

Borders NHS Board**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – JUNE 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

Patient Safety

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

NHS Borders identified priorities for safety for 2017/18 by developing new models and methods of improvement support aligned to the Scottish Patient Safety Programme core themes, namely:

- Deterioration (Prevention, Recognition and Response)
- Medicines
- System Enablers

NHS Borders engaged with the National Lead for Quality and Safety in May 2017 to support our ongoing local priorities which include the deteriorating patient/sepsis in our Emergency Department, falls, pressure ulcers and communication.

The SPSP programme is currently part of a restructure within the Improvement Hub (ihub), part of Healthcare Improvement Scotland, to improve the quality of health and social care services, seeking to align existing programmes.

Further focus is required locally with the executive and clinical governance and quality team in defining the way forward to support the principles of national portfolio working including the SPSP programme and the alignment with OPAH and Excellence in Care

Leadership Walkrounds:

The walkrounds and inspections continue as per the current format with named executive leadership for each clinical area across NHS Borders. The SOPS have been merged with clear action plans to review any outstanding actions and with an emphasis on making walkrounds happen a priority with Non-Executive Director attendance included.

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 (Lanquip) 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.

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.

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.

Medicines:

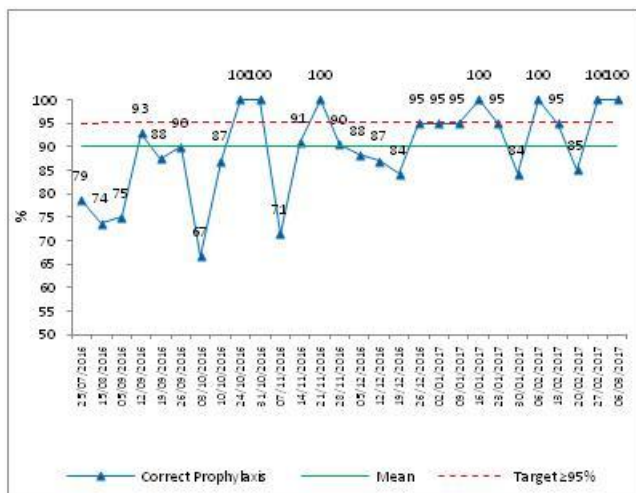
Nationally, a medicines workstream has been created spanning all specialities. NHS Borders plan to continue to reflect that model locally in 2017/18 with an improvement focus on medicines reconciliation on admission and discharge. This will link with the emerging national Excellence in Care approach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

Venous thromboembolism (VTE):

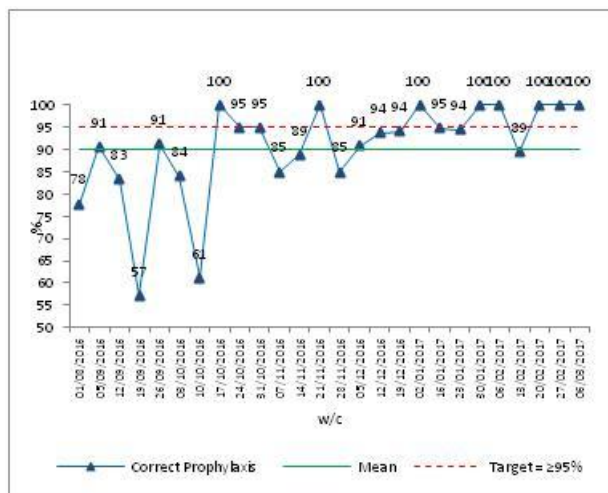
The success of the demonstrator project on VTE hosted by NHS Borders continues will be considered and a plan to take the interventions to scale is being developed.

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.

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 the 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 the 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 the opportunity to discuss their care in childbirth prior to hospital discharge. Although we do discuss women's care and experiences with them it is not usually documented formally.

Clinical Effectiveness

Data/Information

NSS have been carrying out a review of analytical capacity within NHS Borders. As part of the review they have been trying to identify areas of duplication both in terms of processes and content of reports as well as identifying any areas for improvement. Following a series of interviews they will collate the findings and prepare a report for the Director of Workforce and Planning.

To compliment this, the 'Effective' section within Clinical Governance & Quality will undertake a review of the processes currently implemented within the section in order to identify those that might be delivered more efficiently.

Work is being progressed towards the aim of ensuring that NHS Borders has a robust process for morbidity and mortality review across 95% of clinical services by December 2017. This includes:

- one off review of 50 consecutive deaths starting 1 April 2017. The use of a structured judgement review method is being tested as part of this process
- continuation of the monthly random 10 deaths review using the global trigger tool. The plan is to incorporate, subject to testing, the use of the structured judgement review method as part of the monthly Mortality Case Record Review Programme
- mapping morbidity and mortality activity and processes within individual clinical areas/specialities across NHS Borders
- consideration of how the Vincent Framework for measuring and monitoring safety could be applied for regular reporting of Morbidity and Mortality review across the organisation.

National Cancer Audits

Prostate Quality Performance Indicator (QPI) annual report was signed off by the Clinical Lead within NHS Borders prior to being submitted to the South of Scotland Cancer Network (SCAN) for completion of the comparison report on the 12 May 2017.

Lung, Colorectal & Breast Detect Cancer Early data has been submitted to Information Statistic Division (ISD) for quarter 4 2016/17.

Long Term Conditions

We are in very early stages of a new diabetes service redesign to restructure the integrated diabetes service into an integrated community-based model with sub-specialty patients managed through secondary care. The objectives of the project are:

1. To establish community nurse-led clinics for all but specialist diabetes patients
2. To focus sub-specialty clinics to a defined 'Super 6' group of specialty patients who require consultant review
3. To establish structured and scheduled specialist diabetes support for practice nurse-led clinics within each GP practice
4. To develop new models of support for hard-to-reach patient groups
5. To establish shared-care protocol and arrangements for diabetes patients who do not require secondary care support
6. To manage current patient workload within agreed resources

Local Clinical Audit

The clinical audit register has been reviewed and subsequently restructured to enable more effective management of the local clinical audit process. The backlog of overdue reports and improvement plans that had accrued has now been cleared. The process of approval and follow up is being tightened.

For the period April/May 2017:

- 7 new clinical audit applications were received and approved
- 7 clinical audit reports are overdue and follow up in progress.

The Clinical Audit Policy has been reviewed and updated and is currently awaiting sign off by the Clinical Executive Operational Group. Once approved the policy dissemination will facilitate awareness raising of the clinical audit process.

