

BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – FEBRUARY 2017

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 December 2016.

Summary

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

- Patient safety
 - Progress continues across the raft of patient safety interventions. Data is presented related to improvement at pilot ward level in the correct prescribing of thromboprophylaxis in the VTE demonstrator project and outcome data related to cardiac arrest calls following introduction of the National Early Warning Score (NEWS) tool in 2016.
- Clinical effectiveness
 - Support for operational activities continues with ongoing audit and research while reviewing and updating clinical support in guidance and policies.
- Person Centred Health and Care
 - Effective management of the complaints process is maintained while ensuring that lessons are learned and this turns into action for improvement for the benefit of patients. The wonderful contribution made by our Volunteers and public participation group is highlighted.
- Patient Flow
 - Work continues and now focuses on particular flow challenges of earlier discharge and effective use of the discharge lounge. While flow has been particularly challenging in times of winter pressures service has been sustained to a degree and teams are working to a planned care recovery plan.

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
Ros Gray	Head of Quality & Clinical Governance		

Patient Safety

The national programme for improving processes and outcomes related to patient safety has been refreshed and acknowledges the progress NHS Boards have made in this regard to date.

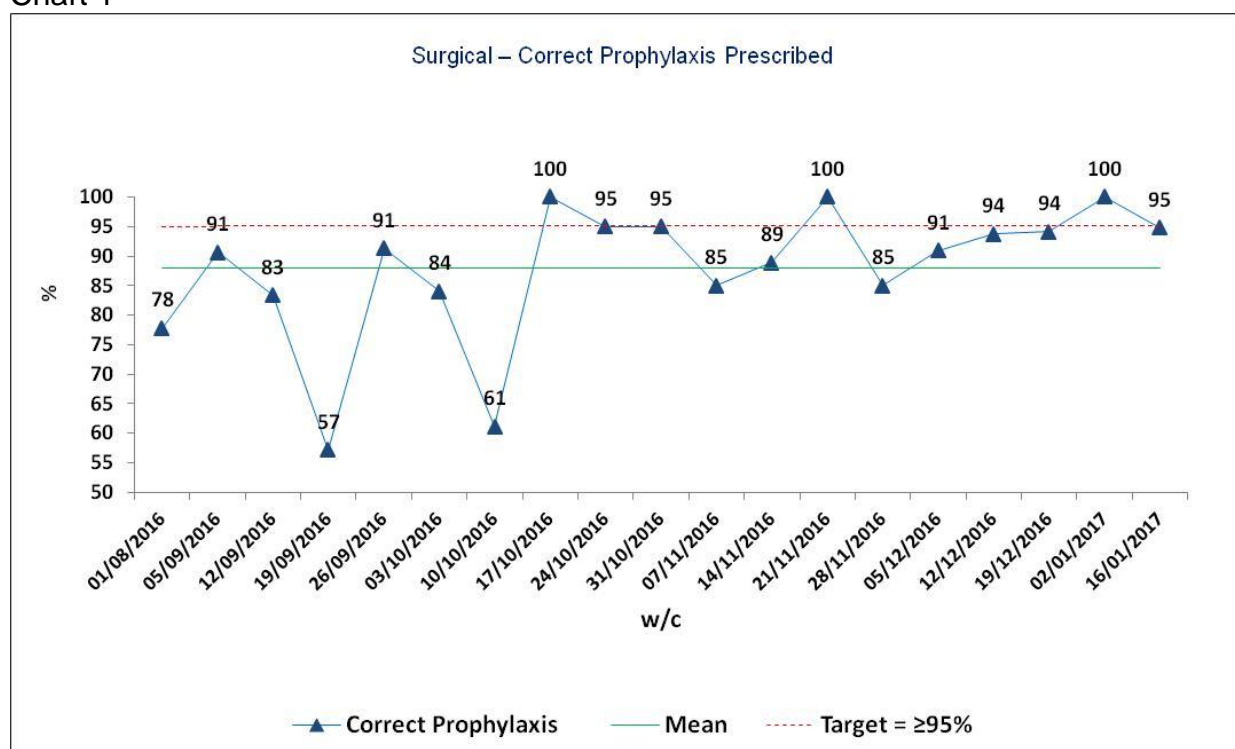
Within NHS Borders, teams at the point of service delivery have made significant progress towards delivering the safest care for patients.

The Scottish Patient Safety Programme (SPSP) acute adult priorities have been established as:

- Recognising the Deteriorating Patient (for which NHS Borders has acquired Health Foundation funding)
- Reduction in Pressure Ulcers
- Reduction in Falls
- Reduction in Catheter associated urinary tract infections
- VTE (Venous thromboembolism)
- Prophylaxis
- Safety in medicine management

Further to this NHS Borders is a demonstrator site for VTE. There is an agreed programme of work with multiple work streams. Foundation Year doctors, supported by Consultants have been an essential element in successfully testing new approaches to VTE risk assessment and the correct prescribing of prophylaxis. Early results look promising on the 2 pilot wards. Chart 1 shows the improvement in correct prophylaxis prescribed in one surgical pilot ward.

Chart 1



The chart below shows the cardiac arrest rates and there appears to be some interesting data in 2016 which corresponds with the introduction of the National Early Warning Score Chart 2 below shows the beginning of an interesting change in the cardiac arrest data since the National Early Warning Score (NEWS) system was introduced in 2016.

