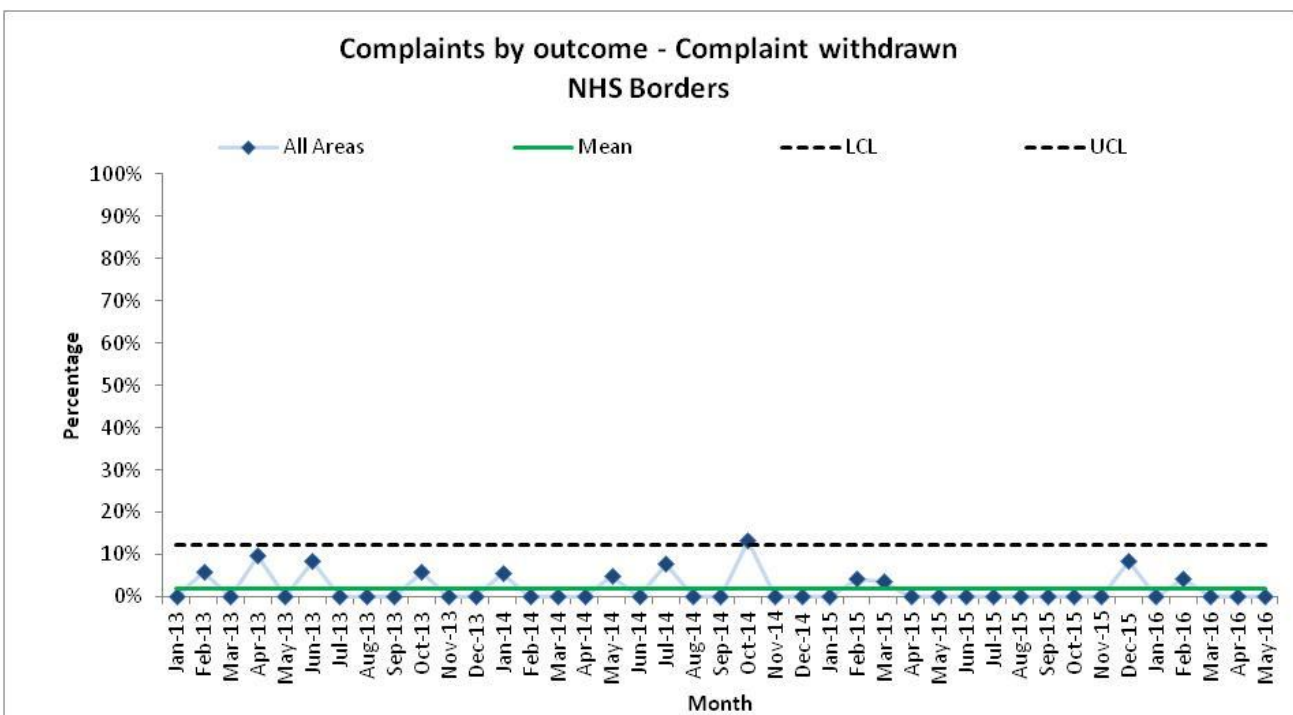
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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