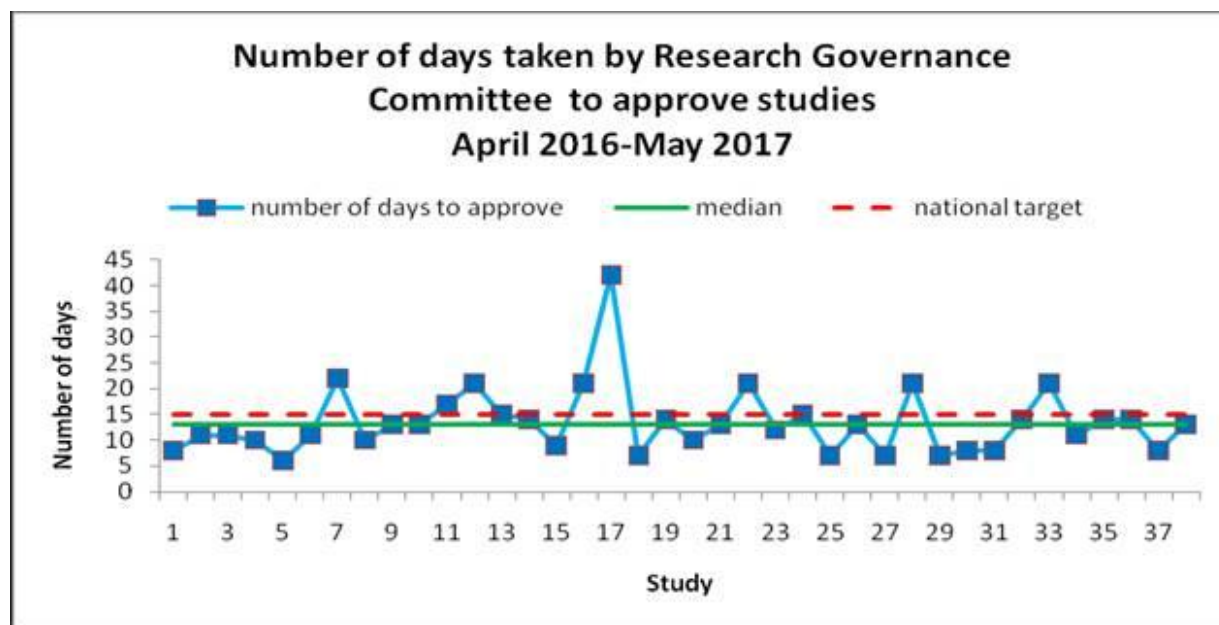
Research Governance

NHS Borders has submitted its annual report for research activity and expenditure to the Chief Scientist Office (CSO). One of the objectives still to be met is the number of days taken to approve a research study. The CSO set a target for 2016/17 of 90% of studies

achieving local approval within 15 calendar days. While not managing to meet this target NHS Borders did attain approval of 73% of studies within the target timescale. This is an improvement on the figure of 58% for the previous year.

The mean permission time fell by 5 days in 2016/17 compared to the previous year; however the median rose by 1 day. The Research Governance Committee is looking at how this can be addressed with a view to undertaking review of the processes and systems.

Following the retirement and resignation of a number of members of the Research Governance Committee, membership is also currently being reviewed.

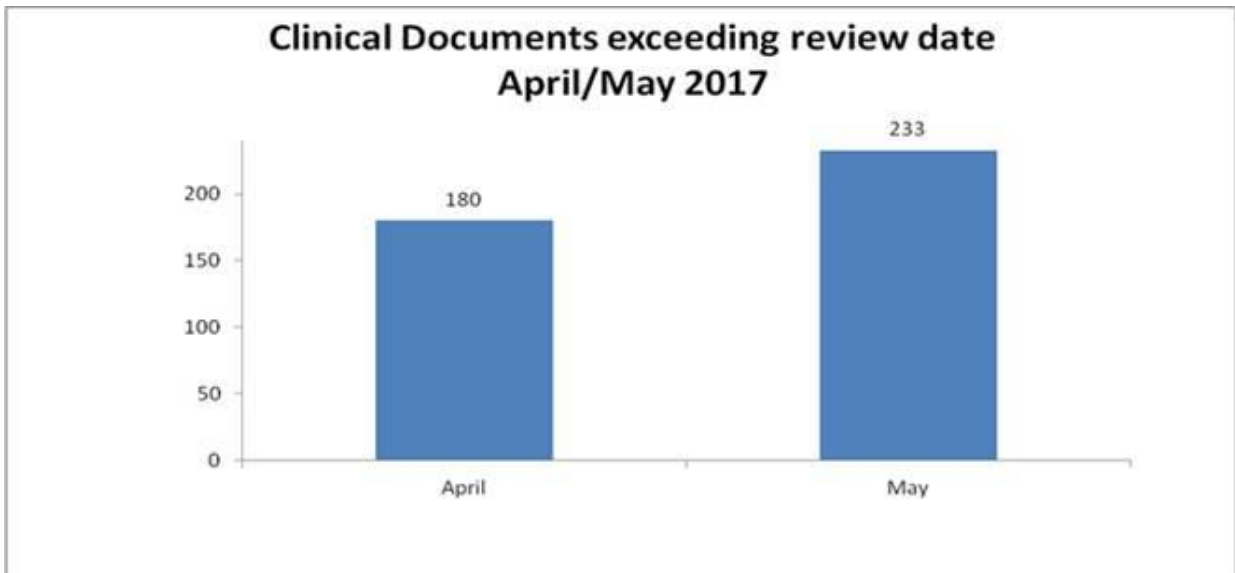


NHS Borders has been engaging with other health boards and industry to identify key priorities in health and social care that may be addressed by forming Scotland wide innovation partnerships. A further meeting will be held in June to agree priorities and funding.

Clinical Documents

Clinical Governance & Quality maintain a Clinical Document Register. In line with the policy document, Standards for Document Management of NHS Borders Clinical Policies, Procedures, Protocols and Guidelines all locally developed and reviewed clinical documents must be registered. Currently there are a large number of clinical documents uploaded to the intranet that have not been registered; steps are being taken to address this situation and work is in progress to update the register.

At this time 233 clinical documents have been identified as having exceeded their review date.



National Clinical Guidelines

The new website for the Scottish Intercollegiate Guidelines Network (SIGN) went live on 2 June 2017 and may be found at: www.sign.ac.uk

The new look website is mobile friendly and easier to navigate. The app details can be found on all new publications produced by SIGN. In addition to all the publications, the website also contains details of national meetings and events held and planned by SIGN.

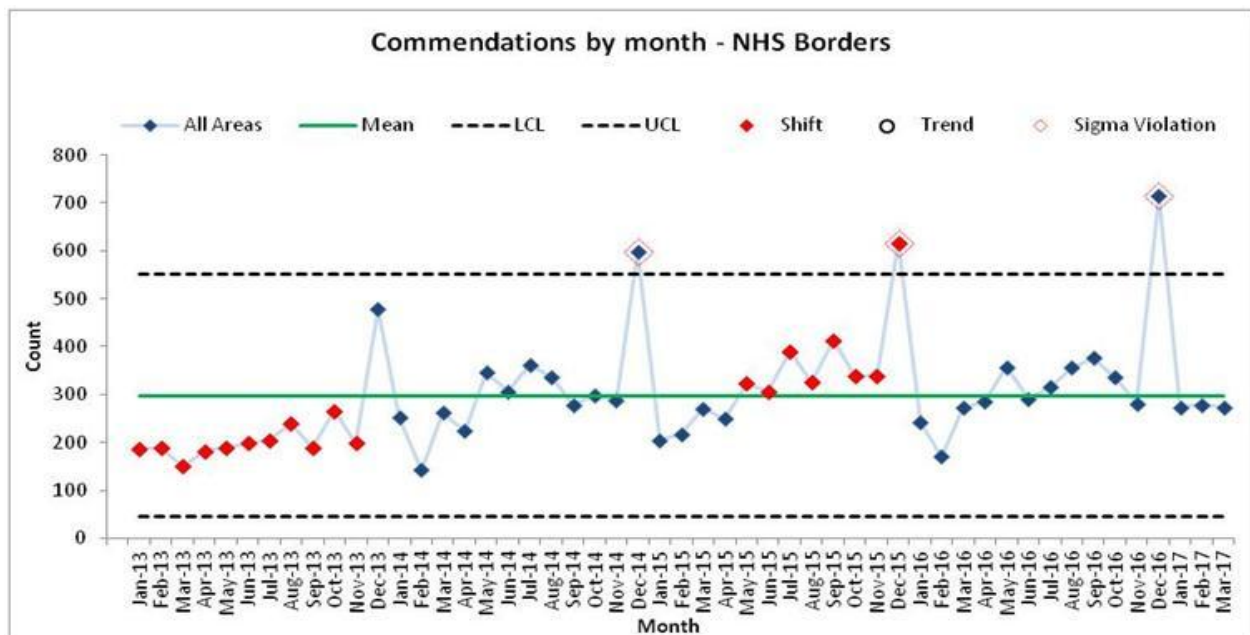
Person Centred Health and Care

Complaints, Concerns and Commendations

Commendations

During 2016-17 NHS Borders received a total of 4140 commendations which is a decrease from the 4256 received during 2015/16. Chart 1 below shows commendations received from January 2013 to March 2017:

Chart 1



Complaints

Chart 2 below shows the number of formal complaints received by month between January 2013 and March 2017. A total of 227 complaints were received during 2016/17 which is a slight increase to the 222 received during 2015/16.

