

**Borders NHS Board**



**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – JULY 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. Development of Excellence in Care and the Back to Basics improvement programmes are aligned to core principles of the patient safety programme and OPAH.

The team is developing an overarching improvement plan to focus on the agreed key improvement areas and this plan will identify specific responsibilities and timescales.

The main areas of focus for the organisation are those of which the Board is already aware: falls, pressure ulcers, deteriorating patient, nutritional care, dementia and frailty, infection prevention and communication with patients and families.

This improvement plan will be shared in more detail once complete from the end of October 2017.

This links well with the 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

The SPSP programme continues to be part of the 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.

The data collected from service delivery areas is added to our current LanQip data system. This system is less than adequate and requires review and an option appraisal is currently underway. This will be submitted to the Interim head of clinical governance and head of IM&T for consideration and progression with the outcome of that appraisal will be before the end of October 2017.

Below are the current workstreams that are aligned with the patient safety programmes in NHS Borders.

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 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 continue to be collected to ensure the processes are reliably embedded by clinical teams.

Deteriorating Patient:

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 work stream.

The 'Sepsis Six' bundle and the use of visual cues and equipment such as the 'Sepsis trolley' to prompt reliable delivery of the bundle continue to be tested in the Emergency Department.

Medicines:

Nationally, a medicines work stream has been created spanning all specialities. NHS Borders plans 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. The medicines reconciliation meeting has been re-established and reporting arrangements are being clarified.

Venous Thromboembolism (VTE):

NHS Borders was a demonstrator site for the VTE project and measures continue to change with the evolution of the prescription chart and ownership has been achieved from the clinical areas. Further audits in the medical and surgical pilot wards are planned to compare results since the project was completed.

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, 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) work stream, 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. This contains 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 work streams 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 foetal 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 Ischemic Encephalopathy) in the neonate. We have recently started using and reporting on the Cardiotocography (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 postpartum haemorrhage (PPH), Sepsis, VTE, and NEWS 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**

### **National Cancer Audits**

NHS Borders submits Quality Performance Indicator (QPI) reports for 12 cancers annually. These are submitted to the South East Cancer Network (SCAN) the relevant lead clinicians are then requested to sign these off following which SCAN circulates the validated reports to the boards within the network.

The lung, hepatopancreatobiliary (HPB) and upper gastro intestinal (UGI) QPI reports that were submitted in July 2017 have now been signed off and will shortly be circulated.

Also in July 2017 the quarter 1 Detect Cancer Early report was completed was submitted.

During September 2017 the renal and breast cancer QPI reports were submitted and the colorectal QPI report is on track for submission in October 2017.

### **Musculoskeletal Audit**

Hip Fracture data is submitted on a monthly basis. The national Hip Fracture Report was released on 22 August 2017; reported is data for the period May to December 2016. <http://www.shfa.scot.nhs.uk/docs/2017-08-22-SHFA-Report.pdf>

The Hip Fracture Pathway Group which has recently been re-established will utilise the data contained within the report along with data from the Fracture and Trauma portal to identify opportunities for improvement.

### **Stroke**

NHS Borders was again identified as the best performing board in Scotland for the percentage of stroke patients receiving an 'appropriate' Stroke Care Bundle. The Stroke Care Bundle comprises four elements, admission to a stroke unit within 1 day of admission, swallow screen within 4 hours of arrival at hospital, brain scan within 24 hours of admission and aspirin within 1 day of admission – indicative baseline performance, April - December 2016 data (based on initial diagnosis). Within the Borders General Hospital 79% of patients with initial diagnosis of stroke received the bundle in a timely manner, this is 12% higher than the Scottish average of 67%.

### **Research Governance**

NHS Borders has agreed to participate in a clinical trial looking at the treatment of gallstones using medical management as opposed to surgical intervention which tends to be standard treatment method. It is anticipated that this trial will inform future practice; medical management that includes dietary advice and it is hoped will provide a viable alternative option to the removal of the gallbladder in some cases. This is a new area of research for NHS Borders.

A new urinary incontinence trial is due to open in Obstetrics and Gynaecology. This will involve assessing whether or not urodynamic testing, which can be an invasive procedure, is necessary.

Both the aforementioned studies are being run by University of Aberdeen and NHS Grampian. If successful both these studies could result in reducing costs in the NHS and result in not all patients having to undergo invasive surgery/testing in relation to these respective conditions.

### Quality Improvement

In January 2016 daily (Monday – Friday) audit of all adult inpatient records with focus on the completion of documentation pertinent to meeting the Standards for Older People in Acute Hospitals was progressed. Over time the frequency and number of records audited in each cycle has been reduced. Even though results were reported back to the individual areas and details of shortcomings in the documentation were provided to enable these to be addressed, there has not been any evidence of true or sustained improvement in documentation completion. Over the past couple of months a different approach has been developed that involves the Senior Charge Nurse (SCN) engaging with individual members of their nursing team using a Person Centred Coaching Tool (PCCT). Five sets of records are randomly selected and reviewed each week in the areas where the PCCT is being tested. Use of the tool offers an opportunity for the SCN to review documentation and reflect on practice and decision making with the Registered Nurse or nursing support worker and, provide support and coaching to them as appropriate in a live and dynamic situation. Through implementation of this approach it is hoped that improvement in the quality of care as well as in recording and completion of documentation will be achieved. To date the PCCT has been introduced in five wards with the plan to gradually test use of the tool in all in all adult wards by the end of October 2017. In addition quality assurance monitoring will be carried out by Clinical Governance and Quality, using an audit process.

