

Borders NHS Board



## **BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – APRIL 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 Opinion

### **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 March 2017.

### **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. This report focuses on plans for the coming 12 month period.
- Clinical effectiveness
  - Update on research governance issues
- 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.
- Patient Opinion
  - Support for entering a new phase with Patient Opinion is sought.

### **Recommendation**

The Board is asked to **support** the proposal for the next phase of Patient Opinion and to **note** the rest of the report.

<b>Policy/Strategy Implications</b>	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
<b>Consultation</b>	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.
<b>Consultation with Professional Committees</b>	As above
<b>Risk Assessment</b>	In compliance as required
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Yes
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Dr Cliff Sharp	Medical Director		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Ros Gray	Head of Quality & Clinical Governance		

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**Patient Safety**

Reporting to Healthcare Improvement Scotland on SPSP activities is now required only in relation to outcome measures.

Leadership Walkrounds:

The walkrounds and inspections continue as per the current format with named executive leadership for each clinical area across NHS Borders. Currently the SOPS are being reviewed with an emphasis on making walkrounds happen a priority. These will continue to be prioritised locally with Non-Executive Director attendance included.

Critical Care:

Process measures are showing sustained reliability and outcome measures will continue to be monitored.

Theatre Measures:

Local safety priorities have identified that an improvement programme on the quality of the safety briefs and pauses which matches the national approach

General Ward Measures:

Measures in general ward areas that are ongoing:

- Hand hygiene
- General Ward Safety Brief
- Peripheral Vascular Cannula Maintenance Bundle, and
- National Early Warning Scores

These measures will continue to be collected in 2017/18 to ensure the processes are reliably embedded in clinical teams. There is an opportunity to change to format of data collection and a project request has been submitted to IM&T as the current system is not fit for purpose and will no longer be supported by NHS Lanarkshire..

**Deteriorating Patient Workstream:**

The outcome measure for deteriorating patient is a 50% reduction in cardiac arrests (or 300 days between events). This is achieved through a collection of measures such as identification, escalation and treatment of the deteriorating patient, with one of the main causes of deterioration being sepsis. NHS Borders has a long standing history of good results in this area.

**Communication:**

The focus of safety improvement work will continue for 2017/18 focusing on ensuring SBAR communication is implemented reliably, with particular emphasis on handovers.

As part of the deteriorating patient workstream we will continue incorporating debriefs on cardiac arrests in to the daily hospital huddle, with an emphasis on sharing the learning across sites. This will facilitate improved understanding of cardiac arrest incidence and escalation of deteriorating patients.

**Sepsis:**

Sepsis forms a key component of the deteriorating patient workstream.

'Sepsis Six' bundle and the use of visual cues and equipment to prompt reliable delivery of the bundle is developed and currently being tested in the Emergency Department.

**Medicines:**

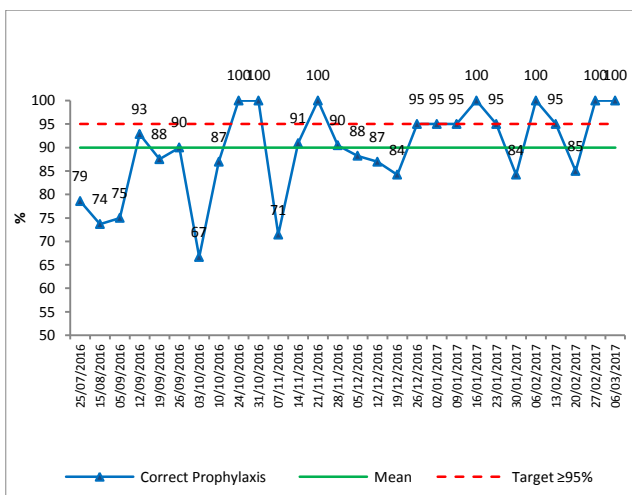
Nationally, a medicines workstream has been created spanning all specialities. NHS Borders plan to continue to reflect that model locally in 2017/18 with an improvement focus on medicines reconciliation on admission and discharge. This will link with the emerging national Excellence in Care approach when those measures are developed.

**Venous thromboembolism (VTE):**

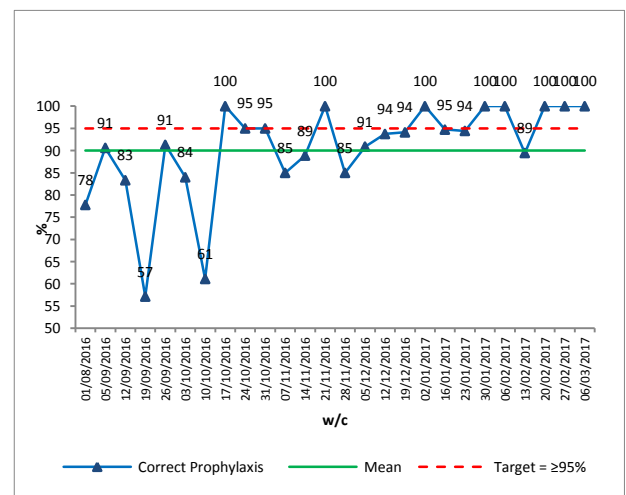
The success of the demonstrator project on VTE hosted by NHS Borders continues will be considered and a plan to take the interventions to scale is being developed.

**Correct prophylaxis administered**

**Medical pilot ward**



**Surgical pilot ward**



## Falls:

The second phase of the Scottish Patient Safety Programme (SPSP) aims to achieve a 25% reduction in all falls and 20% reduction in falls with harm by the end of 2015, while promoting recovery, independence and rehabilitation. Falls measures form an integral part of the revised measurement plan and the local delivery plan for 2017/18.

As one of the four priority areas for the Nursing Directorate and of the Older People In Acute Hospitals (OPAH) workstream, the Clinical Improvement Facilitators will continue to undertake tests of change and quality improvement in the areas with the highest numbers of falls, whilst triangulating the outcome data with process data and reported events.

## Pressure Ulcers:

As one of the four priority areas for the Nursing Directorate, the clinical improvement facilitators will continue to undertake quality improvement in this area, whilst triangulating the outcome data with process data and reported events.

