

Borders NHS Board**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – NOVEMBER 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 October 2016.

Summary

Pertinent points to highlight in this month's Clinical Governance and Quality update to the Board include:

- Patient safety
 - A site visit took place with members 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. Feedback provided from HIS during the site visit was extremely positive.
 - Of note during the visit, SPSP national visitors highlighted the progress being made in reducing stillbirths, developing clinical handover processes in the acute setting, improving pathways for frail patients, improving prevention of venous thrombo-embolism, the expansion and adaptation of the model of recognition and rescue of the deteriorating patient into community settings and work underway in mental health to improve observation practice, medication management and episodes of restraint.
- Clinical effectiveness
 - An inspection of Health and Social Care Services for older people will commence in the Scottish Borders in January 2016. Preparations are underway across NHS Borders and Scottish Borders Council including the collation of a self-assessment return and supporting evidence.
 - An unannounced Healthcare Associated Infection (HAI) inspection took place on the 17 and 18 November 2016. A final report will be published by Healthcare Improvement Scotland (HIS) in February 2017.

- Person Centred Health and Care
 - There has been a downwards shift between May 2015 and September 2016 in the number of concerns received by NHS Borders. Numbers of formal complaints have remained fairly constant.
 - No new decisions have been received from the Scottish Public Sector Ombudsman (SPSO) since the last report to the Board.
- Patient Flow
 - Work with the Institute for Healthcare Optimisation has presented NHS Borders with exciting opportunities for the redesign of local surgical services. A development session took place with the Board Strategy and Performance Committee in October 2016 and a full paper will be considered at the Borders NHS Board meeting in December 2016.

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 & Clinical Governance		

Borders NHS Board



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This report aims to provide the Board with an overview of progress in the areas of:

- Patient Safety
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Patient Safety

A combined site visit from Healthcare Improvement Scotland (HIS) was held on 2 and 3 November 2016. The aim of the visit was to share learning and to discuss plans and priorities for the coming year for each of the work streams. Several improvement advisors and clinical leads from the national team attended.

Storyboards were provided on the day by staff leading local improvement work. Each presenter gave an overview of progress to date, key milestones, and plans for the future including:

1. **Venous Thrombo-Embolism:** Nada Walker,
2. **Frailty:** Margaret Baird and Dr Janet Bennison
3. **Hospital Acquired Infection:** Sam Whiting
4. **Medicines:** Cathryn Park
5. **Maternity, Neonates and Paediatrics:** Nicky Berry and Shona Finch
6. **Mental Health:** Dr Cliff Sharp
7. **Primary Care (Deteriorating Patient):** Dr Nicola Lowdon
8. **Adult Acute (Deteriorating Patient):** Dr Annabel Howell, Ronnie Dornan and Dr Jonathan Aldridge
9. **Adult Acute (Falls and Tissue Viability):** Charlie Sinclair

Dr Chris Foster, Clinical Lead, summarised the day by saying that there was great evidence of local ownership and leadership, evidence of collaboration and some good improvements that could be shared with other NHS Boards. Specifically highlighted as areas of good practice were the:

- reductions in stillbirths
- improvements made to pathways for frail patients
- revisions to clinical handover processes in the acute setting
- work to prevent venous thrombo-embolism
- expansion and adaptation of the model of recognition and rescue of the deteriorating patient into community settings
- improvements in observation practice, medication management and episodes of restraint in mental health

Learning was sought from other areas who have managed to reduce falls in the acute care setting. This learning will now be applied in NHS Borders with the aim of reducing falls. In addition NHS Borders will continue to focus the local safety programme throughout 2016/17 on the areas outlined above.

Clinical Effectiveness

Inspection

An inspection of Health and Social Care Services for older people will commence in the Scottish Borders in January 2017. This will be a joint inspection by the Care Inspectorate and HIS. Scottish Borders Council are taking the lead coordinator role with NHS Borders in a depute role for the inspection. In preparation for the site visits during January and February 2017 core documentation, a completed partnership position statement and a case file sample will be submitted by 17 November 2016.

An unannounced Healthcare Associated Infection (HAI) inspection was carried out on the 16 and 17 November 2016 within the Borders General Hospital (BGH). A final report will be published in February 2017. Initial feedback provided on day 2 of the visit was welcomed and several areas of good practice noted as well as some areas for improvement.

Standards

The National Care Standards set out what the people of Scotland can expect when using Health and Social services in Scotland. From spring 2018, the new standards will provide a framework for registration and inspection of individually registered care and health services. The Care Inspectorate and HIS will take into account the new standards when carrying out their inspection functions and when making decisions about care and health services which are, or are applying to be registered. The government are inviting responses to the consultation on the standards and NHS Borders will prepare a response. The consultation which is open until 22 January 2017 can be found at:

<https://consult.scotland.gov.uk/care-and-support/national-care-standards>

Research

Following the increase in clinical trials, particularly in oncology, the post of Research Support Nurse has been established. The post will allow oncology to maintain and expand current research areas, as well as extending research activities within other therapeutic areas as required. As well as building capacity within research the post holder will also assist with quality assurance checks within existing studies to ensure the continued delivery of high quality research within NHS Borders.

NHS Borders continues to work towards improving local approval times, with representation on the Research Governance Committee now encompassing most clinical boards, ensuring capability and capacity issues are considered in a timely manner. Further improvements in the method of approving amendments to existing studies are being planned.