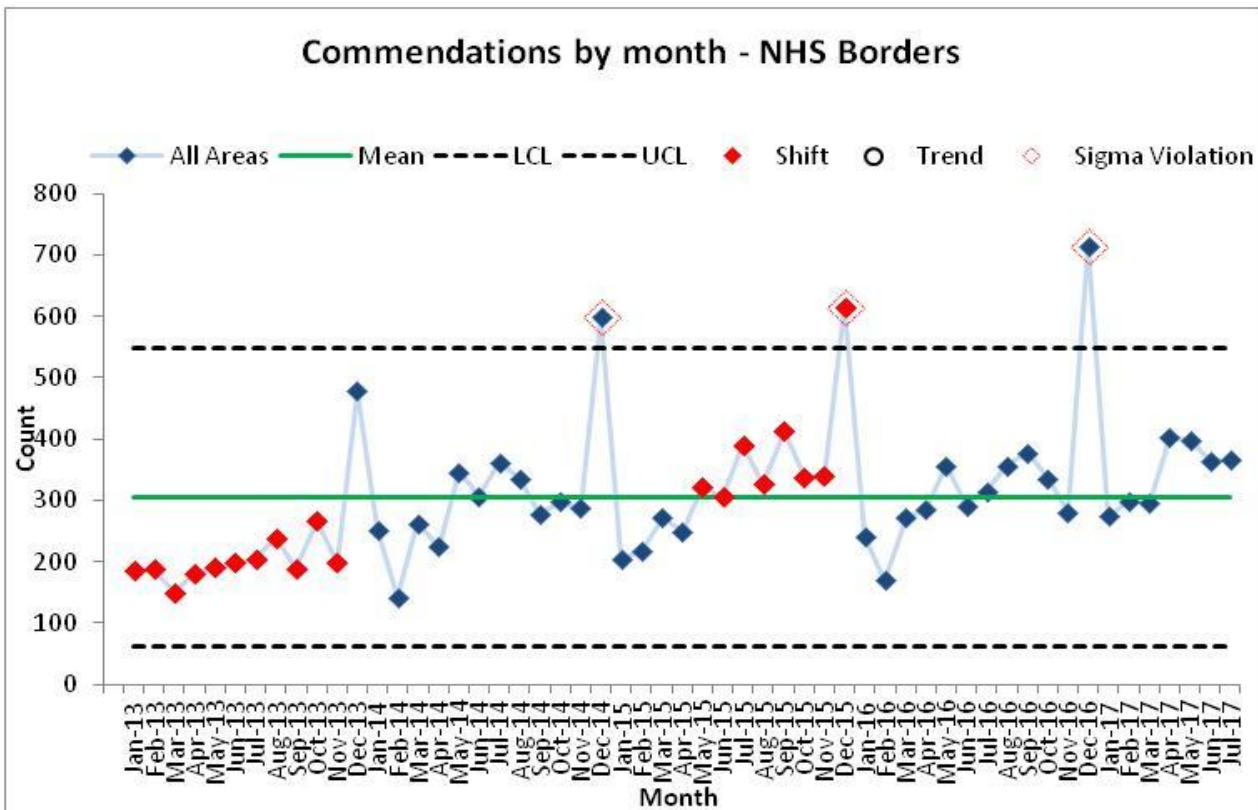
### Person Centred Health and Care

### Complaints, Concerns and Commendations

#### Commendations

Chart 1 below shows commendations received from January 2013 to July 2017. 366 commendations were received during July 2017.

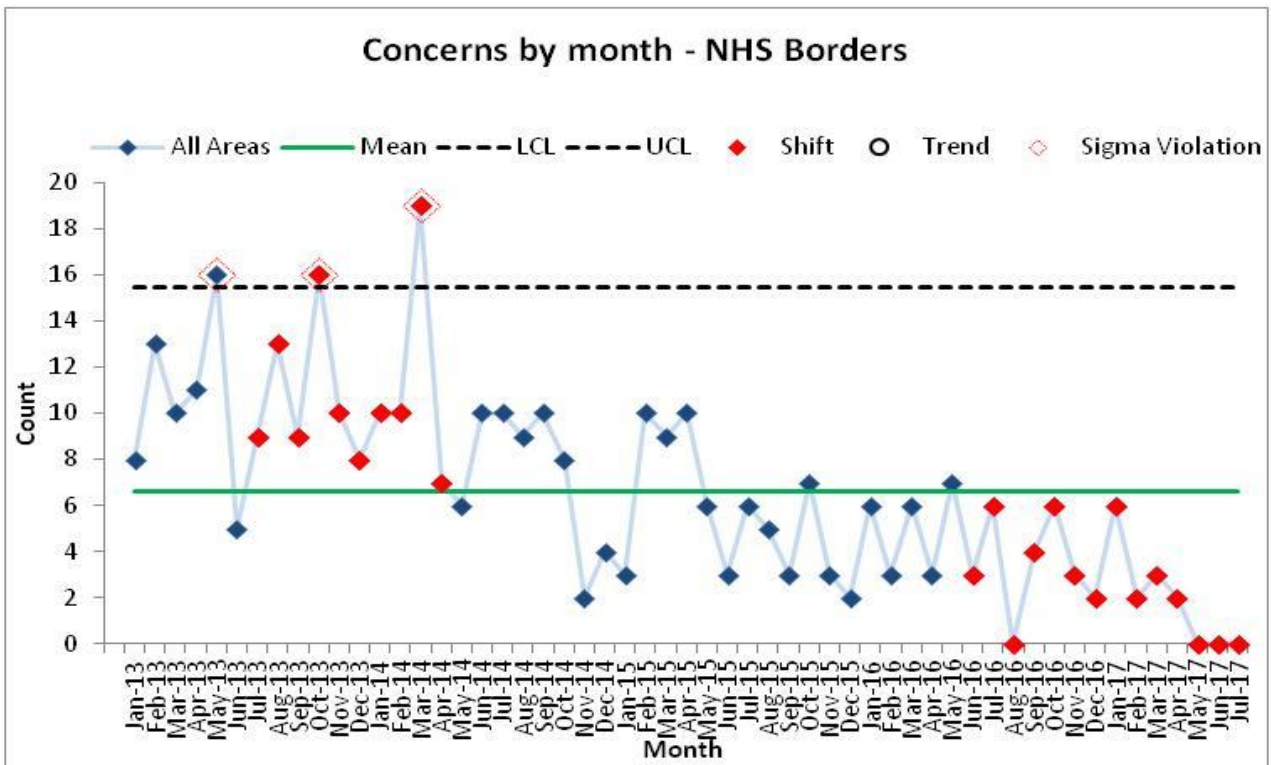
Chart 1



**Concerns**

Chart 2 below shows the number of concerns received from January 2013 to July 2017. No concerns have been received since April 2017.

Chart 2



**Complaints**

Chart 3 below shows the number of formal complaints received by month between January 2013 and July 2017. 35 complaints were received during July 2017 which is out with our upper control limit.