Chart 2 shows normal variation in complaints numbers over time.

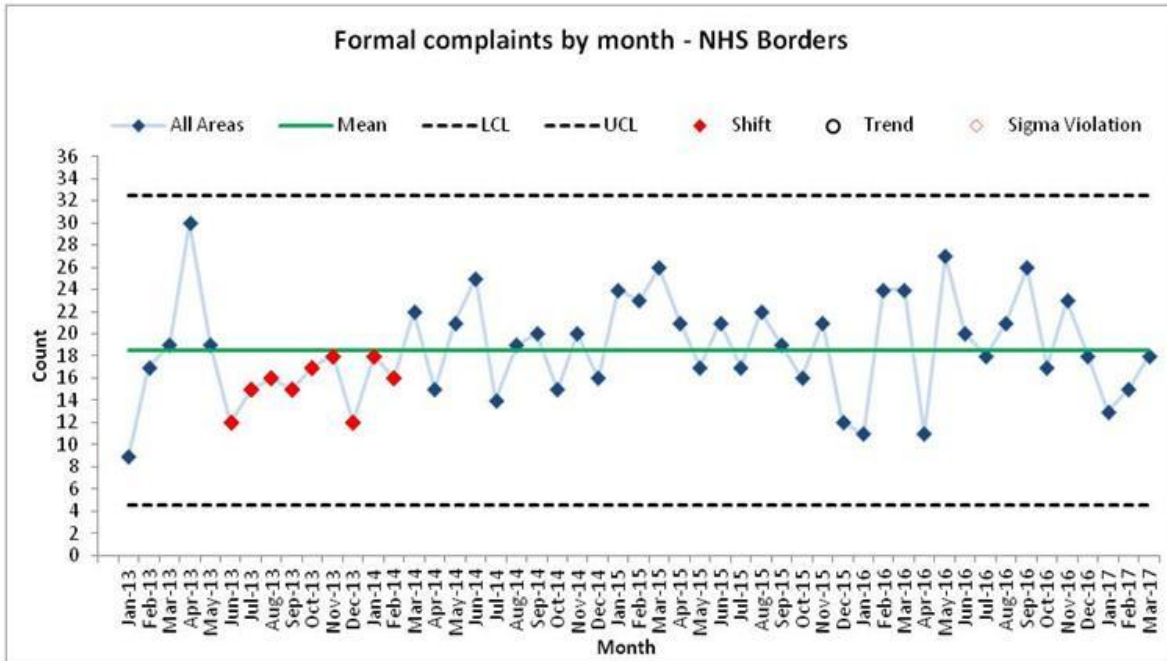


Chart 3 shows national reporting timescales (normal variation)

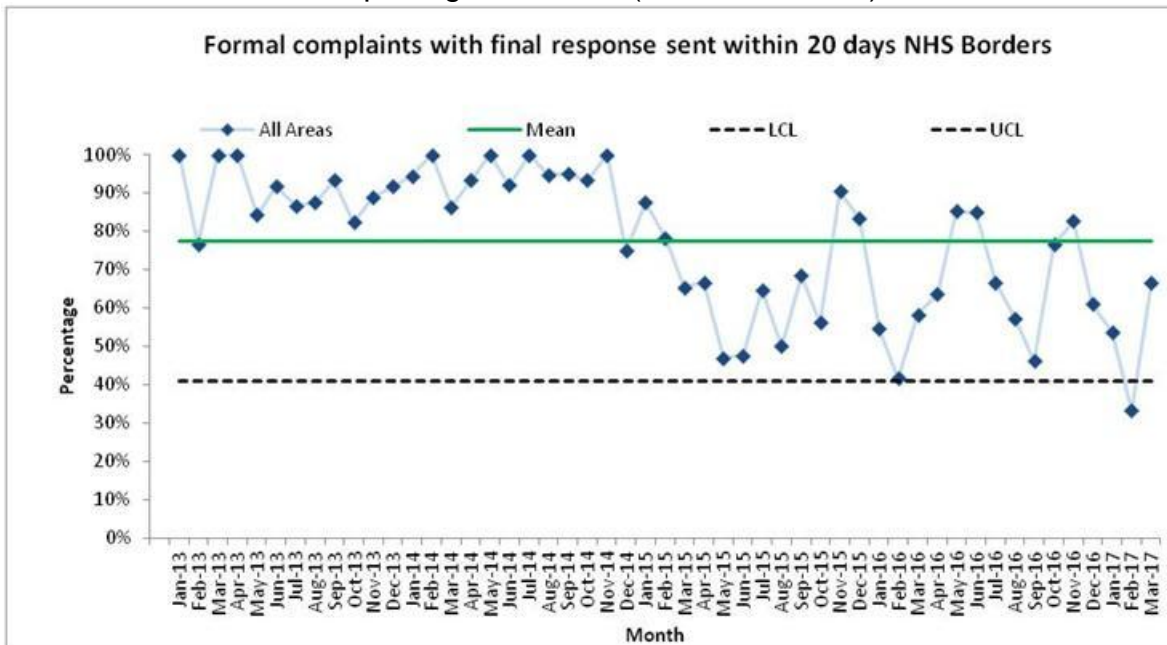
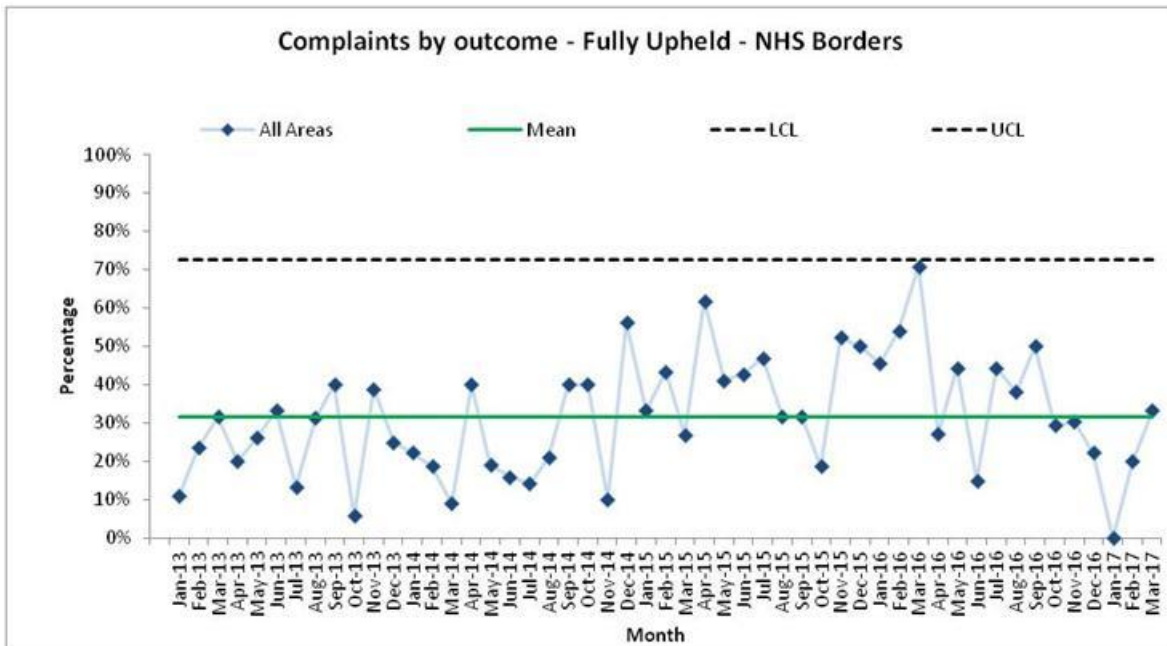
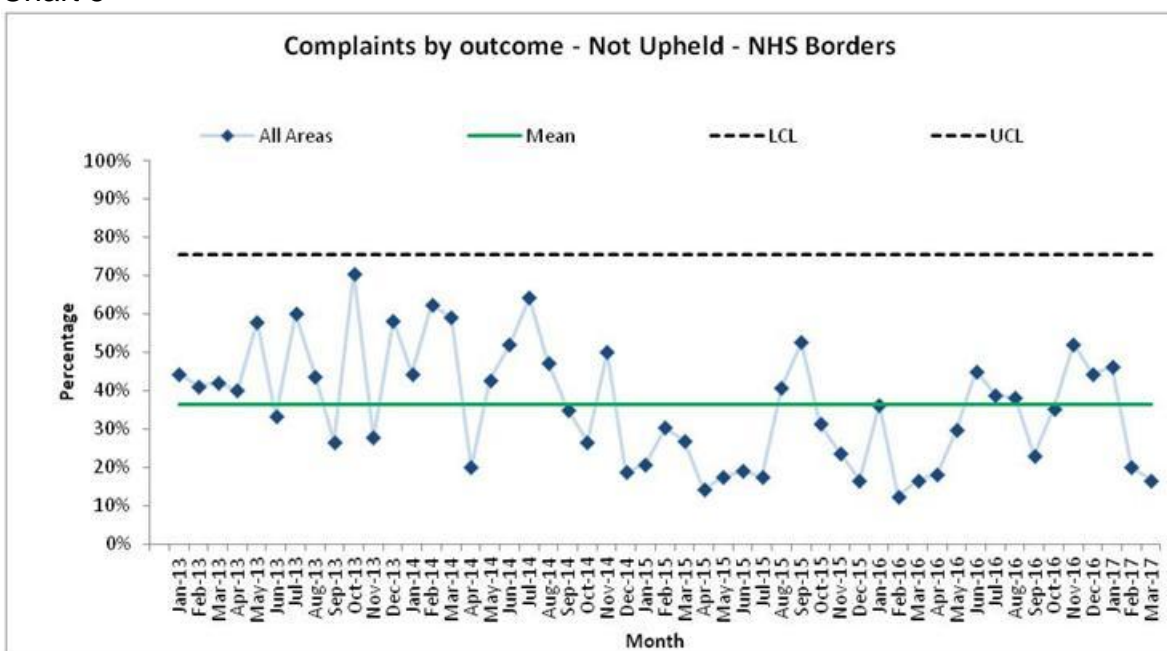


