Borders NHS Board

BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – OCTOBER 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 August 2016.

Summary

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

- Patient safety
    - A new national methodology has been developed for the calculation of Hospital Standardised Mortality Rates (HSMR). The first publication of this data was in August 2016. The new calculation has shifted the NHS Borders data points slightly but overall the same data pattern remains. NHS Borders rate of HSMR remains low in comparison to other hospitals but no reduction is now noted over the most recent 9 quarters of data against the revised baseline period between January 2011 and December 2013.
    - A site visit will take place with member of the Scottish Patient Safety Programme (SPSP) team in November 2016 to assess progress across all workstreams of the local programme, to share learning and to discuss how the priorities of the programme will contribute to further improvements in patient outcomes including HSMR.
- Clinical effectiveness
    - Following the Older People in Acute Hospitals (OPAH) inspection and review of learning from complaints which took place in April 2016 an action plan is being progressed to address the areas identified for improvement. This plan is being monitored by the Board Clinical Governance Committee.
- Person Centred Health and Care
    - Performance against the 20 working day target for responding to formal complaints was 75% for the month of July 2016.
    - Three new decisions have been received from the Scottish Public Sector Ombudsman (SPSO) since the last report to the Board. In one case the

SPSO decided not to take the case any further, in the second case the SPSO did not uphold the case against NHS Borders and in the third case the complaints were upheld by the SPSO with 5 resulting recommendations which form the basis of a local action plan. No new referrals have been accepted by the SPSO since the last report to the Board.

  - NHS Borders has recently received the outcomes of the national inpatient experience survey. Several areas of good practice were highlighted and some areas for improvement. The report will be considered in full by NHS Borders public participation groups and clinical executive operational group to agree actions to be taken against the survey results.

- Patient Flow
  - Work with the Institute for Healthcare Optimisation has presented NHS Borders with exciting opportunities for the redesign of local surgical services. These options aim to build a sustainable surgical service for Borders patients. There has been excellent clinical leadership of this work from Anaesthetics and the main inpatient specialties of General Surgery, Orthopaedics, Gynaecology and Obstetrics. A full paper will be considered at a forthcoming Board meeting.

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		

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Patient Safety

A combined site visit from Healthcare Improvement Scotland (HIS) for all workstreams of the local patient safety programme is planned for November 2016. The aim of the visit is share learning and to discuss plans and priorities for the coming year for each area. In addition the visit will consider the contribution of all local workstreams to reducing Hospital Standardised Mortality as a key outcome measure of the Scottish Patient Safety Programme (SPSP).

Hospital Standardised Mortality Ratio (HSMR)

The initial aim of the SPSP was to reduce hospital standardised mortality by 15% by December 2012 which was then extended to a 20% reduction by December 2015. In June, this aim was stretched a further 10%, by December 2018.

HSMR data, prepared by Information Services Division Scotland (ISD) includes all deaths within 30 days of admission to a specific hospital including deaths within that hospital and those out with that 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.

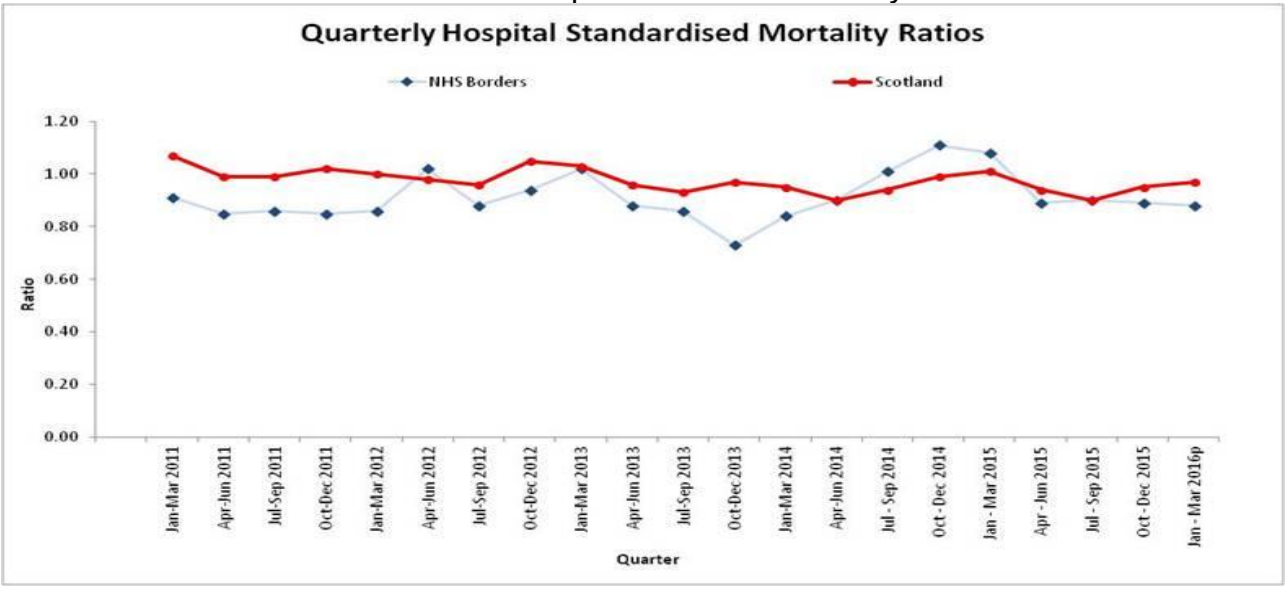
The HSMR value for Scotland for the baseline year is 1. This allows quarterly hospital values to be compared to the baseline year for Scotland:

- If an HSMR value is less than 1 this means the number of deaths within 30 days for a hospital is less than expected
- If an HSMR value is greater than 1 this means the number of deaths within 30 days for a hospital is more than expected

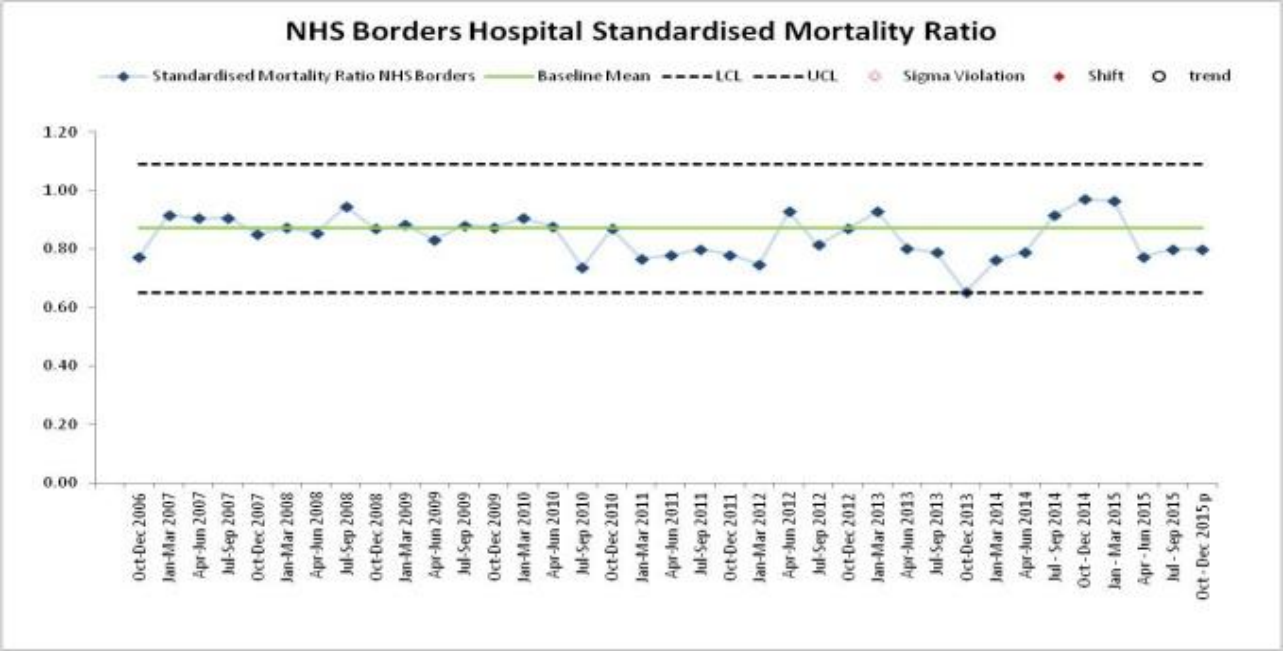
If the number of deaths is more than predicted (HSMR is more than 1) this does not necessarily mean that these were avoidable deaths (i.e. that they should not have happened at all), or that they were unexpected, or attributable to failings in the quality of care. HSMR should therefore now be used as a standalone measure but as part of a suite of measures used to assess quality of care.

Since the Scottish HSMR statistics were first released in 2009, extensive dialogue with stakeholders has identified that there may be features of the HSMR model that could be refined and potentially improved upon. During 2015/16 ISD undertook to fully review the HSMR model methodology. Data released in August 2016, was the first set of data using the revised methodology.

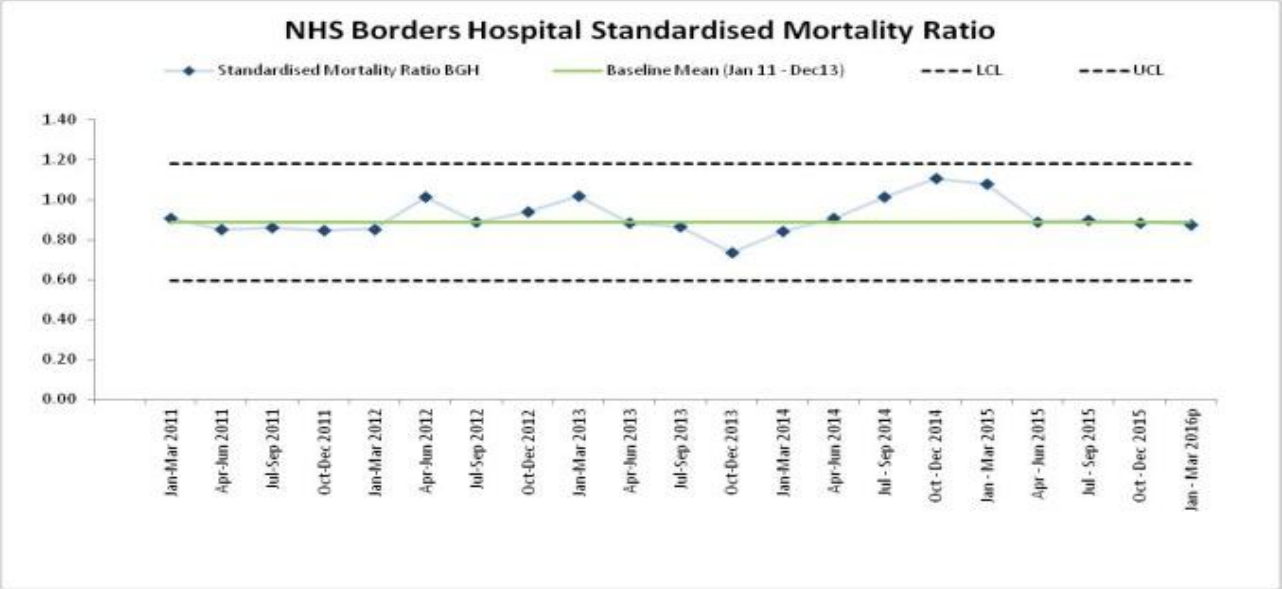
As part of the new measurement approach a revised baseline period has been calculated from January 2011 to December 2013. Graph 1 below presents the quarterly data from NHS Scotland and NHS Borders for the period October January 2011 to March 2016:



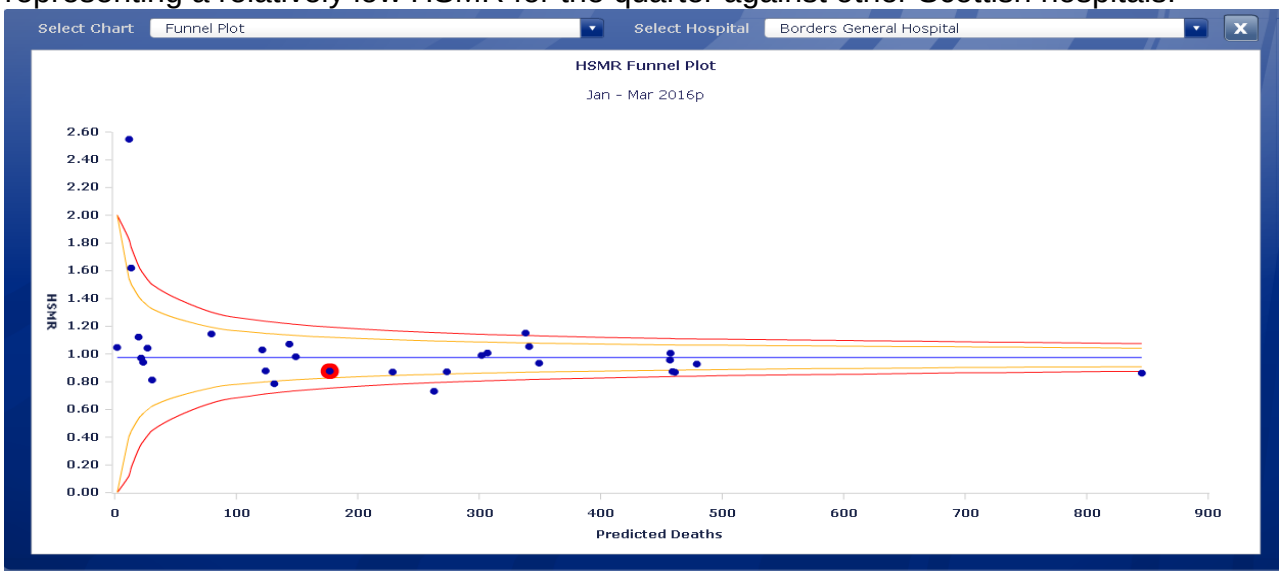
The revised calculation of HSMR using the new national methodology has shifted the position in NHS Borders slightly. Whilst the same overall trend is noted data points are slightly different. Graphs 2 and 3 provide NHS Borders HSMR displayed in a statistical process control chart on a quarterly basis both showing normal variation. Graph 2 shows the position using the old national methodology over the period October 2006 to December 2015. NHS Borders achieved a 6% reduction in HSMR during this period:



Graph 3 shows the position using the new methodology over a shorter period between January 2011 and March 2016. ISD are using the period between January 2011 and December 2013 as a baseline period against which to measure any reduction of increase in HSMR over the last 9 quarters from January 2014 to March 2016. NHS Borders does not show a reduction in HSMR over this period:



Graph 3 below shows a funnel plot comparing the BGH to other hospitals within Scotland. The BGH is represented within the red dot on the bottom left section of the funnel plot, representing a relatively low HSMR for the quarter against other Scottish hospitals:



Reviews of deaths are carried out to gain learning from deaths occurring in the BGH, this is done using a sampling approach to review around 25% of deaths occurring. Learning from the review of deaths is used to define the focus areas for the local patient safety programme. Priority areas for the local programme which will contribute to sustaining and reducing HSMR include further work to reduce falls, pressure damage and medication errors, a continued focus on early recognition and rescue of the deteriorating patient and end of life care pathways. Progress against all areas will be considered at the forthcoming visit with HIS to explore learning from other Boards which can aid NHS Borders in achieving further reductions in HSMR. An update will be shared with the Board following the visit.

Clinical Effectiveness

HIS recently completed a final report of their review of the care of older people within the BGH following their inspection in April 2016. An action plan is being progressed to address any areas for improvement identified by HIS. This action plan is being monitored by the Board Clinical Governance Committee to ensure all elements are concluded within the timeframes agreed.

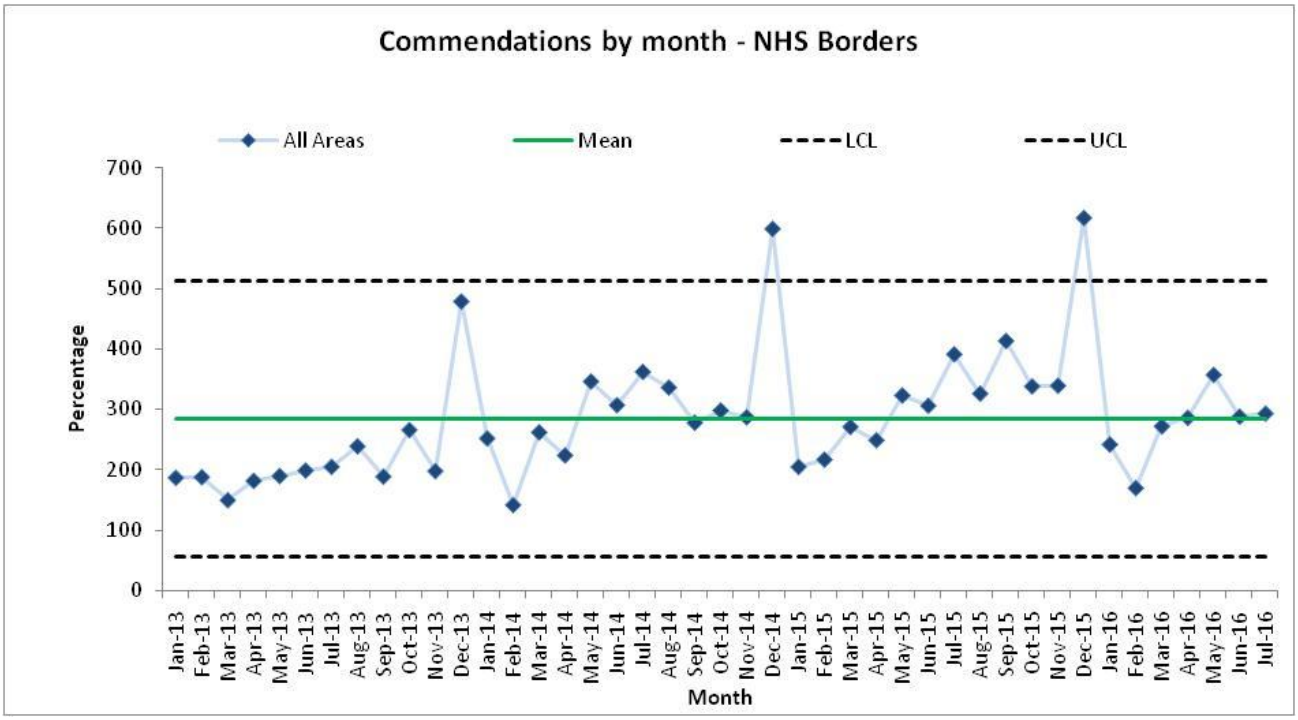
Person Centred Health and Care

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

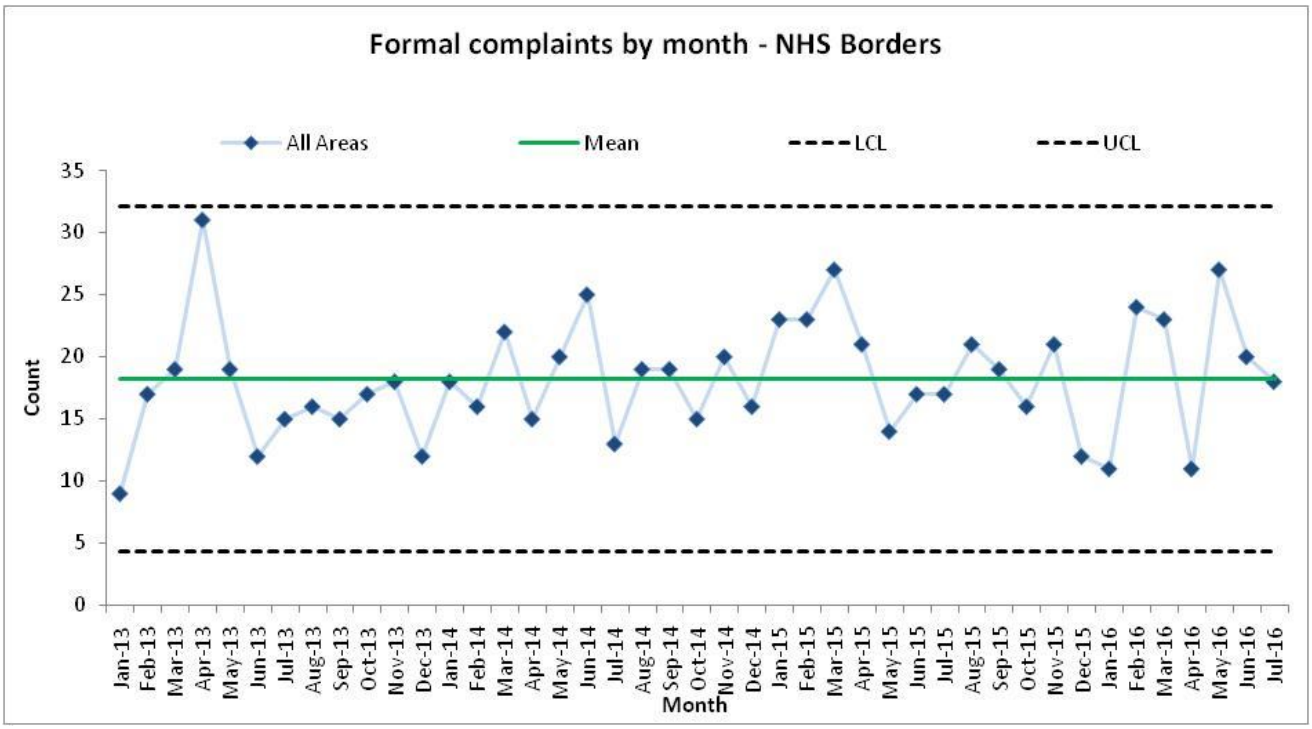
- Commendations, complaints, and concerns for the period January 2013 to July 2016
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to July 2016
- Decisions received from the SPSO in August 2016 and September 2016
- Patient Opinion online feedback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