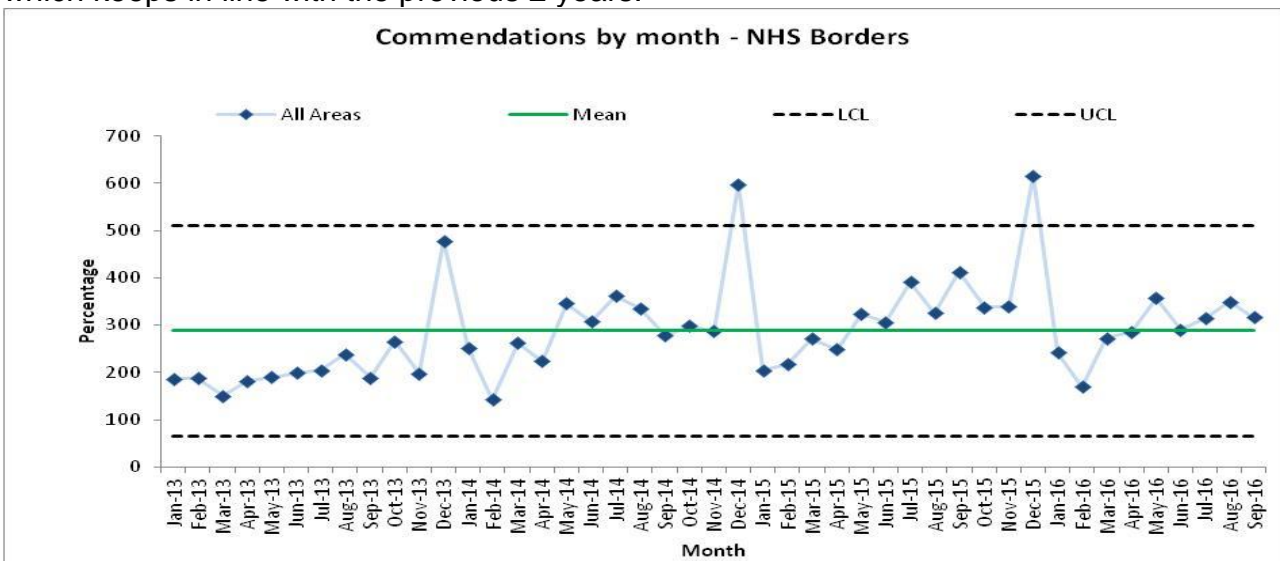
Person Centred Health and Care

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

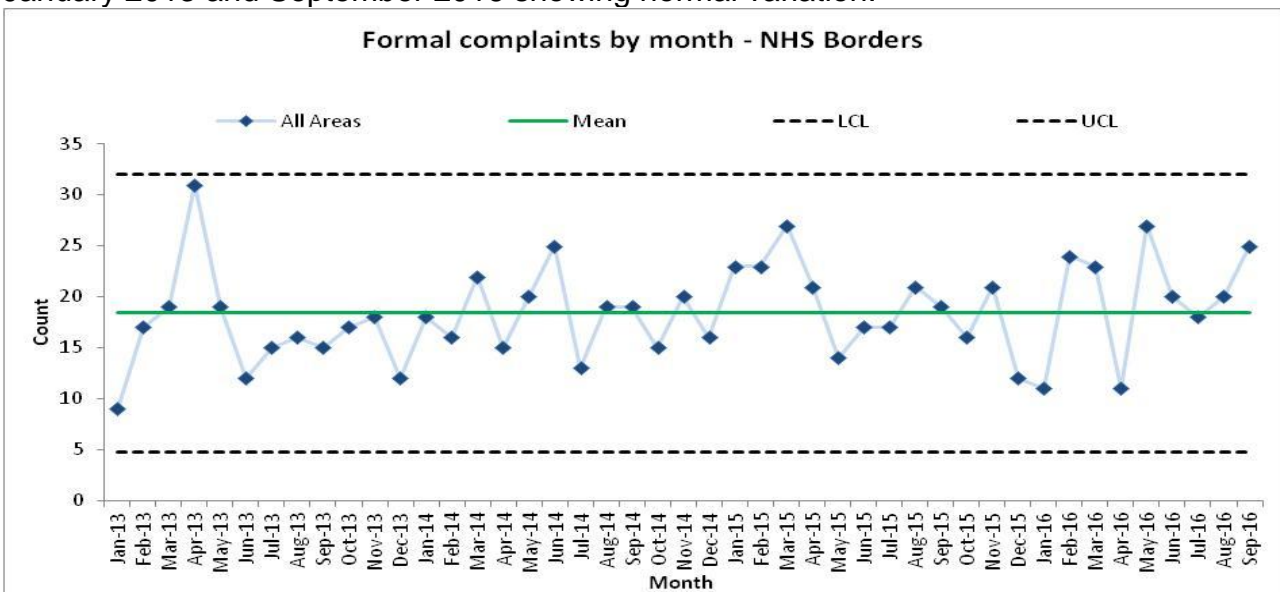
- Commendations, complaints, and concerns for the period January 2013 to September 2016
- Complaints cases referred to the Scottish Public Sector Ombudsman (SPSO) for the period January 2013 to September 2016
- Decisions received from the SPSO in August 2016 and September 2016
- Patient Opinion online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

Complaints, Concerns and Commendations

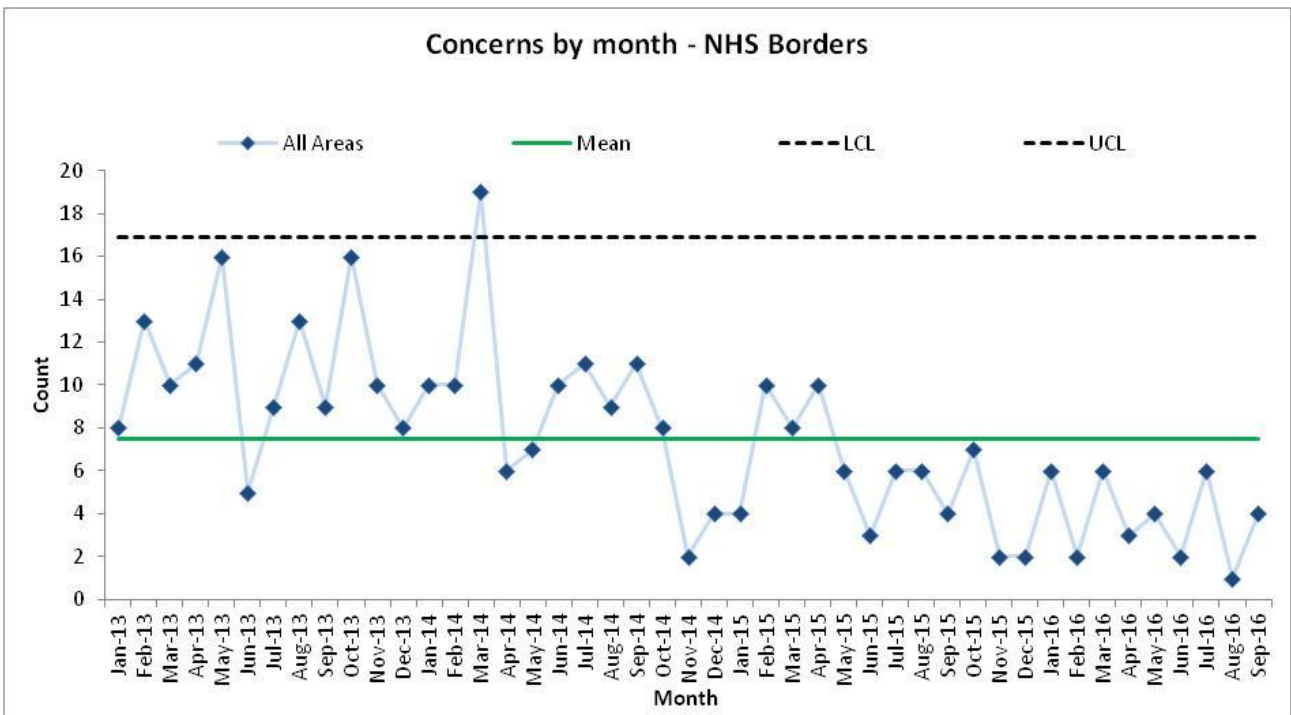
The graph below details commendations received between January 2013 and September 2016 showing an expected surge in the number of commendations during December which keeps in line with the previous 2 years:



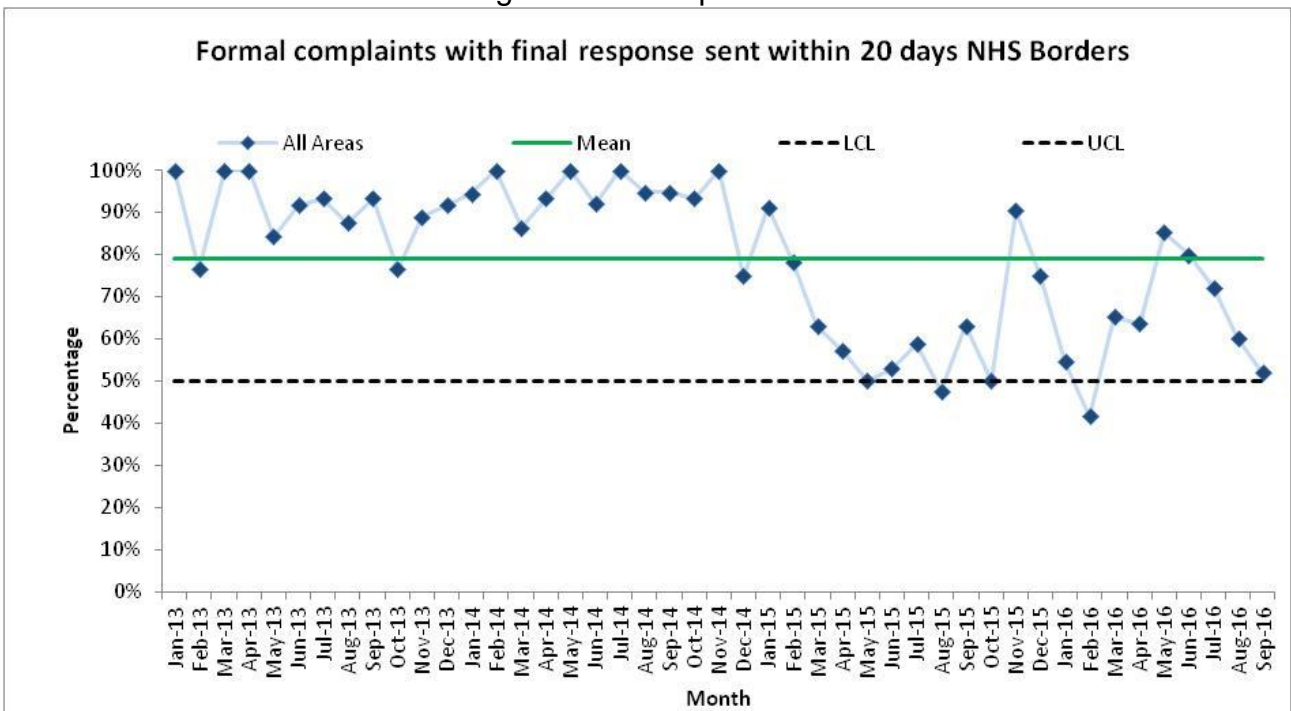
The graph below details the number of formal complaints received for the period between January 2013 and September 2016 showing normal variation:



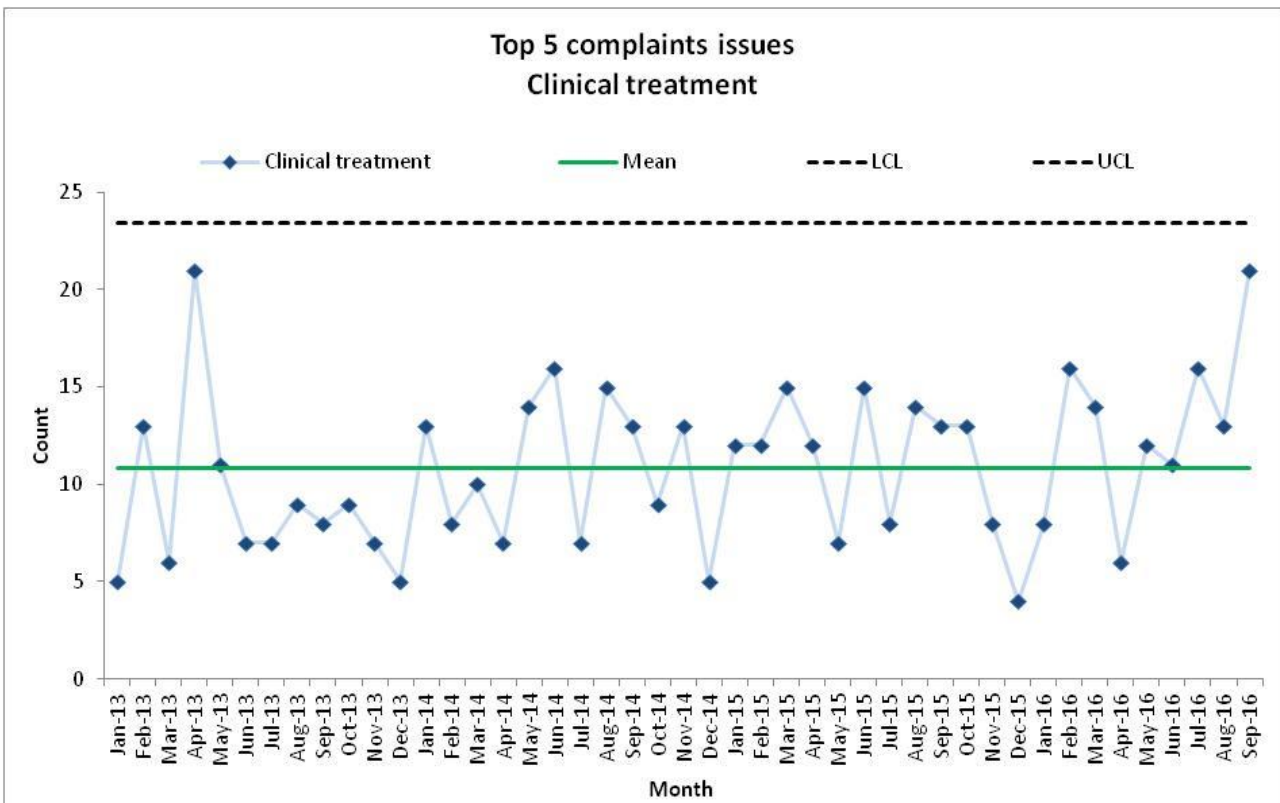
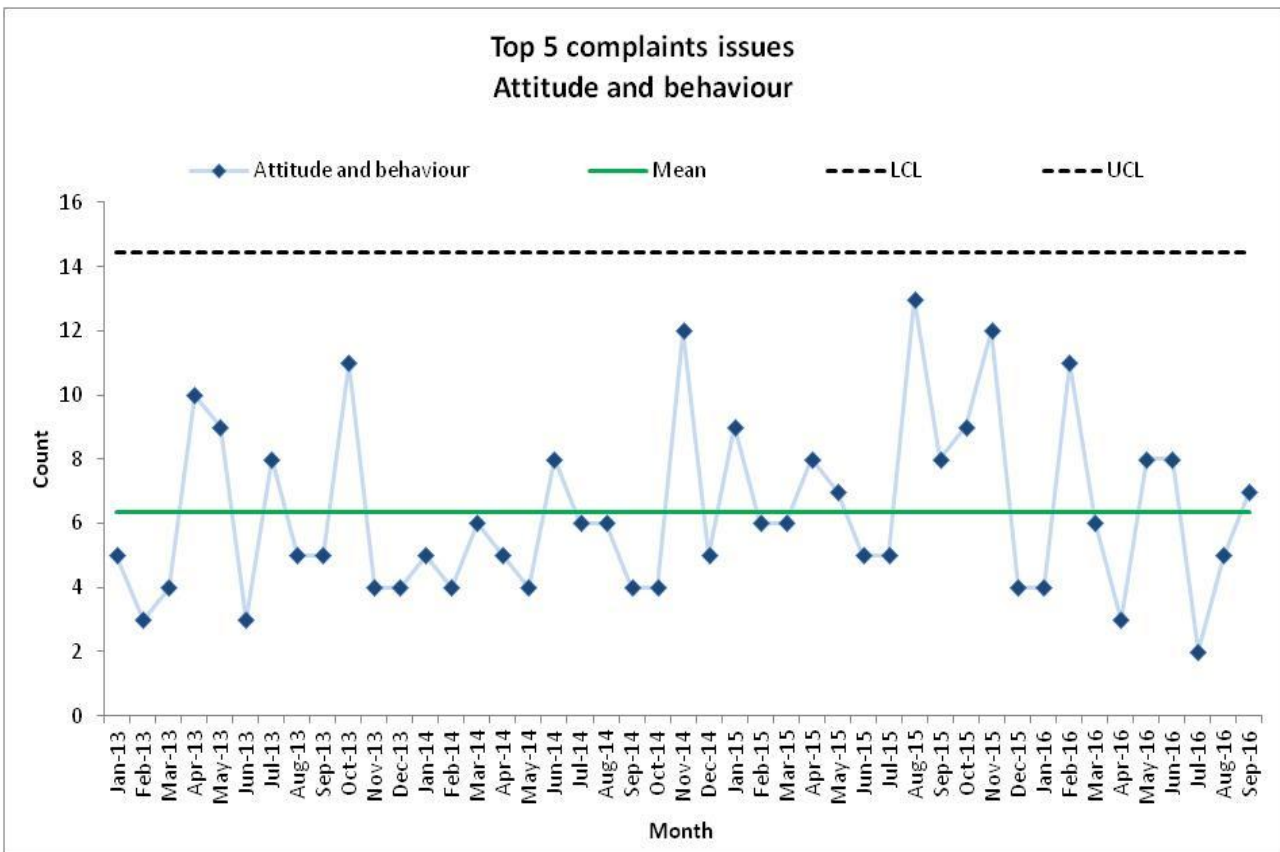
The graph below details concerns received showing a shift and reduction in the number of concerns between May 2015 and September 2016:

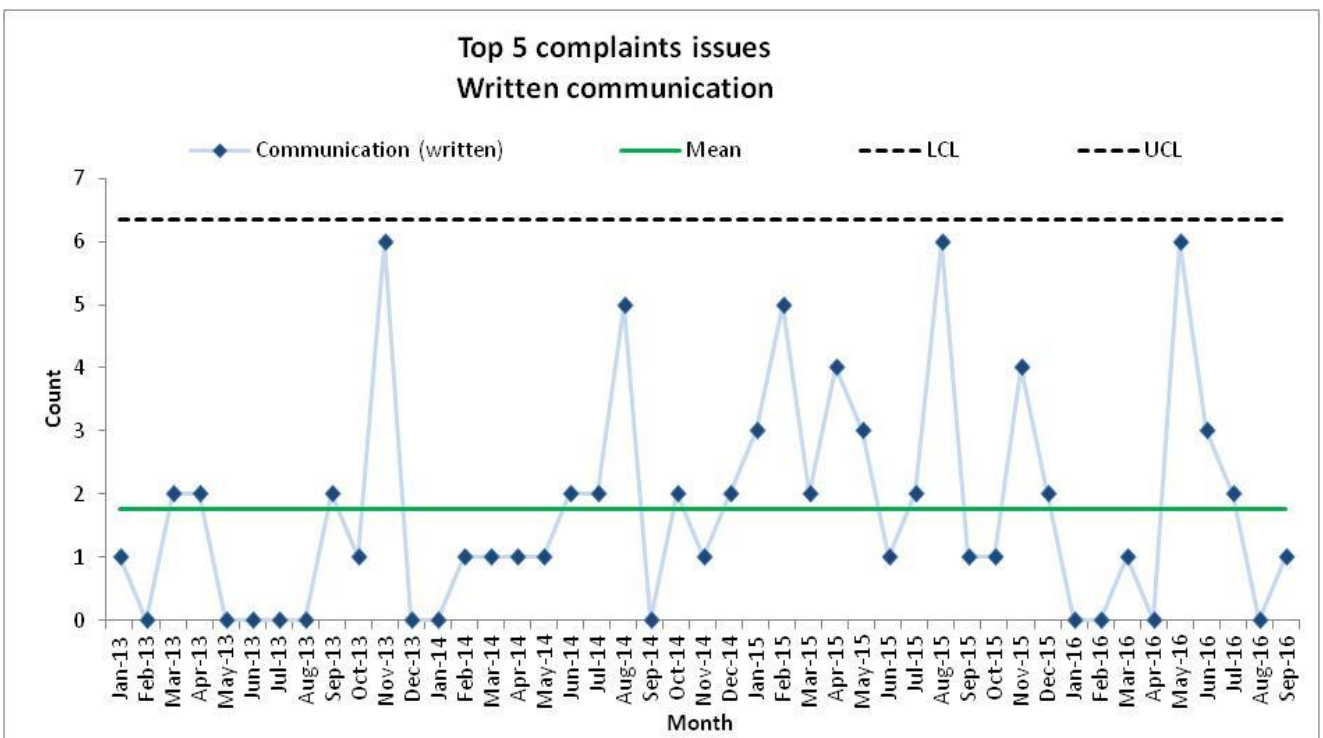
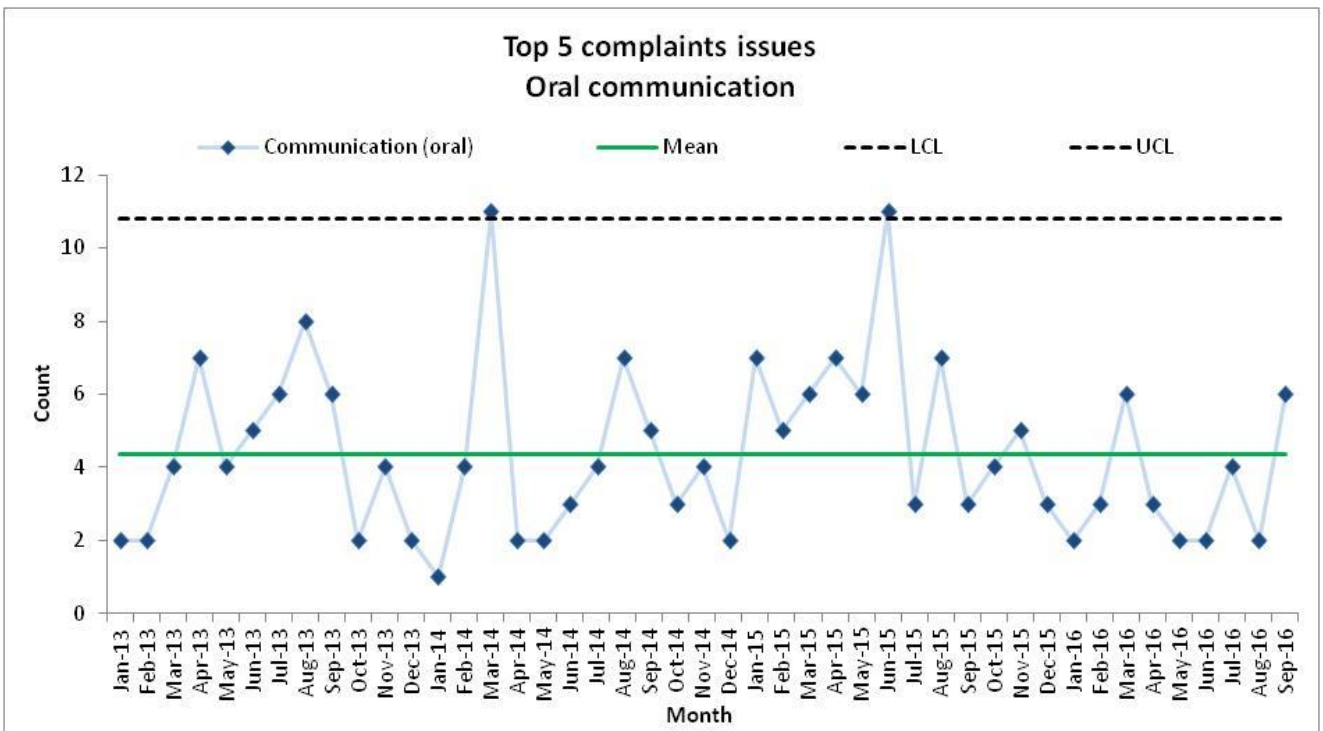


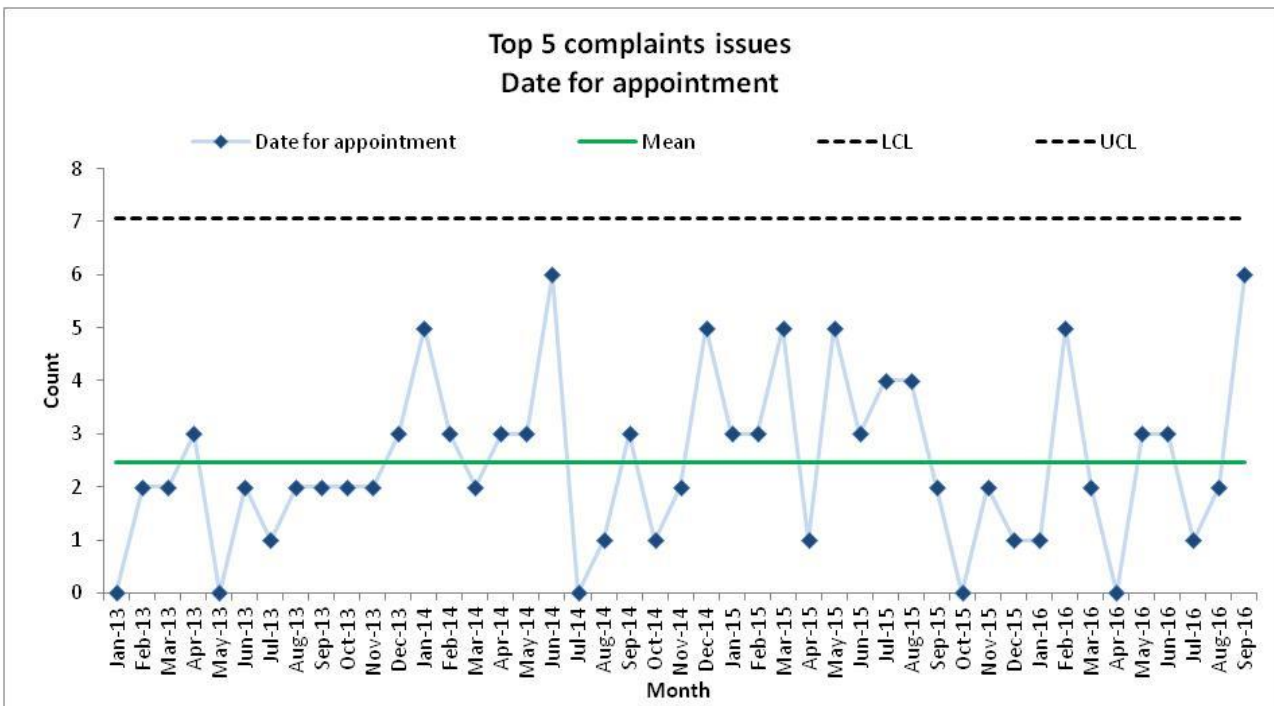
NHS Borders 20 working day response rate for formal complaints for the period January 2013 to September 2016 is outlined in the graph below. A shift in performance has been noted between January and November 2015. A new approach to complaints handling has been introduced and is now working as standard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