Chart 4



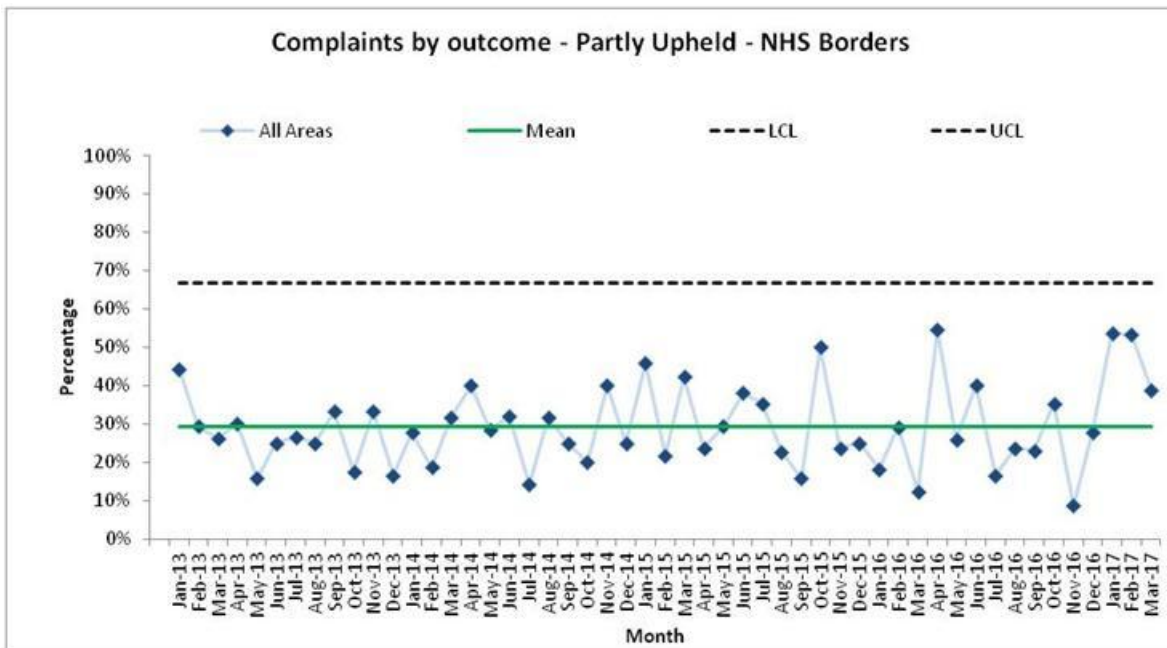
On average, during 2016/17 the number of formal complaints received in a month is 19 and the number fully upheld is 6.

Chart 5



On average, during 2016/17 the number of formal complaints received in a month is 19 and the number not upheld is 7.

Chart 6



On average, during 2016/17 the number of formal complaints received in a month is 19 and the number partly upheld is 6.

Complaints Themes

Charts 7 to 11 below outline the top five themes emerging from complaints received between January 2013 and March 2017.