## Catheter Acquired Urinary Tract Infection (CAUTI):

Testing and innovation work will continue on the patient catheter passport, containing the insertion and maintenance bundles have been rolled out in BGH and Primary Care and consideration given to the introduction of the national catheter passport.

## 2017/18

The adult acute workstream we will focus and prioritise improvement support in to distinct areas:

- Frailty (including falls)
- Communications (transitions of care, handovers, multi disciplinary team working)
- Deteriorating patient
- Medicines

## Mental Health

The SPSP for Mental Health has a focus on the workstreams identified below, including NHS Borders Acute (Huntlyburn) being a pilot site for Improving Observation in Practice. Early work suggests high level of therapeutic activity benefits and early identification of risks.



Outcome data continues to be collected on a monthly basis via the reporting template from the Brigs and Huntlyburn. Medicines reconciliation has been introduced to Cauldshiels and Lindean which is also nurse led.

## Maternity, Children and Neonates (MCQIC)

Process measures for 2017/2018 have recently been released and collaboration with other work streams (deteriorating patient and infection control) within NHS Borders, maternity champions from other health boards and the MCQIC team continues.

We continue to focus on reducing stillbirth rate. Increasing women's awareness and offering documented discussions at each point of contact during their pregnancy. Along with leaflets regarding fetal movements we make sure that the women know how and where to seek advice.

Good performance at offering CO monitoring at booking clinic is now a local measure and focus is directed to take up of smoking cessation services at booking.

One of the new measures is the rate of HIE (Hypoxic Ischaemic Encephalopathy) in the neonate. We have recently started using and reporting on the Cardiotocograph (CTG) package, this is a fairly large piece of work and has been open to a degree of debate both locally and nationally.

Our work with PPH, Sepsis, VTE, and MEWS continues. Another new measure about to commence is the percentage of women offered opportunity to discuss their care prior to hospital discharge. Although we do discuss women's care and experiences with them it is not usually documented formally.

## **Clinical Effectiveness**

### Research Governance

21 studies were reported as being past their end date. The table below shows the updated status following contact/ attempted contact with Chief Investigators (CIs).

	Completed confirmed by CI	–	Completed- No information received	Extended
Number of studies	3		12	6

Of the 21 studies requiring information 12 were student projects.

Overall the main issue regarding completeness surrounds student research projects. Approval letters state that NHS Borders must be informed when a study closes and a final report sent. Only 2 of the studies had direct involvement with NHS Borders. It is not clear whether the other student projects did involve NHS Borders as there was no local collaborator and many involved survey of staff sent direct from the student. In addition many students apply for approval in all health boards initially but only collaborate with a few in order to reach their required sample size. The National Co-Ordinating Centre in Aberdeen should be informed by investigators when studies are closed so that they can inform all participating sites, this has not happened in any of these cases. The Research Governance Committee will review the situation.

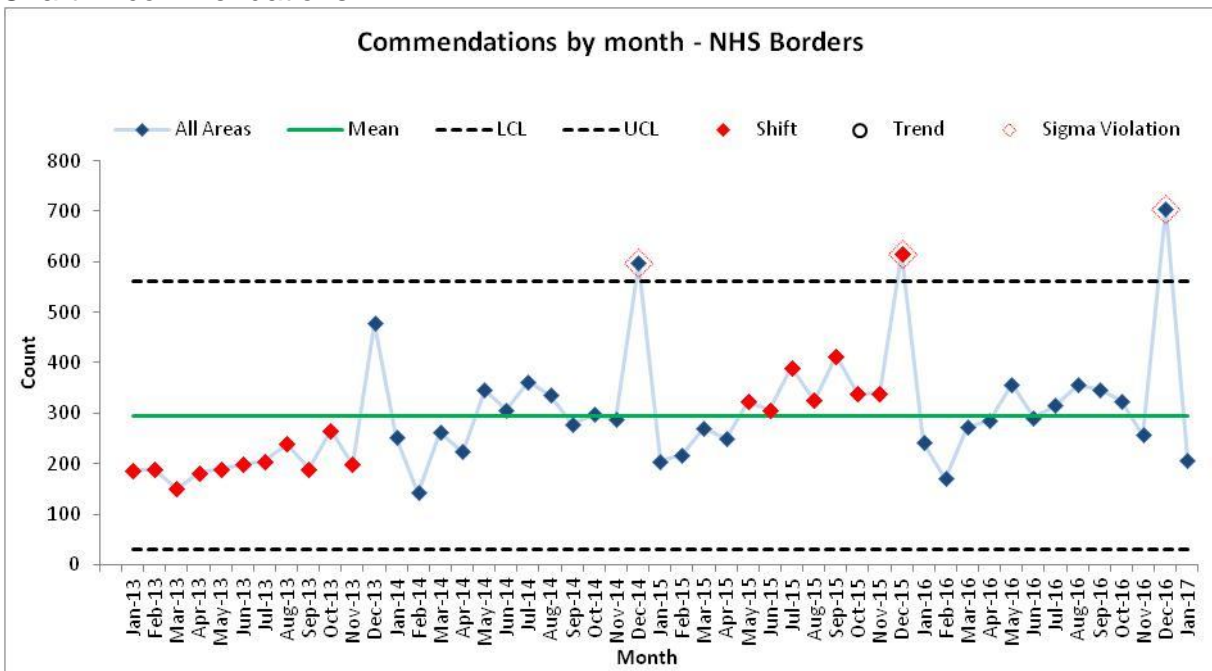
# Person Centred Health and Care

## Complaints, Concerns and Commendations

### Commendations

The charts that follow outline feedback and complaints data over the long term updated with the last quarter's activity

Chart 1- commendations



### Complaints

Chart 2 shows normal variation in complaints numbers over time.

