Borders NHS Board

CLINICAL GOVERNANCE & QUALITY UPDATE – January 2018

Aim

This paper aims to assure the Board that the systems and processes in place across the organisation are established and being further developed, in order to monitor and improve the quality of services for patients across NHS Borders.

The Board has asked for reports to be more strategic in nature and to make use of info graphics. While the Clinical Governance team are exploring opportunities to meet those Board demands this will take a little longer to develop. This paper is offered in the meantime as a first step to meet those requirements.

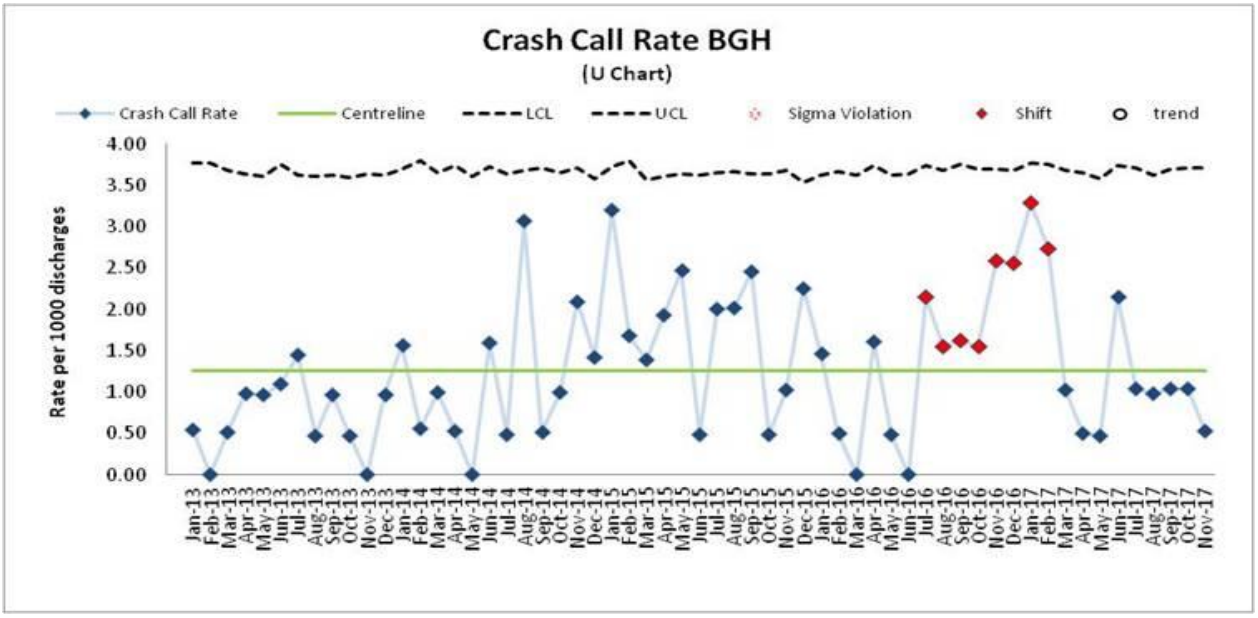
Background

The Board has received regular reports across the breadth of services supported by the Clinical Governance and Quality department. The department has also updated the Board on the approach to quality improvement that has been launched. This paper focuses on the key issues identified and agreed for improvement. It is proposed that alternate papers in future will use this structure with interim reports picking up other Clinical Governance and Quality issues of which the Board should be aware.

Summary

1. Deteriorating Patients

Aim: Deteriorating patients – sustained improvement of 95% of patients suffering clinical deterioration recognised promptly and escalated appropriately by December 2018.