Chart 7

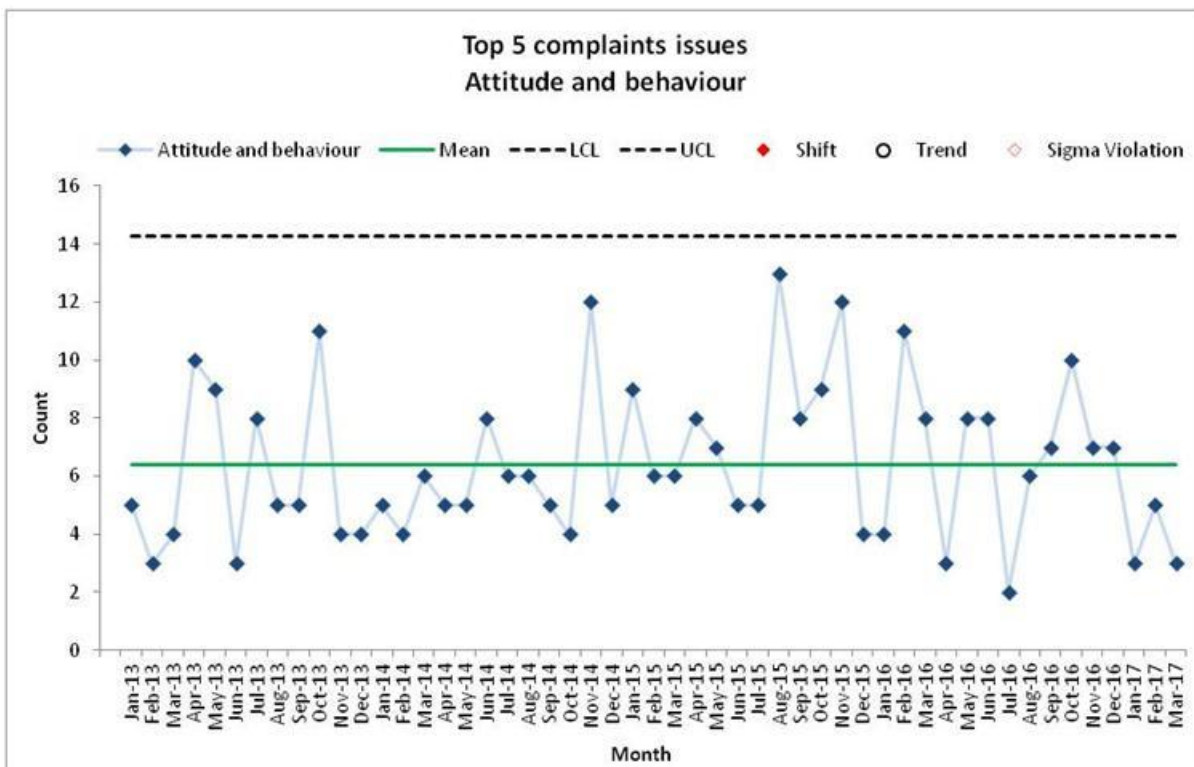


Chart 8

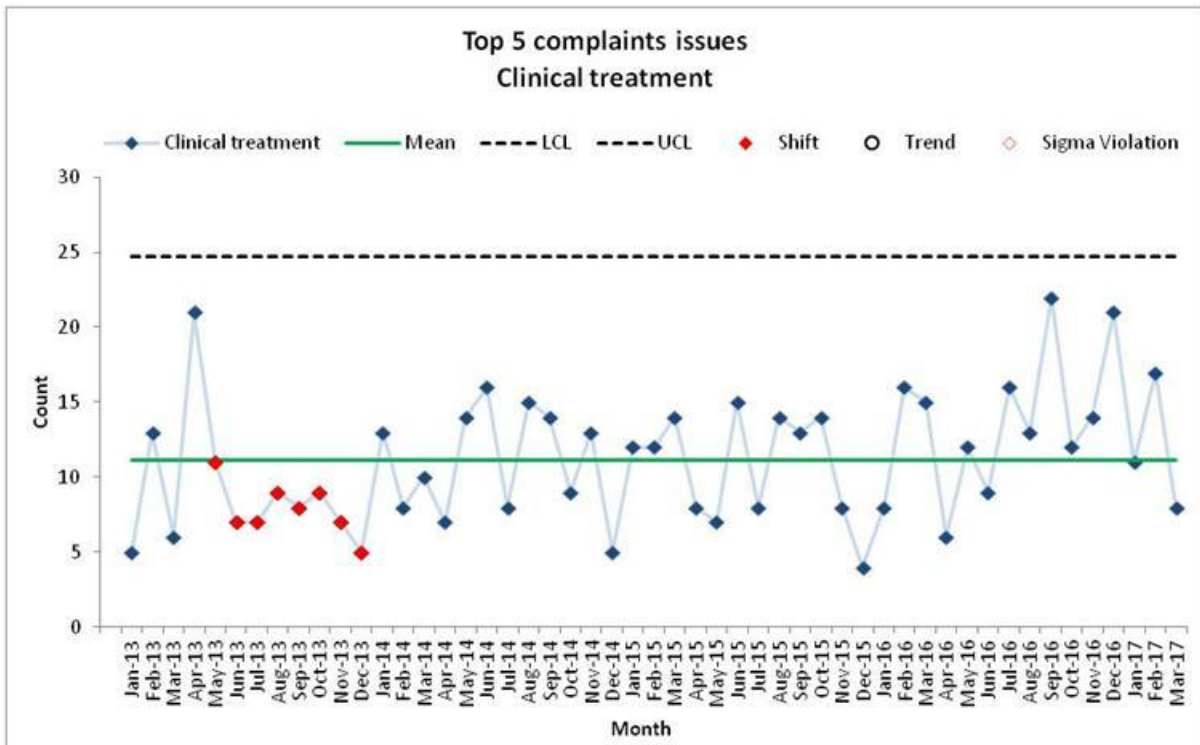


Chart 9

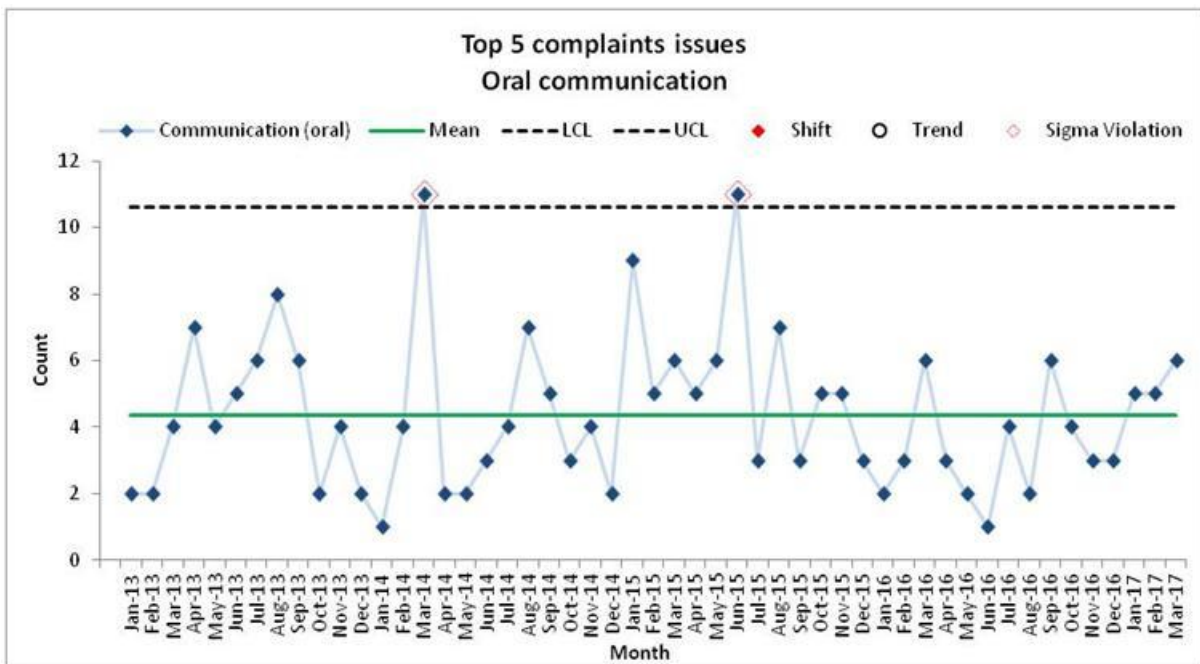


Chart 10

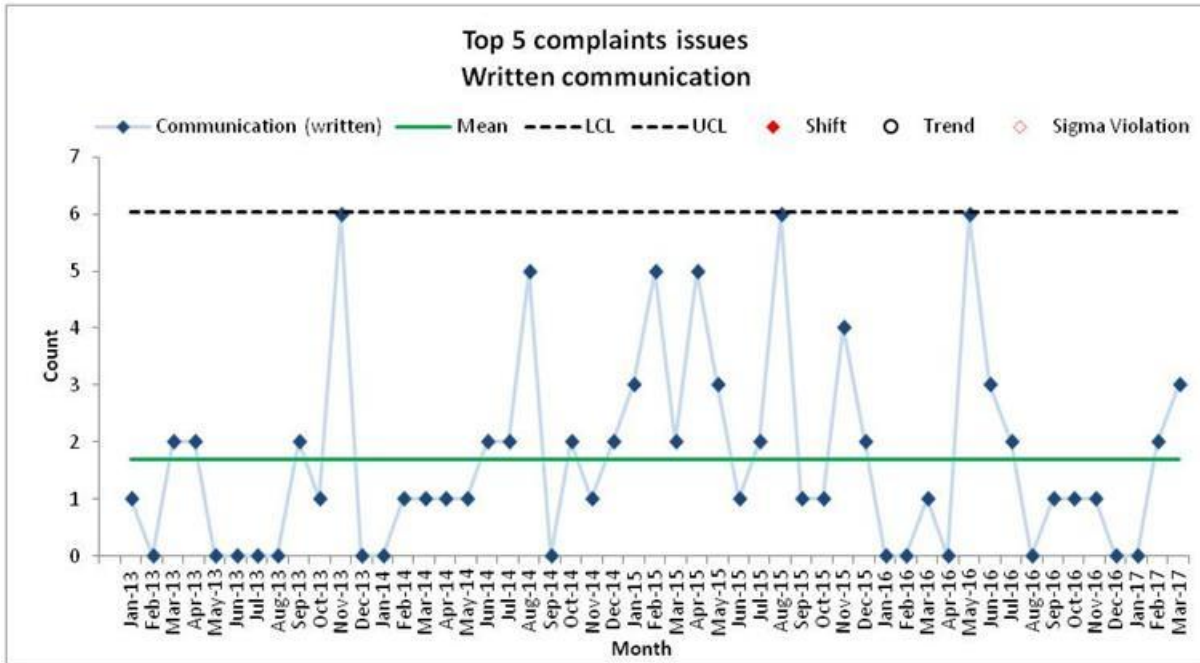
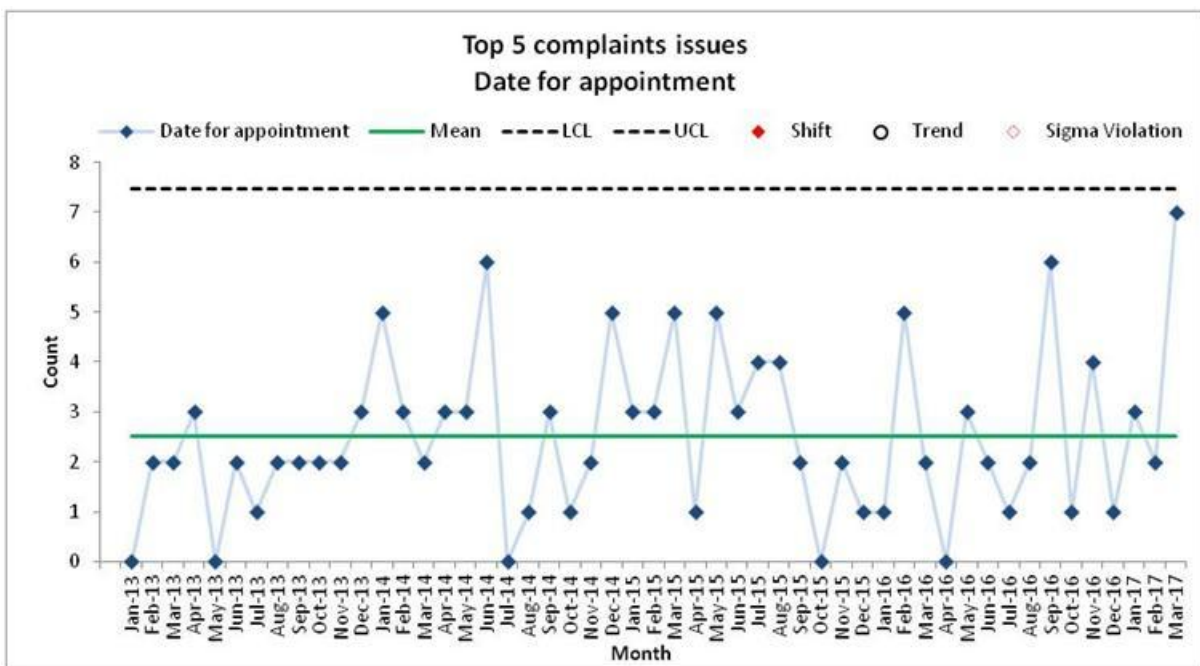


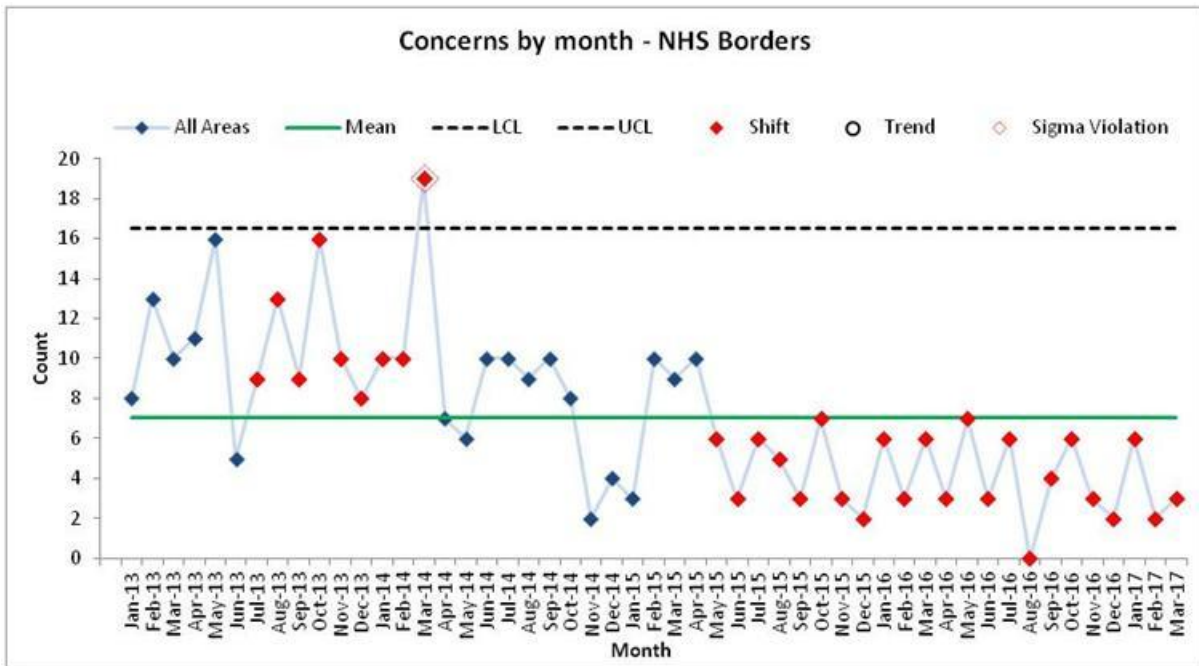
Chart 11



Concerns