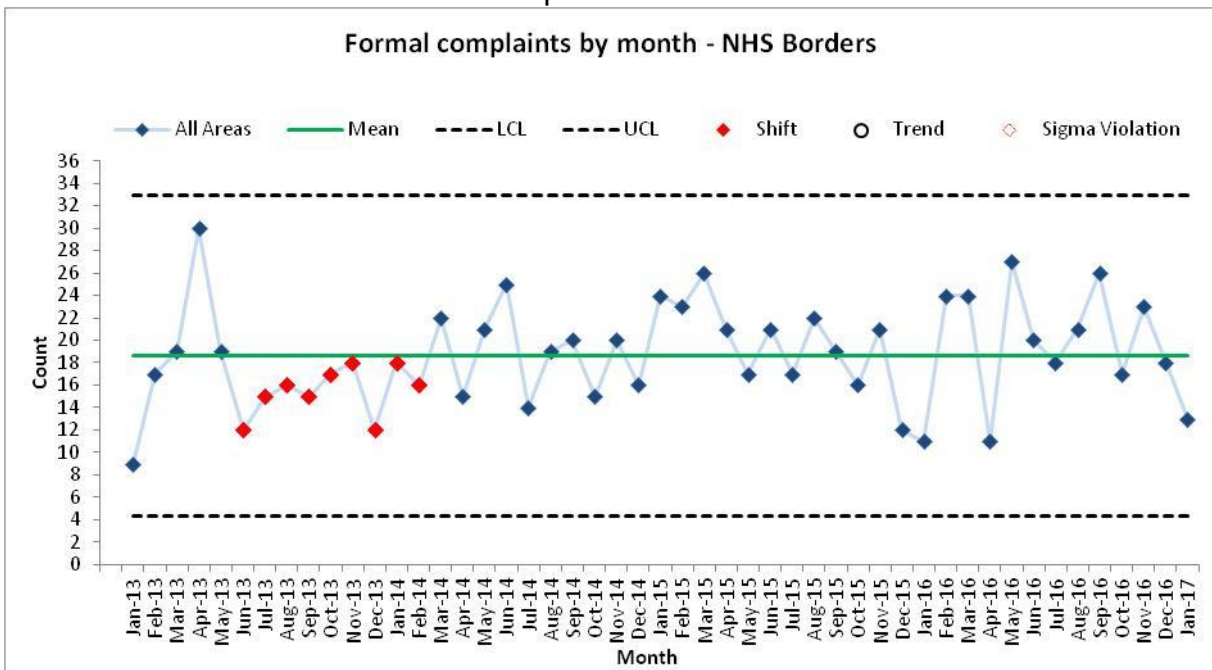


Chart 3 shows national reporting timescales (normal variation)