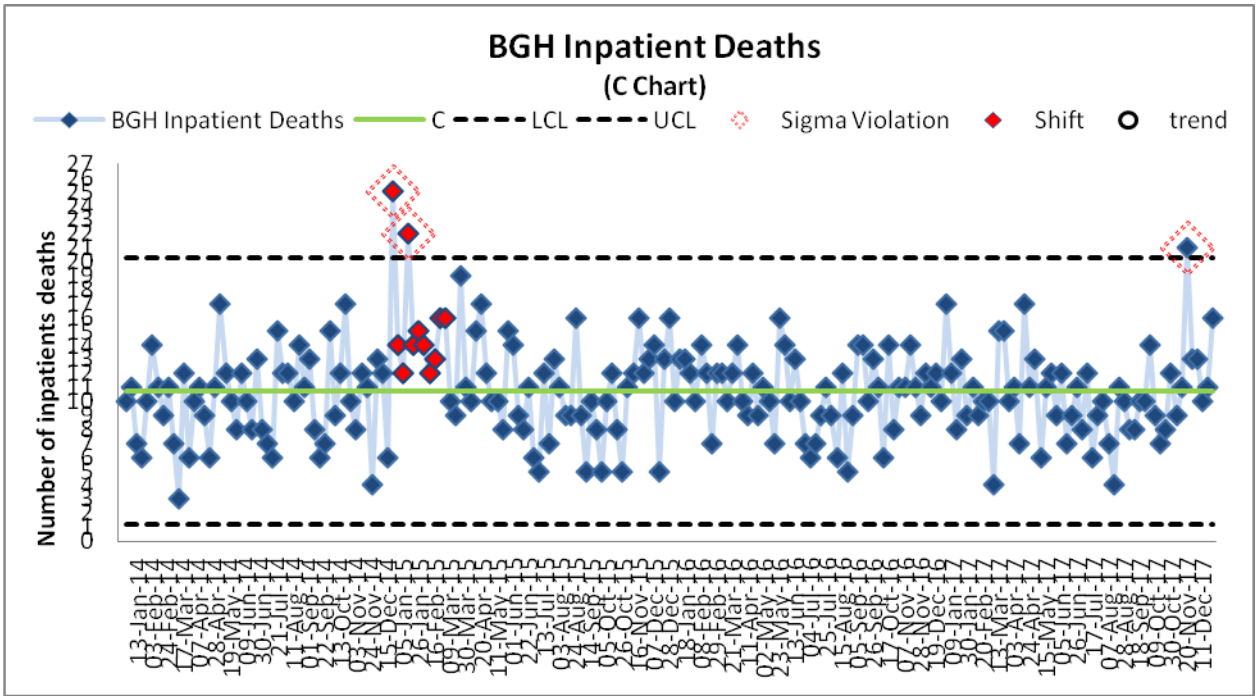


The crash call rate within BGH is one indicator of recognition and response to deterioration in acute care. The Board will note that performance has improved over time and is showing a sustained level of good performance.

Mortality of course is another outcome measure of quality of care in the system.

Hospital Standardised Mortality Ratio (HSMR) is where mortality data is adjusted to take account of some of the factors known to affect the underlying risk of death. The HSMR is calculated as the ratio of the actual number of deaths within 30 days of admission to hospital (irrespective of place of death) to the expected number of deaths. These figures are published regularly by the Information Services Division (ISD) and are reported to the Board via the Clinical Governance Committee, but have a time delay to ensure that the data is robust.

Our crude mortality chart below looks at the number of deaths that occur in BGH and is captured weekly. This is crude, in that it does not take into account any demographic factors or co morbidities. While it is crude, it does run at a reasonably steady number and when compared with HSMR charts crude mortality is an earlier indicator of future HSMR change and as such, an alert flag.



Our crude mortality data showed a clear astronomical outlier in our in-patient mortality for the week commencing 20th November. From reviewing each one of those cases we are confident that this outlier was unavoidable, as we experienced an unusual peak in admissions of patients whose deaths were anticipated and almost all due to terminal stages of cancer. Our mortality numbers have since re-set to common cause variation. **Common cause variation** is fluctuation caused by unknown factors resulting in a steady but random distribution around the mean of the data (the green line in our chart above).

Analysis of the broader management dashboard shows that our mortality, both absolute and rate per 100 discharges, is not rising. This is despite what we are seeing with other system indicators such as:

- Our BGH bed occupancy has undergone a sustained shift in the wrong direction for the last 10 weeks - >95% for 5 of the last 10 weeks
- Delayed discharges have already shifted that way and breached the upper control limit for 10 of the last 12 weeks
- Surge bed use is heading for another winter shift
- Our pre 11:00 and 12:00 discharges remain unchanging and well below their respective targets.

There is no doubt that BGH as a system is significantly under pressure, however at the time of writing:

- our mortality data is stable. However, our Hospital Standardised Mortality Ratio (HSMR) is still above the Scottish average (ratio of observed deaths to expected deaths, i.e. if it is less than one, then fewer patients die than would have been expected to die based on their disease and co morbidities). Therefore we must not be complacent and need to continue to work together to reduce our mortality rate.
- our cancellation rates are stable, although they are close to showing an upwards shift
- our elective admission numbers are stable
- our emergency admissions are reducing
- our overnight transfer numbers are stable
- our boarder numbers are close to showing an upwards shift
- our SAERs are stable

This is a huge credit to all of our staff. These last 7 indicators describe what they are managing to maintain within our system.