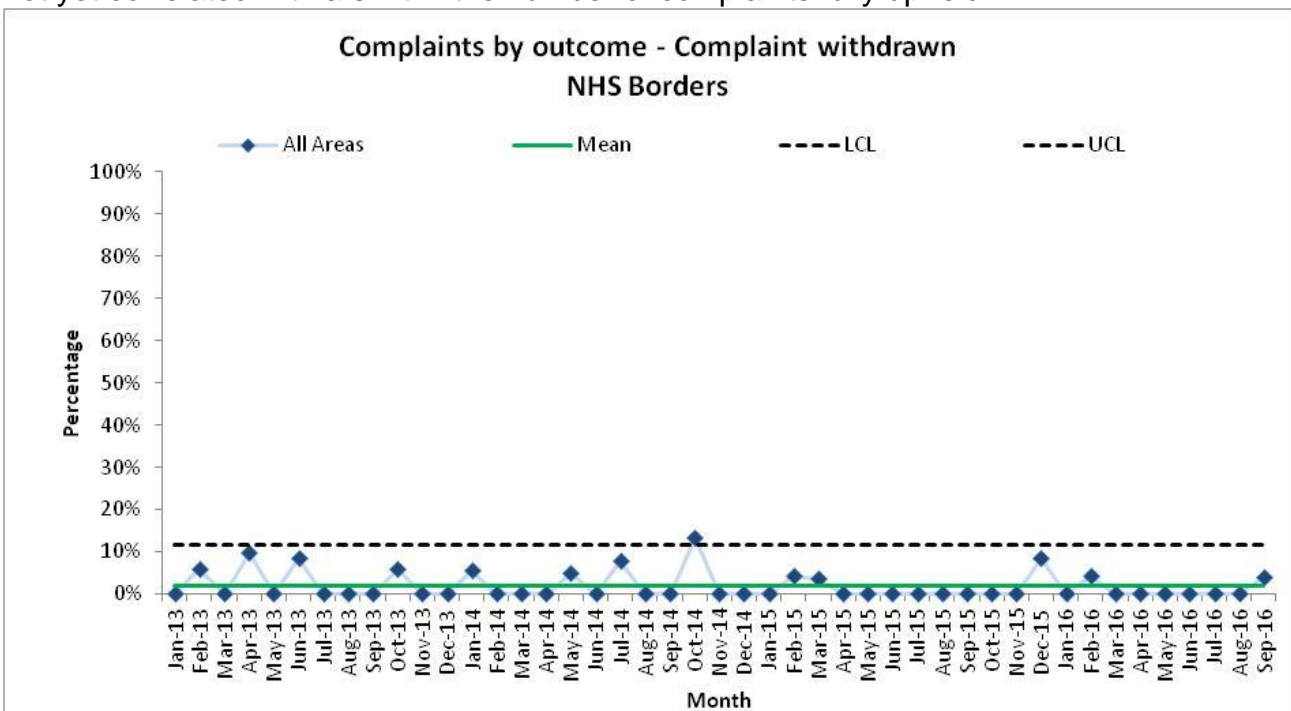
A requirement of the Patient Rights (Scotland) Act (2011) is that NHS Boards report on the themes of the complaints received. The graphs below provide a summary of the top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in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

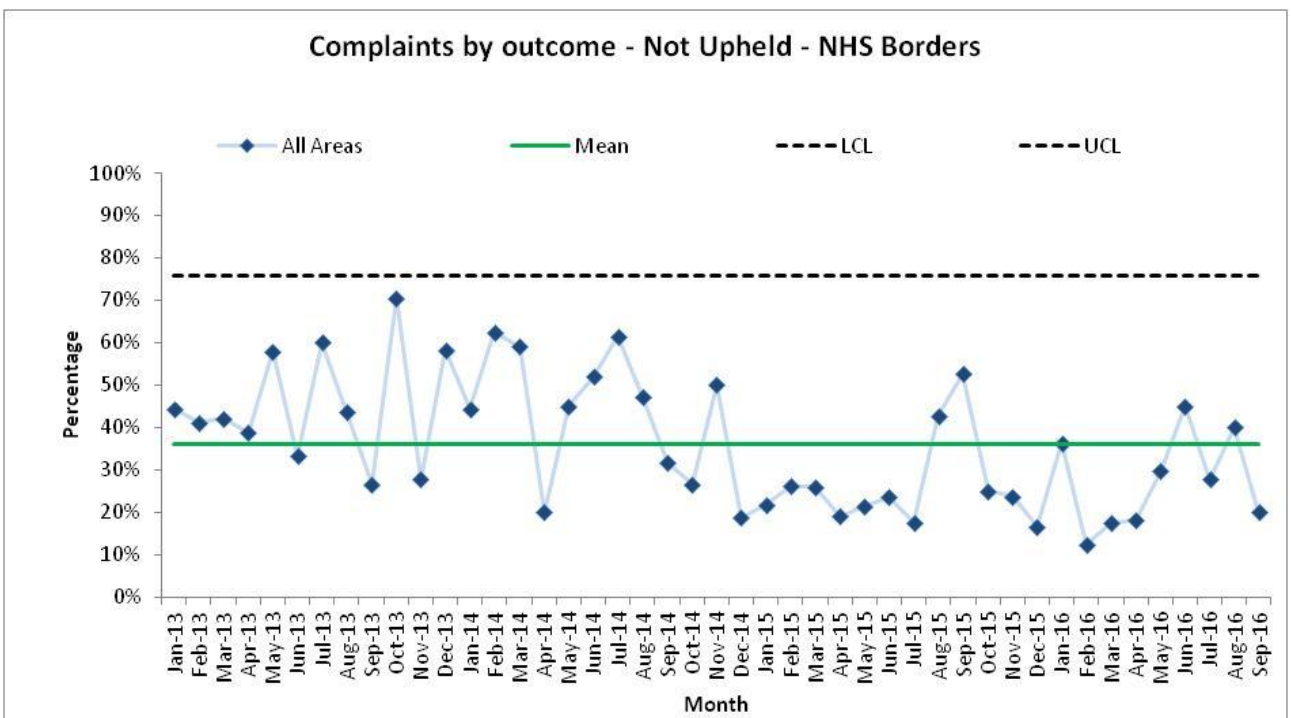
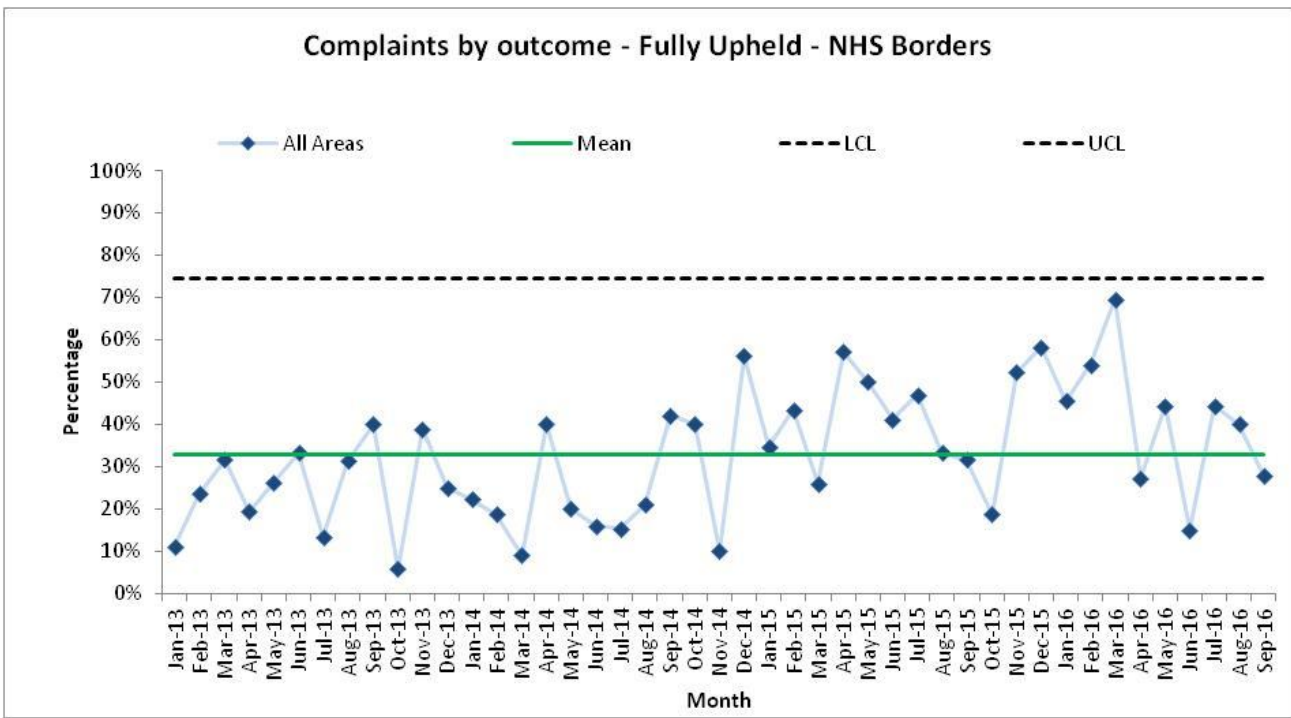