Chart 2

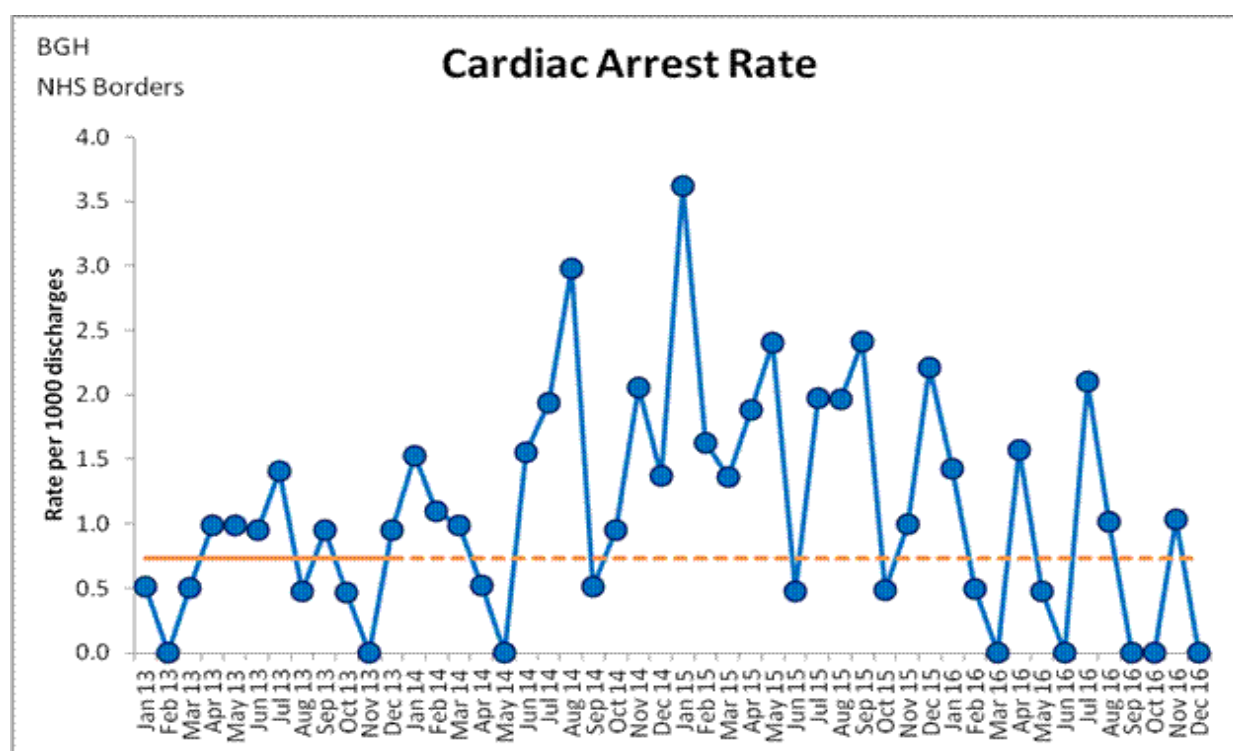
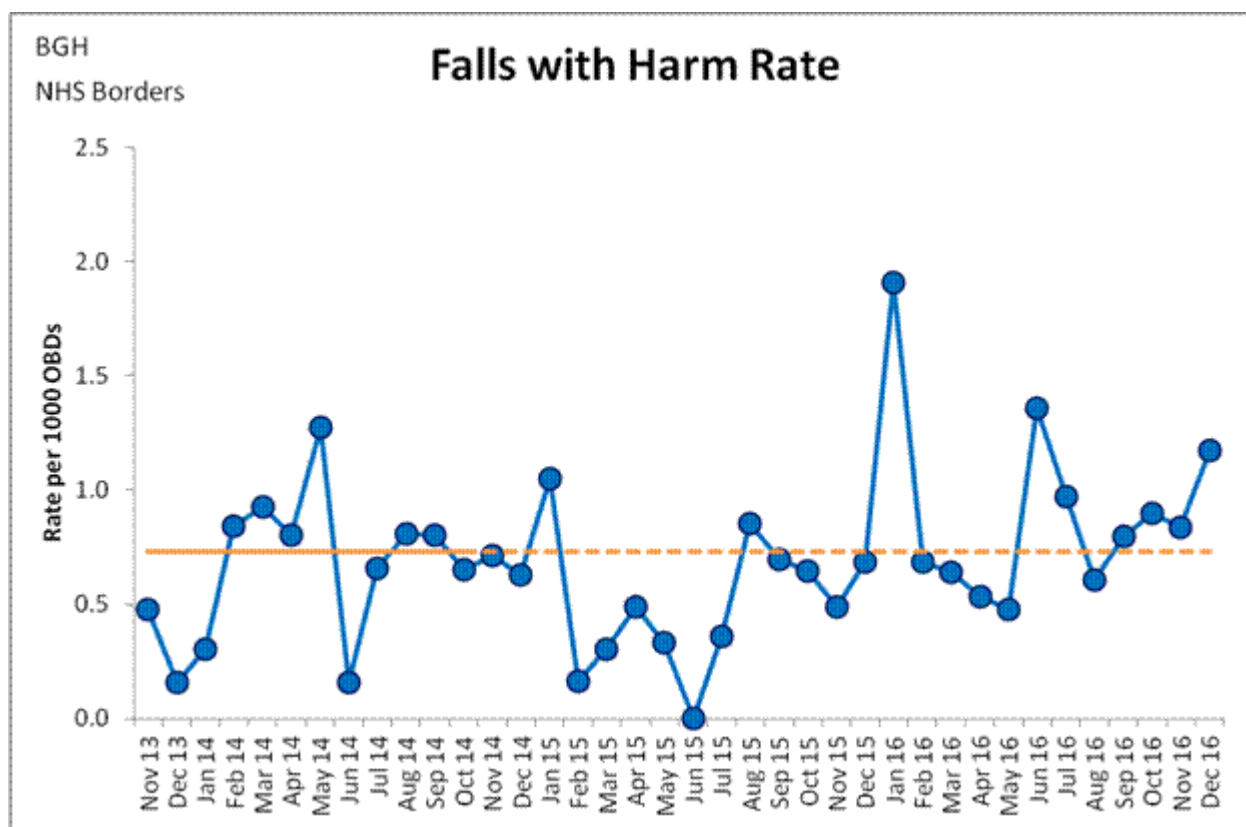


Chart 3 below shows an increase in falls with harm and further work for quality improvement required. Compliance with falls bundles is audited every day in all patients' case notes with all omissions reported on the day.

Chart 3



There is an opportunity to review current SPSP activity and other quality improvement (QI) work being undertaken by teams and individuals within the organisation to ensure that the safety priorities for our patients and staff are being addressed. This will be included in a new approach to QI to be tested with wards 12, 10 and 9 within the BGH in the first instance.

Clinical Effectiveness

Data/Information

Much of the reporting has now been included as part of the core business of the team with the establishment of various dashboards for example the Safety, Measuring and Monitoring Dashboard which provides weekly information for the Joint Executive Team.

Recently Clinical Governance and Quality and Planning and Performance have also been working jointly to develop and populate a scorecard of measures to support the Winter Planning work stream.

January 2017 saw the beginning of provision of support to the Scottish Borders Council (SBC) performance team with the development of a new reporting template for the Adult Protection Activity Report. This continues to be work in progress.

Cancer Audits

In the past two months comparative reports on bladder and testicular cancers have been signed off locally and submitted to NHS Lothian. A limited number of actions from the reports have been returned back to the consultant responsible.

Stroke

An annual review of the service took place in December 2016. NHS Borders continues to perform well and retain the position of one of the best performing boards in respect of the stroke care bundle which consists of the four elements listed below:

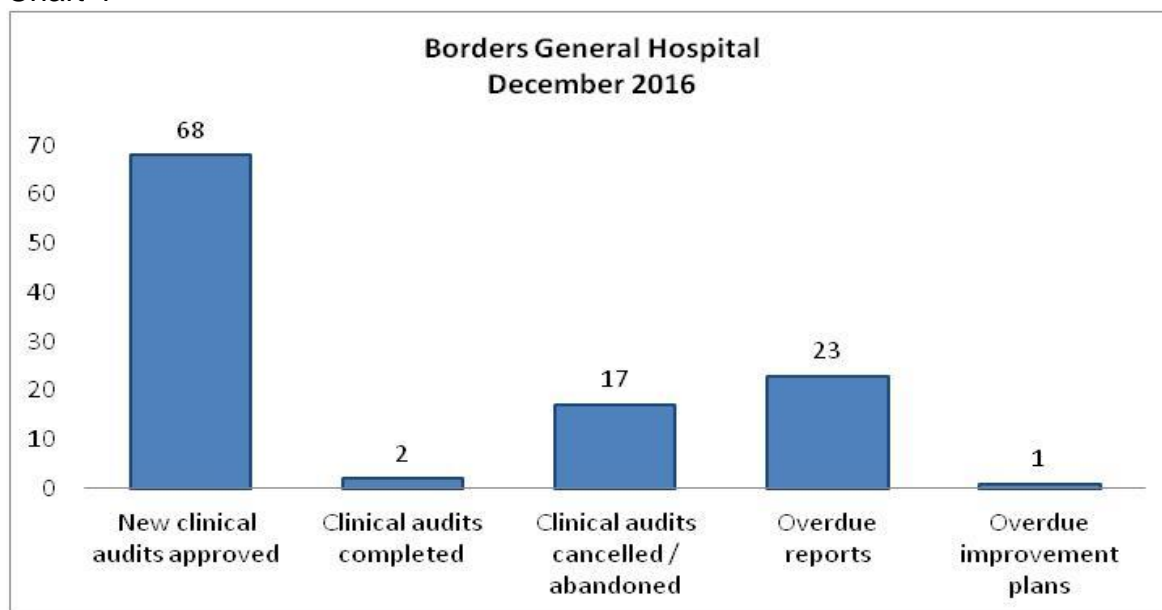
- admission to Stroke unit within day one of admission
- brain scan within 24 hours
- swallow assessment within 4 hours – NHS Borders is the top performing board in relation to this element
- aspirin within day one of admission

A further measure considered as part of the annual review is performance against the thrombolysis standard. This continues to prove challenging for us both in respect of the number of patients thrombolysed and the length of time taken to carry this out. Thrombolysis is an area the national team has identified for improvement.