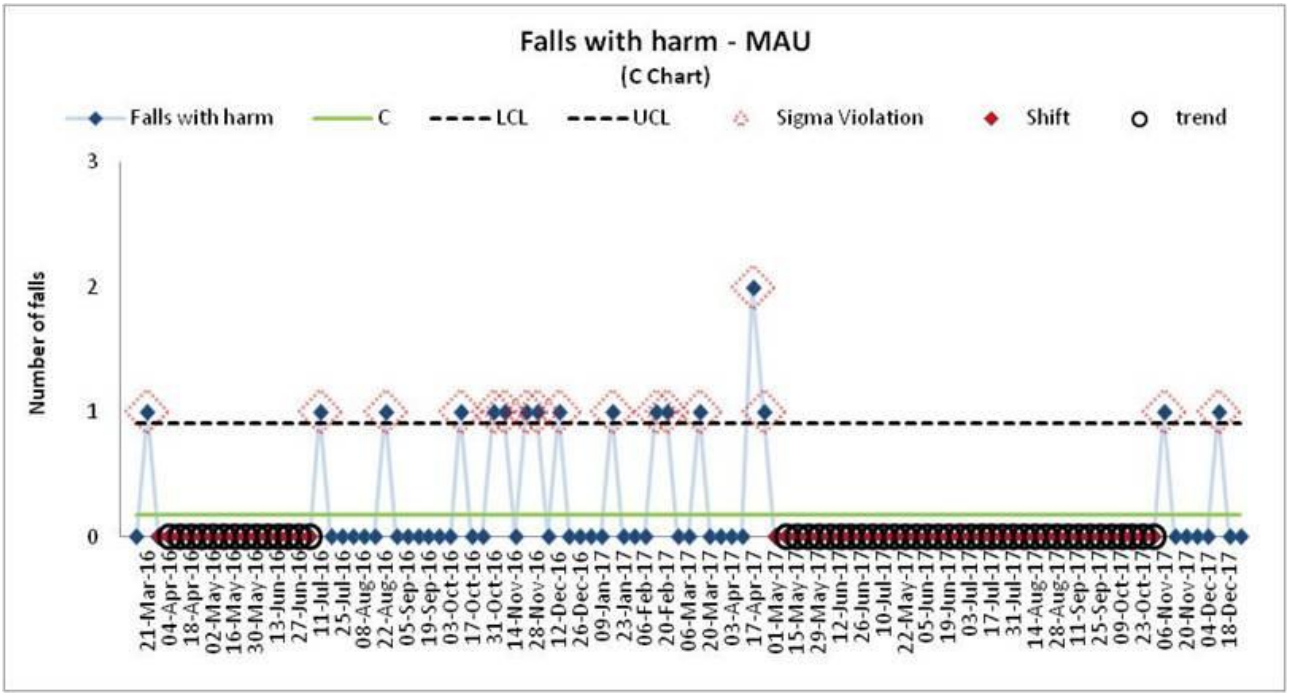
2. Falls

Aim: Falls prevention and falls reduction – aim to reduce falls by 25% by December 2018, with a view to eliminating falls with harm.

Improvement work has commenced to reduce falls with harm starting in the pilot area of Medical Admissions Unit within BGH.

This tested falls bundle has demonstrated improvement sustained for a significant time period (as shown on the chart below) and is being implemented across all other wards within BGH. The falls bundle has been adapted for use in mental health and is being tested within Cauldshiels.

A falls link nurse network has been established, first meeting in January 2018 with a focus on adult inpatients. The group is currently reviewing Health & Safety Executive (HSE) findings related to falls in other health settings and compiling a gap analysis with NHS Borders performance which will direct the work plan for the group.