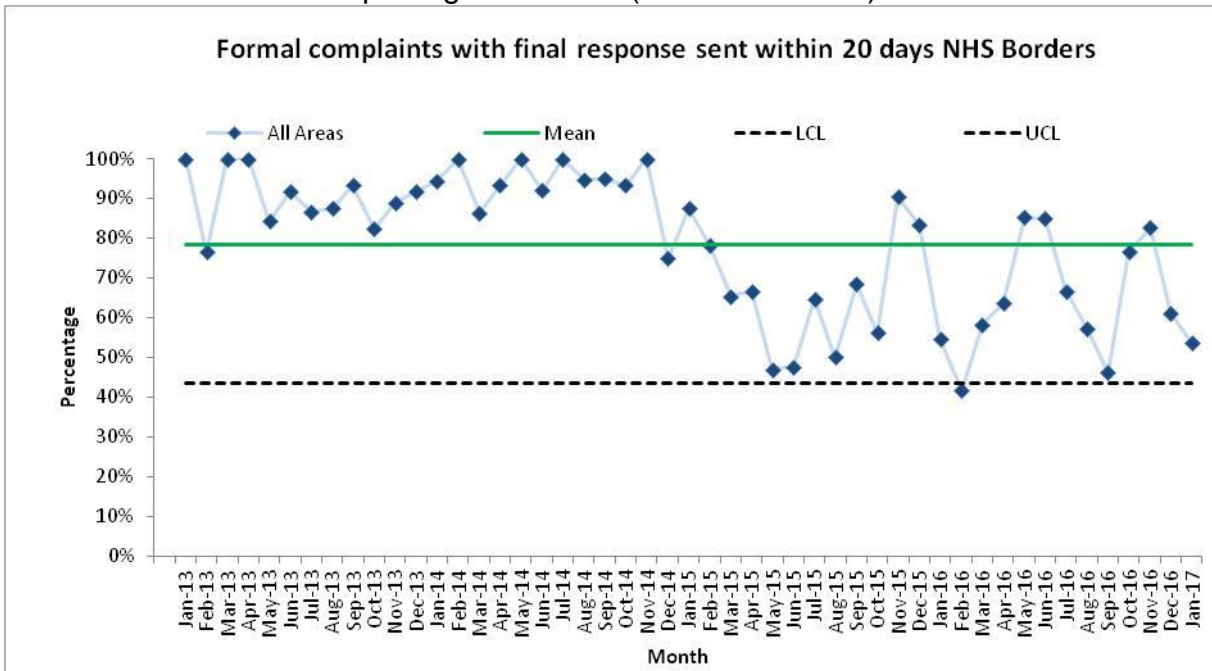


Chart 4

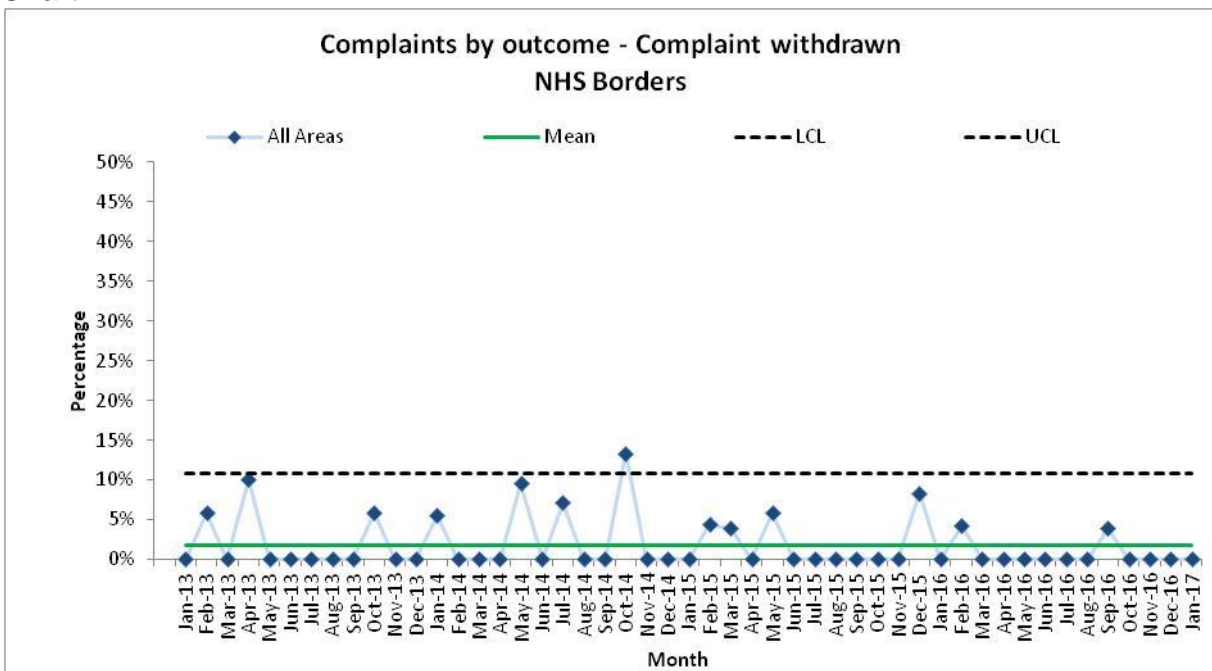
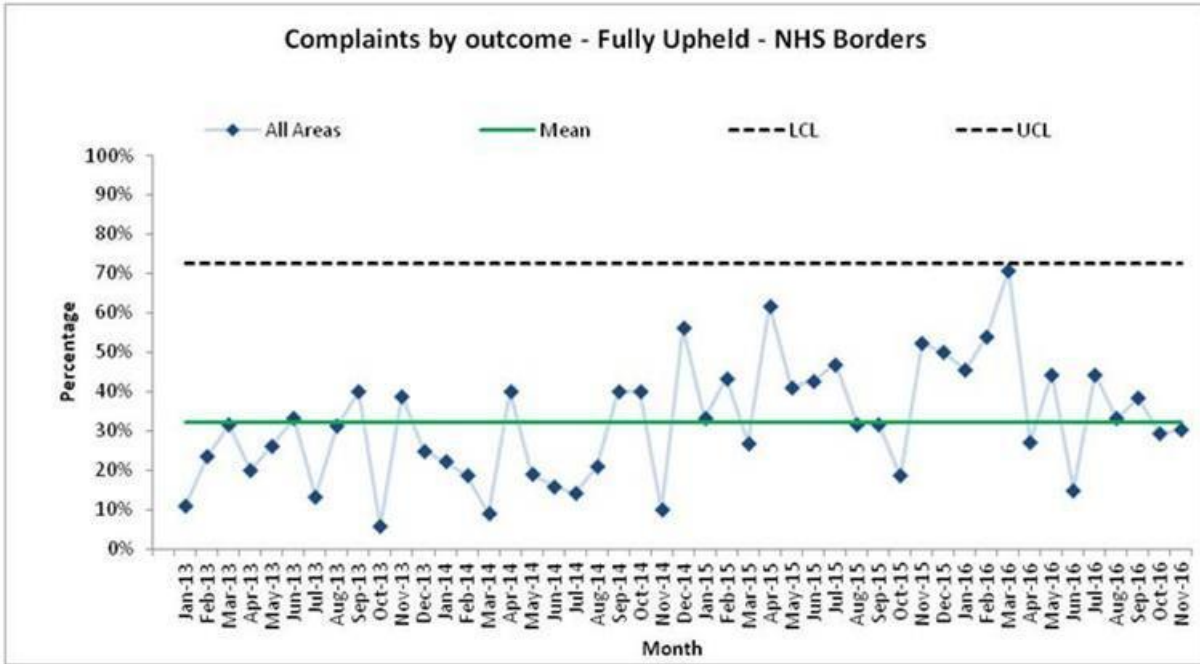