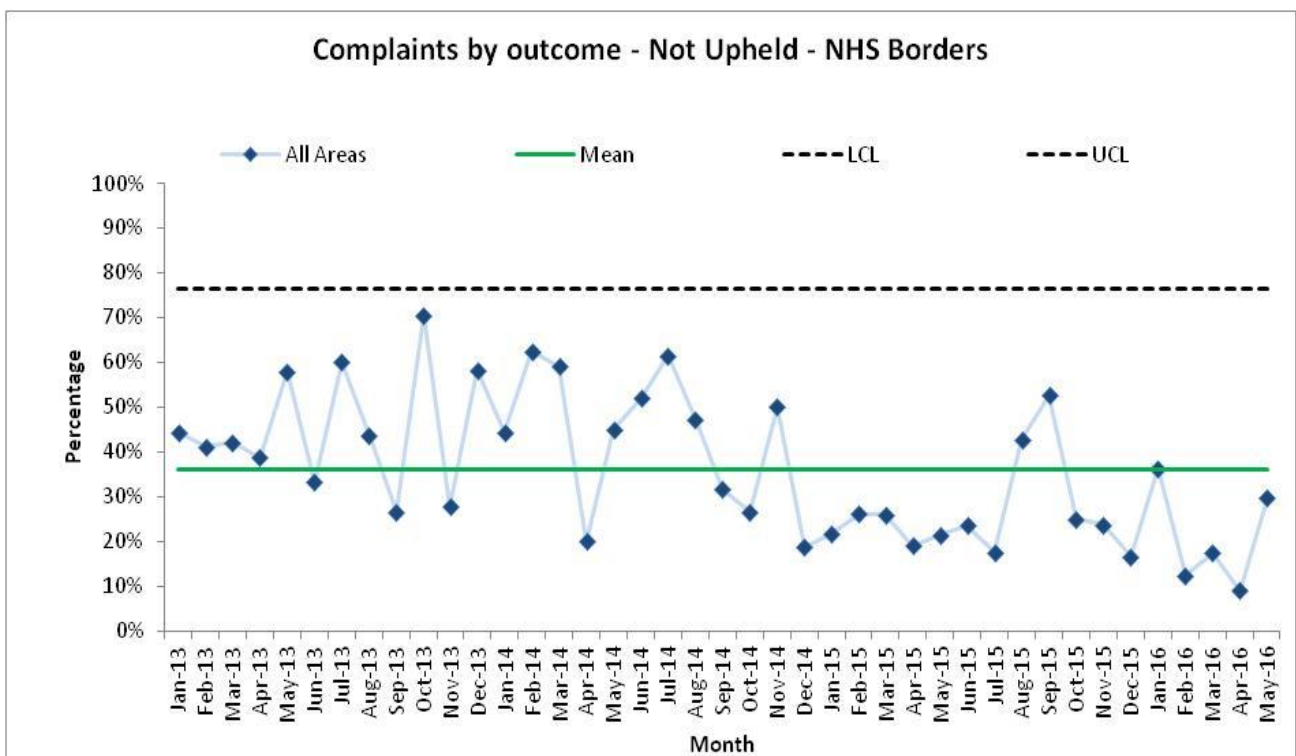
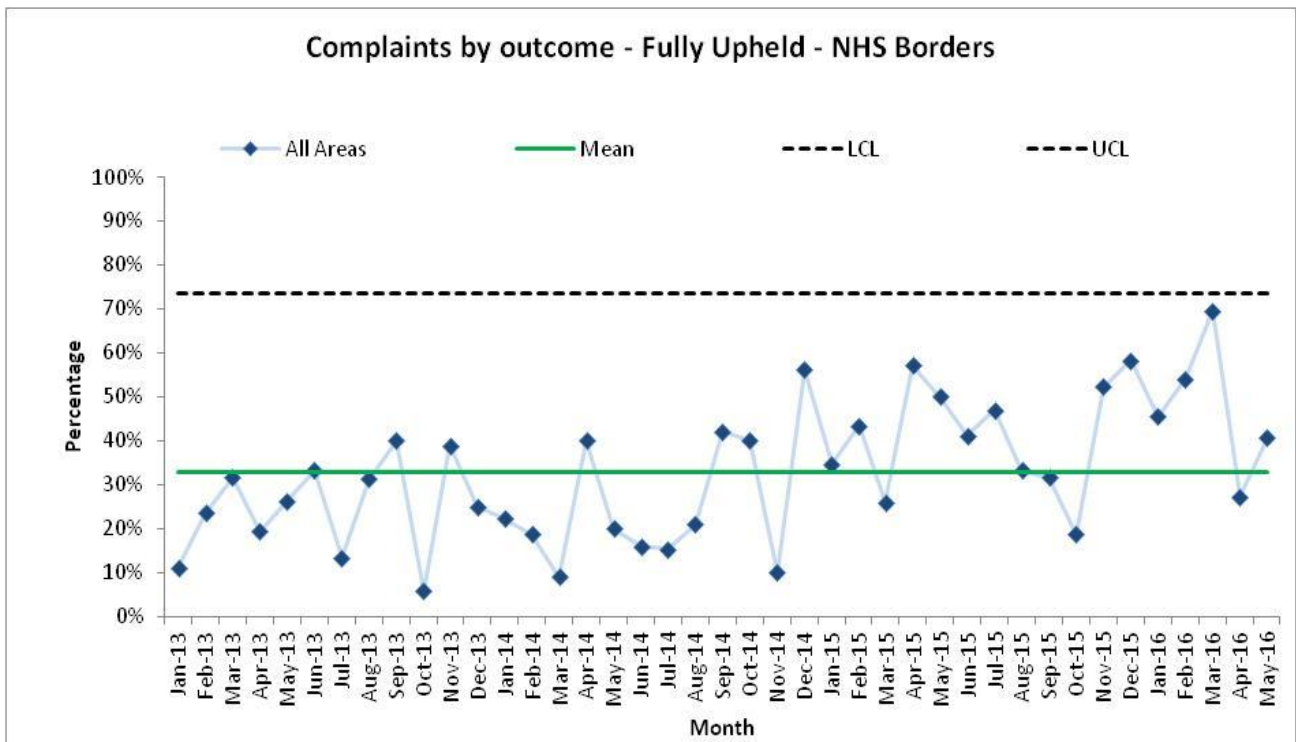