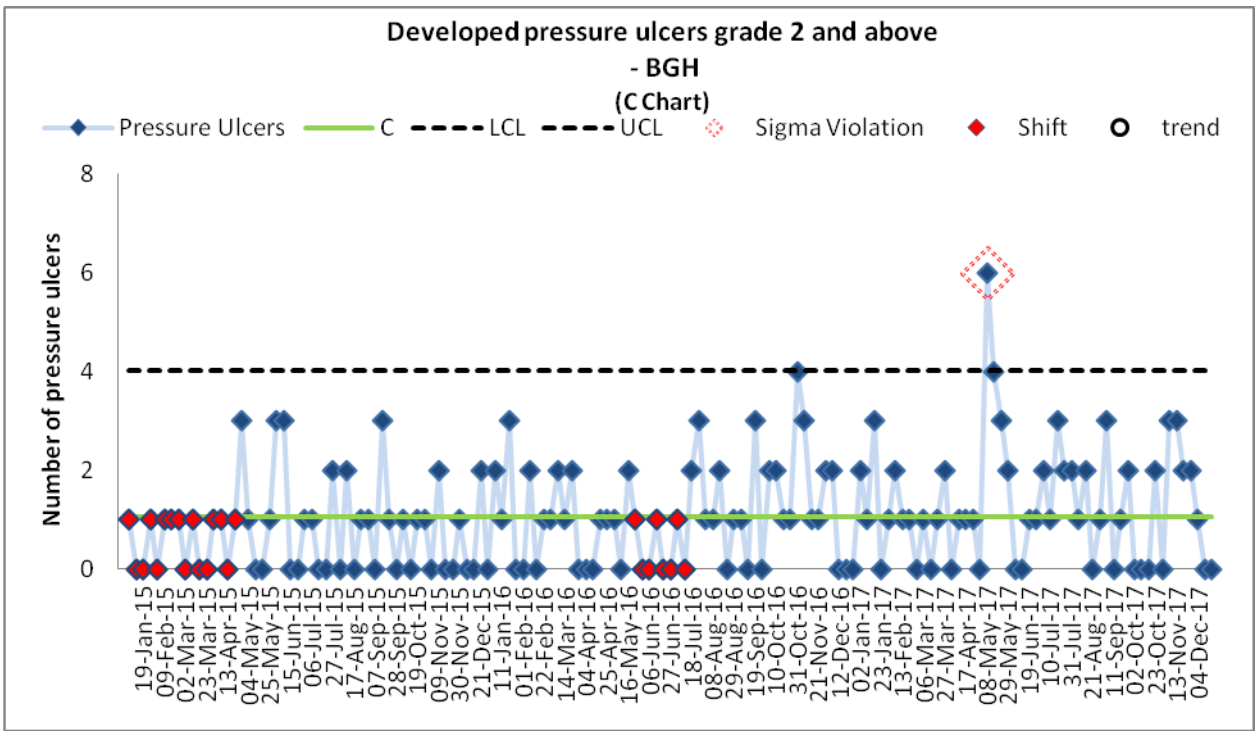


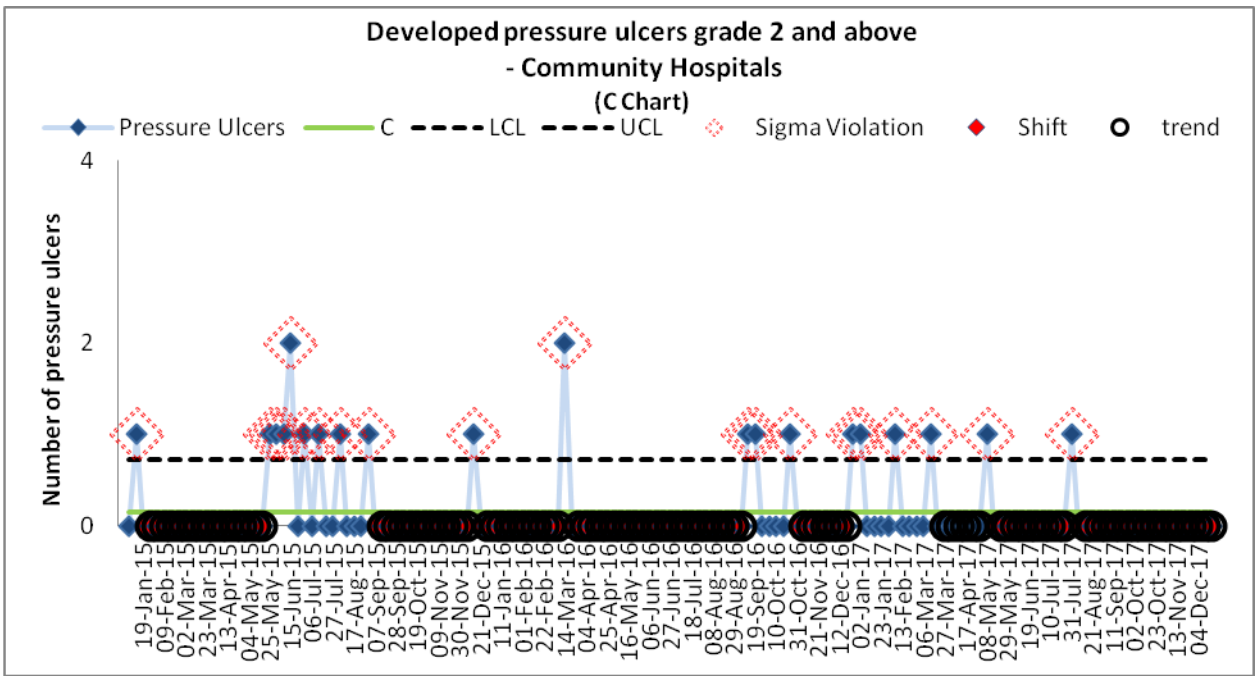
3. Tissue Viability

Aim: Tissue Viability – zero tolerance of developed pressure ulcers from April 2018.

Data related to pressure damage are captured now at BGH and community hospital level independently in order to understand where there is good performance to enable organisational learning.

The new aim from April will give additional focus to this improvement work and an opportunity to learn from the excellent performance reported from our community hospitals.