Clinical Audit

There is a formal process for undertaking a clinical audit. Chart 4 below shows an overview of all audits received, completed and abandoned or cancelled as well as overdue reports and improvement plans of overdue audit reports, and audits which have been abandoned or cancelled in 2016 to end of December 2016.

Chart 4

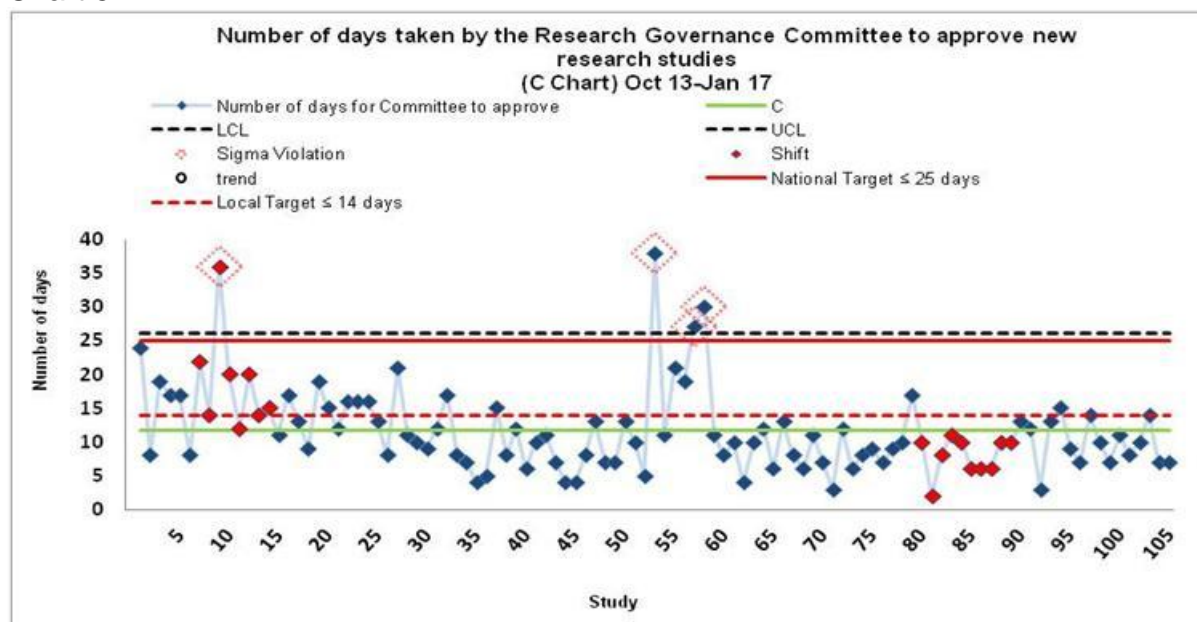


The team is currently following up outstanding reports and action plans.

Research Governance

The Research Governance Committee is responsible for reviewing research projects that NHS Borders are asked to participate in. Chart 5 shows the performance of the committee since the introduction of a local target to approve studies within 14 calendar days in October 2013.

Chart 5



There are currently 103 active studies hosted by NHS Borders, although only 40 have local involvement. Twenty one of the 103 studies have end dates which have past and the investigators have been contacted for confirmation as to whether the study has been completed or not. In addition to active studies, there are studies which are closed to recruitment however still require active follow up of patients. This can range from annual follow up by questionnaire to regular clinic appointments whilst in active treatment.

General Medical Council Revalidation

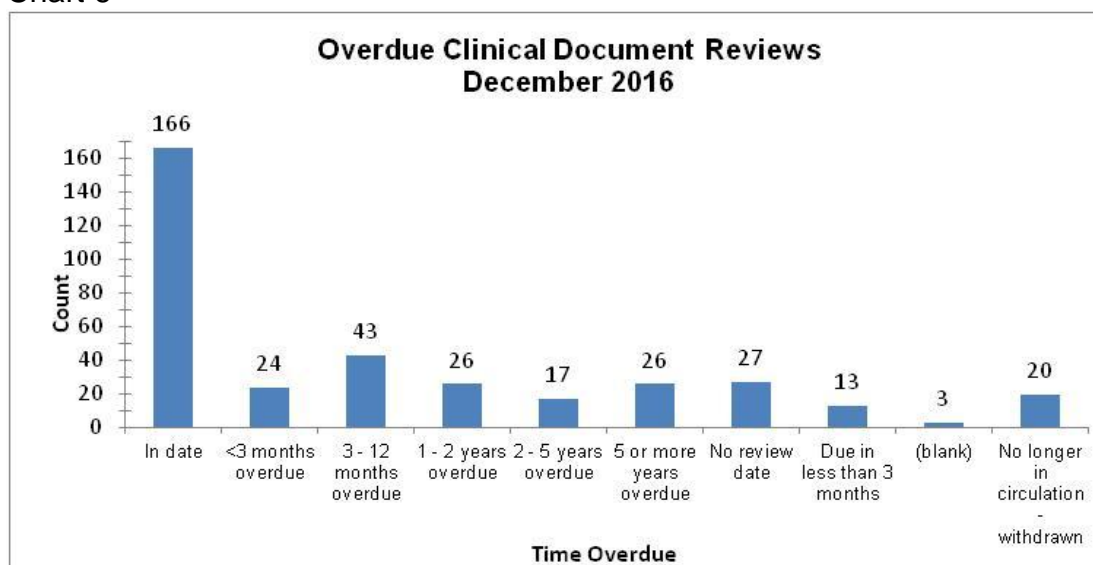
The General Medical Council (GMC) requires registered doctors to seek patient feedback as part of their revalidation process. This process first started in 2012, and the collection of patient feedback for doctors who first revalidated in 2013 is currently underway.

Clinical Policies

Clinical Governance and Quality maintain a live register of locally developed clinical documents including policies, protocols, procedures and guidelines. A piece of work is planned to align the register with the current status of clinical documents on the intranet. The aim, in addition to updating the clinical document register, is to ensure that all clinical documents on the intranet are current and relevant.

Chart 6 below shows the current status of clinical documents that are registered with Clinical Governance and Quality:

Chart 6



National Clinical Guidelines

Clinical Governance and Quality is responsible for ensuring dissemination and local gap analysis of published clinical guidelines.

Significant gaps, in the implementation of the guidance, that are identified through the assessment process, are reported to the relevant clinical boards for action.