Complaints, Concerns and Commendations

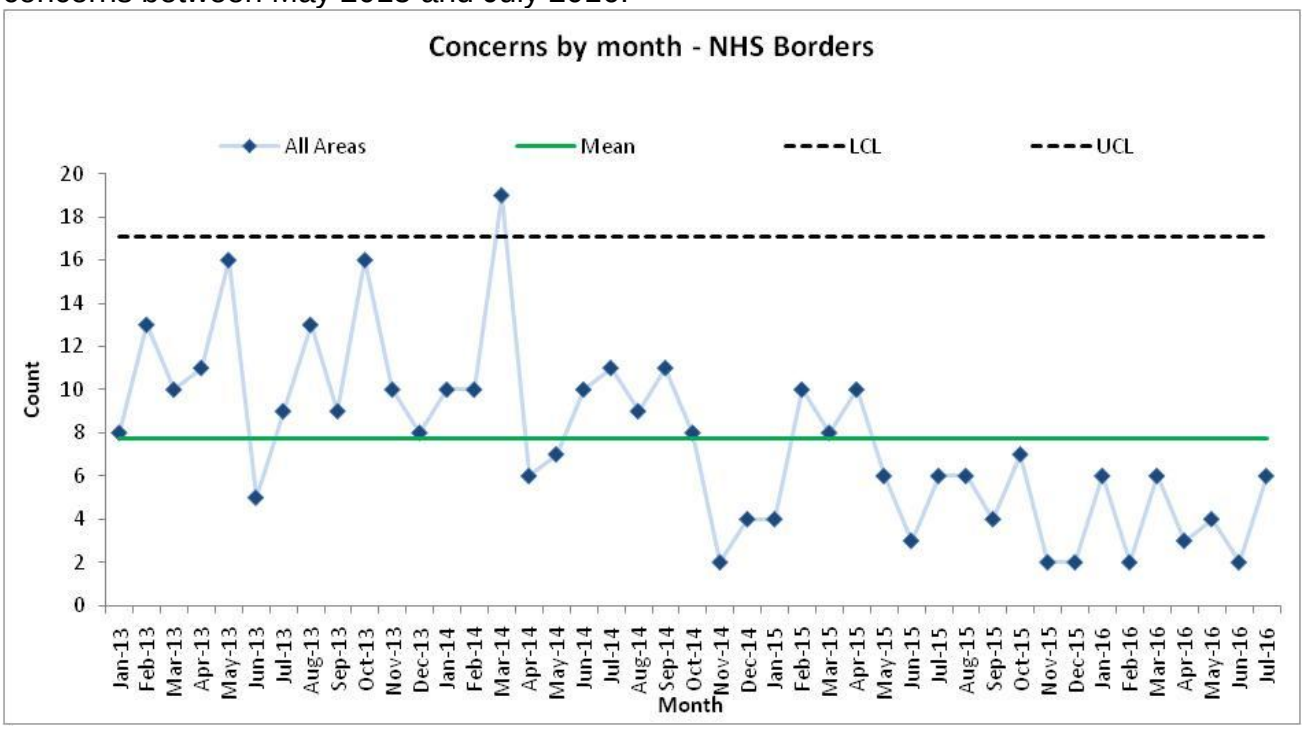
The graph below details commendations received between January 2013 and July 2016 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



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

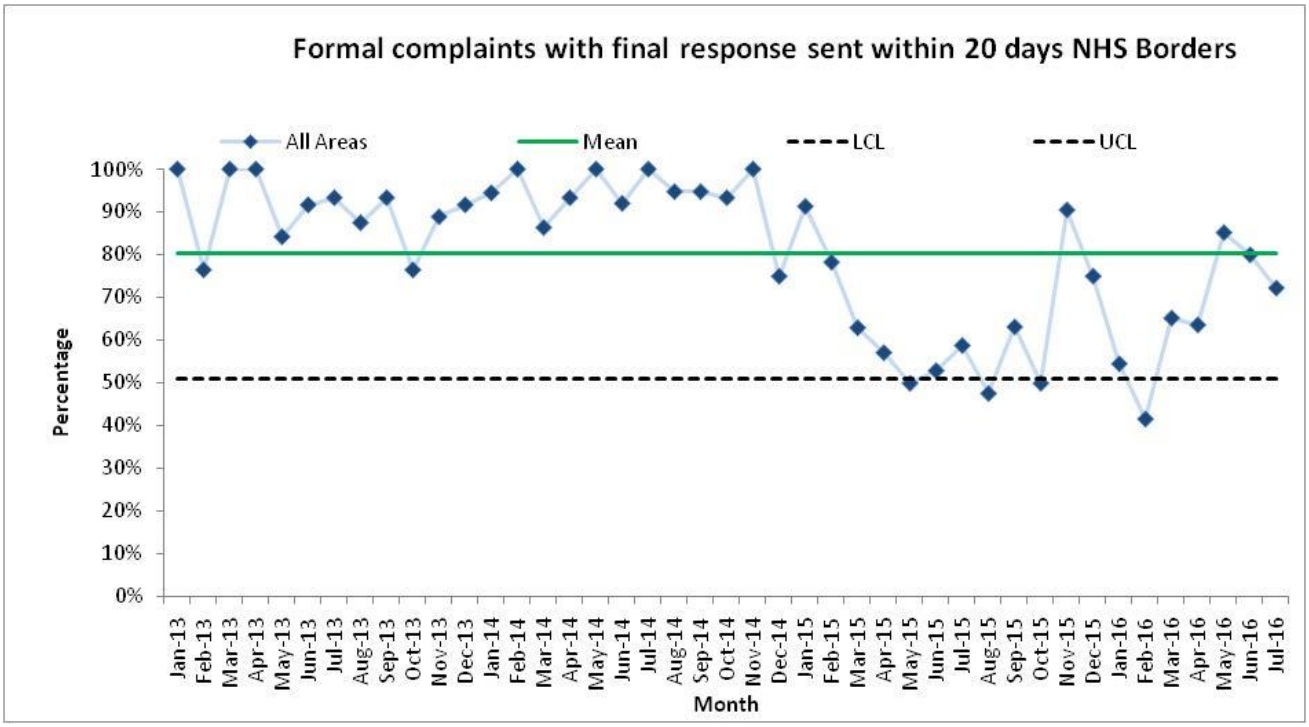


The graph below details concerns received showing a shift and reduction in the number of concerns between May 2015 and July 2016:

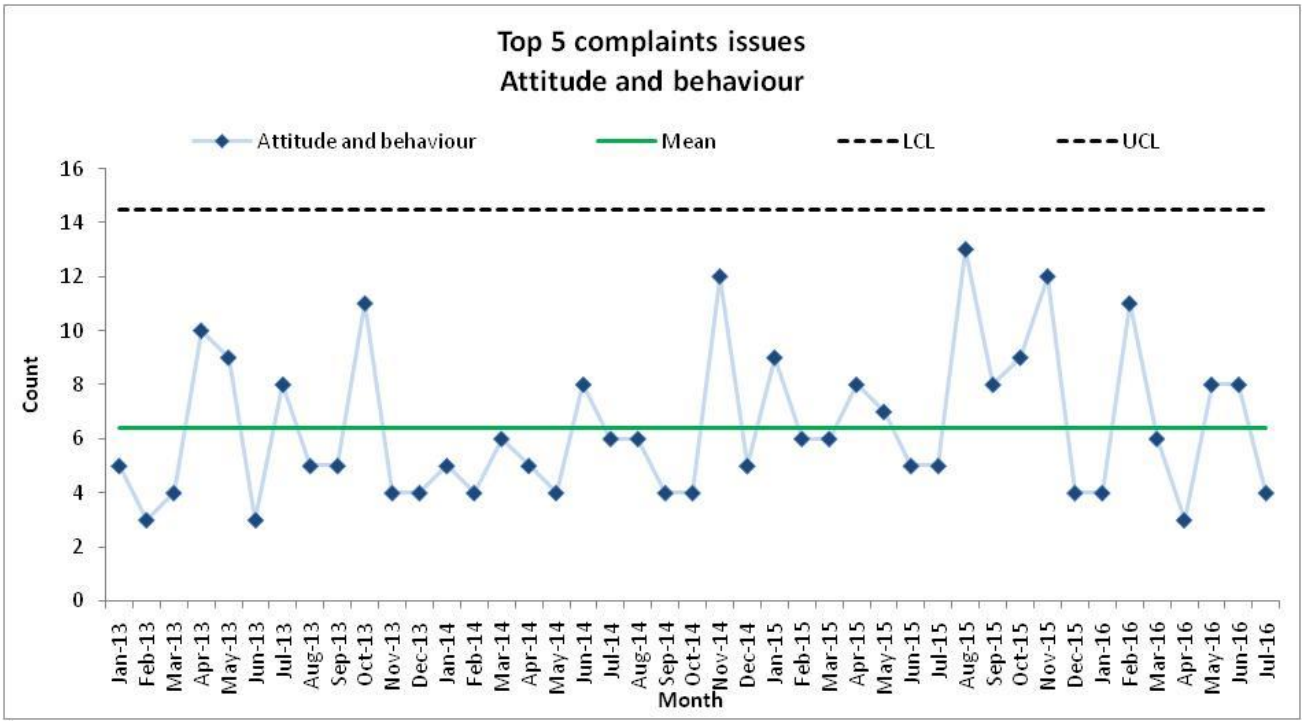


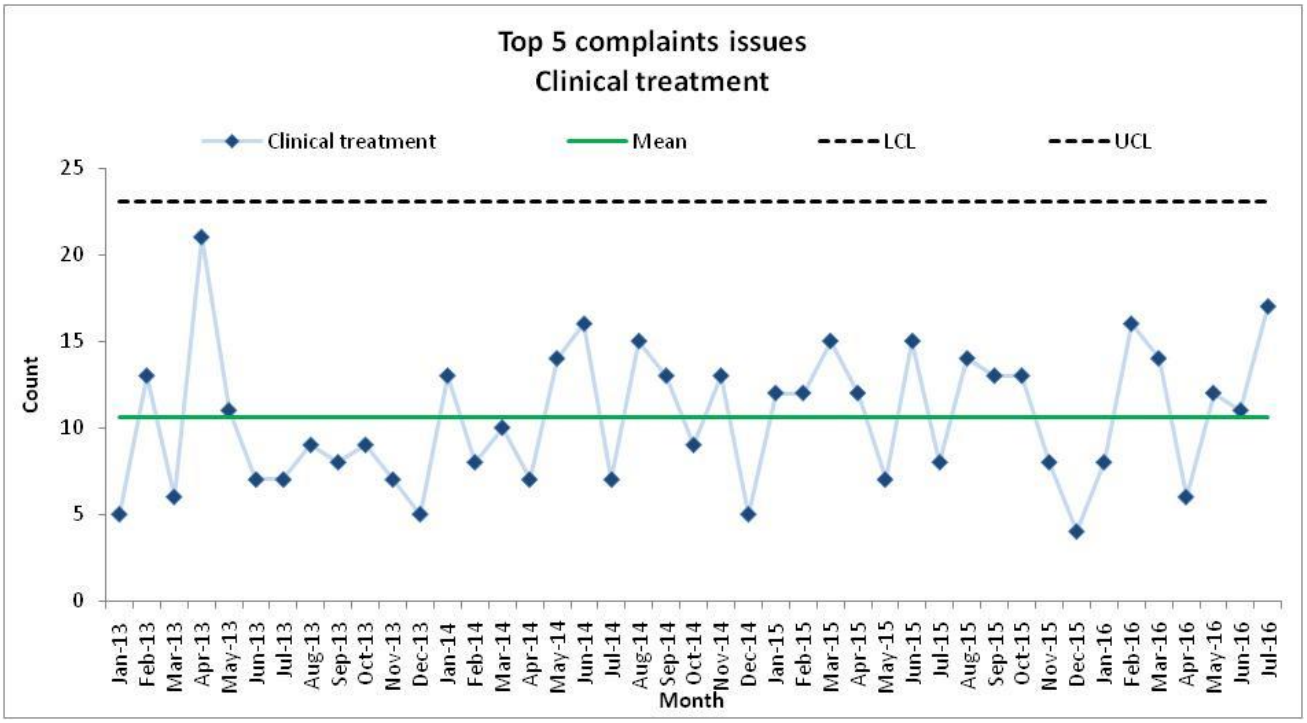
Details of the formal complaints and concerns received for departments within NHS Borders for the period 1 September 2015 to 31 August 2016 are contained in Appendix 1.

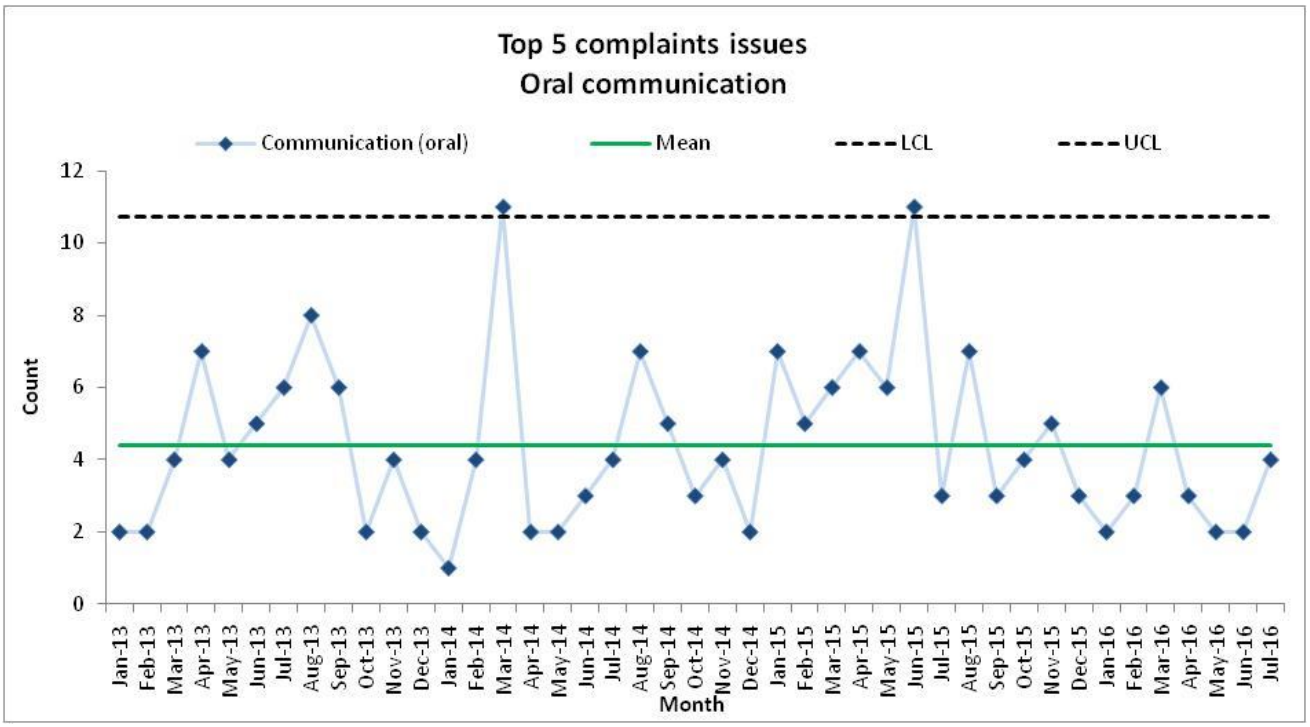
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to July 2016 is outlined in the graph below. A shift in performance has been noted between January and November 2015. A new approach to complaints handling has been introduced and is now working as standard practice:

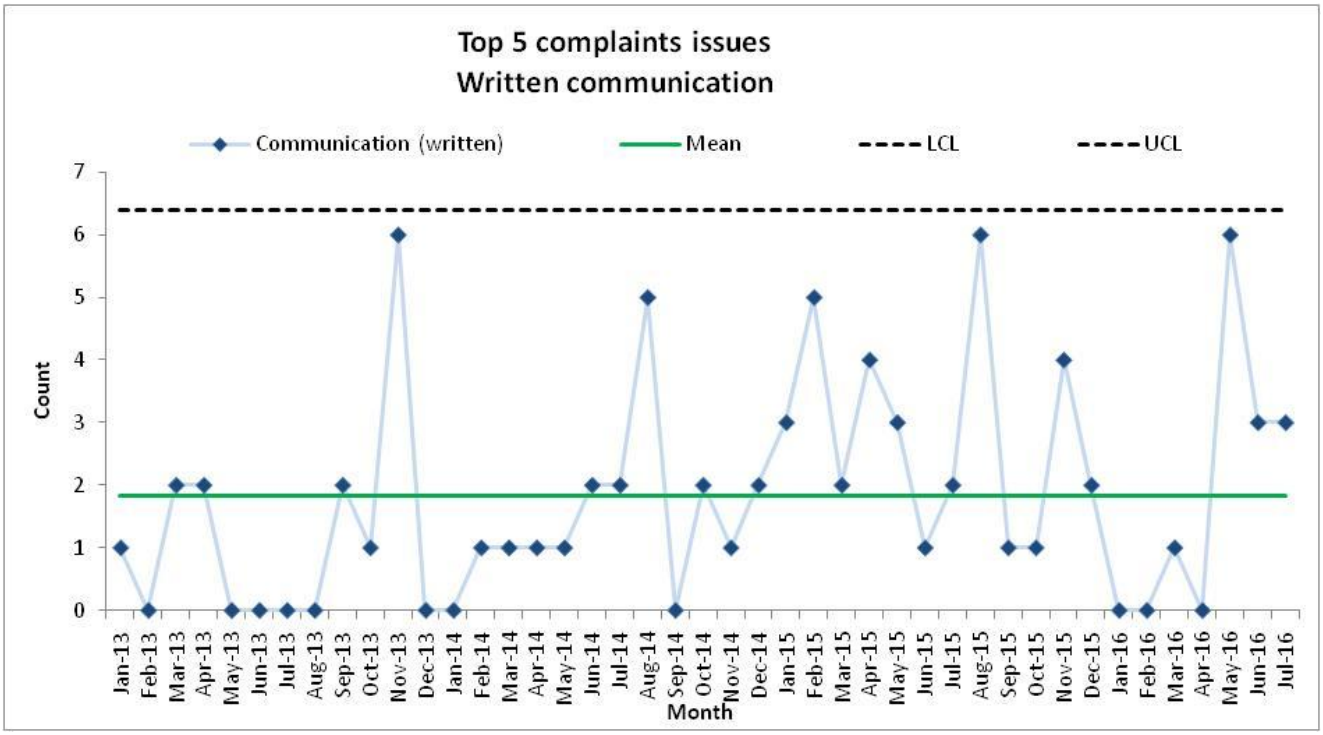


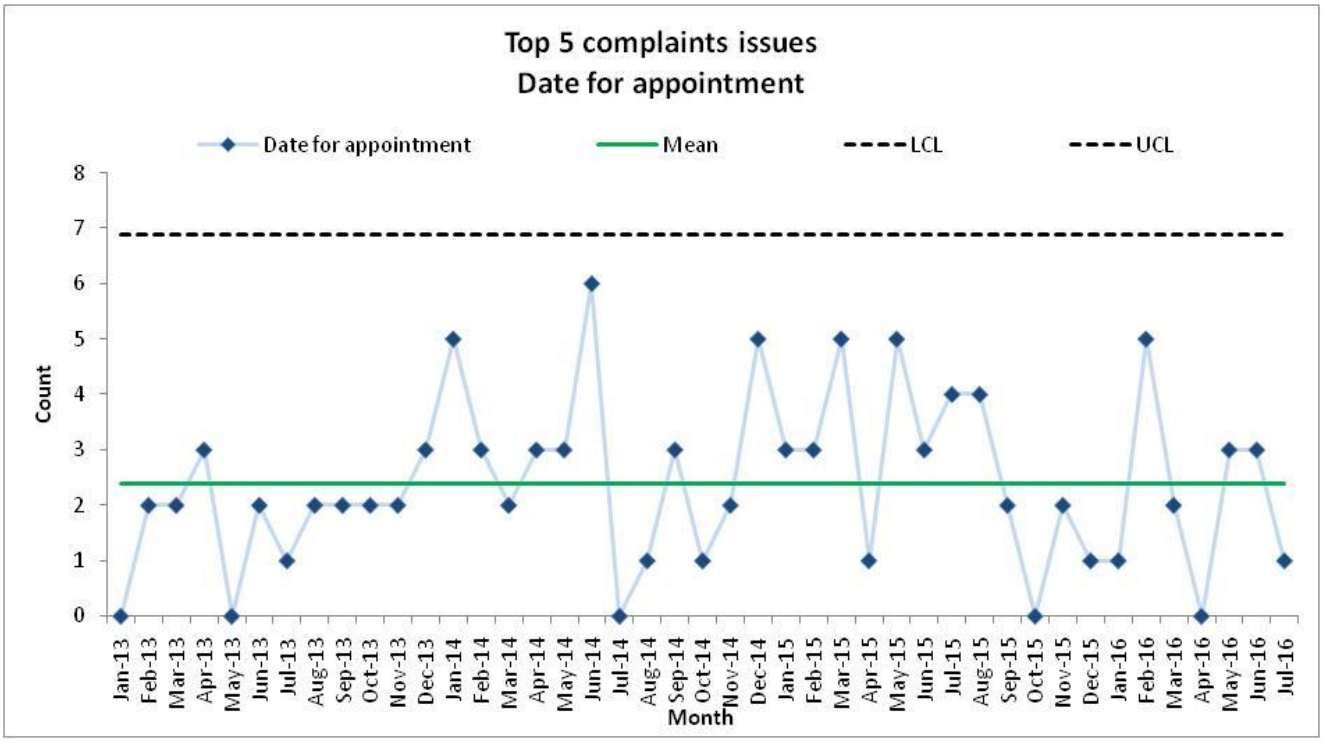
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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