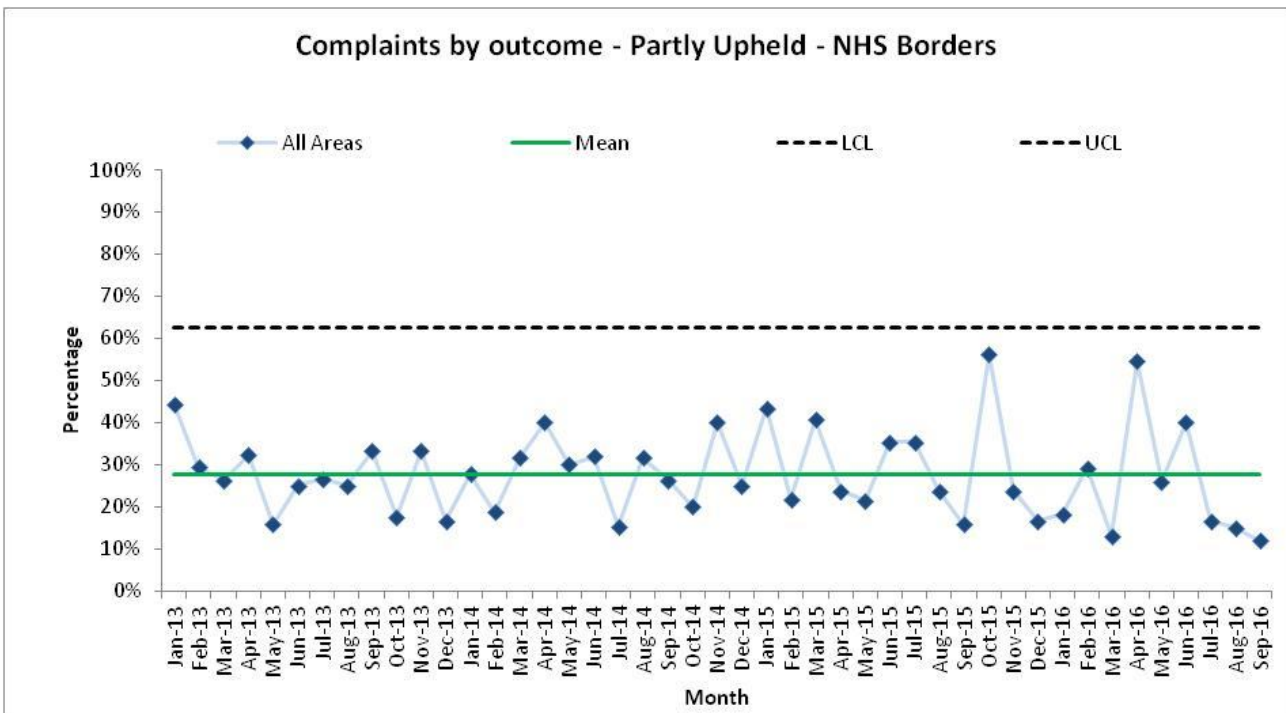




The possible outcomes for a complaint are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service has responsibility for agreeing and implementing an improvement plan. The graphs below detail the outcome of formal complaints between January 2013 and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

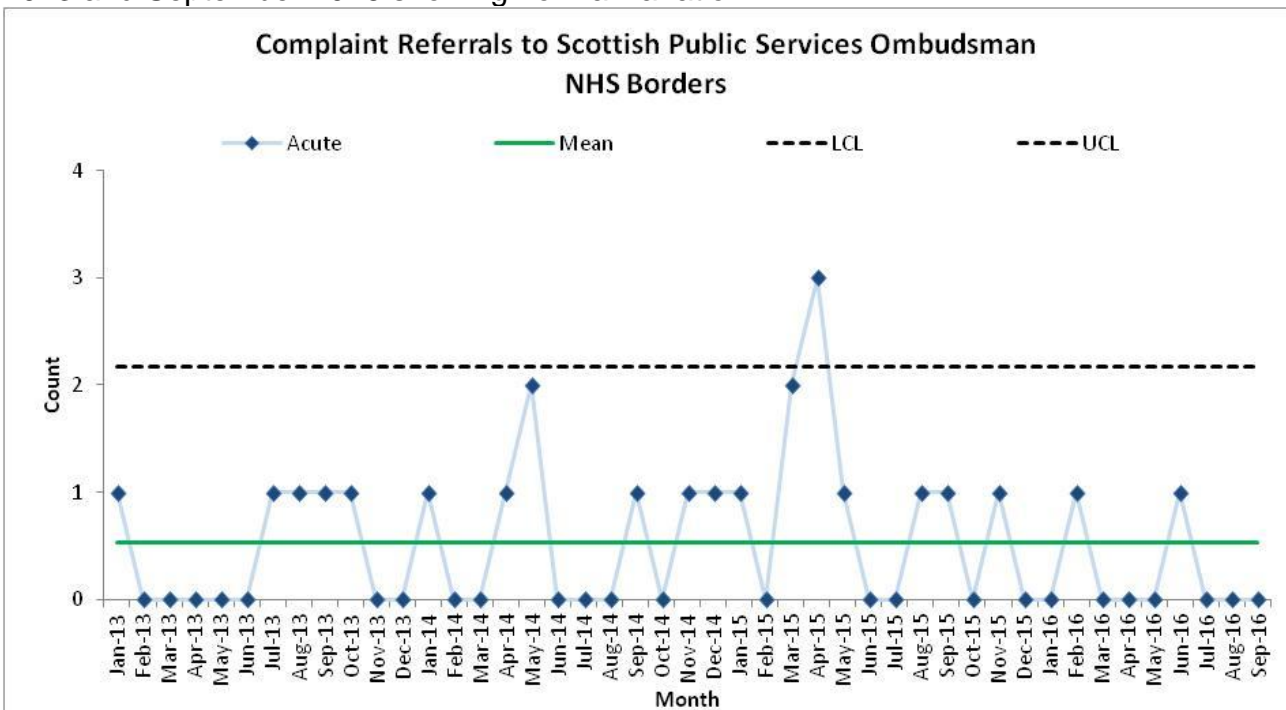






Summary of Scottish Public Services Ombudsman (SPSO) Investigation Reports and Decision Letters

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



No SPSO decisions have been received since the last report.