During 2016 there were:

- 4 new/updated SIGN guidelines
- 5 out of date SIGN guidelines withdrawn
- 46 non pharmaceutical publications, in the form of NICE Guidance, Health Technology Assessments and Evidence Notes, distributed by Healthcare Improvement Scotland

Patient Information

The Health Information Portal (HIP) system was introduced in March 2015 to replace the previous patient information system, BISSY. At the introduction of HIP all leaflets on the system were in date at the time they were uploaded. Staff have found the new system easier to use and this has helped to encourage staff to develop and review leaflets as required. However, as we approach the end of the second year of HIP being in place ensuring all leaflets receive timely review continues to prove challenging. Currently HIP

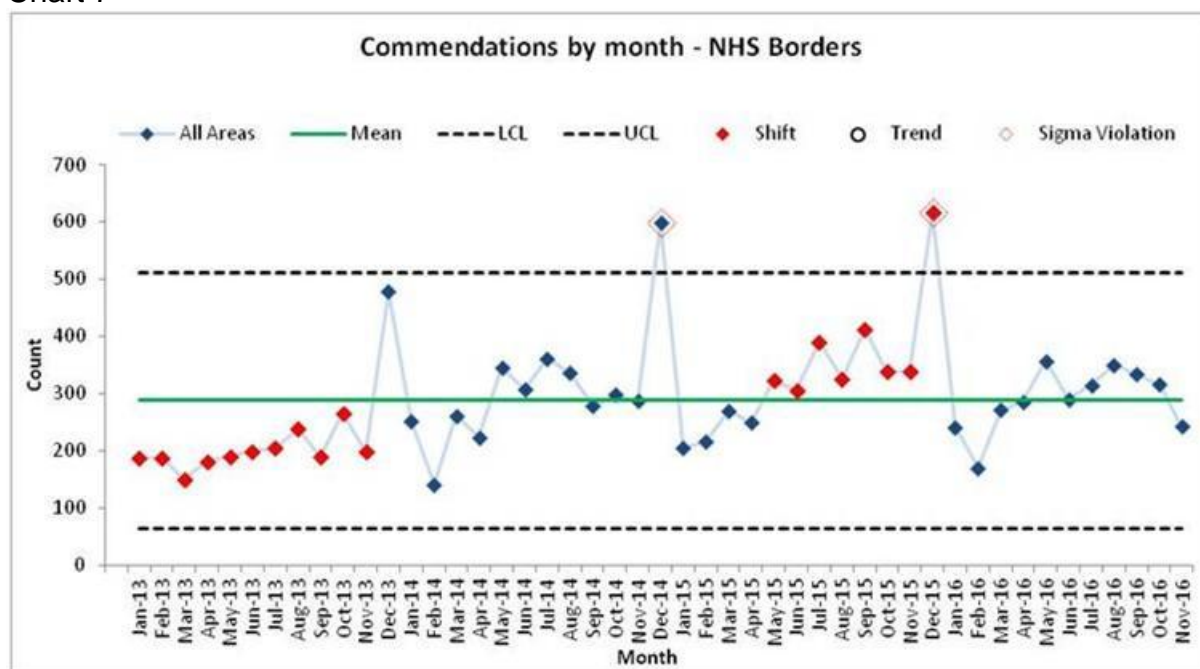
hosts 396 leaflets of which 191 currently require to be reviewed. Steps are being taken to address this.

Person Centred Health and Care - Complaints, Concerns and Commendations

Commendations

Chart 7 below details commendations received between January 2013 and November 2016 with the expected peaks in commendations received each December:

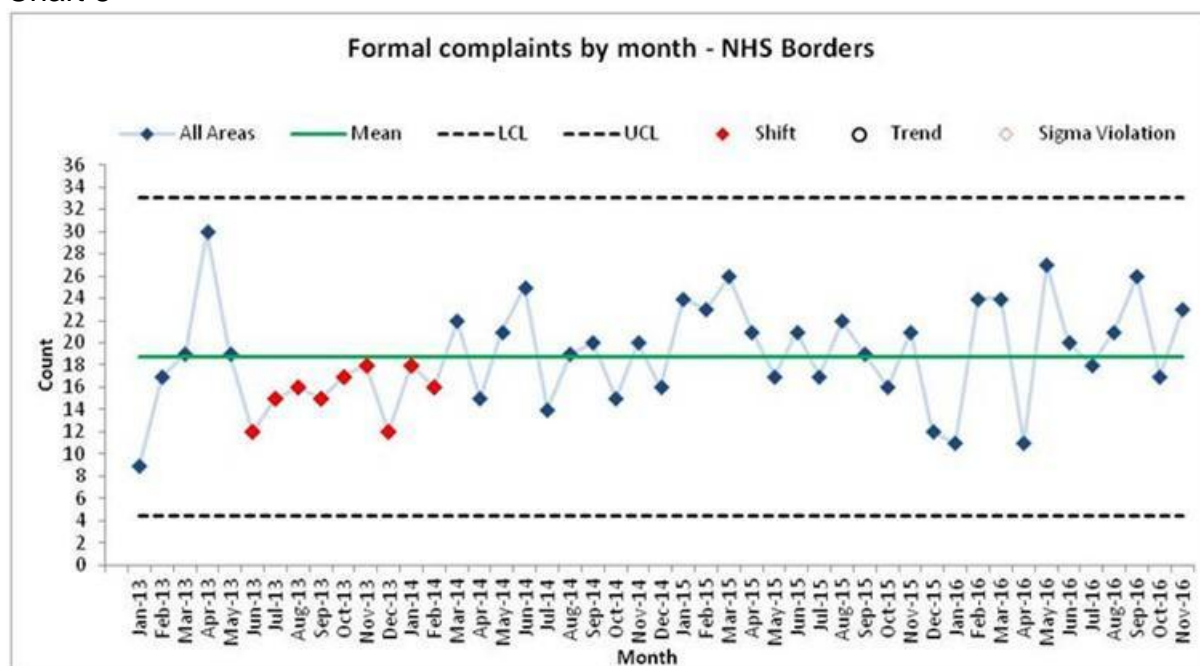
Chart 7



Complaints

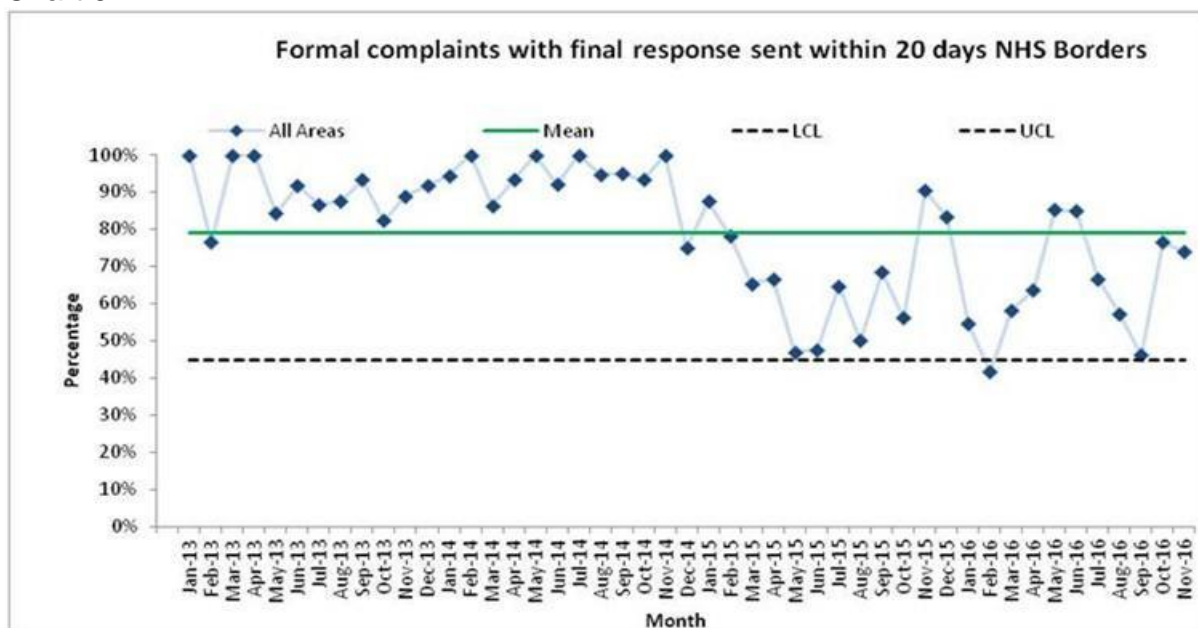
Chart 8 below details the number of formal complaints received between January 2013 and November 2016 showing normal variation:

Chart 8



NHS Borders 20 working day response rate for formal complaints for the period January 2013 to November 2016 is outlined in chart 9. A shift in performance took place between January and November 2015 and there has not been any sustained improvement since then.