Top 5 complaints issues
Clinical treatment
Clinical treatment
Mean
LCL
UCL
Count
Month

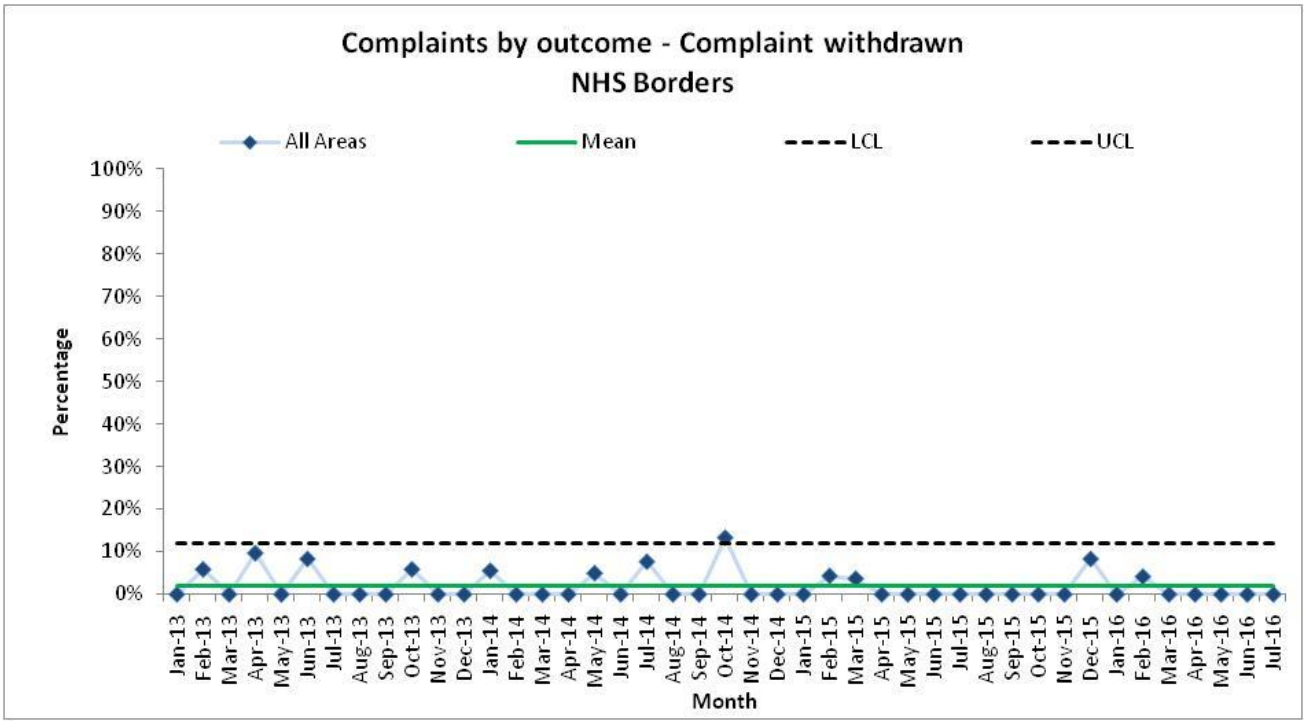

Top 5 complaints issues
Oral communication
Communication (oral)
Mean
LCL
UCL
Count
Month