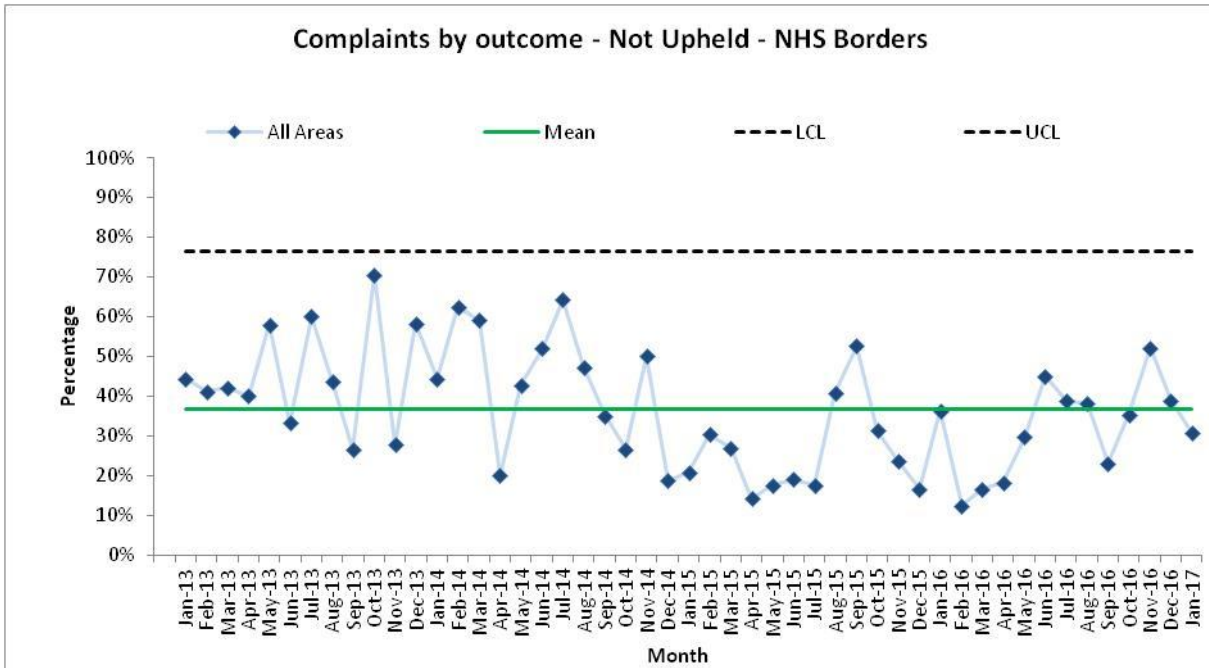


Chart 5



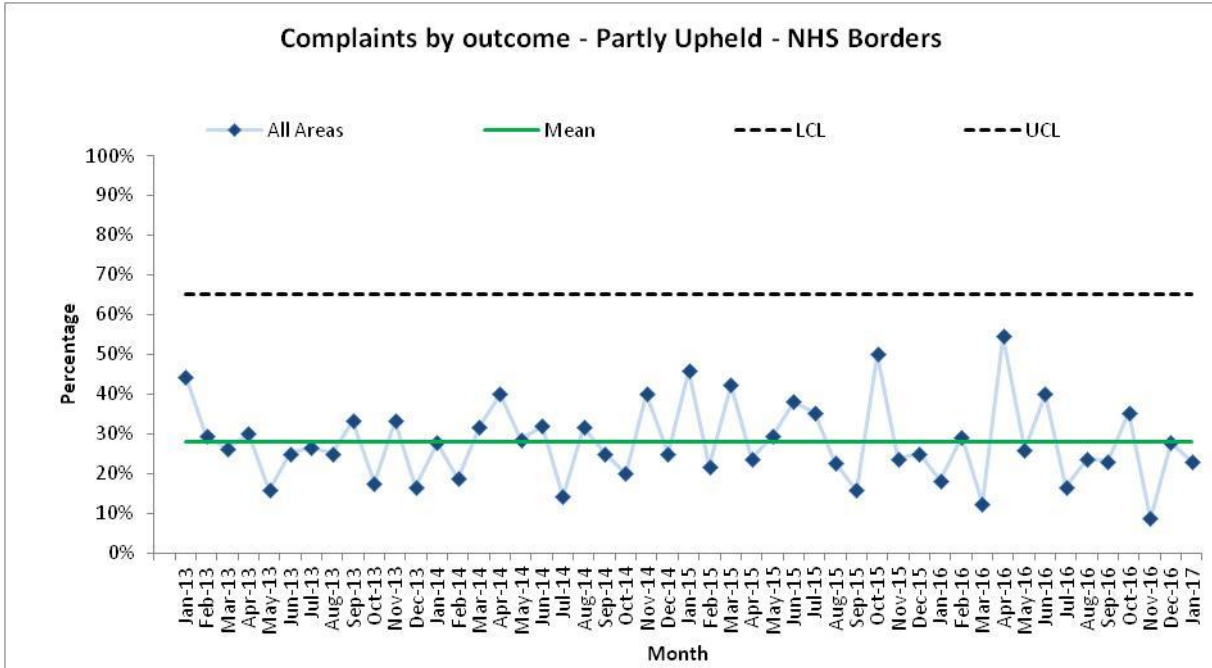
On average, the number of formal complaints received in a month is 15 and the number fully upheld is 5.