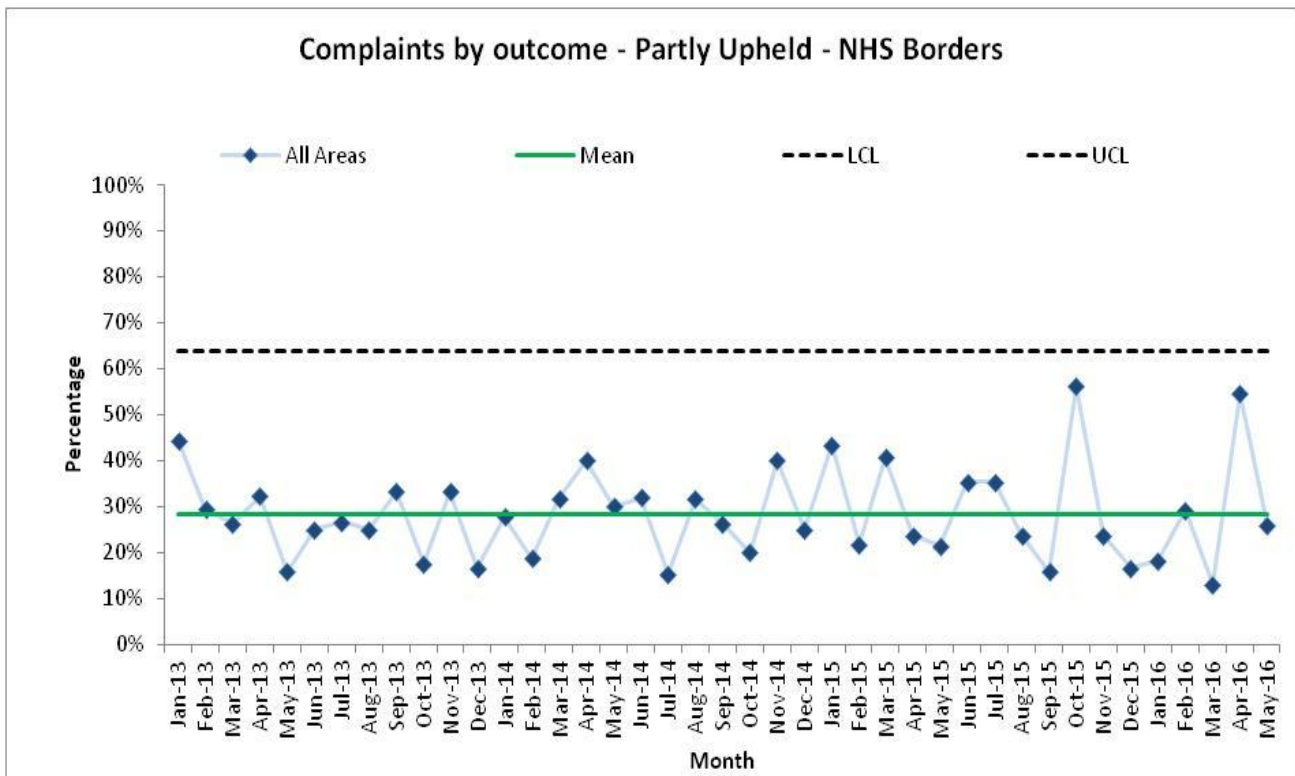




The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below details the outcome of formal complaints between January 2013 and May 2016 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 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:

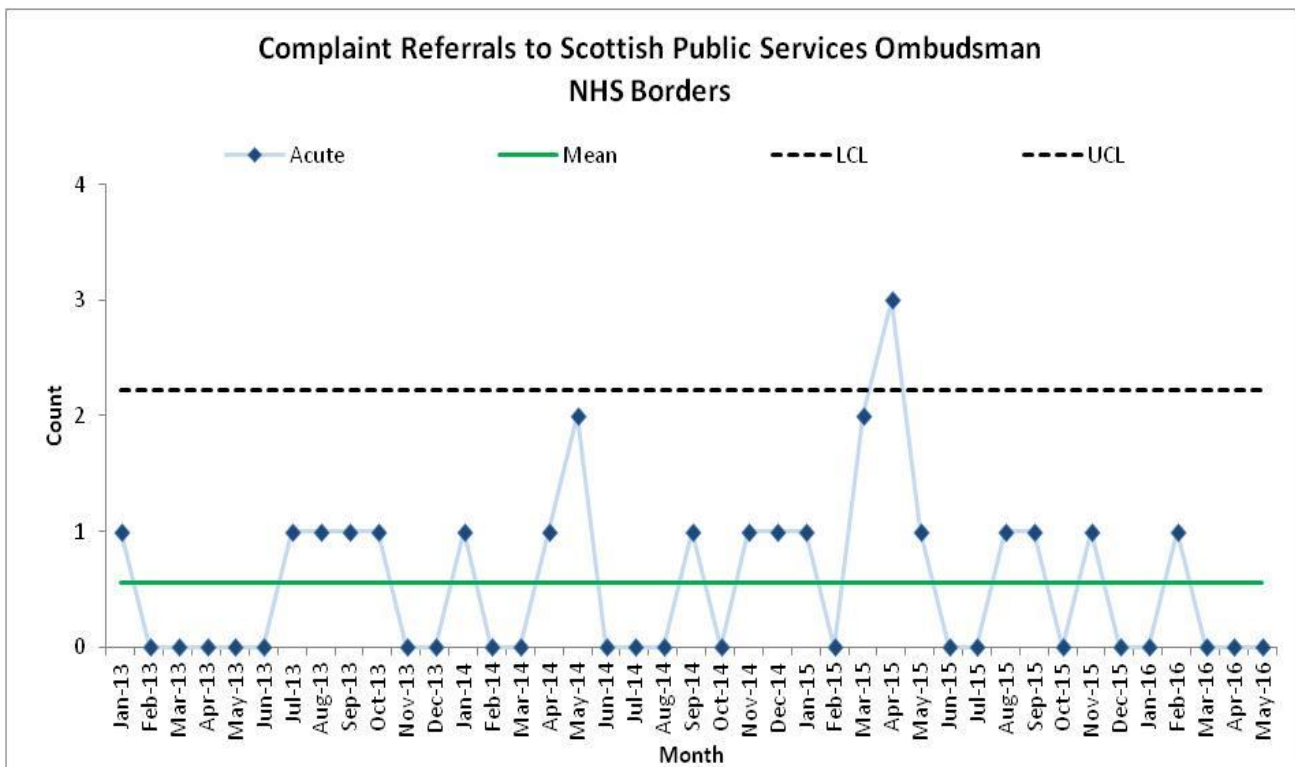






Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

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



No SPSO decisions have been received since the last report.

Patient Opinion Feedback

The table below outlines feedback received between March and May 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
Apr 2016	Colonoscopy	0	Care Facilities Staff		Response provided. Post shared with relevant staff.
May 2016	Felt like new GP was calling me a liar	2		Doctor knowledge	Response provided with contact details.
May 2016	Registering for a GP in Kelso	0	Care Service		Response provided. Post shared with GP Practice.

** 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.*

Patient Feedback Volunteers

There is a total of 16 patient feedback volunteers' registered providing support across multiple services and departments within NHS Borders. This work continues to build and NHS Borders are now testing the use of a patient feedback volunteers in Cauldshiels to gather feedback from patients, relatives and carers. This will also be extended to Melburn Lodge and the Borders Stroke Unit.

Volunteering

The Volunteer Coordinator is in the process of supporting the Spiritual Care Department to register the local church members who support the Sunday Service as NHS Borders volunteers. There are approximately 60 people who ensure our Sunday Services runs smoothly. Some volunteers lead the worship, others contribute to music and a large number of volunteers visit the wards and bring patients to and from the service. The Head of Spiritual Care recently held a meeting with volunteers in the Chaplaincy Centre to formally thank them for their contribution and explain the process for becoming an NHS Borders volunteer.