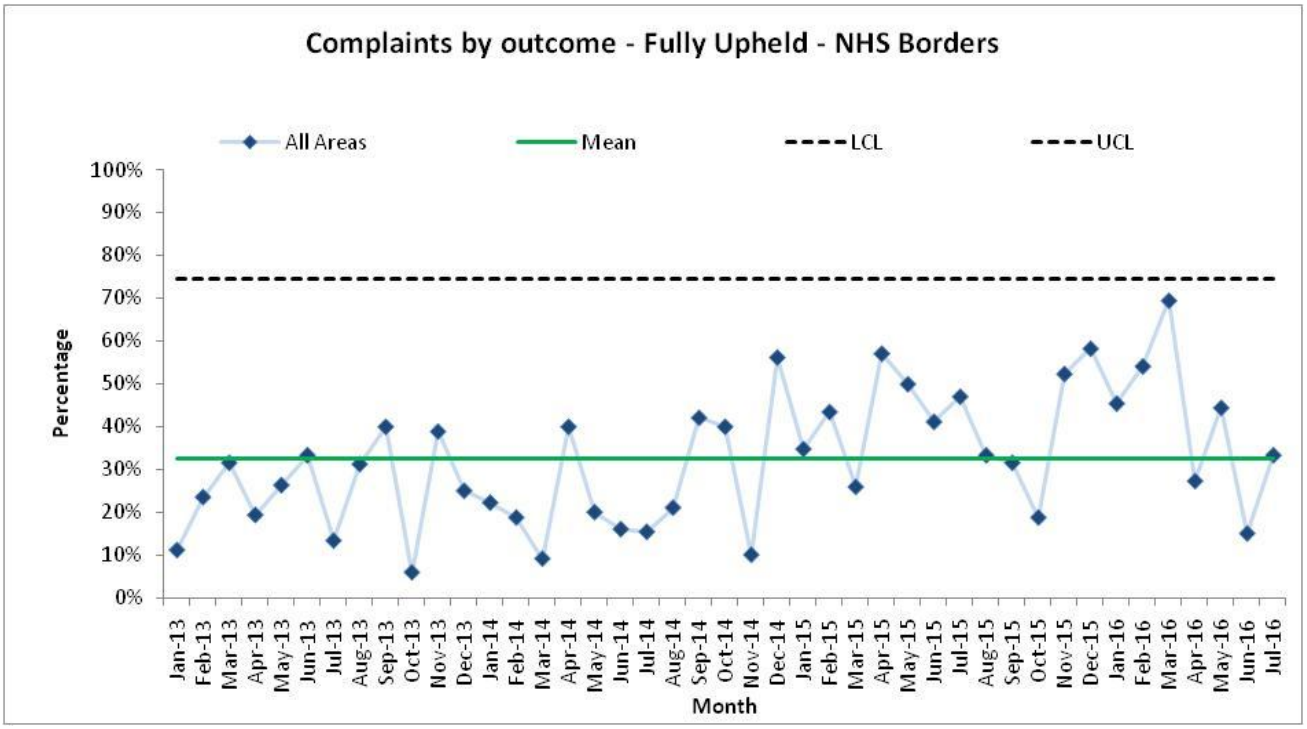


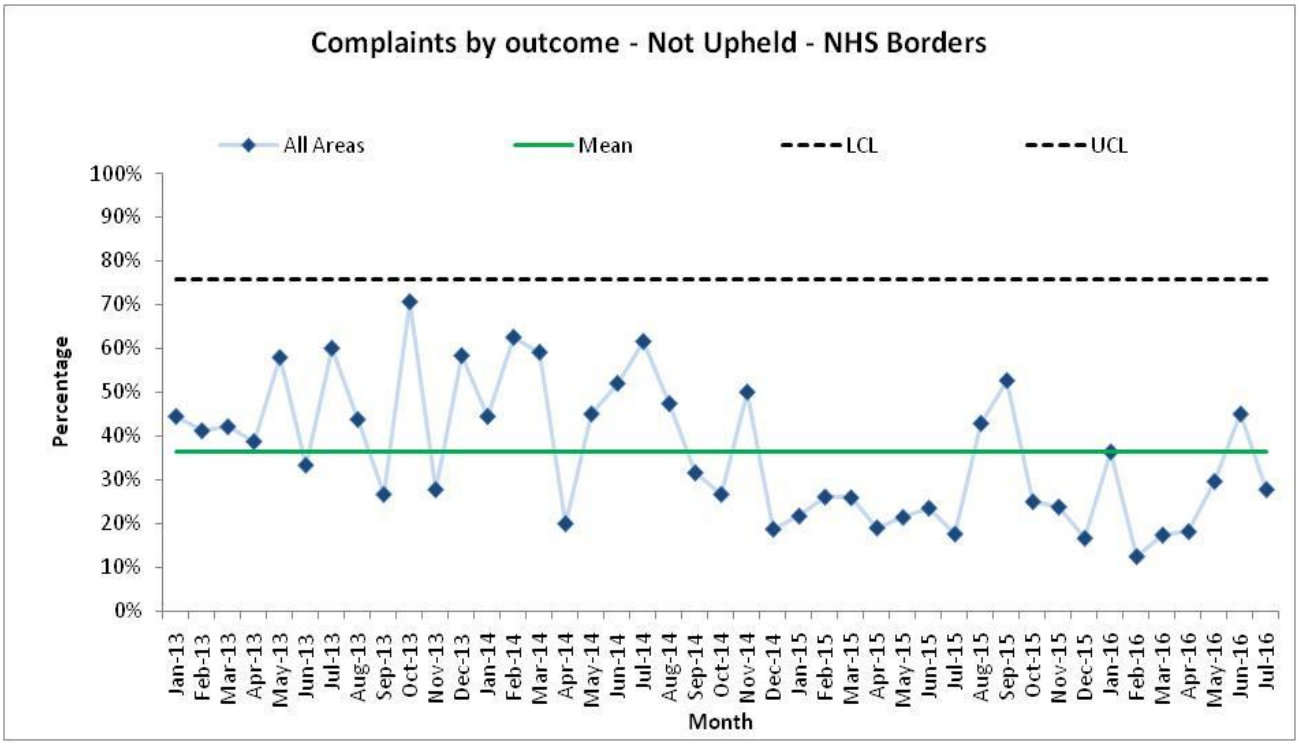


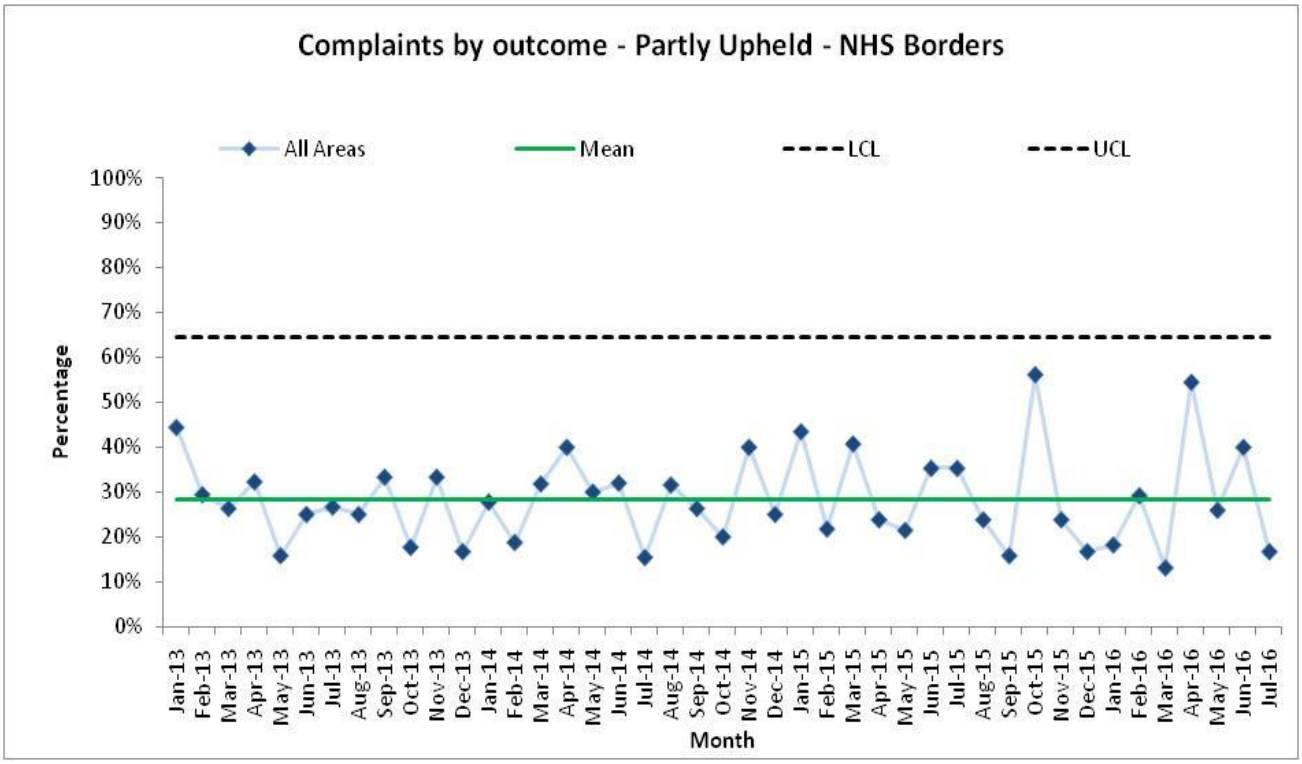
The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and July 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. NHS Borders were noted to have a low rate of upheld complaints against the Scotland wide position in the 2014/15 comparator report. As part of the local improvement work to redesign the complaints handling process particular attention has been paid to this area and the judgement which is taken on whether to uphold a complaint. Greater emphasis is now placed on what the patient has experienced. As a result NHS Borders has upheld more complaints this year

than it did last year and now has one of the highest rates of upheld complaints when compared across Boards in NHS Scotland.



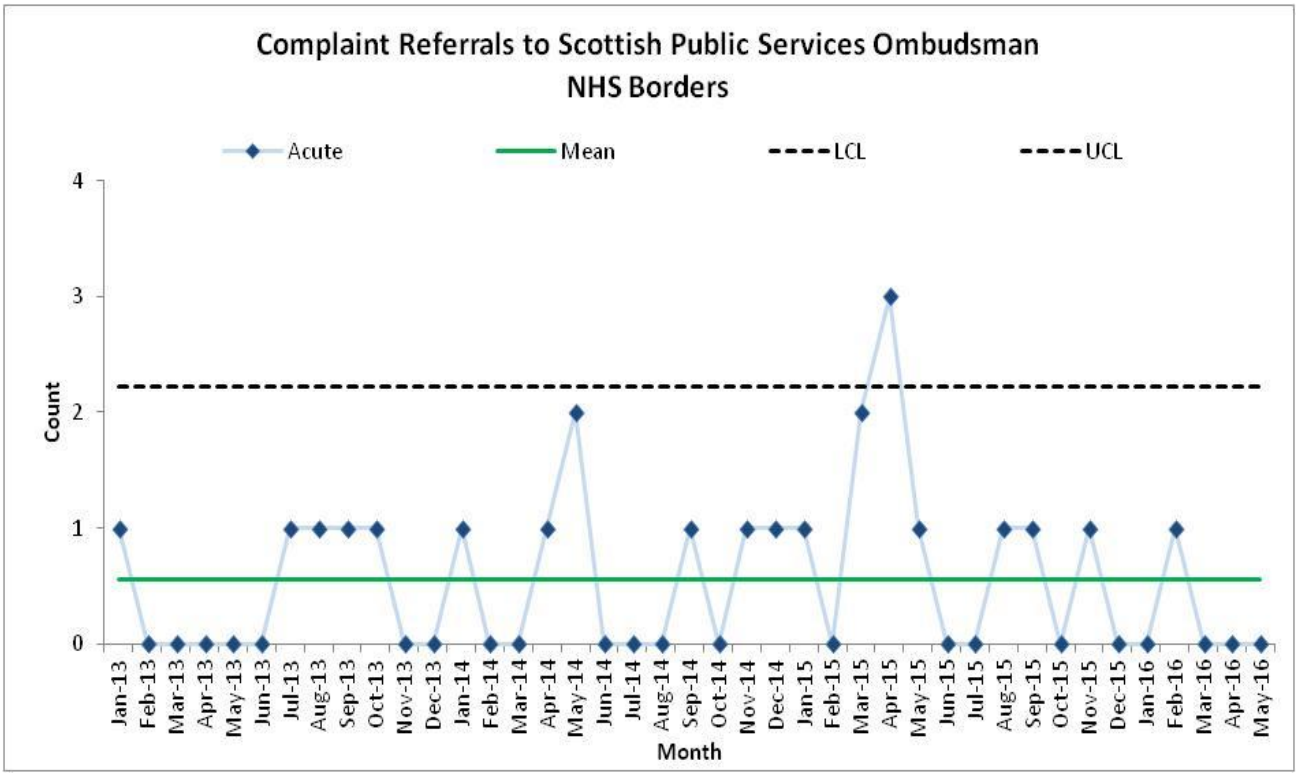



Complaints by outcome - Not Upheld - NHS Borders
All Areas
Mean
LCL
UCL
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16
Month


Complaints by outcome - Partly Upheld - NHS Borders
All Areas
Mean
LCL
UCL
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-13 Feb-13 Mar-13 Apr-13 May-13 Jun-13 Jul-13 Aug-13 Sep-13 Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16
Month

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

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



The table below provides an overview of the decision received from the SPSO in August and September 2016:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201601443	1. Poor handling by a nurse causing patient to dislocate hip	SPSO decision not to take case further.	None	Case closed
201407524	1. the Board unreasonably failed to diagnose patients ankle injury in February 2014; and 2. the Board provided inadequate treatment for patients ankle injury in February 2014	1. Upheld 2. Upheld	1. The Board contact Locum Doctor in order that they can reflect on their practice at annual appraisal for personal learning and practice improvement. 2. The Board provide evidence of the action they took in relation to the locum doctor and consultant radiologist discussing this case at their annual appraisal and ensure the findings of this investigation are shared with them, including their assessments and record keeping.	Working group being established to implement action plan.

			3. The Board provide evidence of the review they carried out into the patient management system and process for reviewing imaging reports requested by the Emergency Department team to ensure it is effectively in line with Royal College of Radiologists guidelines. 4. The Board apologise to the patient for the failings identified. 5. That the Board consider issuing guidance for the Emergency Department team regarding the necessity for the follow of patients who are unable to weight bear following an injury.	
201504267	1. Failed to proved appropriate orthopaedic treatment; and 2. Failed to provide appropriate neurological treatment. 3. That the board failed to provide appropriate rheumatologic treatment	1. Not Upheld 2. Not Upheld 3. Not Upheld	No recommendations	Case closed

Patient Opinion Feedback

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

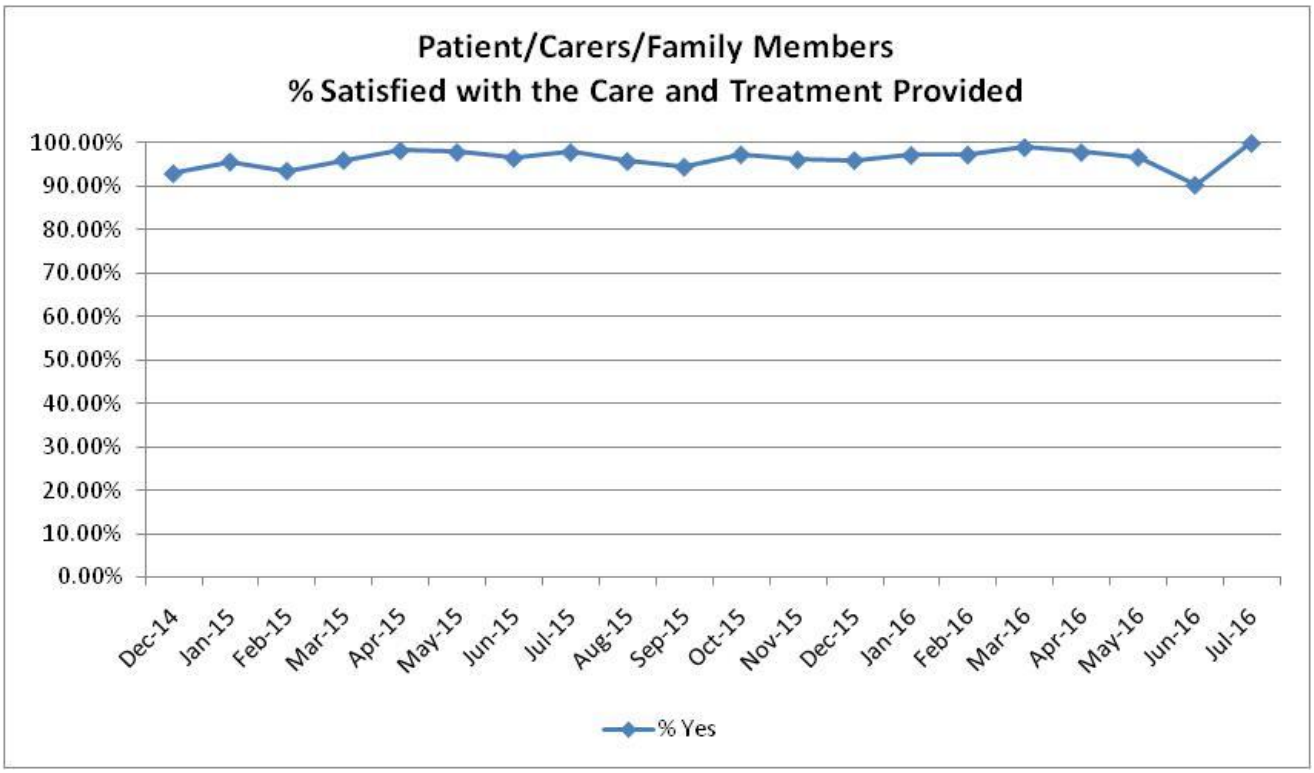
Month	Title	Criticality *	What was Good	What could be improved	Action Taken
Jun 2016	Help for parents	0		A lot Family support	Response provided with information on available support.
Jul 2016	Minor surgical procedure	1	All staff Treatment	Management	Response provided. Offer made of further discussion with relevant General Manager.
Aug 2016	Outstanding service	0	Efficient GP Listened to		Response provided. Post shared with GP