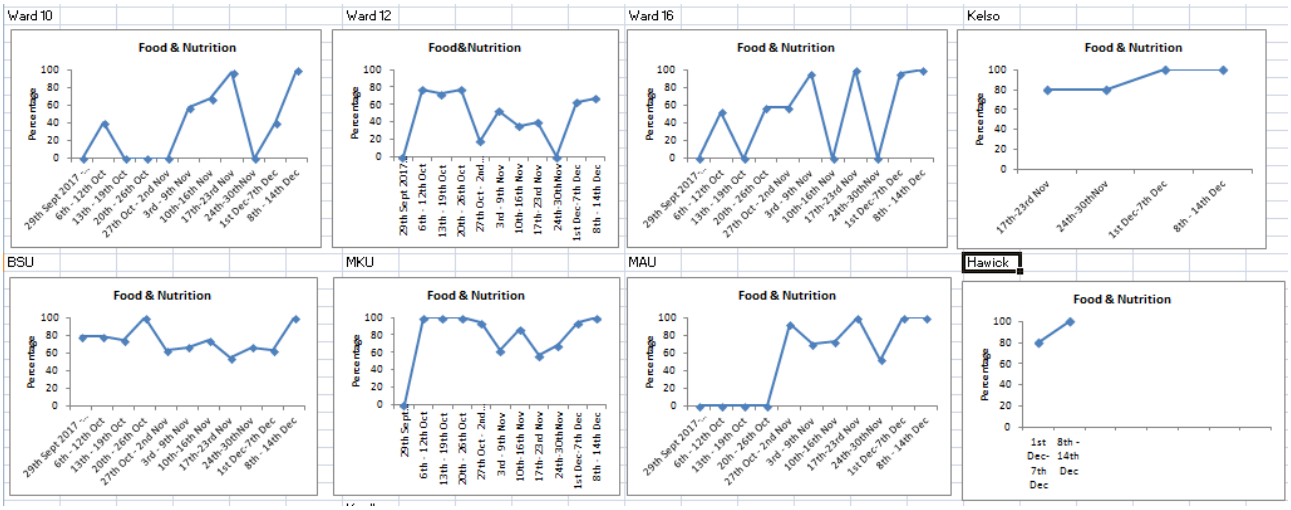


4. Nutritional Care

Aim: Food, Fluid and Nutrition standards – work with Healthcare Improvement Scotland's (HIS) Tailored Response Team (TRIST) who will provide bespoke improvement advice and coaching for this specific issue, which they recognise is not well developed across Scotland.

The Person Centred Coaching Tool (PCCT) provides weekly data on nutritional assessment and planning which will give us organisational intelligence on areas of good practice and also those for improvement. The data is presented for the Senior Charge Nurses, Clinical Nurse Managers and others and we will use the support from HIS to support ideas for change. The Board should be assured that there is a robust system in place and this system has an in-built additional assurance mechanism. However, it should be acknowledged that performance remains at less than optimum and clinical management teams are working to improve this situation.

The table below is a snapshot example of the PCCT dashboard for nutritional care.



The NHS Borders Food Fluid and Nutritional Care Strategy and overarching policy has been developed and the work plan is being considered by the Food, Fluid and Nutritional Care Steering Group.

5. Communication with Patients and Families

Aim: Communication with patients and families – aim to effectively engage with 100% of patients and families by June 2018. Reducing complaints with an aim for each clinical area to incrementally improve to achieve more than 300 days between upheld complaints by March 2019.

A Communications group has been established and will work together to identify the ideas for change required.

In the meantime the outcome data is reported here in a slightly different format.

COMPLAINTS
203 received between 1 April 2017 to 31 October 2017
(154 BGH, 19 P&CS, 19 MH, 11 SS)