Last year NHS Borders began to work with a small group of S6 volunteers from Earlston High School. Four pupils volunteered within Melburn Lodge and feedback from the volunteers and the staff was very positive. The Senior Charge Nurse in Melburn Lodge and staff and pupils from Earlston High School were keen to continue with this arrangement so the Senior Charge Nurse and the Volunteer Coordinator visited Earlston High to talk to a group of S6 pupils who were interested in volunteering. A new set of pupils are now signing up to become volunteers.

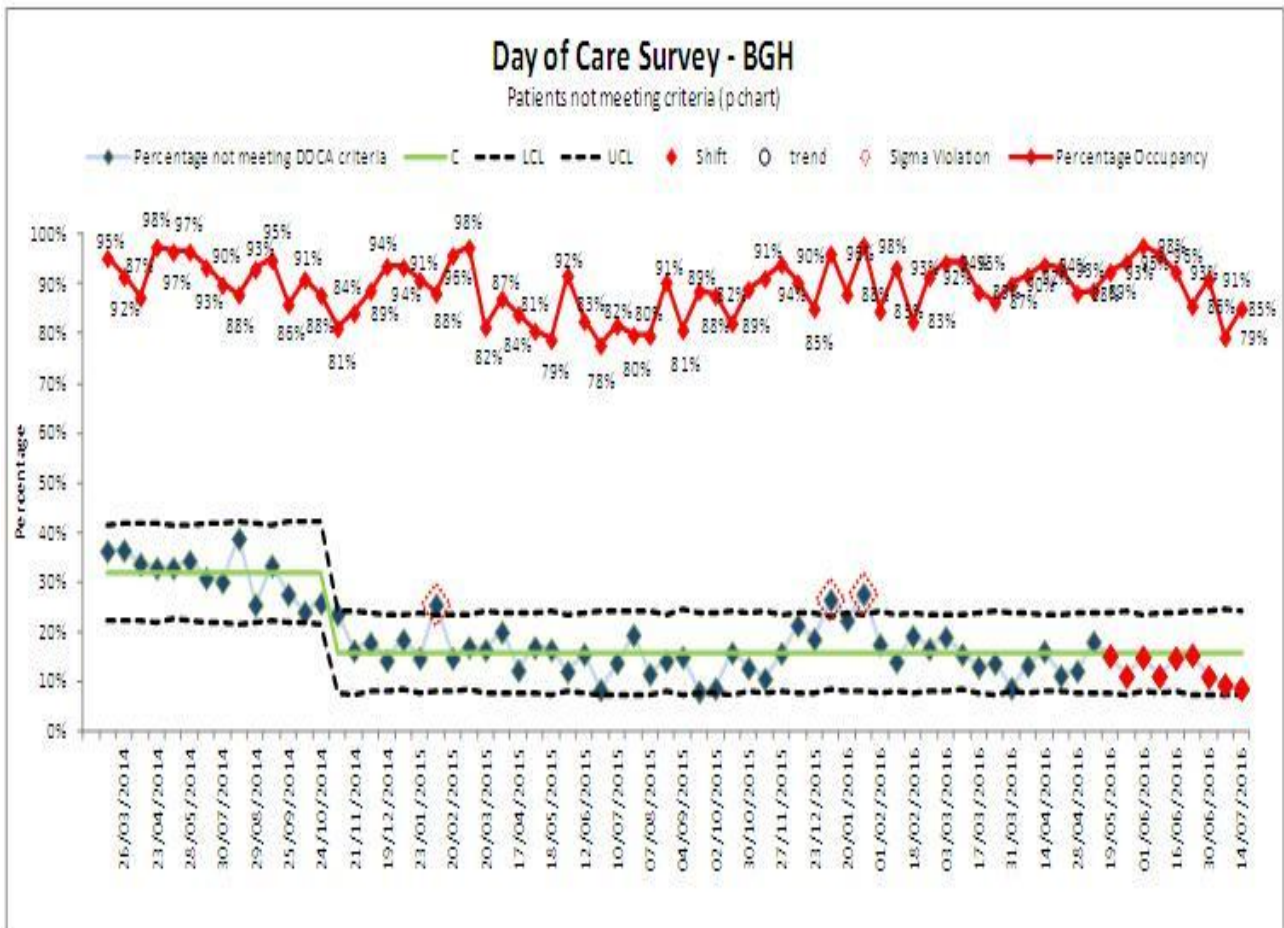
As part of the ongoing volunteer improvement plan regular informal peer support meetings are being set up to take place three times per year to provide support for the large network of volunteers.