Chart 6



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

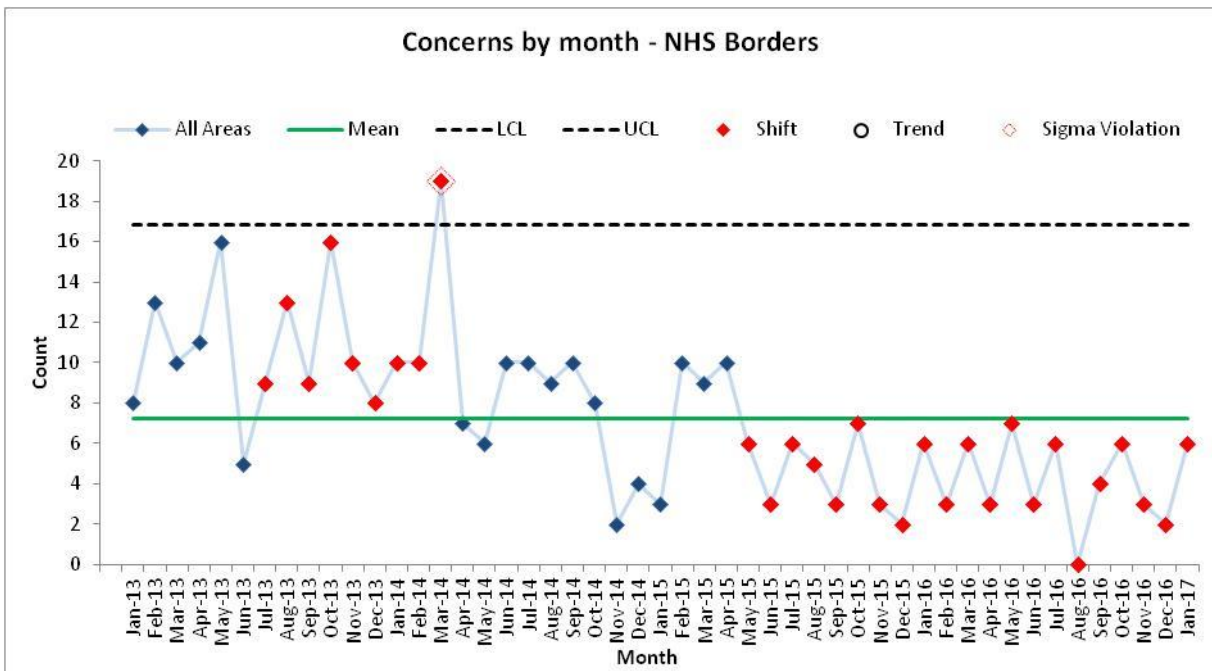
Chart 7



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

**Concerns**

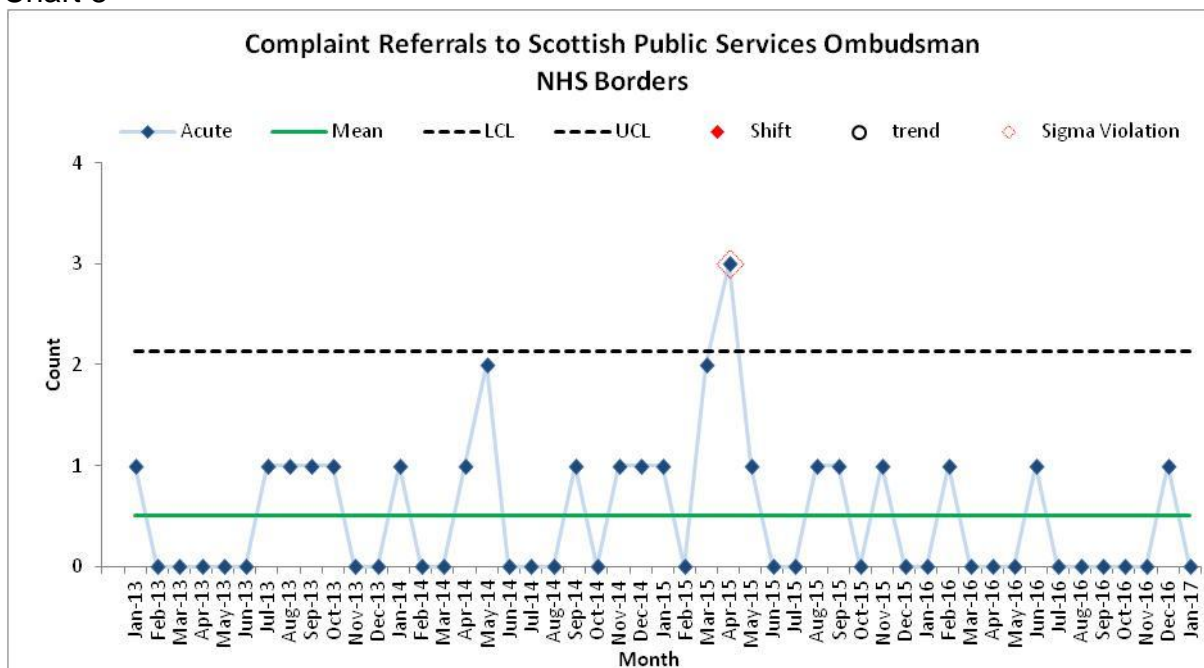
Chart 8



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

No SPSO decisions have been received since the last report.

Chart 8



### Patient Opinion Feedback

Below is a summary of the feedback for November 2016 to February 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.
Feb 2017	Thank you for the kindness, expertise, and care	0	Attentive Care Communication Doctors Expertise Nurses Staff Treatment Compassion		Response provided. Post shared with relevant staff.
Feb 2017	The care and attention I received was amazing	0	A&E A&E staff Care Comforted Speed of process Well looked after		Response provided. Post shared with relevant staff.
Feb 2017	Fantastic care	0	Care		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 and the Board is asked to consider the following proposal:

### **PATIENT OPINION – ONLINE PATIENT FEEDBACK SYSTEM**

We now wish to seek the further and formal support from the Board to extend our contract with Patient Opinion and move to full subscription level, enabling front line staff to receive feedback directly about their areas.

#### **Background**

Patient Opinion is an online independent feedback service that aims to promote honest and meaningful conversations between patients and health services. Patient Opinion enables NHS Borders to engage constructively with patients and carers using our services, respond to their concerns and share positive feedback with staff.

The Scottish Government has recently awarded an extension to the contract with Patient Opinion and is inviting NHS Boards to move to full subscription level at no cost. Currently NHS Borders Patient Opinion contract is at 'registration plus' level which means we have 2 log-in accounts that allow us to respond to comments posted on Patient Opinion. Moving to full subscription will mean that services will be able to review and respond to posts regarding care in their areas as well provide positive feedback to staff. This approach would support the organisational values allowing staff to engage with all types of feedback directly to reflect on how it can be used to drive improvements in their area.

The Medical Assessment Unit has recently been testing the use of Patient Opinion with the Clinical Lead being granted temporary access to the system to respond to posts regarding the Medical Assessment Unit and Ambulatory Care Unit. Positive feedback

from the Clinical Lead has been received to date. An example of a patient story from the MAU can be found in appendix 1.

A visit from the National Person Centred Care Team allowed for the opportunity to share the learning from other NHS Boards that have now moved to full subscription. As well as monthly reports provided by Patient Opinion, Healthcare Improvement Scotland have developed a Board level dashboard which will enable local data to be reviewed regularly.

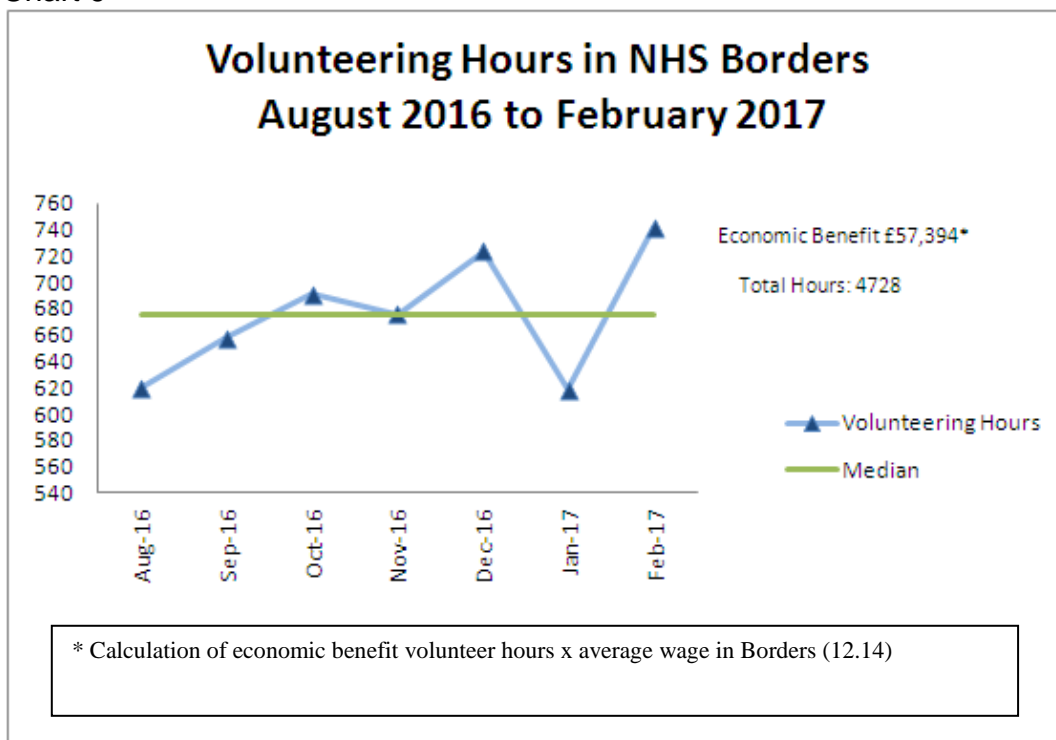
Moving to full subscription will not be at a cost to NHS Borders, the costs will be met in full by the Scottish Government at the end of this financial period, there is no guarantee that SG will continue this funding and the Board will be asked to consider the next steps at that stage, depending on uptake and success of this phase of the work.