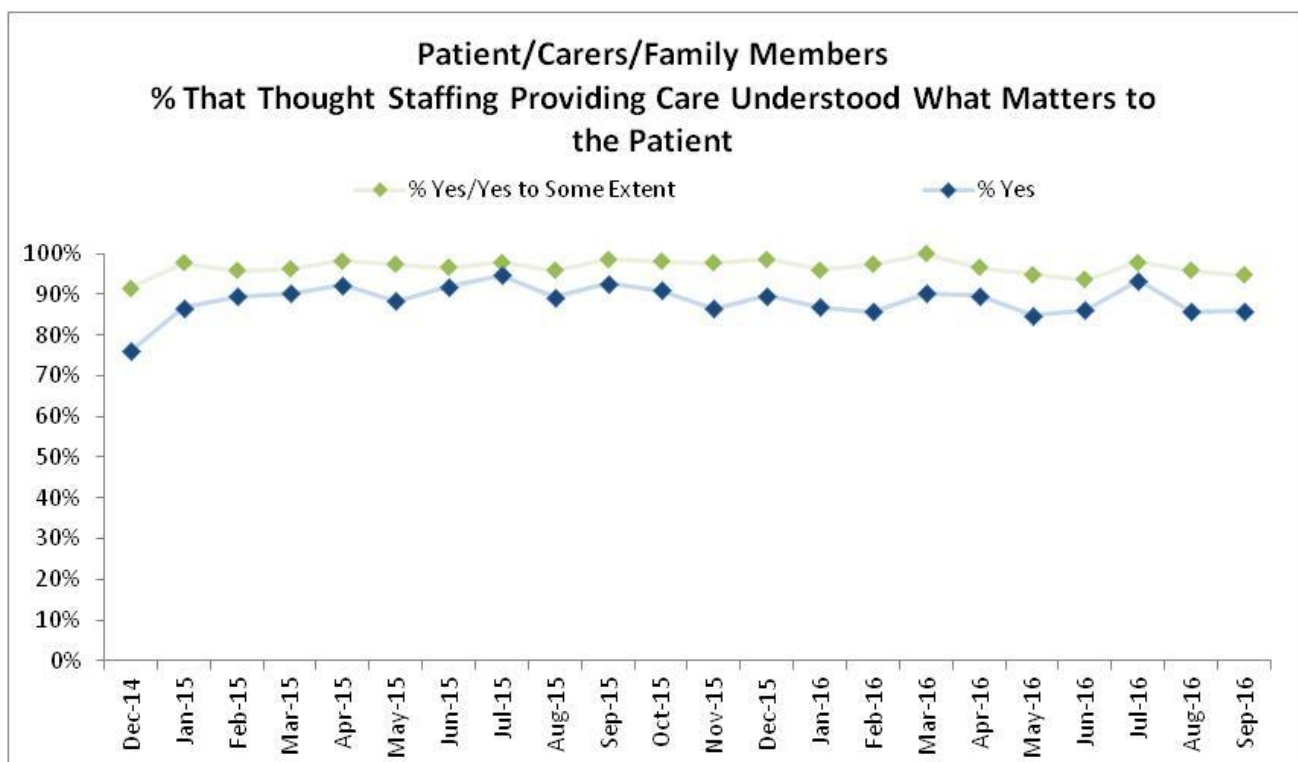
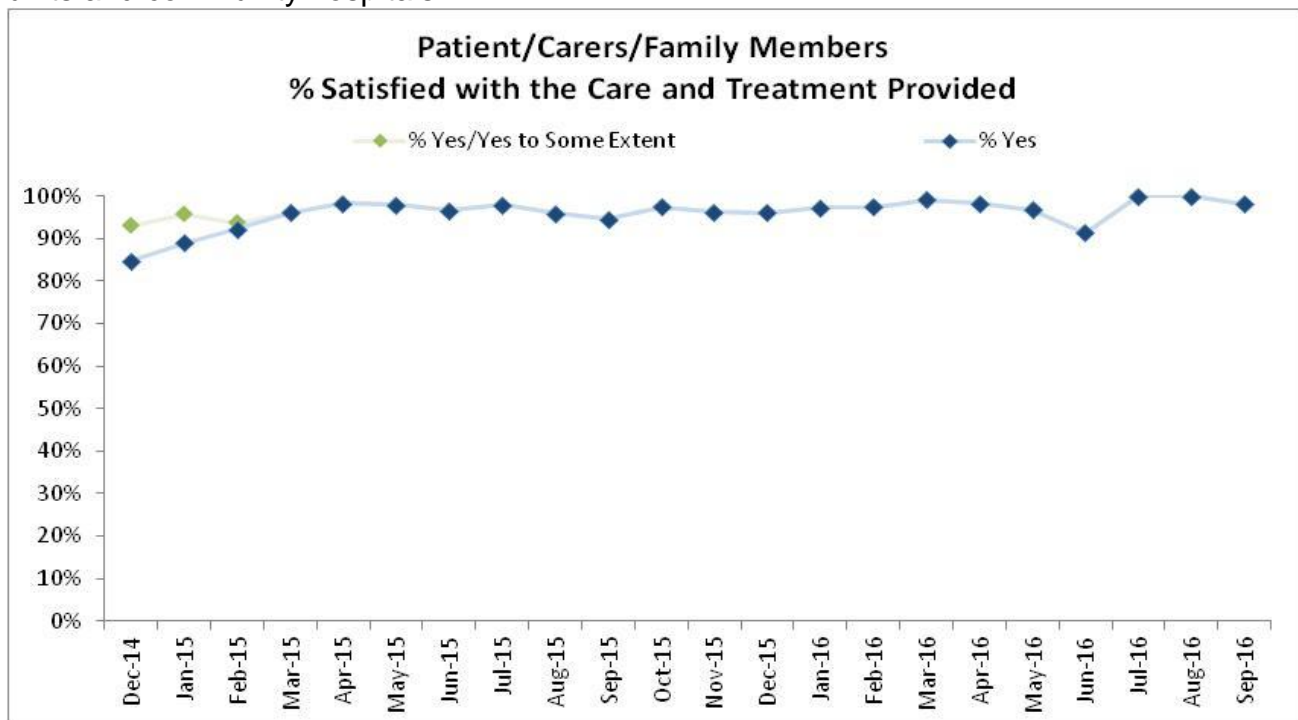
Patient Opinion Feedback