Patient Flow

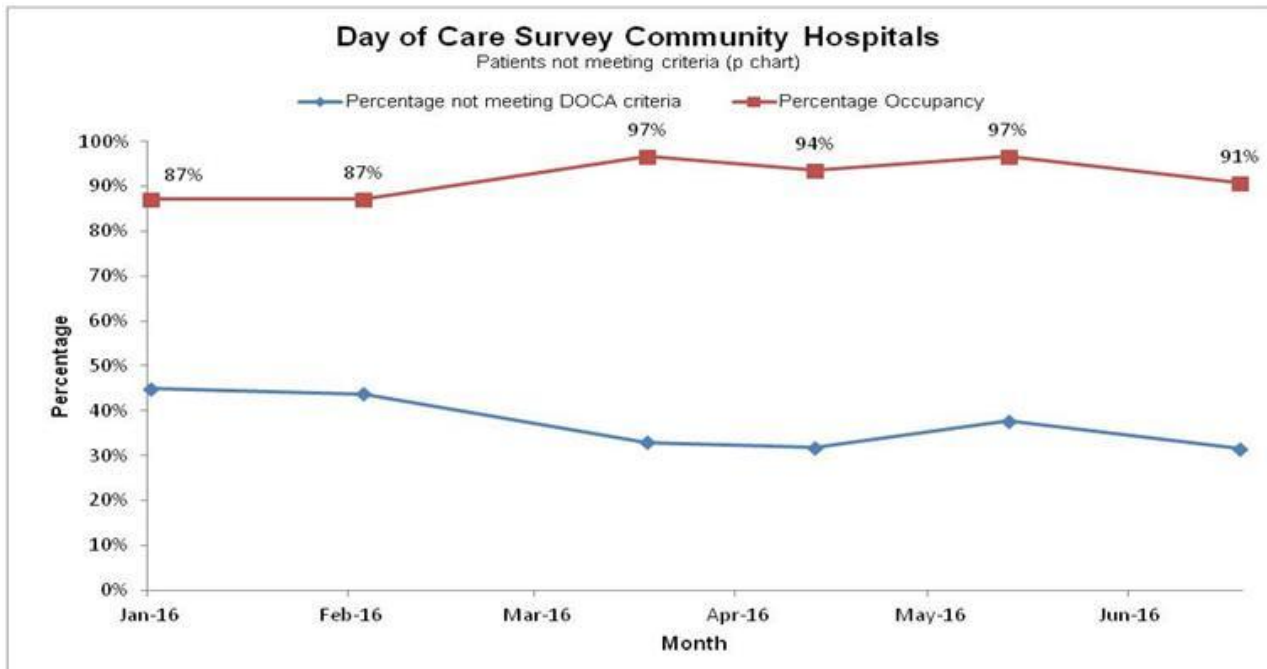
Connected Care

The Day of Care Survey (DoCS) is used as way of measuring success in meeting the aims of the Connected Care programme. DoCS provides intelligence on the number of patients who although assessed medically fit for discharge are experiencing a delay in their discharge or transition to their next stage of care. 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 mid July 2016. The data continues to demonstrate a sustained improvement from October 2014, in the number of patients who are medically fit awaiting discharge in the BGH. Recently further improvement has been evidenced through a shift in the data indicated on the chart below between May and July 2016:



DoCS has been undertaken in the Community Hospitals monthly since January 2016. The graph highlights that between 30-40% of patients are medically fit for discharge and do not meet the criteria for a hospital stay:



The Connected Care programme continues to focus on this area acknowledging that there is a significant opportunity to improve patient flow from community hospitals to the patient's next stage of care.

Unscheduled Care Hospital Flow

This project began on 6 June 2016 with a view to providing a consistent clinical approach to the daily management of patient flow throughout the BGH. Senior Charge Nurses are on a rota where they are the allocated Patient Flow Coordinator for a 12.5 hour period during the day, receiving hand over from Night Sister at 07:30 in the morning and handing back the system at 19:30 thus reducing change over and lost focus on the patient flow mid way through the day. This is being supported by the Improvement Facilitator for Unscheduled Care through the use of a competency framework, Standard Operating Procedures and Supervision to provide guidance and support.

Morning Discharges

Work is ongoing with daily PDSAs (Plan, Do, Study, Act) being completed around morning discharges and use of the Discharge Lounge. The next stage is to focus on weekends and identify the reasons behind the reduction in discharges over weekend periods with a view to improving our discharge profile over a 7 day week.

Recommendation

The Board is asked to **note** the report.

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