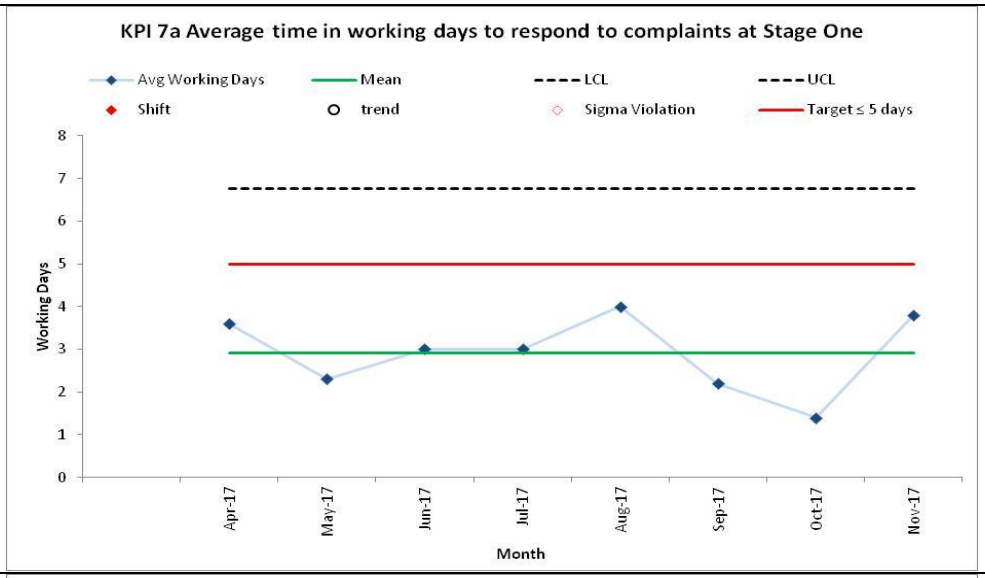
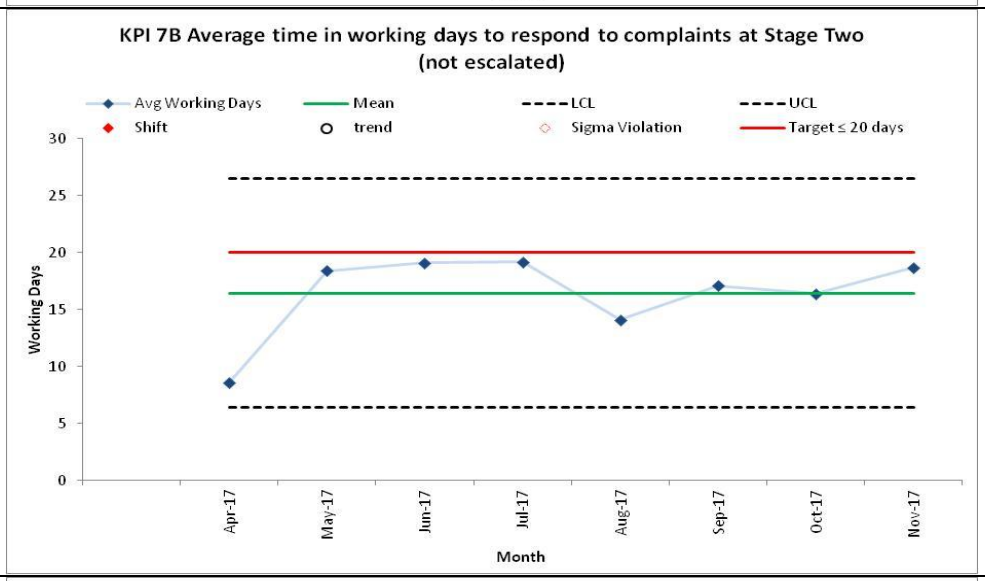
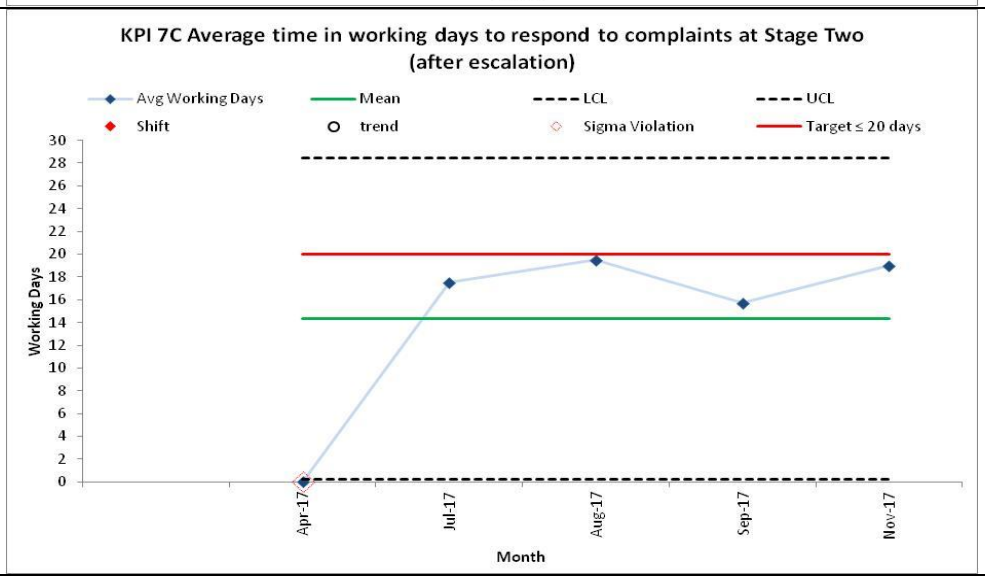
↑ **63** more complaints than same period in 2016