Chart 9



The top 5 themes (attitude and behaviour, clinical treatment, oral communication, written communication, date of appointment) contained in complaints received between January 2013 and November 2016.

Complaint outcomes are fully upheld, partly upheld, not upheld or withdrawn. When a complaint is upheld or partly upheld the service is responsible for implementing an improvement plan. Charts 10-13 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 correlated with a shift in the number of complaints fully upheld:

Chart 10

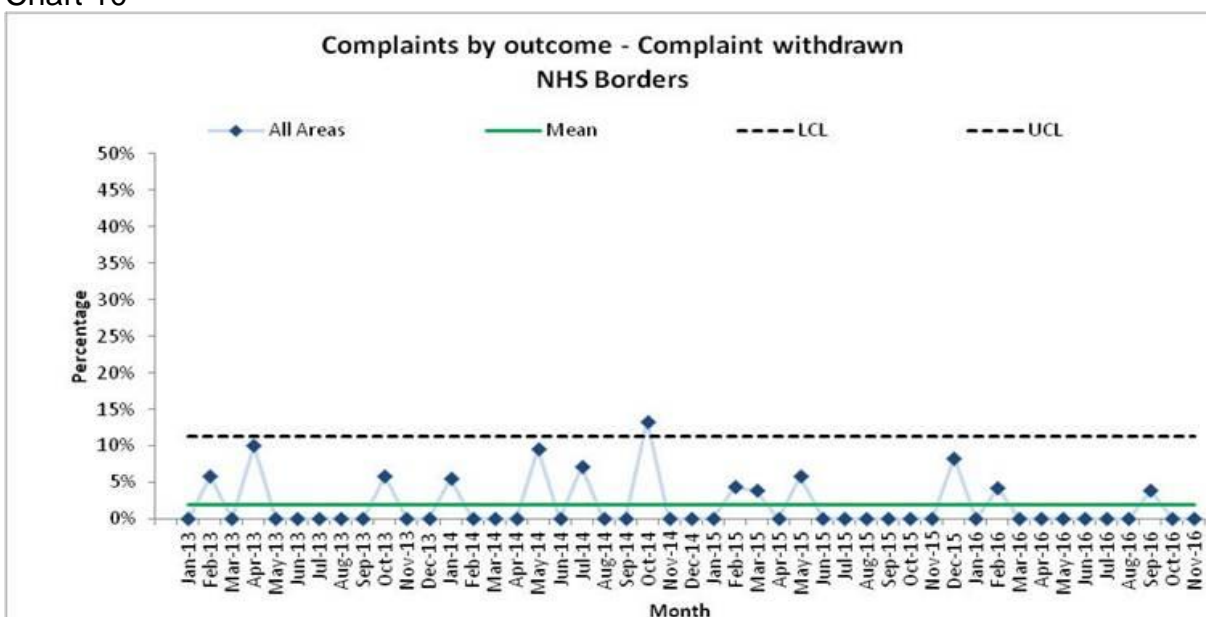
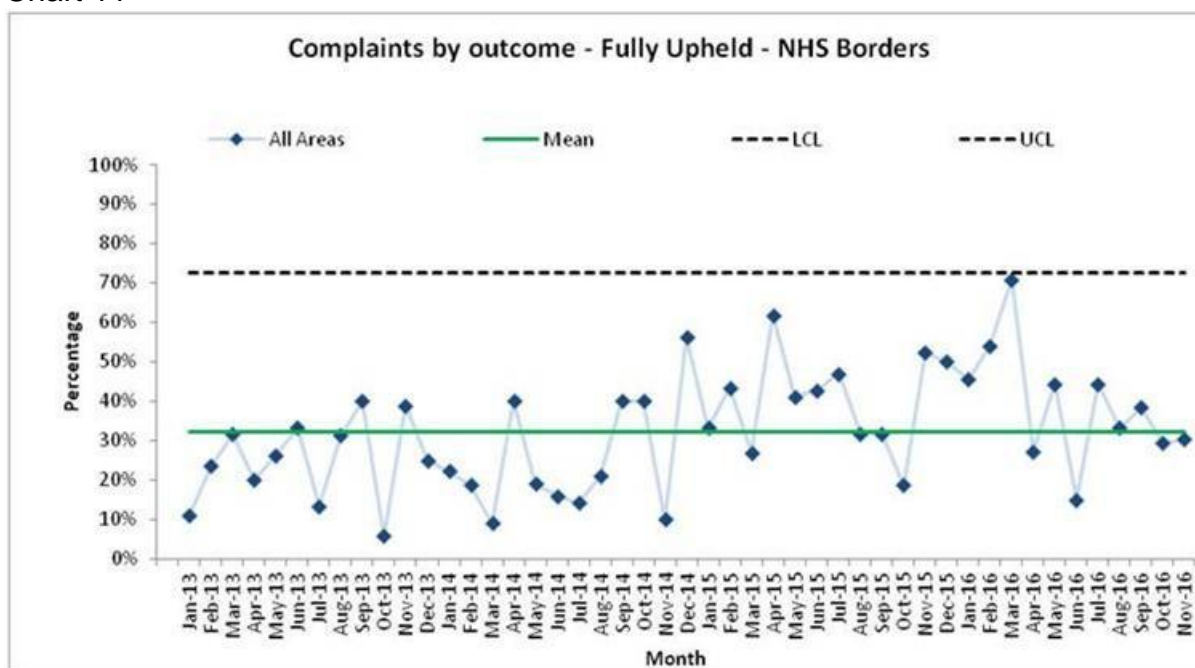
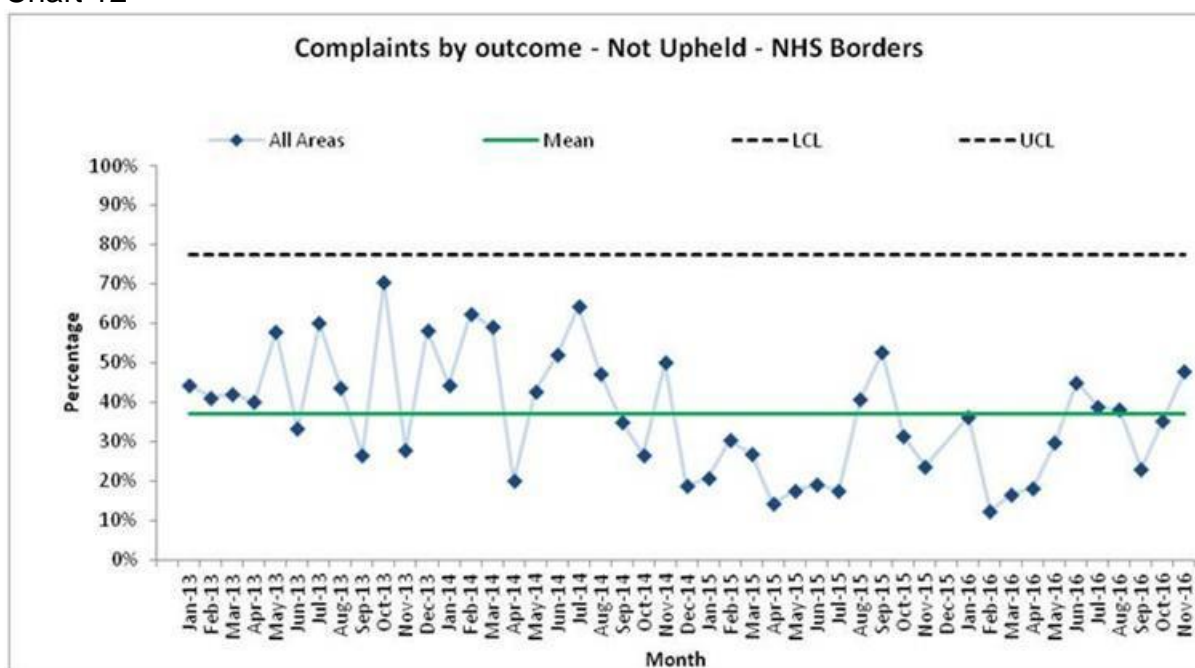