A total of 45 concerns were received by the Feedback and Complaints Team during 2016/17 which is a reduction from the 61 received in 2015/16. Chart 12 below shows the number of concerns received since January 2013.

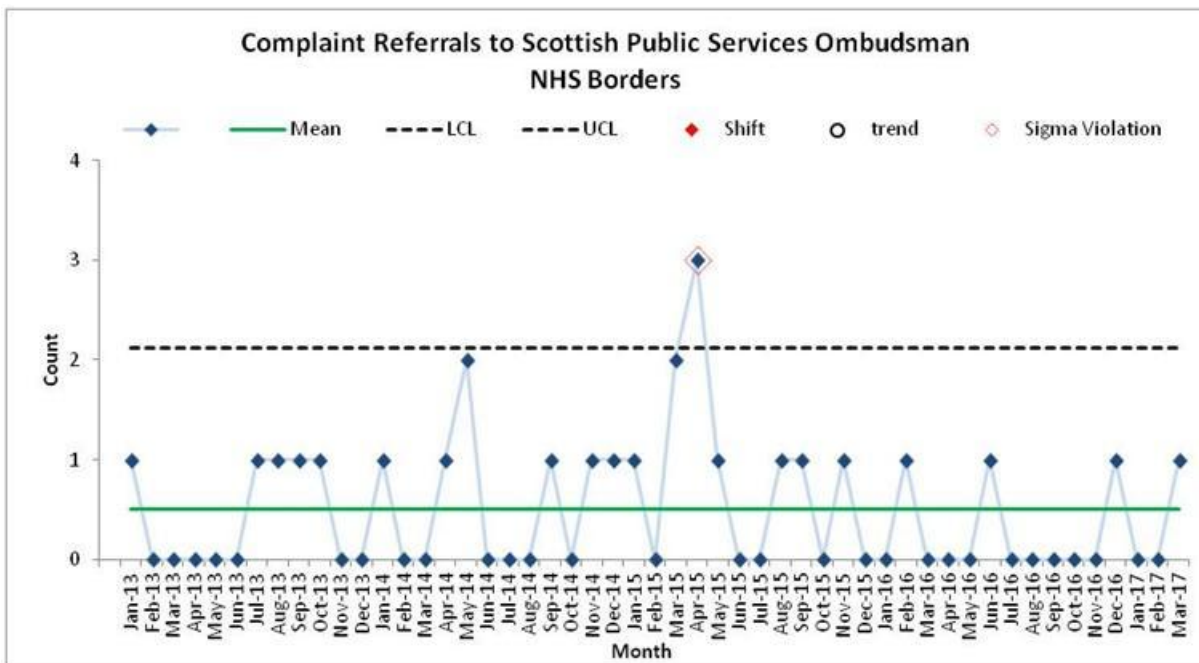
Chart 12



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

Chart 13 below outlines the referrals accepted by the SPSO between January 2013 and March 2017:

Chart 13



Since the last report there has been one decision received from the SPSO in relation to cases they have accepted:

SPSO Ref.	Complaint Summary	Outcome	Action Recommended	Status
201603112	<p>1. There was an unreasonable failure to correctly place an implant during right hip replacement operation at Borders General Hospital in November 2011.</p> <p>2. There were unreasonable delays in appropriately investigating the cause of ongoing pain during follow up appointments between February 2012 and February 2016; including delays in referral for a CT scan and or specialist second opinion</p> <p>3. There was an unreasonable failure to address all of the issues you raised in your original complaint to the Board.</p>	Not Upheld	No recommendations.	Closed

Care Opinion Feedback

The table below outlines feedback received since our last report through the Care Opinion website relating to patients experience of NHS Borders services:

Month	Title	Criticality	What was Good	What could be improved	Action Taken
Mar 2017	Outstanding care for my parents	0	Care Staff	More staff	Response provided. Post shared with relevant staff.
Mar 2017	I cannot praise the emergency NHS 24 service enough	0	Call handler Emergency Dentist Kind Understanding Listened to		Response provided. Post shared with relevant staff.
Mar 2017	Heart-felt thanks to everyone we saw	0	Friendliness of all staff GP		Response provided. Post shared with relevant staff.
Mar 2017	Stress from GP Practices	4		GP Surgery	Response provided with details of relevant support agencies.
Mar 2017	The staff were professional, caring and competent	0	Caring Competent Professional Staff		Response provided. Post shared with relevant staff.

Apr 2017	Liquid nitrogen treatment	0	Dermatologist Efficient staff Information Professional staff Treatment Treatment explained		Response provided. Post shared with relevant staff.
Apr 2017	Giving birth at Borders General Hospital	0	Above and beyond Breast feeding support Exceptional care Friendly staff Midwives Patient choice Staff support Calm Dignity		Response provided. Post shared with relevant staff.
Apr 2017	Everyone we dealt with was really helpful and friendly	0	Cared for Feel at ease Friendly Wellbeing		Response provided. Post shared with relevant staff.
Apr 2017	I don't even live in the Borders, mores the pity!	0	Care Efficiency Food Security Staff Treatment Friendliness		Response provided. Post shared with relevant staff.

Following Board support at the last meeting, on 31 May 2017, NHS Borders officially launched the use of Care Opinion. Two sessions attended by over 60 members of staff heard the benefits of using this feedback platform and the opportunities to learn and improve services on receipt of this feedback from our patients and their families.

We were privileged to hear directly from Gina Alexander and Ben Simmons from Care Opinion on how we can use this valuable tool as part of our daily interactions with patients and families. Shaun Maher, Strategic Adviser for Person Centred Care from the Scottish Government, also shared how Care Opinion can help us to deliver safe, effective and person centred care.

Dr Lynn McCallum, Consultant Physician & Head of Service for Unscheduled Care, Acute Medicine, provided an insight on how our Medical Assessment Unit actively promote the use of Care Opinion with their patients. Dr McCallum explained how she has listened to the feedback shared by her patients and made changes according to their collective feedback.

Patient Feedback Volunteers

We continue to recruit patient feedback volunteers due to the increase in the number of public and clinical areas that we would like to cover.