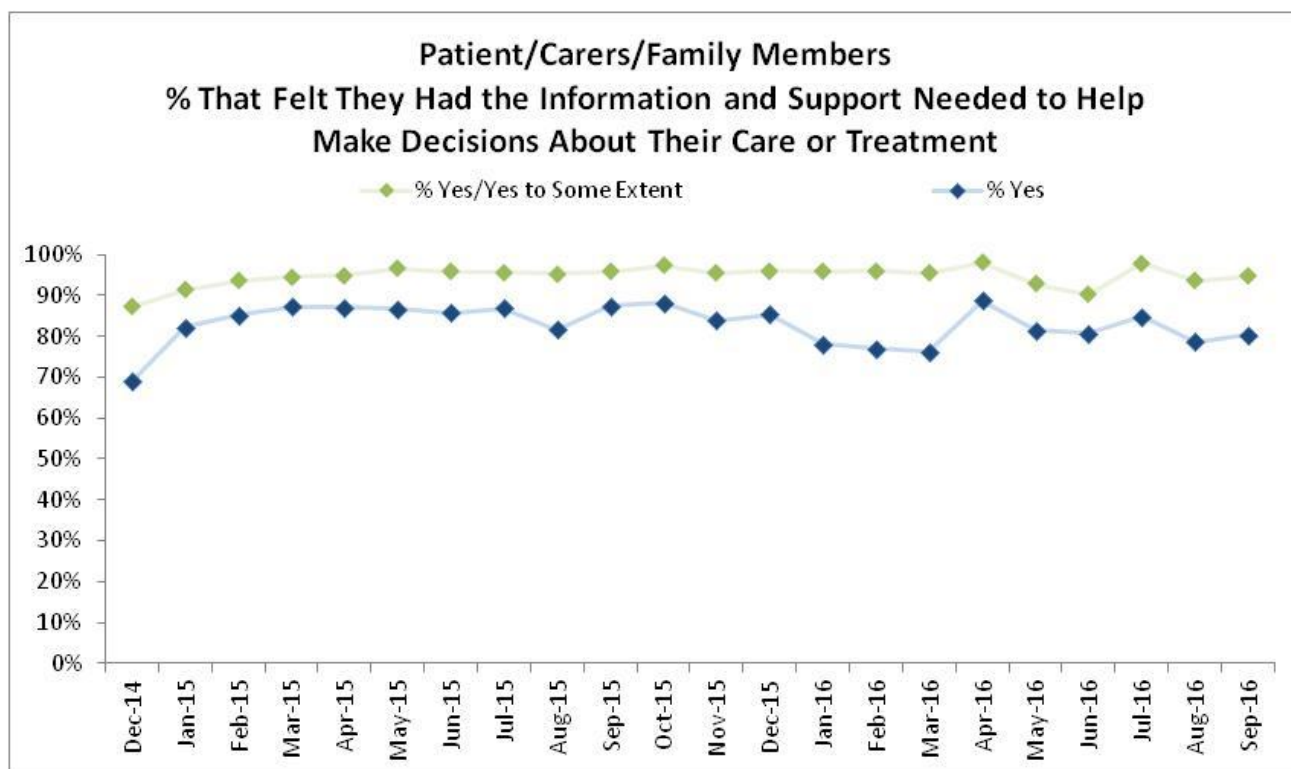
The table below outlines feedback received through the Patient Opinion website relating to patients experience of NHS Borders services. The feedback reported is for the month of September 2016 including any entries since the last Board report:

Month	Title	Criticality *	What was Good	What could be improved	Action Taken
Sep 2016	Care and attention	0	Wonderful care	-	Comments shared with the relevant team

Patient Feedback Volunteers

The graphs below outline the responses from the three core questions asked by patient feedback volunteers from patients, carers, relatives and visitors and from the 'two minutes of your time' questionnaire, which is available around our acute hospital, mental health units and community hospitals:





Volunteering

In January 2017 NHS Borders is undertaking a further reassessment to ensure the organisation still meets the conditions required to hold the Investing in Volunteers accreditation. A short life working group made up of staff members and volunteers will oversee the completion of the self assessment and will provide a focus on improvements required.

A recognition event for our volunteers will take place on 12 December 2016. This event is an opportunity for the organisation to thank volunteers for the valuable contribution they make to enhance our services and patient experience.

Patient Flow

Surgical Flow Programme

A presentation was provided to the Strategy and Performance Committee Board Development Session on 3 November 2016 to provide a detailed overview of the Planned Care Surgical Flow Programme. The presentation covered the potential benefits to our patients, staff and organisation should we proceed with the suggested models for implementation. A full paper will be considered at the Borders NHS Board meeting on 1 December 2016.

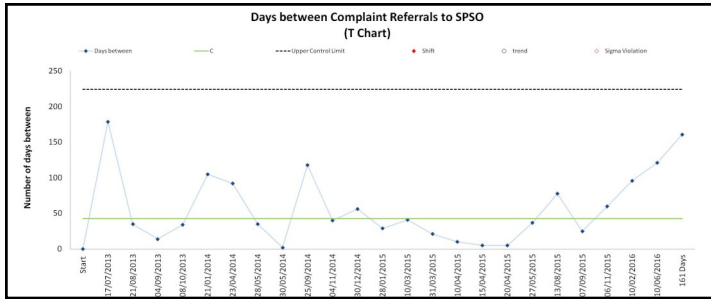
Improvements already underway are the developed of the combined elective ward to provide a dedicated space for elective inpatients. This new ward area will be in place from Wednesday 7 December 2016 and will consist of 17 beds in Ward 9. This area will accommodate all inpatient elective activity across orthopaedics, general surgery and gynaecology. Patient placement in this area will follow an agreed set of infection control rules. Nursing competencies have been completed and staff rotation in the new ward areas will take place from week commencing 7 November 2016. Changes are also being made to the junior doctor rota to accommodate these changes which will be in place from 7 December 2016. This model will enable improved flow of elective patients.

BOARD CLINICAL GOVERNANCE AND QUALITY SUMMARY

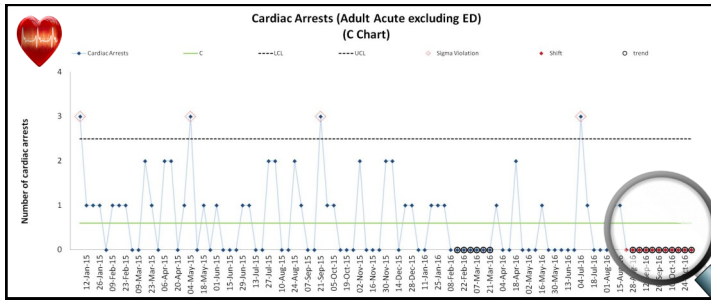
November 2016

Making Common Events Rare - Our Progress so Far

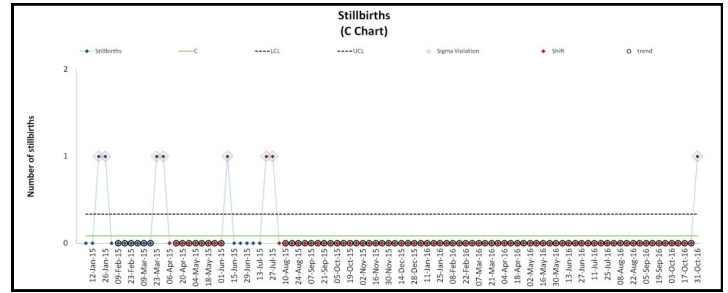
161 days since last SPSO referral



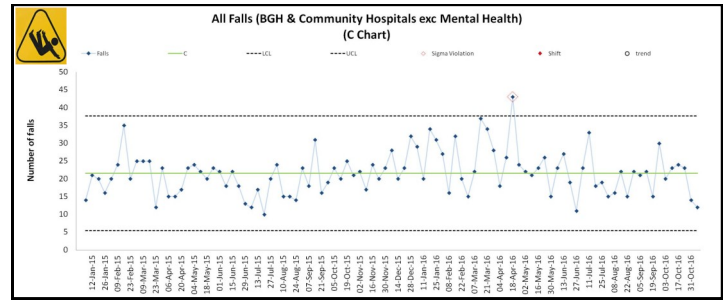
Sustained 11 weeks with no cardiac arrests



463 days between stillbirths



Falls rate remains unchanged



Delivering Reliable Care

Frailty

A reduction of **0.7 days** in the time from admission to the time of Comprehensive Geriatric Assessment



100% Patients reliably screened for frailty on route to hospital



Recognition of Deterioration

Early Warning Scoring Introduced to all 4 Community Hospitals



Preventing Blood Clots



Up to 25,000 preventable deaths a year in the UK

10% of all hospital deaths are due to VTE

NHS Borders is the improvement demonstrator site for Scotland

Focus on reliable risk assessment and treatment

Person Centred Health & Care

A positive response to key questions



0.70% of BGH admissions + ED attendances result in a complaint or concern