The Board is asked to **support** the request to move to full subscription with Patient Opinion recognising the positive impact this will have in developing a learning culture in the organisation.

### Volunteering

In March 2017 NHS Borders has a total of 240 volunteers this number includes 43 Public Involvement members and 38 Friends of the BGH and Community. The Volunteer Coordinator post has received special funding until 31st March 2018. The chart below shows the volunteering hours and economic benefit of volunteering.

Chart 9



Florence Cruickshanks, Investing in Volunteers Assessor carried out face to face and telephone interviews with staff members and volunteers to discuss volunteering within NHS Borders. This report together with the Self Assessment will be submitted to the next UK Quality Assurance Panel meeting in May for accreditation for the Investing in Volunteers award.

We are working with the Community Hospitals to expand the School Programme which will commence in the new academic year and working with the Senior Charge Nurse in the Department of Medicine for the Elderly (DME) to pilot the On-Ward programme.

**Patient Feedback Volunteers**

We continue to gather patient feedback with the support of our volunteers and evidence the changes that are made in our clinical and public areas across the breadth of the organisation.

Through this process we are also talking to patients, carers and relatives in our emergency department. The feedback gathered is also reported back to our Emergency Dept. Improvement Group. To date we have visited this area during the working week but we are moving forward to also speak to patients at the weekend.

Charts 10,11 and 12 show responses from the 3 key questions asked by patient feedback volunteers.