Chart 3

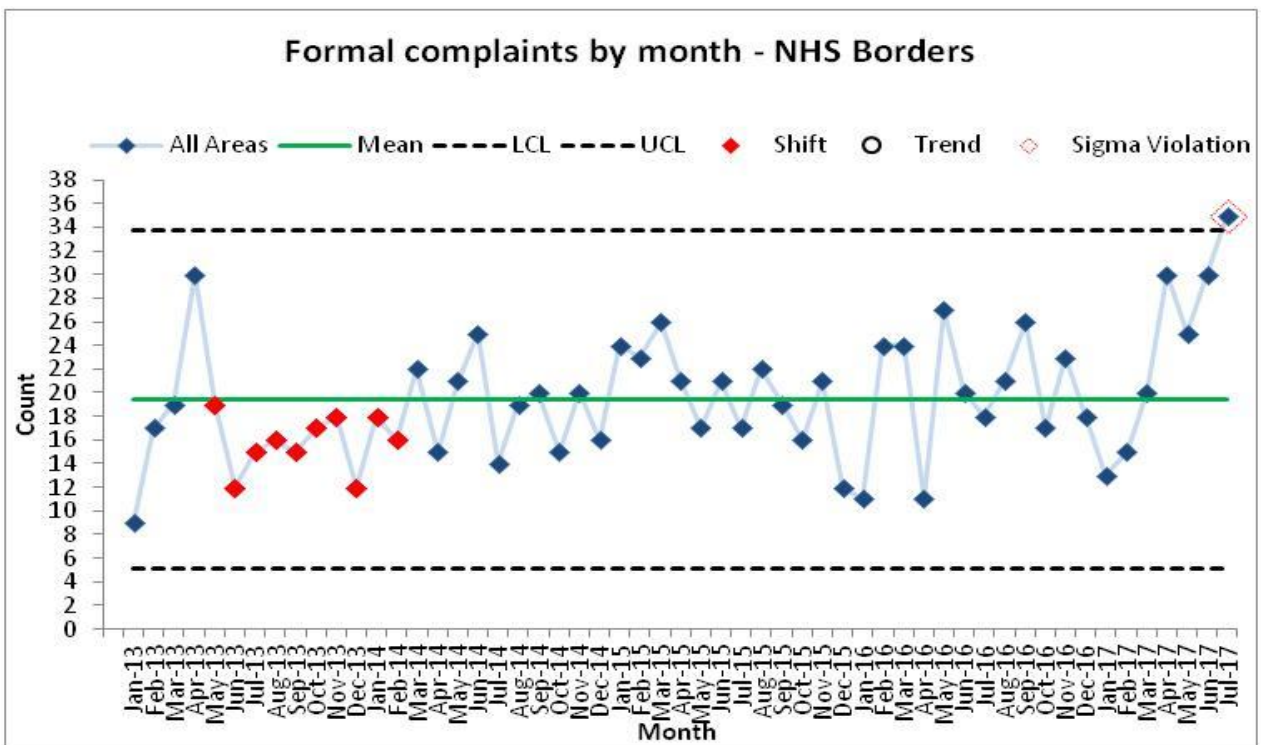




Chart 4 below shows the average number of working days it has taken to respond to Stage 1 complaints (which require a response within 5 working days). Our performance for August 2017 was 4 working days.

Chart 4

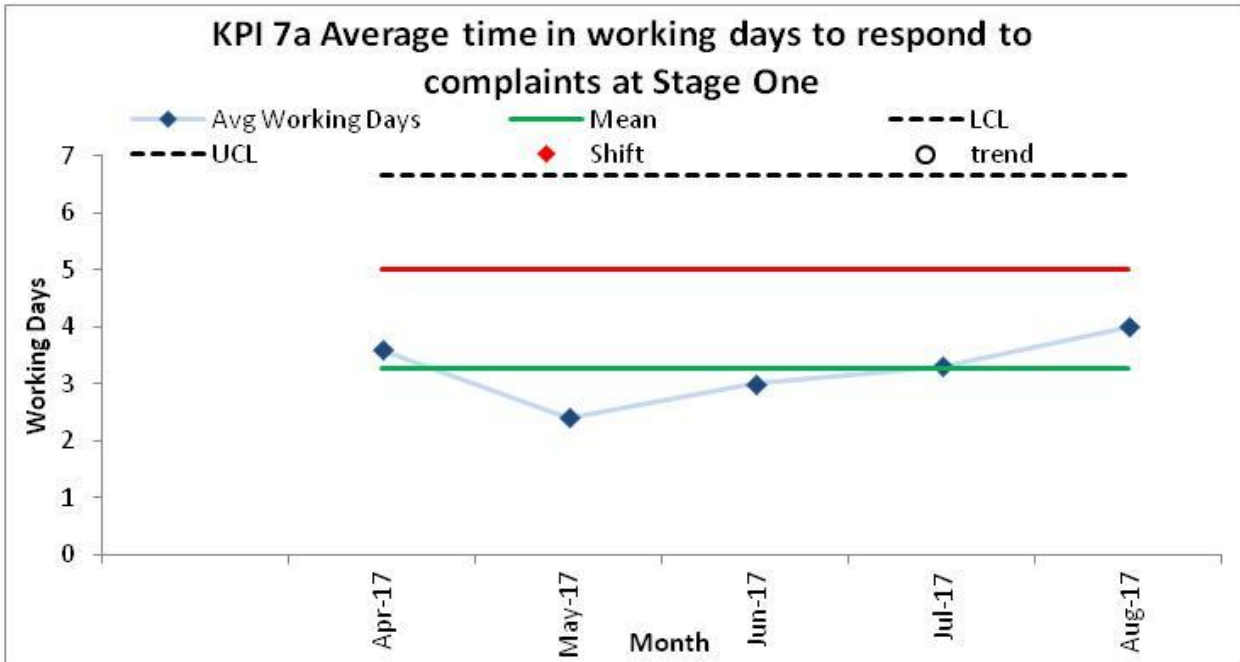


Chart 5 below shows the average number of working days it has taken to respond to non-escalated Stage 2 complaints (which require a response within 20 working days). Our performance for August 2017 was 14.1 working days.