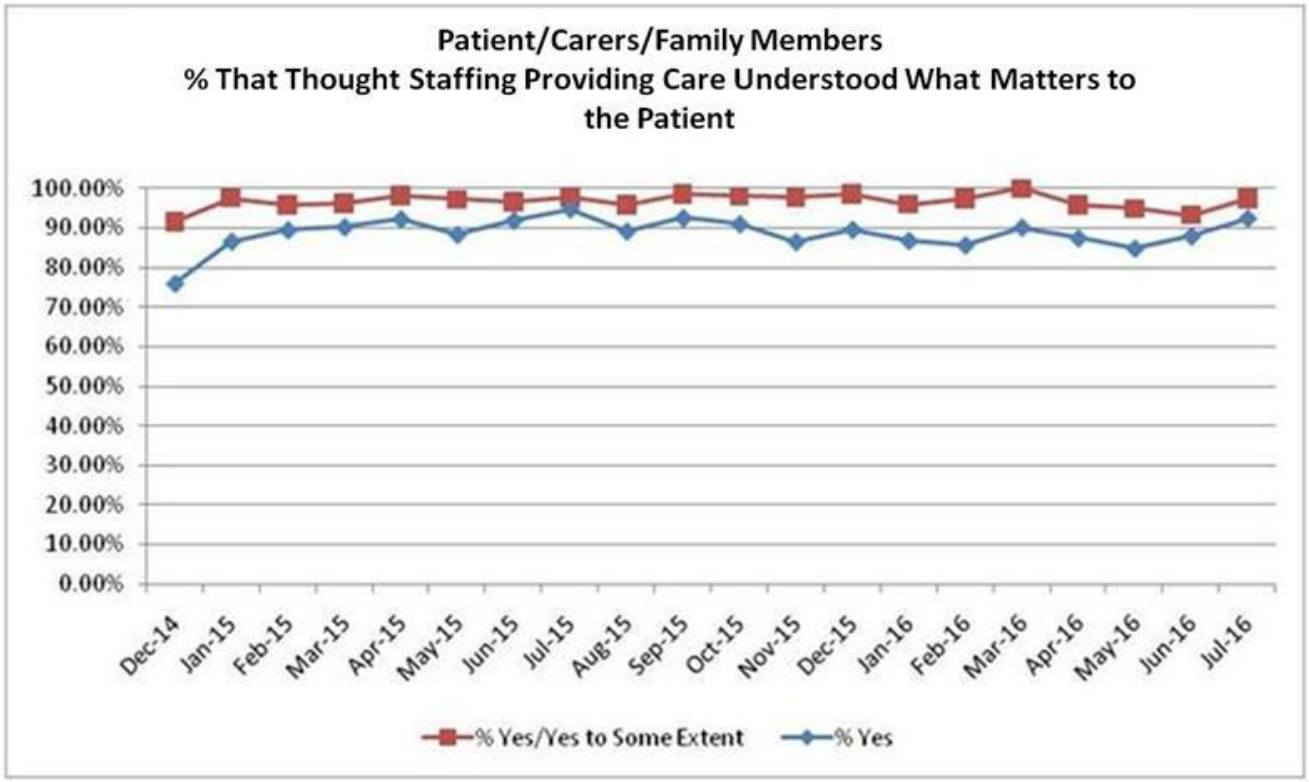
			Reception staff friendly Service		Practice.
Aug 2016	A & E service	0	Care Professional		Response provided. Post shared with relevant staff.
Sep 2016	I felt relieved, cared for and treated with respect as well as medically	0	Speed of process Surgery Theatre Staff		Response provided. Post shared with relevant staff.
Sep 2016	Staff were outstanding	0	Personal care Staff	Recognition	Response provided by Head of Service.

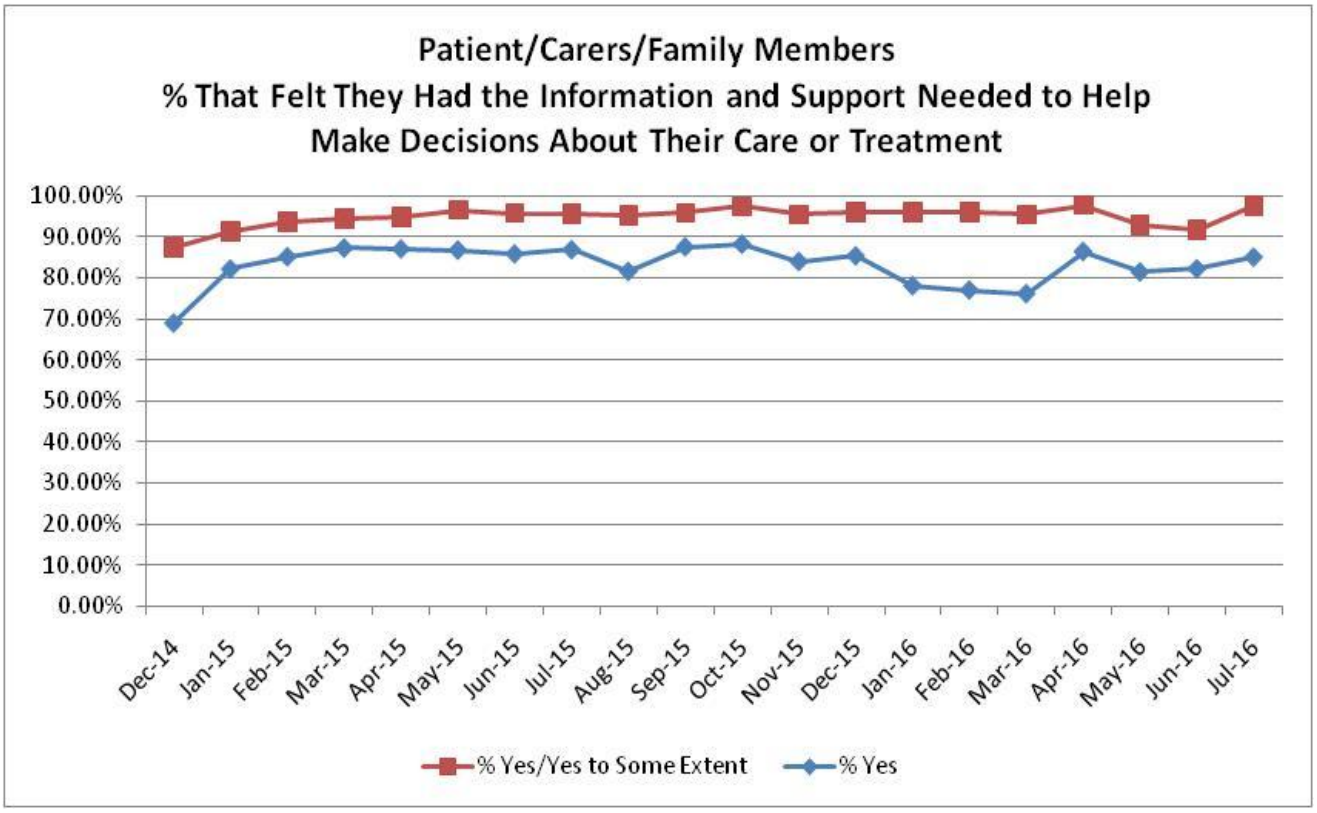
The Medical Assessment Unit is currently testing Patient Opinion at full subscription level involving direct responses from the Consultant in Acute Medicine/Interim Head of Service for Unscheduled Care. This will inform a Board discussion on the future roll out across NHS Borders.

Patient Feedback Volunteers

We have a total of 16 patient feedback volunteers who provide 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:







Inpatient Experience Survey

NHS Borders have recently received the output report from the national inpatient experience survey providing information on the outcome of feedback obtained from 334 patients. The local results are being analysed and will be considered by the BGH Participation Group and Clinical Executive Operational Group to agree areas for improvement and actions and to agree a plan to share positive messages from the survey.

Volunteering

Following a recent advert for Volunteer Gardeners the Volunteer Coordinator was recently contacted by Tesco Galashiels ('Community at Tesco') to explain the funding opportunities available for garden projects throughout Borders. The 'Bags of Help' project was devised from the 5p carrier bag charge, which Tesco do not profit from and is invested back into the local community to support recycling and environmental projects. Grants of £8,000 on a monthly basis can be sought which the Fundraising Team is now pursuing. Tesco Galashiels has an additional scheme 'The Big 4 Project' which includes £200 of funding and a small team of gardeners that assist in smaller projects. The Volunteer Coordinator recommended the Borders Stroke Unit garden as an area that would benefit from this involvement and they were delighted with the proposal and plans are now being made for this to progress.