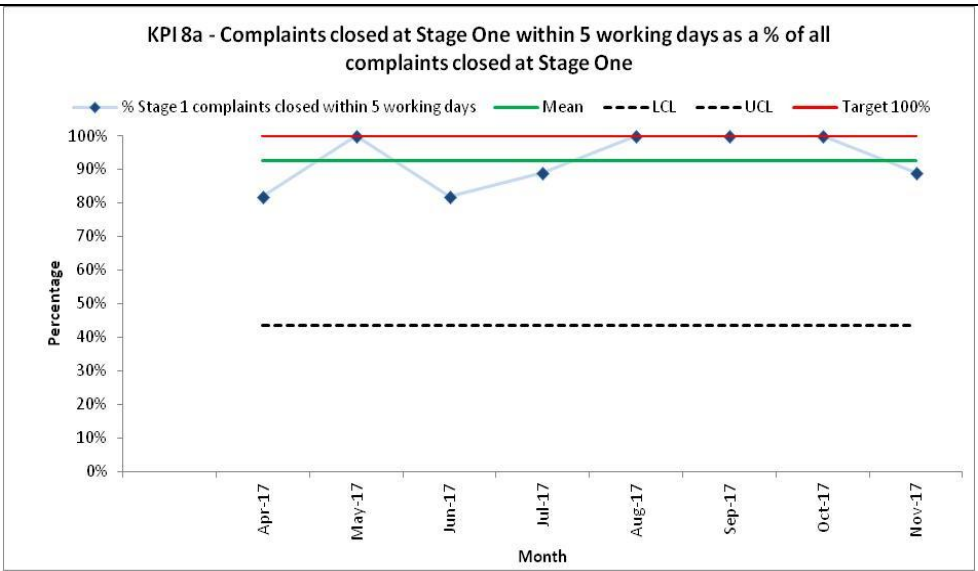
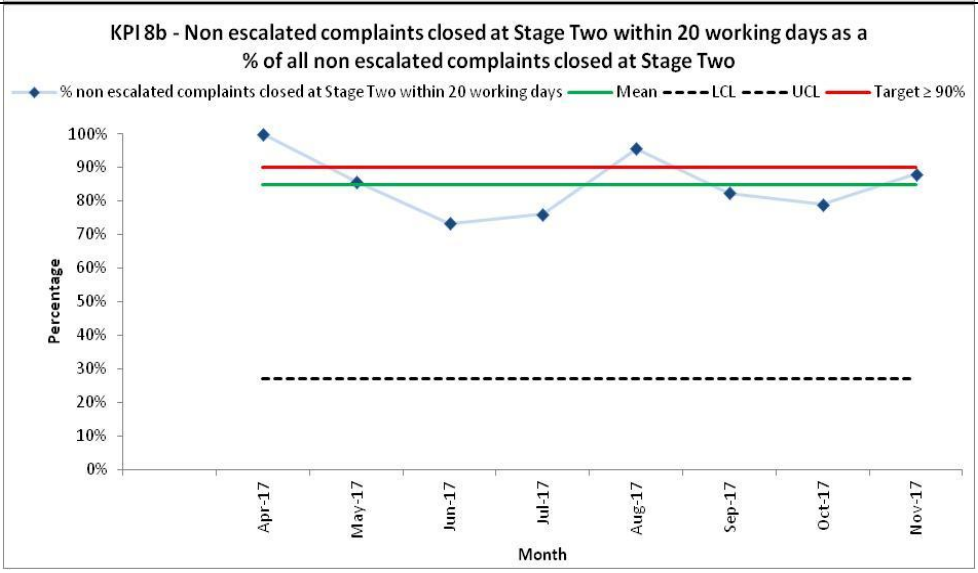
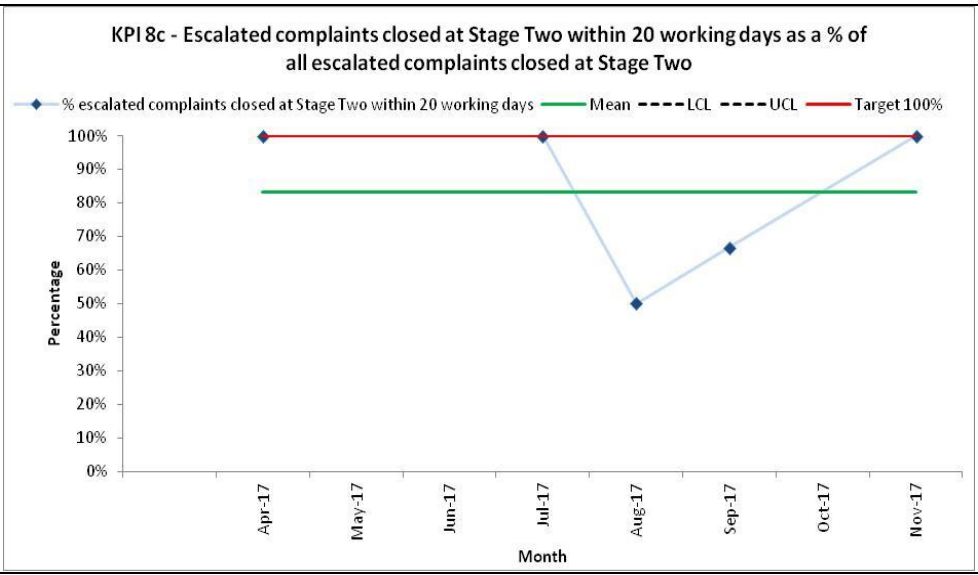
CONCERNS
3 received between 1 April 2017 to 31 October 2017
(3 BGH)

↓ **26** less concerns than same period in 2016
(which is reflective of change in concern classification in line with new complaints handling procedure)

COMMENDATIONS
2494 received between 1 April 2017 to 31 October 2017
(1674 BGH, 429 P&CS, 391 MH)