Chart 5

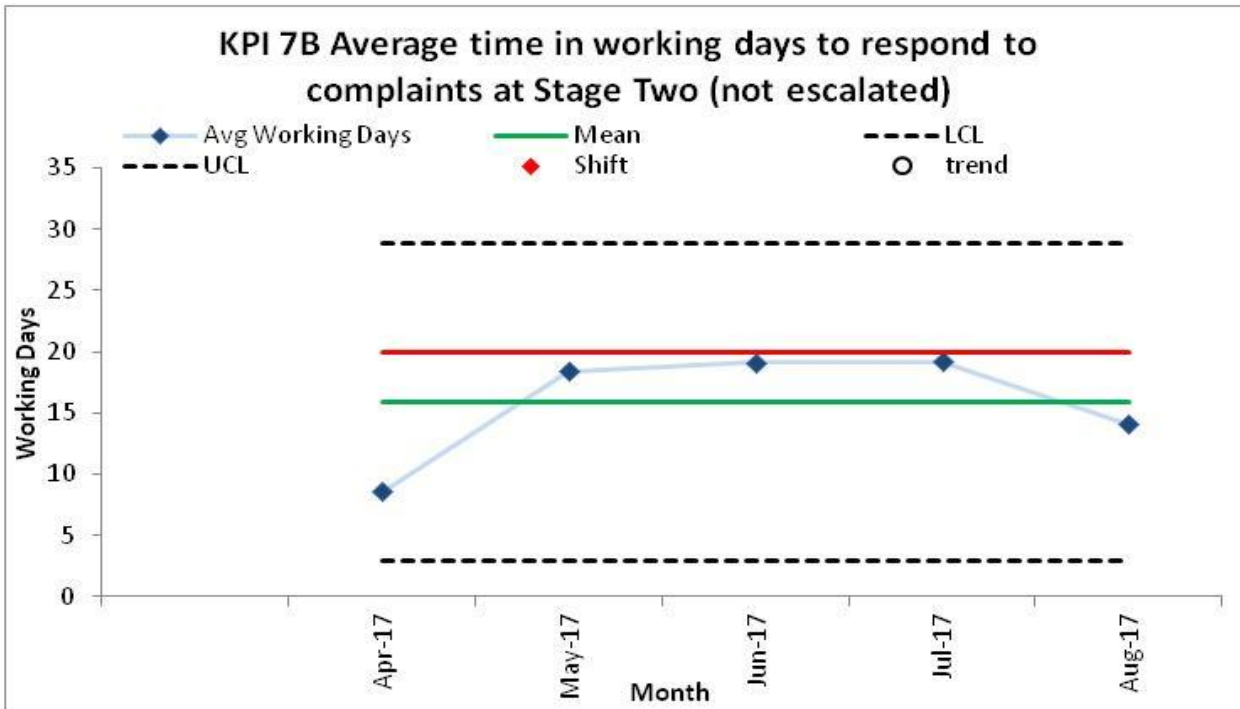


Chart 6 below shows the average number of working days it has taken to respond to escalated Stage 2 complaints. Our performance for August 2017 was 20 working days.

Chart 6

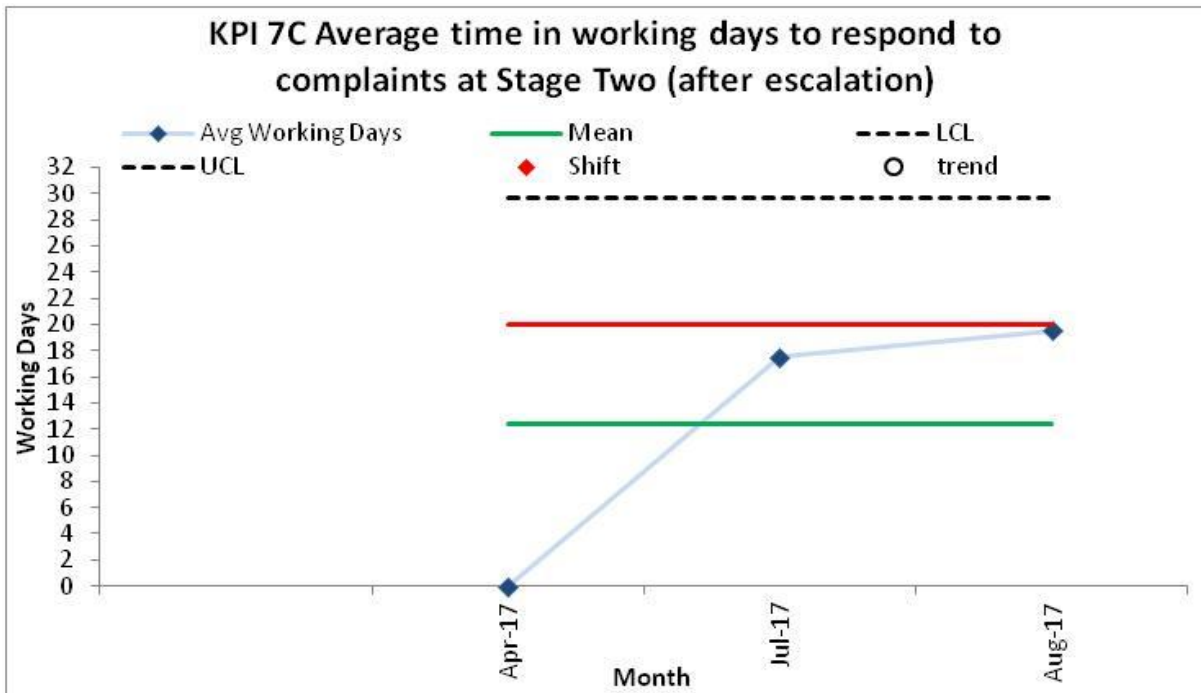


Chart 7 shows the percentage of complaints closed at Stage 1 within 5 working days as a percentage of all complaints closed at Stage 1. In August 2017, we closed 100% of Stage 1 complaints within 5 working days.

Chart 7

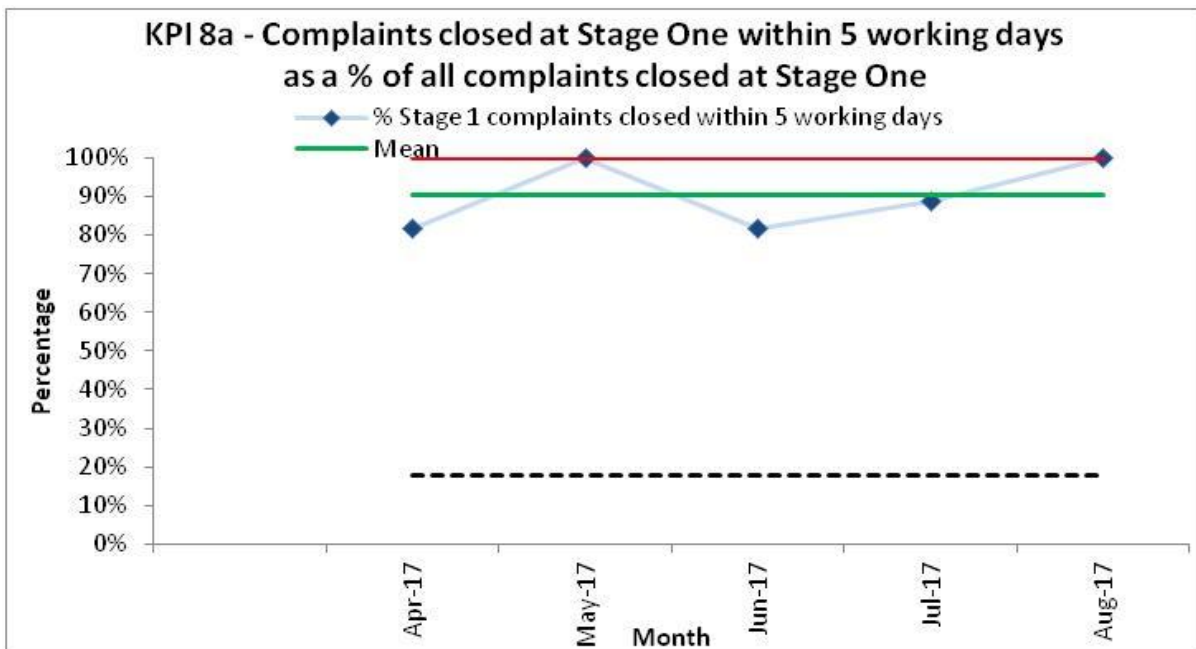




Chart 8 shows the percentage of non-escalated complaints closed at Stage 2 within 20 working days as a percentage of all complaints closed at Stage 2. In August 2017, we closed 95.65% of Stage 2 complaints within 20 working days.