Chart 11



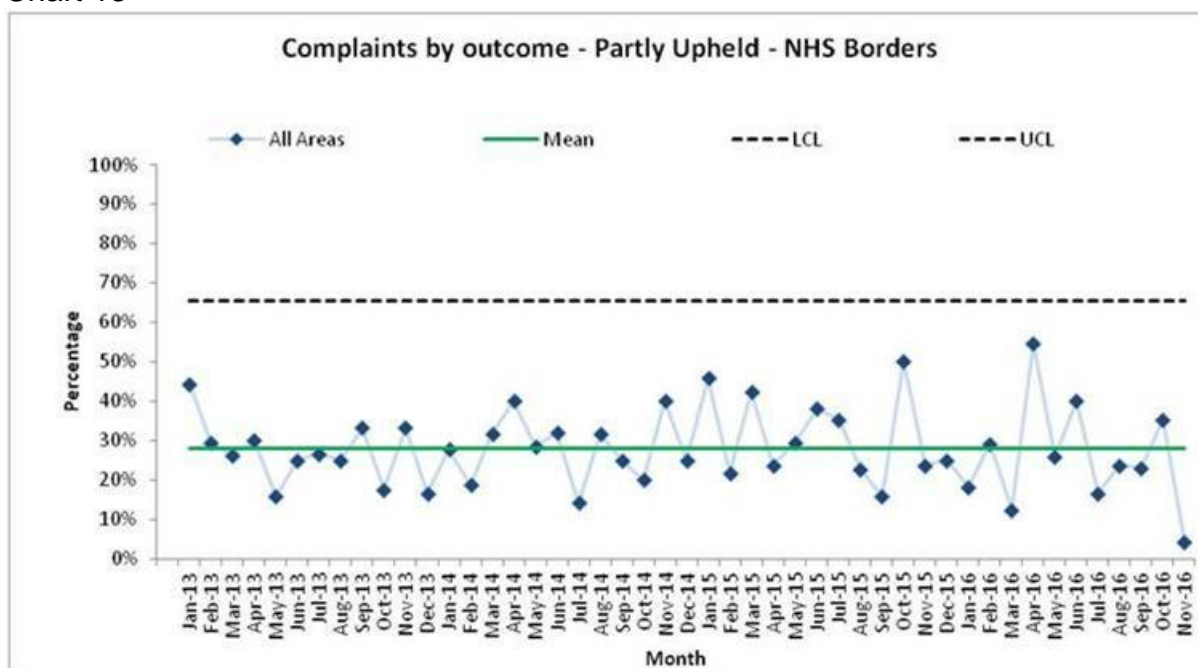
On average, the number of formal complaints received in a month is 15 and the number fully upheld is 5.

Chart 12



On average, the number of formal complaints received in a month is 15 and the number not upheld is 6.

Chart 13

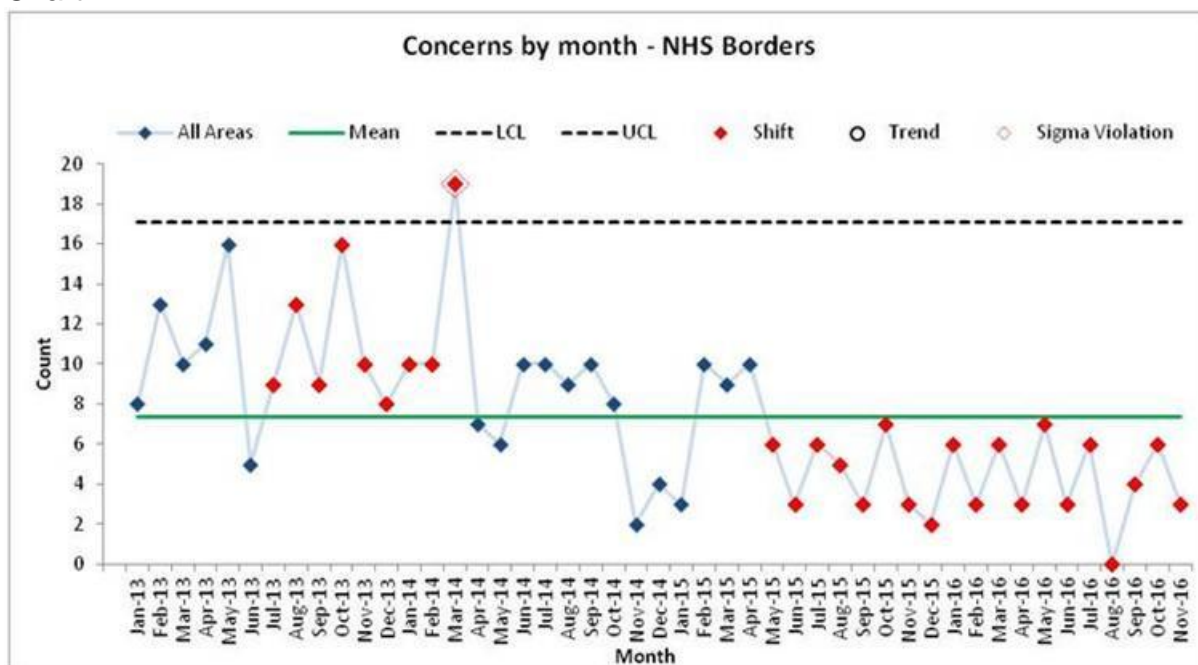


On average, the number of formal complaints received in a month is 15 and the number partly upheld is 4.