↑ **176** more commendations than same period in 2016

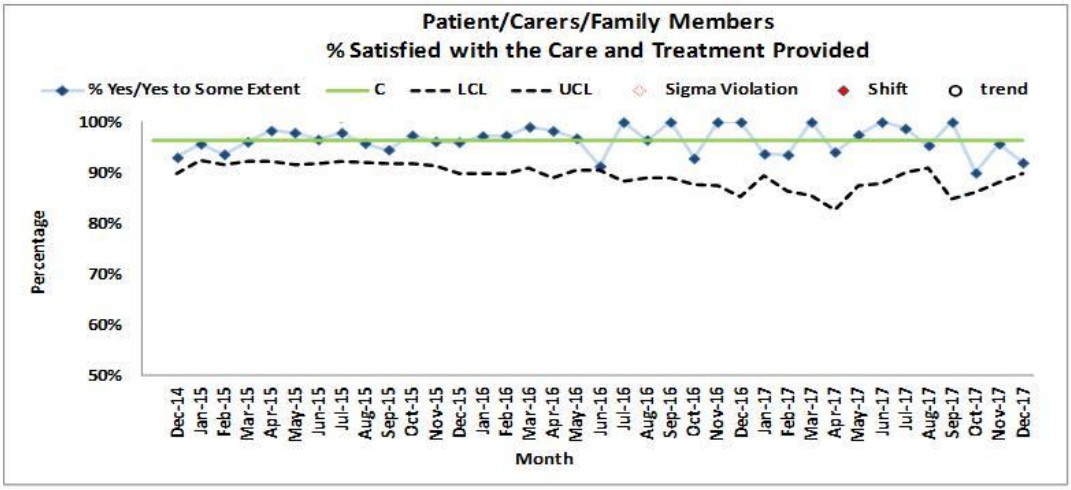
In November 2017, our average time to respond to Stage 1 complaints was **3.8** working days.	
In November 2017, our average time to respond to Stage 2 non escalated complaints was **18.7** working days.	
In November 2017, our average time to respond to Stage 2 escalated complaints was **19** working days.	

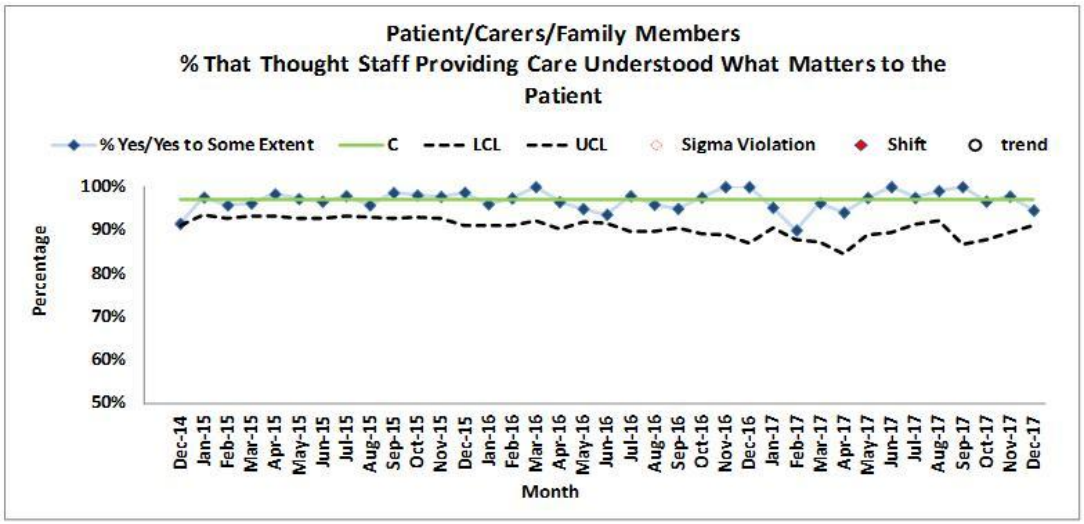
In November 2017, we closed **89%** of Stage 1 complaints within 5 working days. Our average response rate for 2017/18 is **93%.**	
In November 2017, we closed **88%** of Stage 2 non escalated complaints within 20 working days. Our average response rate for 2017/18 is **85%.**	
In November 2017, we closed **100%** of Stage 2 escalated complaints within 20 working days. Our average response rate for 2017/18 is **83%.**	

7 stories shared about NHS Borders in November 2017 **86%** of those stories shared are positive These stories have been viewed **961** times	Care Opinion What's your story?
NHS Borders now have **100** staff listening to stories shared in Care Opinion, 55 of these staff are also able to directly respond to stories.	

Patient Feedback

We continue on a weekly basis to welcome patient feedback volunteers onto our wards within our acute hospital and we are progressing with implementing this method of feedback in our community hospitals. One of our aims this year is to get better at informing the public and staff of the changes that have been made and the commendations received. To help us with this we are encouraging our volunteers to use Care Opinion along with the "You Said We Did" information posters and our public involvement groups.





Recommendation

The Board is asked to **note** this paper

Policy/Strategy Implications	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report.
Consultation	The content has been discussed at 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
Claire Pearce	Director of Nursing, Midwifery and Acute Services		

Author(s)

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