Chart 8

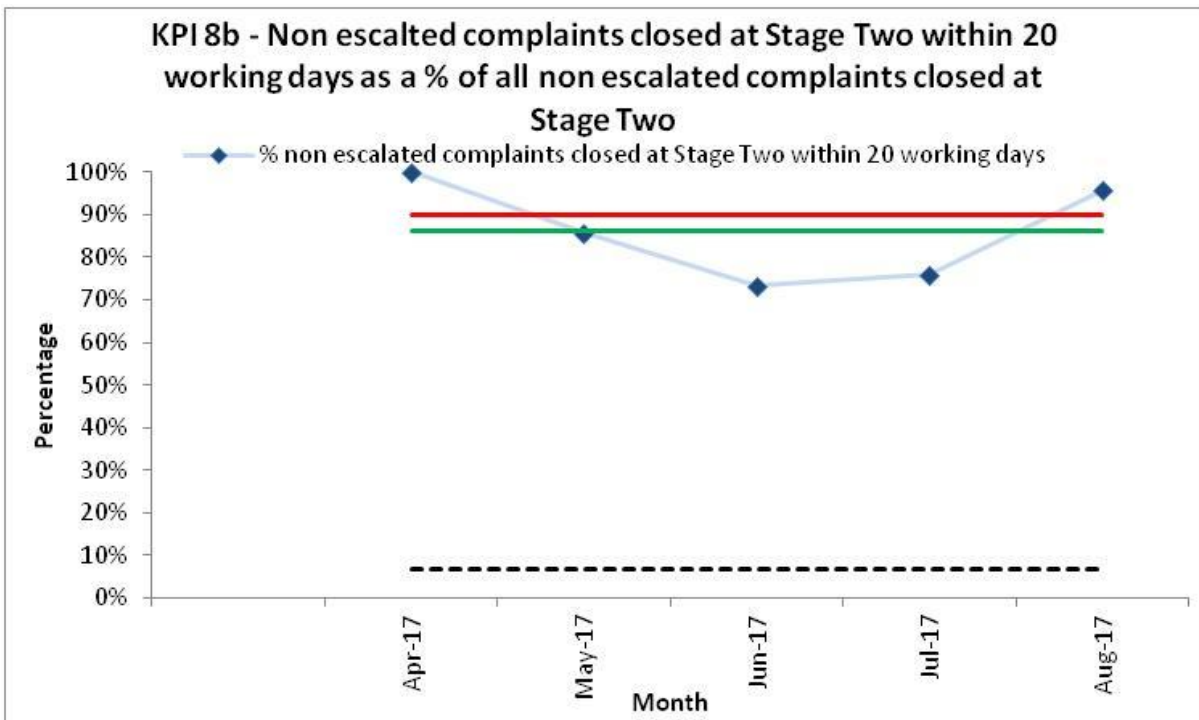


Chart 9 shows the percentage of escalated complaints closed at Stage 2 within 20 working days as a percentage of all complaints closed at Stage 2. In August 2017, we closed 50% of escalated Stage 2 complaints within 20 working days.

Chart 9

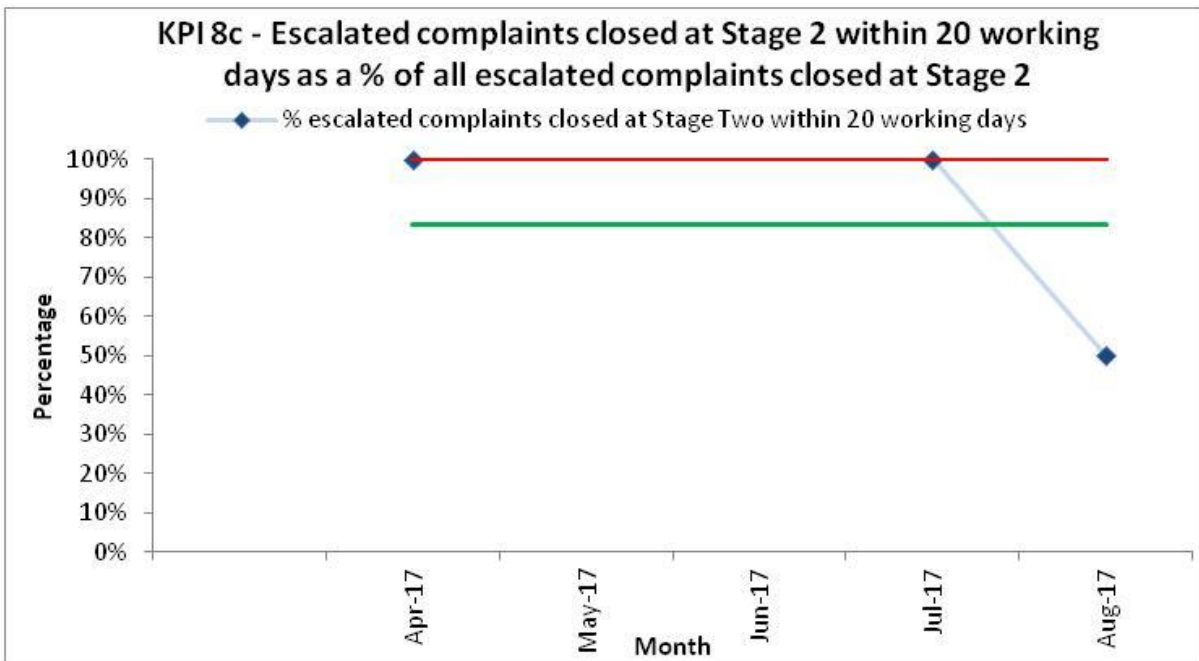
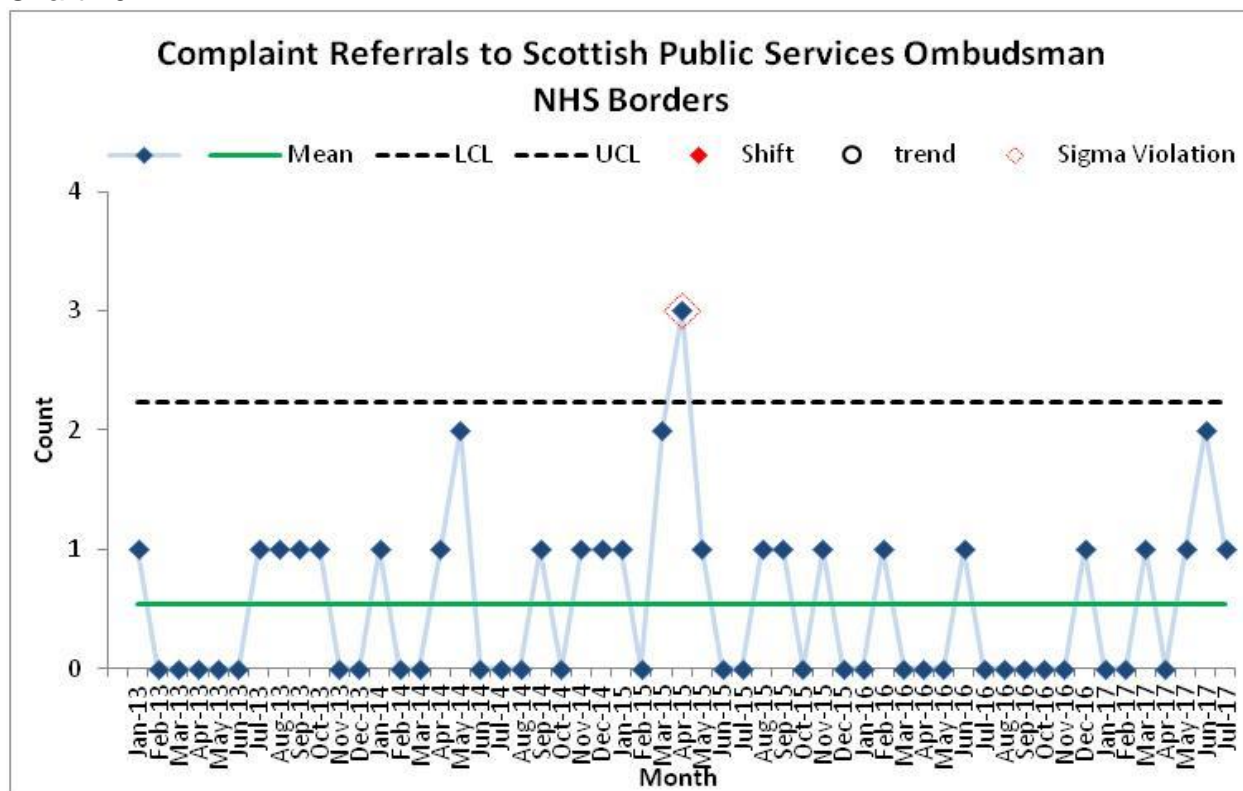