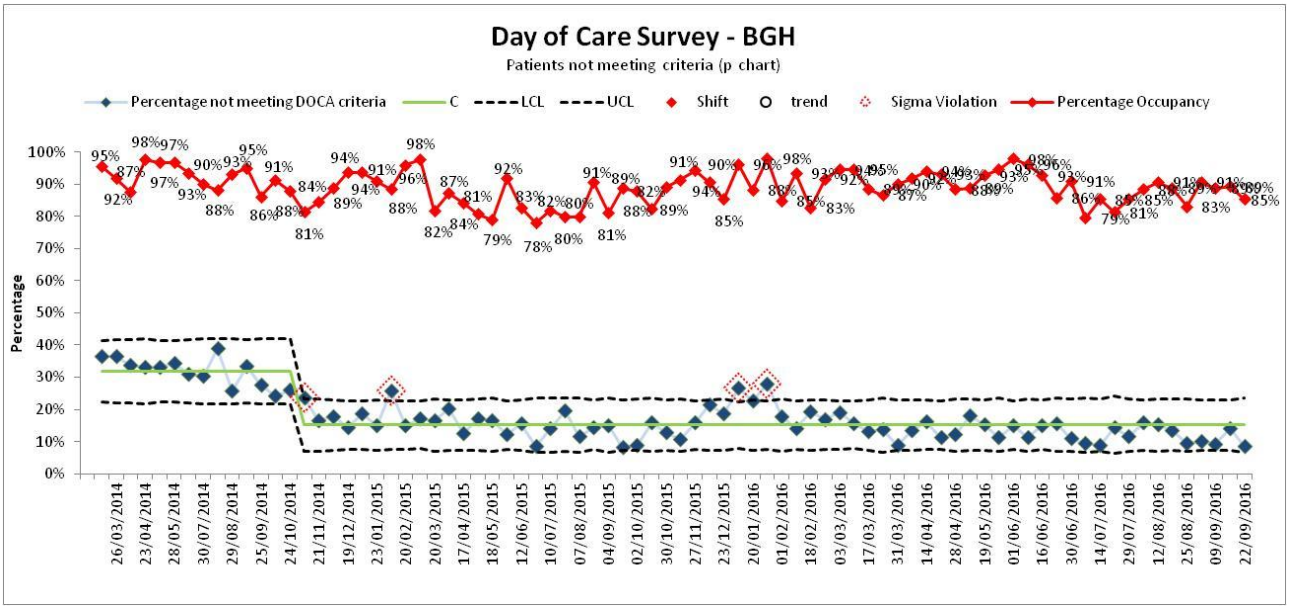
In October 2010 NHS Borders achieved the Investing in Volunteers award and after a successful reassessment in October 2013, gained continued accreditation for a further 3 years. In January 2017 NHS Borders will be required undertake a further reassessment to ensure the organisation still meets the conditions required to hold the Investing in Volunteers accreditation. The Investing in Volunteers Manager from Volunteer Scotland will be attending the Volunteering Steering Group in October 2016 to advise the group on the reassessment process and requirements.

In September NHS Borders held their first volunteer peer support session. This was recommended by the Volunteer Steering Group to allow an opportunity for volunteers to come together as a group and discuss their experience. Volunteers who attended said they found the session worthwhile and commented that it was interesting to hear about each other's experience. NHS Borders have hosted a site visit from NHS Dumfries and Galloway to share learning about the success Borders has achieved in developing and growing volunteering.

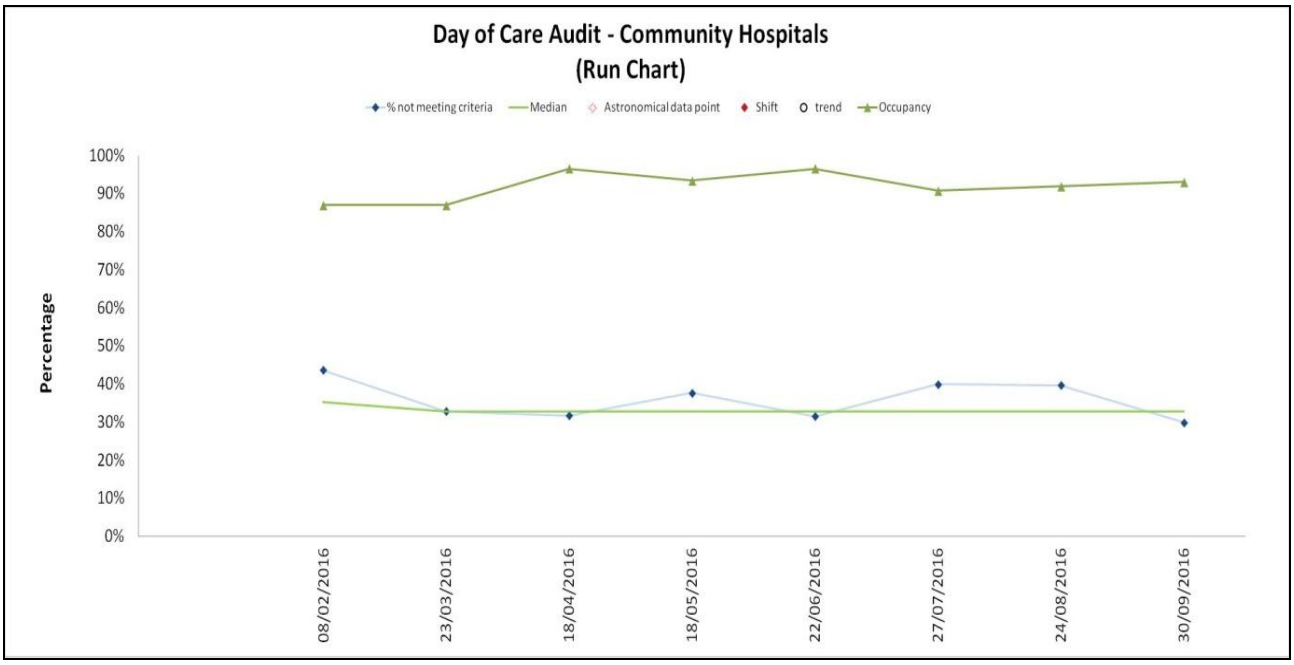
Patient Flow

The Day of Care Survey (DoCS) is used as way of measuring success in meeting the aims of the Connected Care and Unscheduled Care improvement programmes. DoCS provides the organisation with intelligence about 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 late September 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:



DoCS has been undertaken in the Community Hospitals monthly since January 2016. The chart below shows the results up to end September 2016. The percentage of patients not meeting DoCS criteria for need for care is the lowest it has been since commencement of the survey in community hospitals with 30% of patients being identified as not requiring to be in a community hospital bed.



Surgical Flow Programme

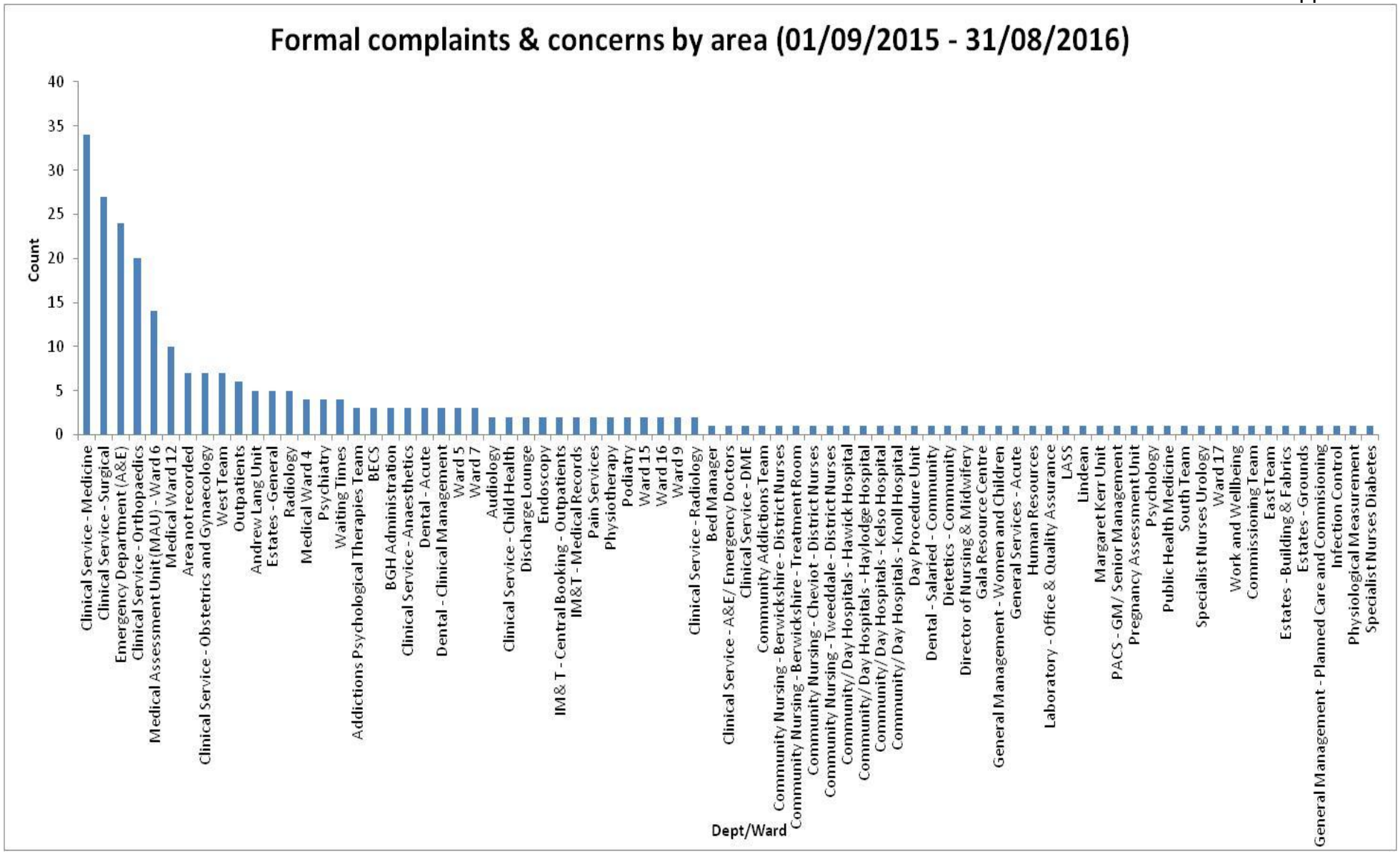
Following approval from the Primary, Acute and Community Services Clinical Board on 27 July 2016, the Clinical Executive Strategy Group on 11 August 2016 and the BGH Clinical Governance Group on 7 September 2016, a full paper will be presented to NHS Borders Board to seek approval.

Several strands of improvement work have already been progressed to improve surgical patient flow including:

- a reduction in orthopaedic pre admissions from week commencing 15 August 2016

- smoothing of the inpatient elective schedule throughout the week to eliminate the peaks and troughs previously experienced as a result of the scheduling process, commencing on 26 September 2016

Appendix 1



* any areas not listed on the graph have received no formal complaints or concerns