Chart 10

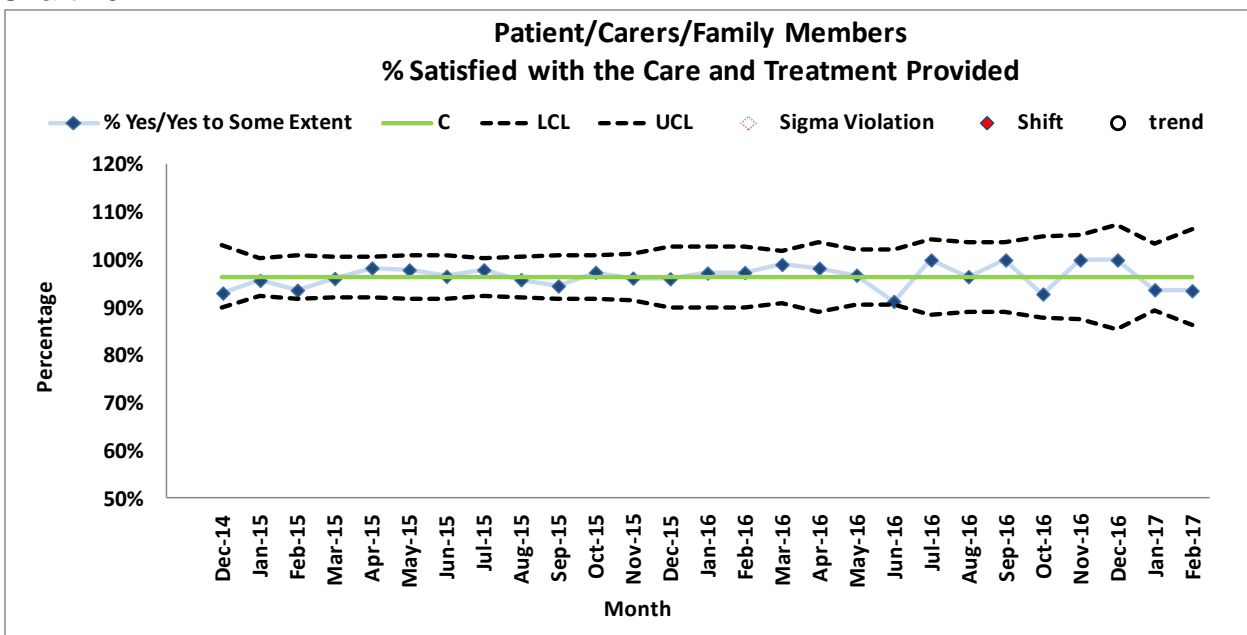


Chart 11

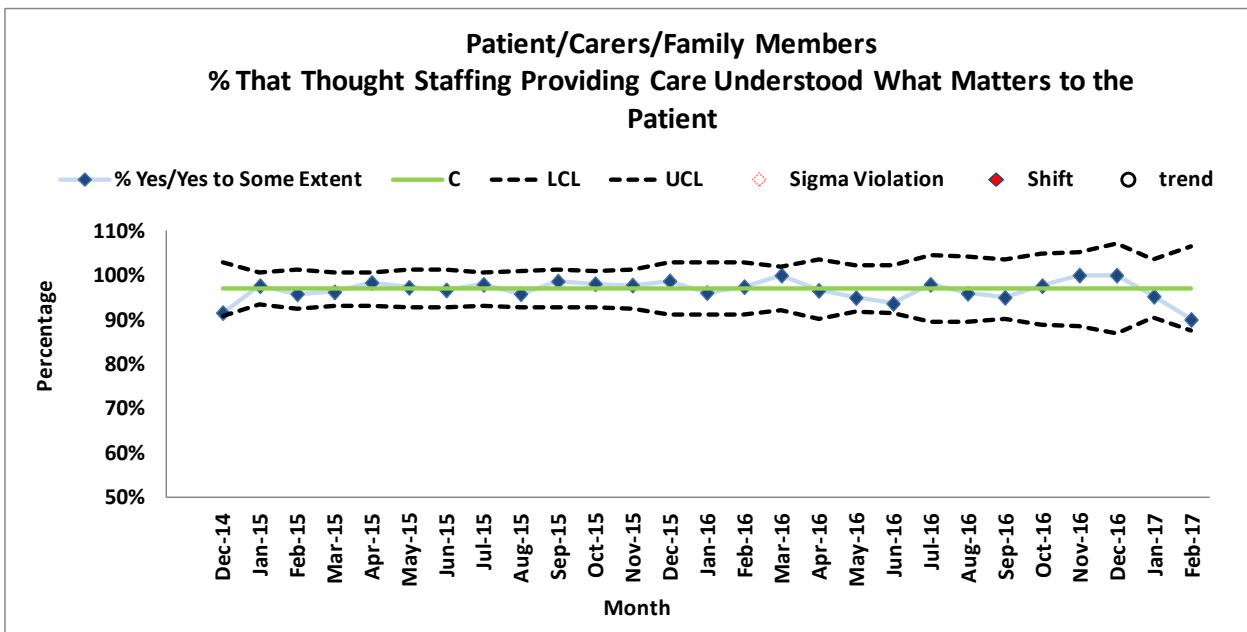
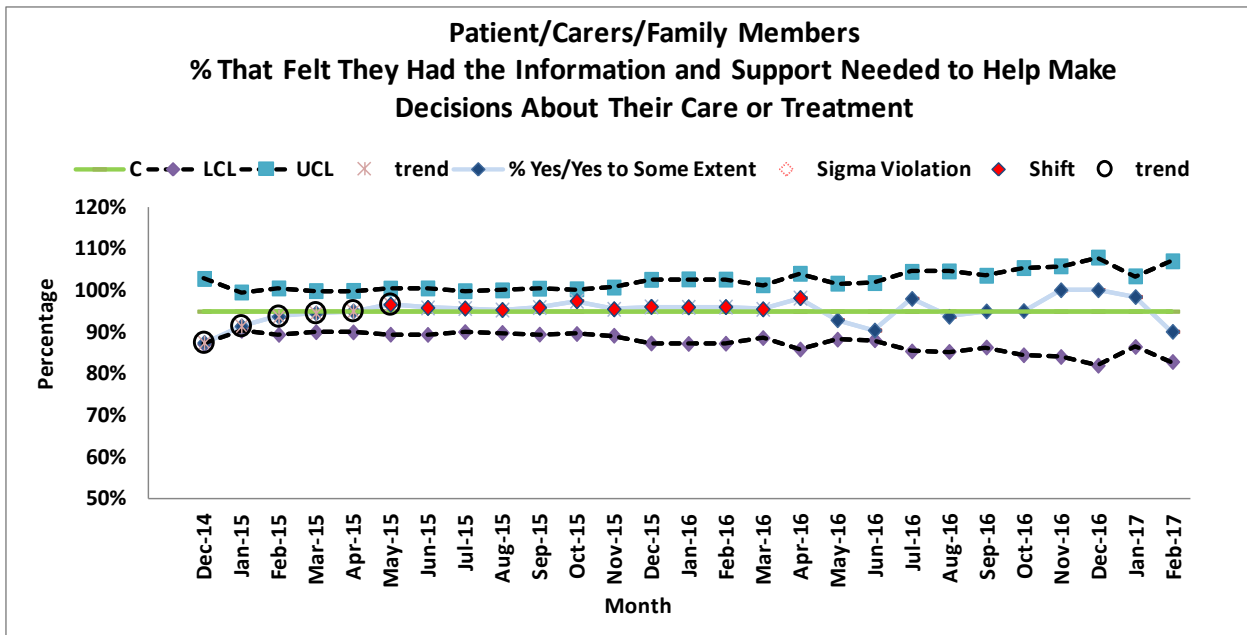


Chart 12



### Public Member Involvement Support

Working with colleagues in the Scottish Borders Community Planning Partnership we recently held a market stall in the BGH. Our volunteers spoke to many visitors, patients and staff asking them their views on the following:

- What do you like about where you live?
- What do you not like about where you live?
- What would you make where you live better?

This information will help public agencies/organisations work together, and with the local community, to try and change things for the better.

We also took the opportunity to ask people to go online, either as an individual or as a community group, to complete the full Our Place survey and the property questionnaire.

### Recommendation

The Board is asked to **approve** the request to move to full subscription with Patient Opinion recognising the positive impact this will have in developing a learning culture in the organisation and to **note** the rest of the report.

<b>Policy/Strategy Implications</b>	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
<b>Consultation</b>	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.
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**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Cliff Sharp	Medical Director		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Ros Gray	Head of Quality and Clinical Governance	Christine Proudfoot	Improvement Facilitator – Patient Safety
Susan Hogg	Public Involvement Officer	Justin Wilson	Clinical Information Coordinator



In the last fortnight both my parents were admitted to the Borders General Hospital with flu and complications.

The staff in ward 6 in particular were outstanding to the point of arranging for them to have a room together. The staff were overworked but always had a smile. Thanks to you all, you helped an anxious daughter through a difficult time with your care and concern.

Example story on Patient Opinion  
March 2017

<https://www.patientopinion.org.uk/opinions/351475>

Dear Anxious Daughter,

Thank you so much for taking the time to let us know about your parents' recent experience in Acute Medicine in the Borders General Hospital. It was so unfortunate that they both needed to come into hospital at the same time but the very obvious joy that they had from being together in one room was very apparent. It was lovely to see them so much more reassured by being together. As I mentioned to you at the time, this was an idea from a previous positive experience that another couple had had elsewhere in NHS Scotland. I believe that it shows how much we can learn from each other with a view to improving the care that our patients receive, during what is inevitably a scary and distressing time.

I will pass on your very kind comments to the wider team and I very much hope that they are now both recovering well.

Best wishes,

Lynn