Chart 10 below outlines the referrals accepted by the SPSO between January 2013 and July 2017. There was 1 case referred to the SPSO in July 2017.

Chart 10



One SPSO decision was received in September 2017.

SPSO Ref.	Complaint Summary	What the SPSO found	Outcome	Action Recommended by SPSO	Status
201606954	<ol style="list-style-type: none"> <li>Failed unreasonably to obtain informed consent from patient for intimate examinations (this will cover whether or not the Board had an appropriate policy for this)</li> <li>Provided incorrect information about who acted as chaperone at these examinations</li> <li>Failed unreasonably to ensure patient was administered anaesthetic by an anaesthetist of sufficient seniority given patient's existing scoliosis</li> <li>Failed to provide patient and her new born baby with reasonable nursing care.</li> </ol>	<p>There was no evidence that formal consent was sought or obtained for intimate examinations</p> <p>There was no record of a chaperone being offered/present at the second intimate examination</p>	<ol style="list-style-type: none"> <li>Upheld</li> <li>Not Upheld</li> <li>Not Upheld</li> <li>Not Upheld</li> </ol>	<p>Apologise for failure to obtain informed consent from prior to carrying out intimate examinations.</p> <p>Develop a guideline on consent for examination and the use of chaperones with reference to national guidance, including documentation</p>	<p>Apology letter issued.</p> <p>Guideline developed being discussed at Clinical Executive Operational Group on 28 September 2017.</p>

### 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. A total of 23 stories have been shared which have been viewed on Care Opinion 3,057 times in all.

Date Published	Link to story	Title	Criticality	Author Role
10/07/2017	<a href="https://www.careopinion.org.uk/opinions/380086">https://www.careopinion.org.uk/opinions/380086</a>	received excellent treatment by all concerned	0	Patient
20/07/2017	<a href="https://www.careopinion.org.uk/opinions/382554">https://www.careopinion.org.uk/opinions/382554</a>	Maintaining the dignity of patients	2	Patient
21/07/2017	<a href="https://www.careopinion.org.uk/opinions/382632">https://www.careopinion.org.uk/opinions/382632</a>	Lack of information from G.P Practice	2	Patient
21/07/2017	<a href="https://www.careopinion.org.uk/opinions/382633">https://www.careopinion.org.uk/opinions/382633</a>	My third stay in Borders General Hospital	0	Patient
26/07/2017	<a href="https://www.careopinion.org.uk/opinions/383802">https://www.careopinion.org.uk/opinions/383802</a>	Excellent care for pneumonia	0	Patient
01/08/2017	<a href="https://www.careopinion.org.uk/opinions/384894">https://www.careopinion.org.uk/opinions/384894</a>	Excellence of NHS Scotland	2	Patient
01/08/2017	<a href="https://www.careopinion.org.uk/opinions/384902">https://www.careopinion.org.uk/opinions/384902</a>	Staff were incredibly professional and friendly.	0	Relative
03/08/2017	<a href="https://www.careopinion.org.uk/opinions/386908">https://www.careopinion.org.uk/opinions/386908</a>	Couldn't have been looked after better	0	Staff member
08/08/2017	<a href="https://www.careopinion.org.uk/opinions/387437">https://www.careopinion.org.uk/opinions/387437</a>	I couldn't falter their professional conduct	0	Service user
14/08/2017	<a href="https://www.careopinion.org.uk/opinions/389335">https://www.careopinion.org.uk/opinions/389335</a>	I cannot praise the professional and kind approach I have received.	0	Patient
15/08/2017	<a href="https://www.careopinion.org.uk/opinions/389521">https://www.careopinion.org.uk/opinions/389521</a>	My experience was second to none	0	Patient
23/08/2017	<a href="https://www.careopinion.org.uk/opinions/391234">https://www.careopinion.org.uk/opinions/391234</a>	Tinnitus relief after 9 months	0	Service user
24/08/2017	<a href="https://www.careopinion.org.uk/opinions/391339">https://www.careopinion.org.uk/opinions/391339</a>	Different experience using a GP vs A&E	1	Service user
28/08/2017	<a href="https://www.careopinion.org.uk/opinions/39">https://www.careopinion.org.uk/opinions/39</a>	Outstanding care shown to my wife	0	Service user