Charts 14-16 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 14

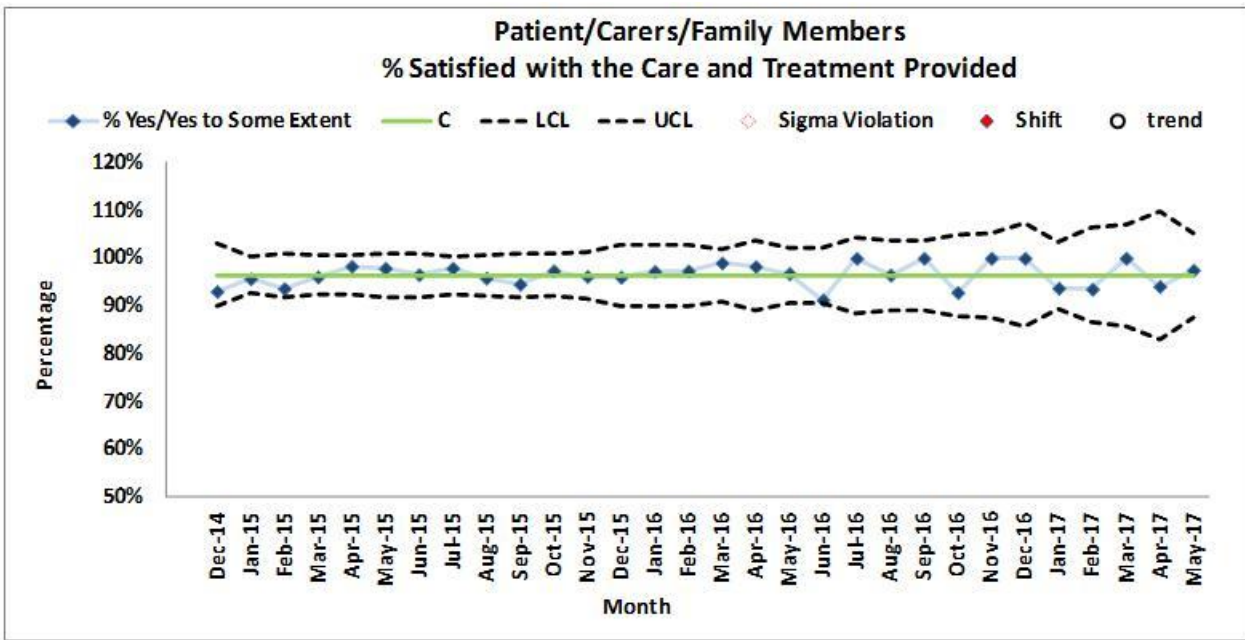


Chart 15

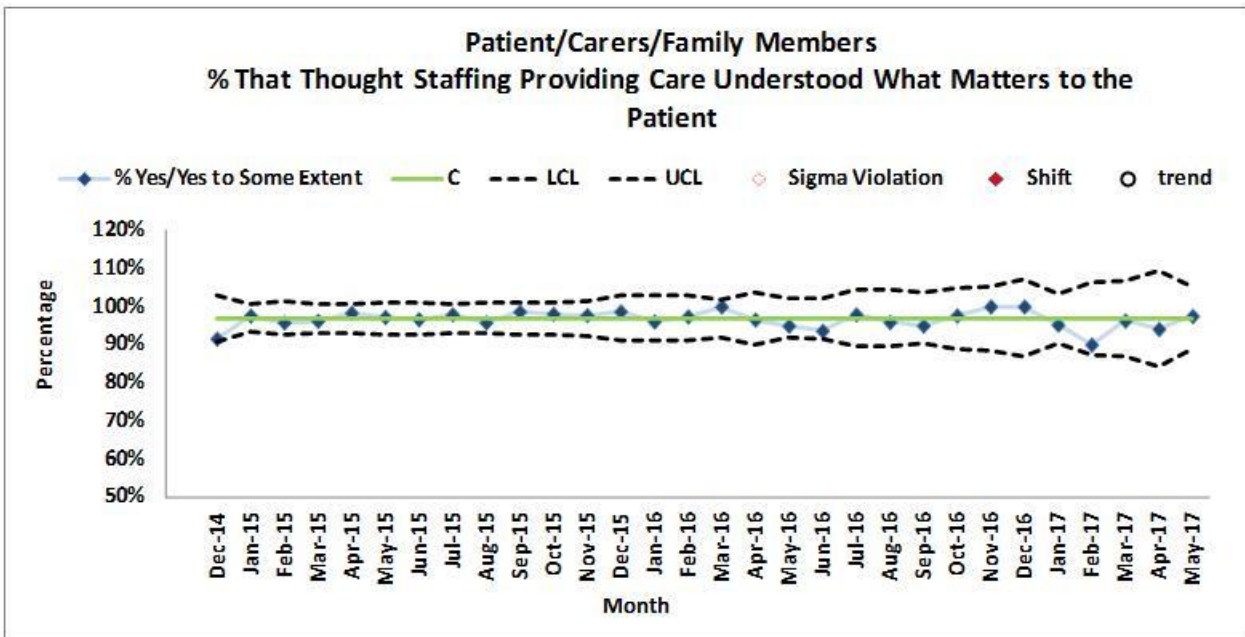
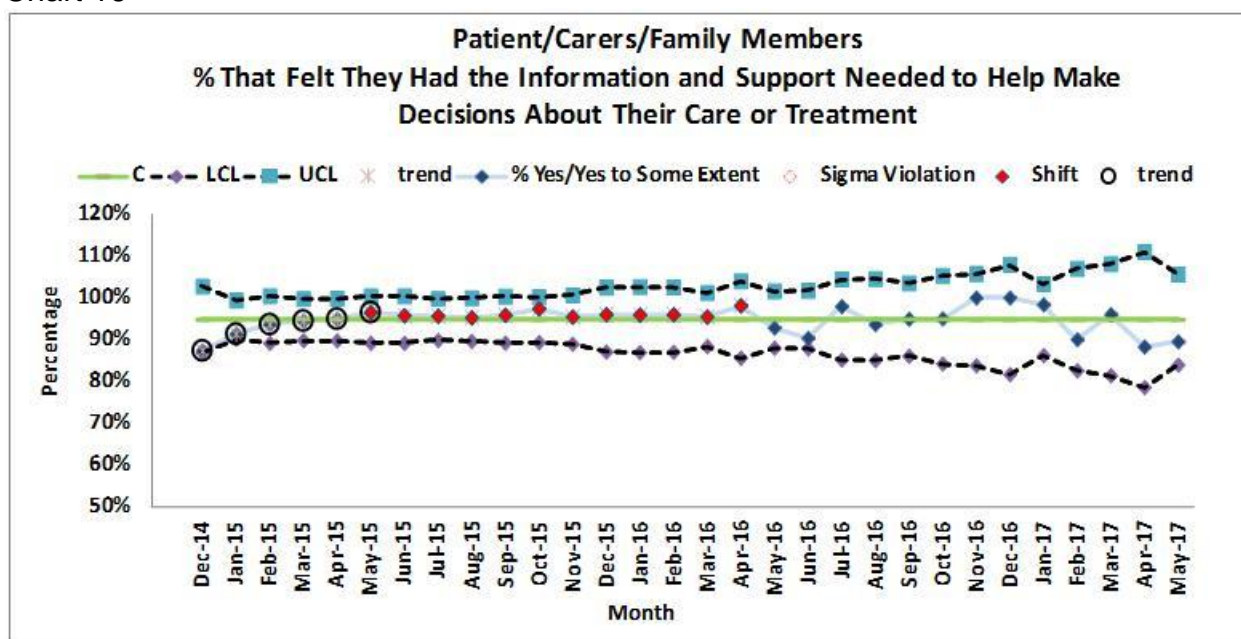


Chart 16



Public Member Involvement & Support

We have carried out a gap analysis within the Borders area identifying the lack of patient representation within some of our localities and are looking at ways of recruiting in these areas especially with our youth and hard to reach groups.

Volunteering

In May 2017 NHS Borders was awarded the Investing in Volunteers accreditation for a further 3 years. This shows the organisation's continued commitment to volunteering. To celebrate, an event is being organised for the 27th July 2017, which all volunteers and volunteer leads will be invited to and will include guest speakers along with the Chairman and Chief Executive.

To celebrate Volunteering Week on the 1st June we showcased some of the activities undertaken by our volunteers at the charities table in the BGH. This was also a great opportunity to discuss volunteering opportunities with members of the public who were interested in hearing about how they could get involved.

Four ward visitors have been recruited and trained in preparation for the on-ward programme which is being piloted in DME. Fifteen S6 school pupils are currently going through the recruitment process to support our newly developed school programme within the Community Hospitals, ready to start in the new academic year.

Guidance has been received from the Scottish Government on applying the recommendations laid out in the Lampard Report to ensure the safety and protection of patients, staff and volunteers across NHS Scotland. NHS Borders' Volunteer Co-ordinator has developed an action plan to ensure that we comply with these recommendations. Actions include the assurance that all volunteers have been suitably disclosure or PVG checked and formal refresher safeguard training is completed. This has required the Volunteer Co-ordinator to work with the volunteer leads to identify any existing volunteers who have been with us for some time who have not gone through these checks. Due to

the sensitive nature of this subject, this has required careful handling by the Volunteer Co-ordinator.

Patient Flow

Unscheduled Care

The 6 Essential Actions continues to drive our direction in regards to ensuring we are working towards achieving all of the actions. The key targets going forward are highlighted with the performance of the last 3 months in the table below. It is clear that action is required to address the Emergency Access Standard as we are now in a position of 3 consecutive months of under-achieving this quality target and being considerably below NHSB stretch target of 98%.

Target	March 2017	April 2017	May 2017
Morning Discharges before 11am	9.9%	10.5%	12.0%
Morning discharges before 12 midday	16.4%	17.6%	17.9%
Discharge Lounge utilisation	19.9%	21.2%	23.9%
Emergency Access Standard of 95%	92.84%	93.34%	93.04%

Going forward there are 4 key areas of focus:

- All patients to be discharged early in the day with an SG target of 40% before midday:** This work will include focussed attention to weekends when overall discharge numbers reduce leading to a built in pressure on Mondays as the Site position is very often opening with no acute receiving beds available at the beginning of the week. Improvement work is underway to identify one discharge by 11am from every ward, every day and planning for tomorrow is key to the success in ensuring this is achieved.
- Optimise the use of the Discharge Lounge:** The aim is that all patients are discharged through the Lounge unless there is a clinical exception or there is a relative is present at the time the patient is fit to leave the ward. Improvement work is underway to increase the usage by evaluating times of transfer to the DL and studying whether they could they be brought forward and whether patients who are suitable are not going to the DL because staff are not clear on criteria . Work is also underway to provide a safety pause for each patient in the DL to ensure everything has been achieved to provide a safe discharge for all patients.
- Create a staff centred Safety Brief:** A daily brief which provides accurate and valuable information will facilitate robust planning to ensure we meet our number one priority in NHSB and keep all patients safe. Improvement work is underway to ensure we are valuing patients and staff's time by having a consistent brief with structured outcomes.
- Implement the use of Systemview as our whole system overview:** Providing live and accurate data to facilitate effective patient flow will ensure all patients are cared for in the right place and the right time.

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
Dr Cliff Sharp	Medical Director		

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