Concerns

Chart 14 below details concerns received showing a shift and reduction in the number of concerns since May 2015:

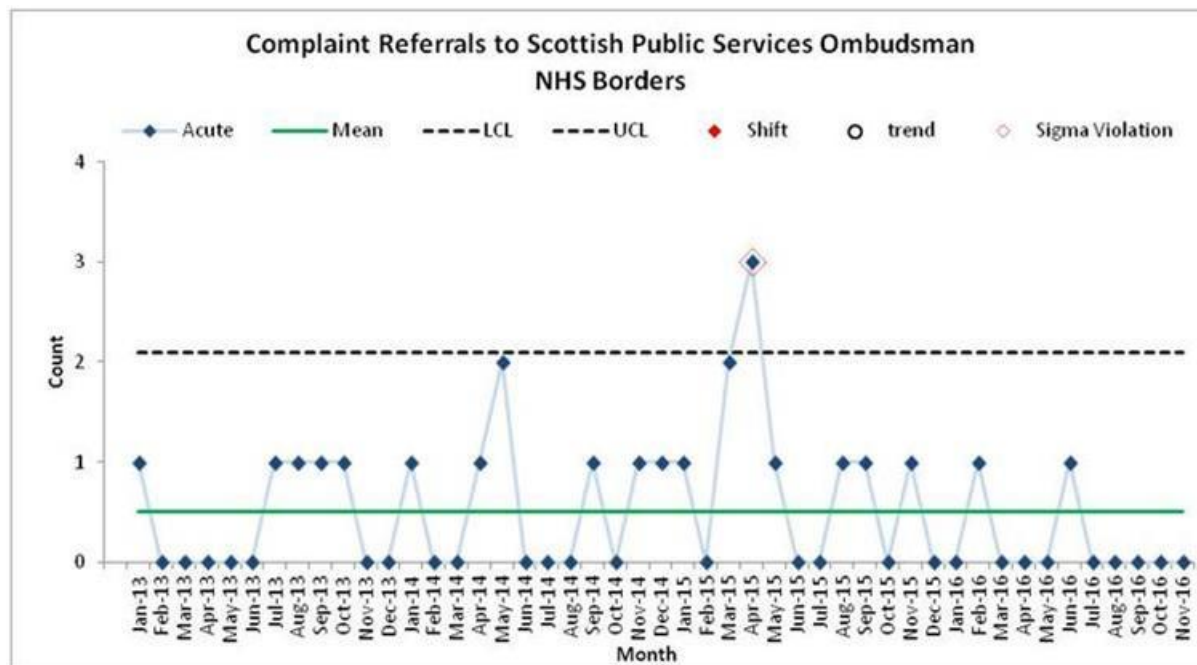
Chart 14



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

Chart 15 below gives the number of complaints taken to the SPSO between January 2013 and November 2016 showing normal variation:

Chart 15



One SPSO decision was received during December 2016.

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201506019	1. Inappropriately referred patient for an ERCP procedure; 2. Failed to perform the ERCP procedure in an appropriate manner; 3. Failed to provide appropriate and timely clinical treatment when patient developed repeated problems following the procedure and had to endure further episodes of surgery; 4. Failed to provide patient with appropriate information should his biliary drain malfunction.	1 -3 – Not Upheld 4 Upheld	1. That the Board consider reviewing their procedure specific consent form for ERCP to include any alternatives to the procedure. 2. That the Board consider the Adviser's comments on the importance of including in the medical records detail of discussions held with patients with regard to treatment options and their potential outcomes and report back on any action taken. 3. That the Board remind staff of the importance of recording key information given to patients. 4. That the Board consider the Adviser's comments on the use of a leaflet for patients with information on how to manage surgical drains, including information on what to do if a drain appears blocked and report back on any action taken.	Action plan developed and being progressed. SPSO deadline 20 February 2017.

Patient Opinion Feedback

Below is a summary of the feedback for November 2016 to January 2017 received 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
Nov 2016	Treated with great respect	0	Care Respected Time Valued		Response provided. Post shared with relevant staff.
Nov 2016	Poor attitude of reception staff	1		Attitude GP Reception	Response provided. Offer made to raise with the GP practice if further detail can be provided
Nov 2016	Excellent patient care	0	Care Communication		Response provided. Post shared with relevant staff.
Nov 2016	They are a credit to the hospital	0	Care Nurses Staff		Response provided. Post shared with relevant staff.
Jan 2017	BGH A&E Department treatment	0	Attentive Caring Kind Professional Service Staff		Response provided. Post shared with relevant staff.

There is opportunity to utilise Patient Opinion in a more targeted way as has been done by some other Boards.

Patient Feedback Volunteers

To ensure we are utilising our volunteers effectively we are working alongside our colleagues in the Feedback and Complaints team by identifying areas that would benefit from additional volunteer input. The Public Involvement team are considering new ways to raise the profile of patient feedback within the hospital and the work supported by our volunteers.

Charts 16-18 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:

Chart 16

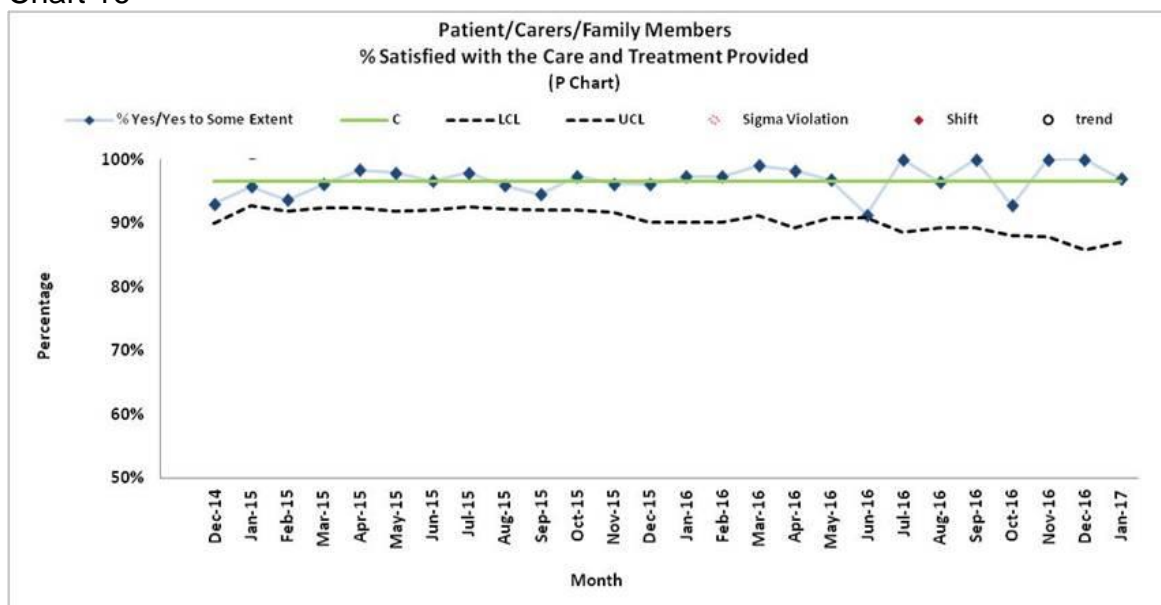


Chart 17

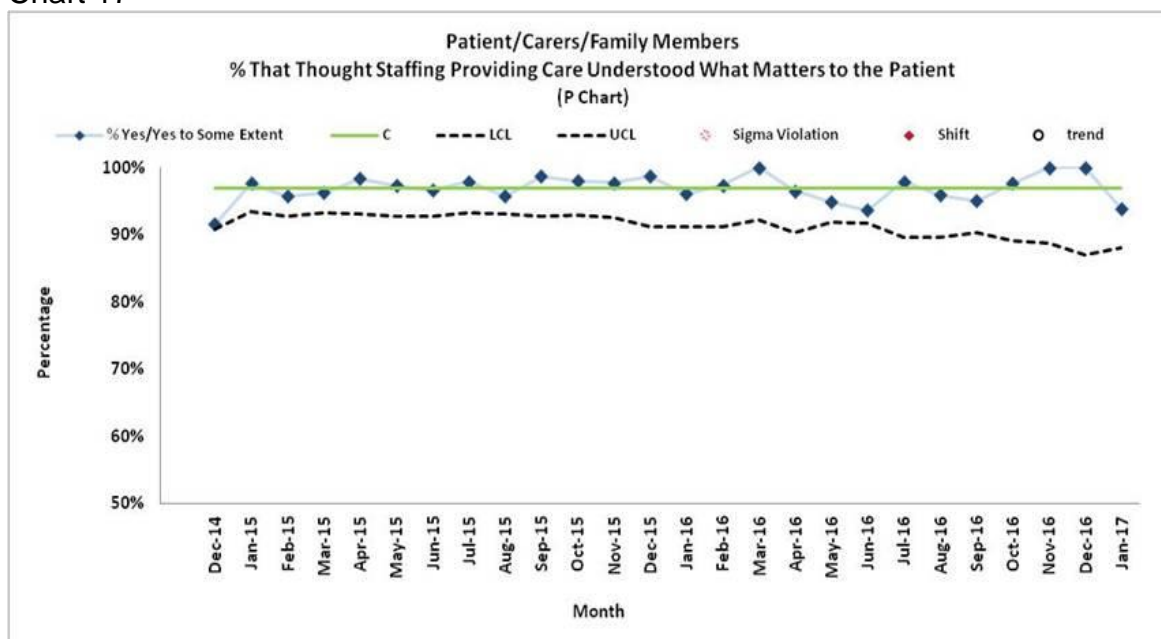
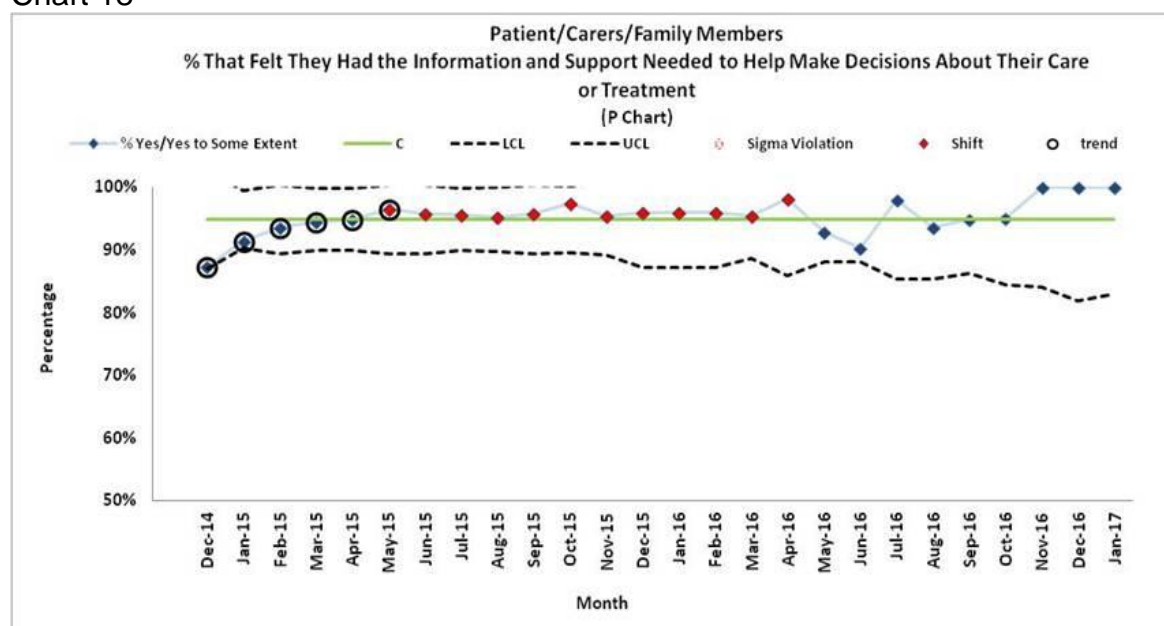


Chart 18



Public Member Involvement & Support

In addition to our longstanding public member groups and committees, the following groups are currently being supported by our public members:

- Emergency Department Improvement Group
- Buurtzorg Home Healthcare local events
- Clinical Strategy Programme – Children's Services & Urgent Care
- Information Governance
- Integrated Joint Board
- Integrated Joint Board Strategy Group
- Localities Planning Group
- Localities Planning Sub Group
- Localities Working Groups – Cheviot, Eildon & Tweeddale.

Volunteering

In January 2017 NHS Borders will be undertaking a further reassessment to ensure the organisation still meets the conditions required to hold the Investing in Volunteers accreditation. In early March informal interviews with volunteers and staff members will be conducted as part of the reassessment process.

We held our annual 'saying thanks to our volunteers' Christmas lunch event on the 12 December 2016 in the Chaplaincy Centre with 57 volunteers in attendance. The Chairman thanked our volunteers for their hard work and commitment to NHS Borders over the past year. This event was thoroughly enjoyed by both volunteers and staff members.

Patient Flow

Unscheduled Care

The project to increase morning discharges has not progressed to a sustainable and consistent position achieving the trajectory of 40%.

Linked to achieving an increase in morning discharges is the increased use of the discharge lounge with a target of 35% off all patients discharged going to the Discharge Lounge as part of their patient journey. Whilst some improvement has been made, work continues to provide an integrated approach between the wards and the Discharge

Lounge. Weekend discharges continue to be variable and low. The table below details performance against key project targets:

Target	October 2016	November 2016	December 2016
Morning Discharges before 11am	8%	8.8%	6.4%
Morning discharges before 12 midday	15.4%	15.7%	12.4%
Discharge Lounge utilisation	16.6%	17.1%	14.9%
Emergency Access Standard of 95%	95.3%	95%	96.3%

A new 5 point action plan is ready to be implemented to change the focus on the work being done to achieve discharges earlier in the day with a more multidisciplinary approach being tested. The red and green day process (#1000days) is being tested in ward 4 the week commencing 23 January using PDSA methodology and will be rolled out to other unscheduled care wards over the winter period.

While focus remains on discharging patients in a timely manner and making good use of the Discharge Lounge, additional work is underway to look at patients who have a length of stay over 28 days. This will allow for focus on patients who are delayed due to plans not being progressed in a timely manner or ward staff being unsure who to contact when blockages are identified. The role of the Board Round Advocate is key in this process along with input from the Discharge Liaison Team.

As the hospital works through a busy winter in a period which has seen redesign in both Planned Care and Unscheduled Care, it is important to ensure that all Hospital Bleep Holders, Bed Managers and Duty Managers have a clear understanding of the escalation policy for managing patient flow and the roles the hospital management all play in supporting that. Teams have identified this 3 point action plan for improvement:

- Robust and consistent escalation in both the Emergency Department and Acute Admissions Unit.
- Touch points - Safety and flow meetings should be attended without exception by the Hospital Bleep Holder and Duty Manager with a follow up 10 minute review of the site.
- The decision making sessions which follow the flow meetings at 1100 and 1450 should be facilitated by the Duty Manager with robust and clear plans for bed management and then staffing.

Surgical Flow Programme

On 1 December 2016 Borders NHS Board supported the implementation of a 1.5 combined emergency theatre model pending confirmation of pump priming funding from the Scottish Government. Discussions are ongoing with the Scottish Government and on conclusion an implementation plan can be agreed.

The combined elective surgical ward was implemented on Wednesday 7 December 2016 and had a successful first month of implementation. There were a total of 38 days where no patients were cancelled due to a lack of available ward bed which is unprecedented during the winter period. There have also been no reported infection control issues since implementation. More recently, bed pressures across the site have meant a breach to the ring fenced beds and the Planned Care Service are currently working on a recovery plan to reinstate this ward. All urgent cases have still been completed during this time and a daily review is being carried out to establish how many elective inpatients the surgical floor can accommodate.