	<a href="#">2161</a>			
28/08/2017	<a href="https://www.careopinion.org.uk/opinions/392213">https://www.careopinion.org.uk/opinions/392213</a>	Really friendly and helpful staff in A&E	0	Service user
31/08/2017	<a href="https://www.careopinion.org.uk/opinions/392853">https://www.careopinion.org.uk/opinions/392853</a>	I could not have ask for a more better service	2	Service user
04/09/2017	<a href="https://www.careopinion.org.uk/opinions/393450">https://www.careopinion.org.uk/opinions/393450</a>	incredibly caring and kind	0	Relative
05/09/2017	<a href="https://www.careopinion.org.uk/opinions/393776">https://www.careopinion.org.uk/opinions/393776</a>	Care on the Elder Care Ward	3	Carer
13/09/2017	<a href="https://www.careopinion.org.uk/opinions/395458">https://www.careopinion.org.uk/opinions/395458</a>	Tinnitus Support and Information	0	Service user
13/09/2017	<a href="https://www.careopinion.org.uk/opinions/395483">https://www.careopinion.org.uk/opinions/395483</a>	Thank you ladies	0	Service user
18/09/2017	<a href="https://www.careopinion.org.uk/opinions/395557">https://www.careopinion.org.uk/opinions/395557</a>	Allowed to leave in very distressed and confused state	3	Other
14/09/2017	<a href="https://www.careopinion.org.uk/opinions/395785">https://www.careopinion.org.uk/opinions/395785</a>	Care and compassion at a very vulnerable time	0	Patient
22/09/2017	<a href="https://www.careopinion.org.uk/opinions/397485">https://www.careopinion.org.uk/opinions/397485</a>	Appreciate the kindness and care	0	Patient

### Patient Feedback Volunteers

The Volunteer Coordinator and Public Involvement Officer attended Borders College Fresher's week to look at recruiting students as public or virtual members of the public groups and to engage with students as to the different volunteering roles with NHS Borders. As a result of this visit, 3 Health and Social Care students noted their interest in the Patient Feedback volunteer role and they are now going through the HR processes and training to become patient feedback volunteers.

Charts 11-13 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 11

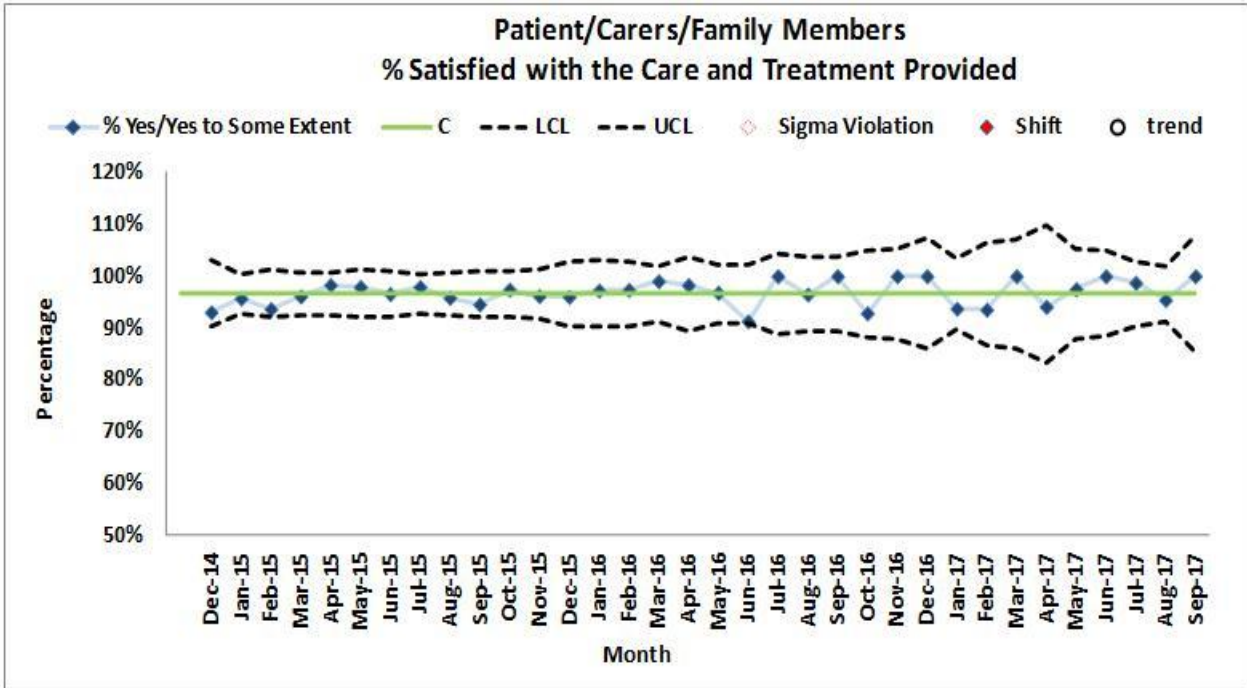


Chart 12

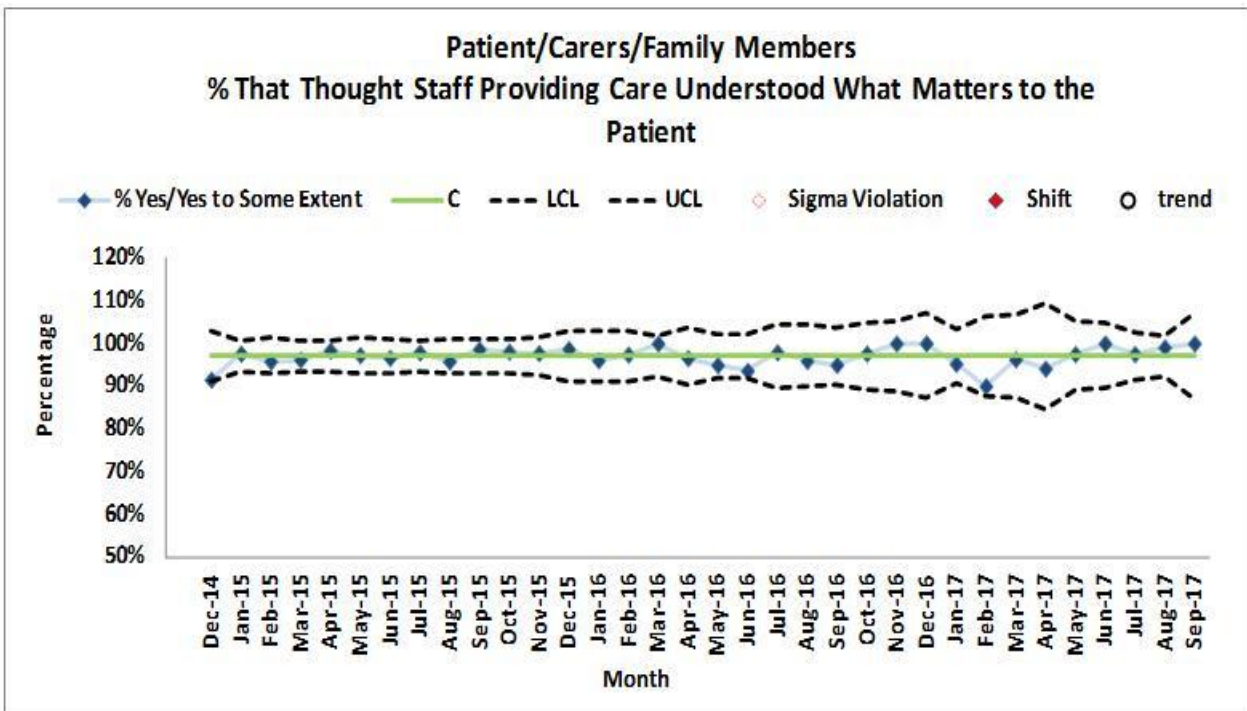
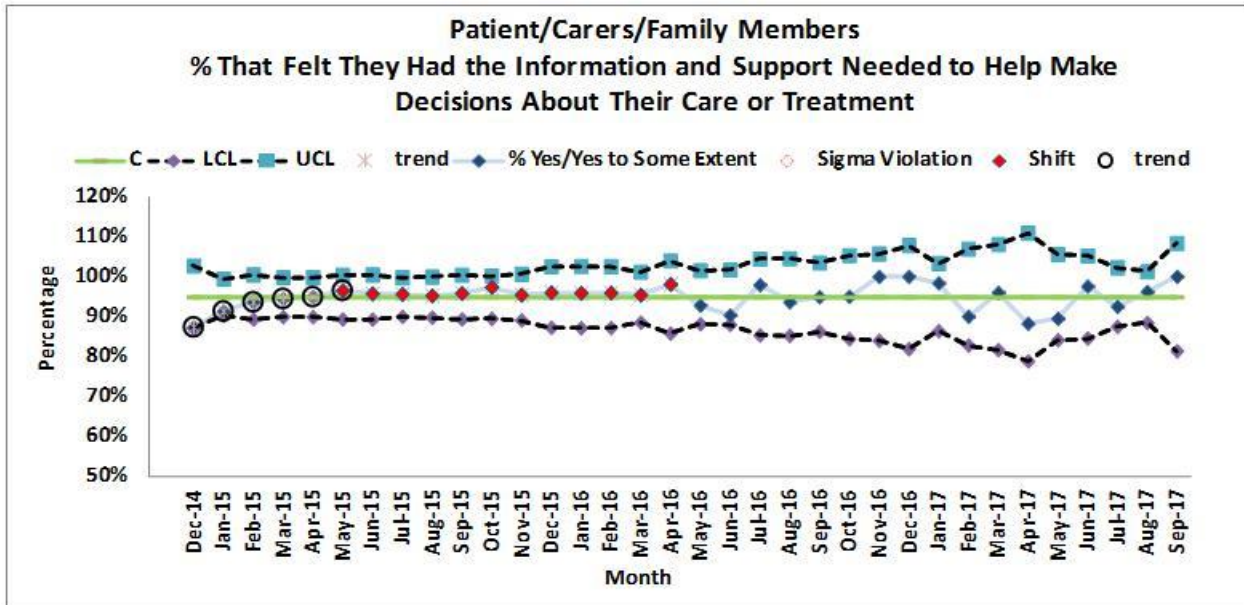




Chart 13



### Public Member Involvement & Support

We are recruiting new members to our public involvement network whether it is attending groups on a regular basis, short life working groups or as virtual members. We are focussing strongly on localities within the Borders where we have no public member representation or very little. We are also looking at involving the youth a lot more and the public whose first language is not English. With the support of public involvement volunteers we are also going out to local supermarkets and community groups to engage with the public around the NHS Borders Clinical Strategy.

### Volunteering

We currently have 269 volunteers including 43 public involvement members and 15 Friends of the BGH. There are 36 volunteer roles at present. A new crafts based role has been created and approved for Huntlyburn Ward. The aim of this role is to provide assistance to staff with craft activity groups attended by patients.

NHS Borders held an Investing in Volunteers celebration event on the 27 July 2017. The event was to thank volunteers and staff who worked to achieve the Investing in Volunteers Award accreditation for another three years and to celebrate this success. The event was presented by John Raine, NHS Borders Chairman and Jessica Lightfoot from Volunteer Scotland attended as our guest speaker. Volunteers and Volunteer Leads shared their stories and experiences.





The local High School programme which previously placed 5 sixth year pupils from Earlston High School in Melburn Lodge has now been extended to 18 sixth year pupils supporting Cauldshiels, Melburn Lodge and also into three Community Hospitals, The Knoll, Kelso Community Hospital and Haylodge Hospital. From previous years we have had extremely positive feedback back from pupils, teachers and ward staff. Volunteers on the ward provide support, under the direction of the Nurse in Charge and alongside the Activity Coordinator, to provide social support and meaningful activities to the patients. Depending on the individual needs and interest of the patients, support and activities will vary.

An On Ward volunteer programme has been developed and tested in the Department of Medicine for the Elderly (DME). We currently have 4 volunteers who have completed the recruitment and training process. The role of these volunteers is to provide social support to patients who may not receive regular visitors. Excellent feedback has been collated from patients and volunteers, with one patient commenting that she thought the volunteer visit was “informative...nice to talk to someone...wonderful experience...she was lovely”.

### **National Inspection Reports**

As the Board is aware, the recent Joint Older People’s and Food Fluid and Nutrition (FFN) reports have now been published. While there were indicators of good practice identified, many of the opportunities for improvement highlighted were already being addressed and previously reported to the Clinical Governance Committee and the Board.

With regard to FFN, the improvement focus has commenced targeting:

- Improvements in nutritional care, including the identification of Mealtime Coordinators;
- Falls reduction;
- Pressure damage reduction;
- Early recognition and rescue of deteriorating patients; and
- Effective communication with patients and families

Led by Claire Pearce, the Nursing directorate launched the ‘Back to Basics’ programme in September with a formal discussion at the inaugural Excellence in Care Nursing & Midwifery conference at Tweed Horizons on 4th October 2017. The programme will create the foundations required to achieve the improvements in the key clinical areas highlighted above.

An Excellence in Care Lead has been appointed, with strategic leadership and operational delivery responsibilities being identified for each area. The programme and each of its component parts will sit within a framework which sets out the strategy, overarching policies, guidance and any developmental requirements.

In order to avoid duplication of effort, the teams are working closely together to ensure that all improvement efforts are aligned. For example, the Scottish Patient Safety Programme has a degree of overlap with the Excellence in Care programme, and it will be important to ensure that there is clarity regarding accountability for delivery of the overall improvement programme in NHS Borders.

It is proposed that the Board receives progress reports by way of the Clinical Governance Committee.

**Recommendation**

The Board is asked to **note** 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 and Clinical Governance		