Borders NHS Board

CLINICAL GOVERNANCE & QUALITY UPDATE – March 2018

Aim

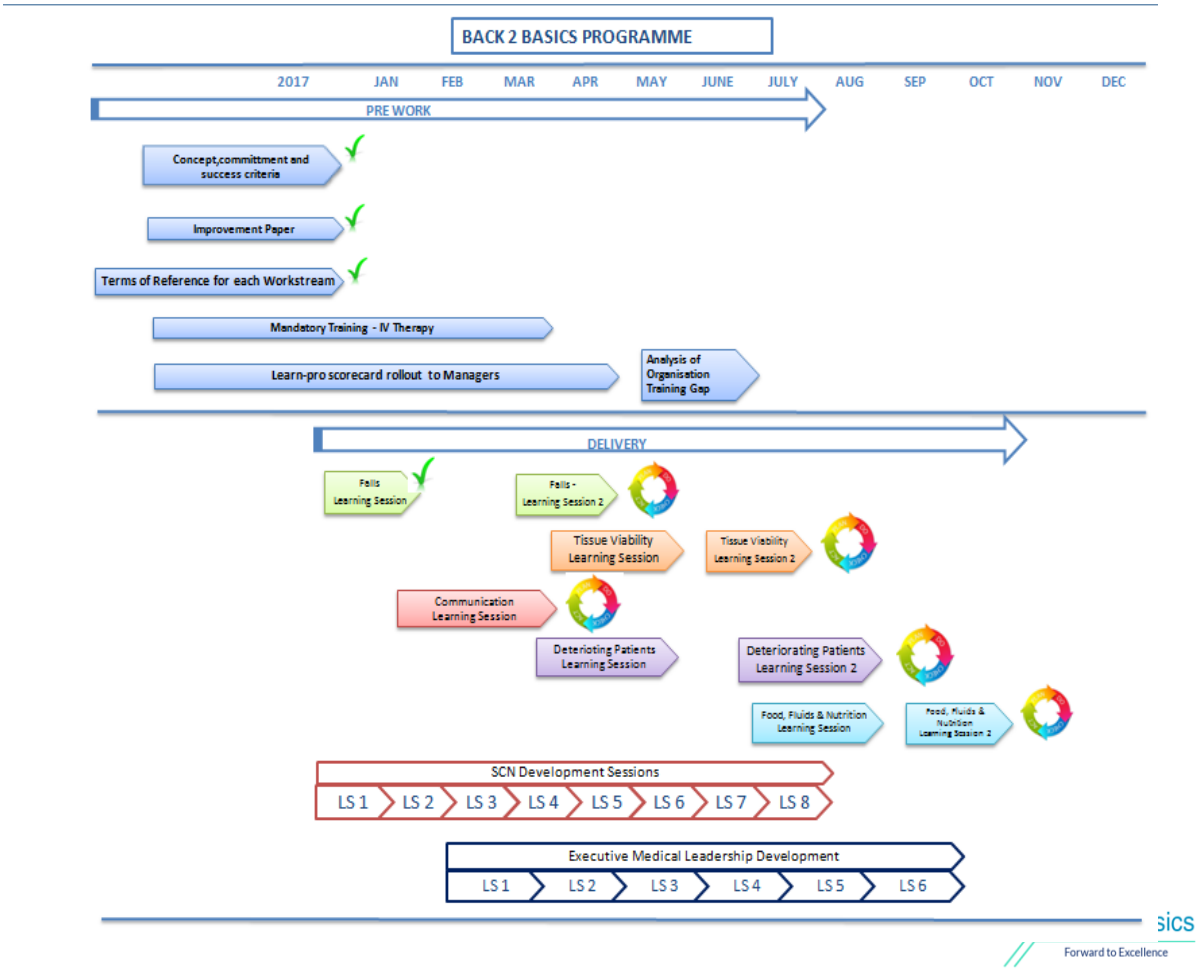
This paper aims to assure the Board that the systems and processes in place across the organisation are established and being further developed, in order to monitor and improve the quality of services for patients across NHS Borders.

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.

Summary

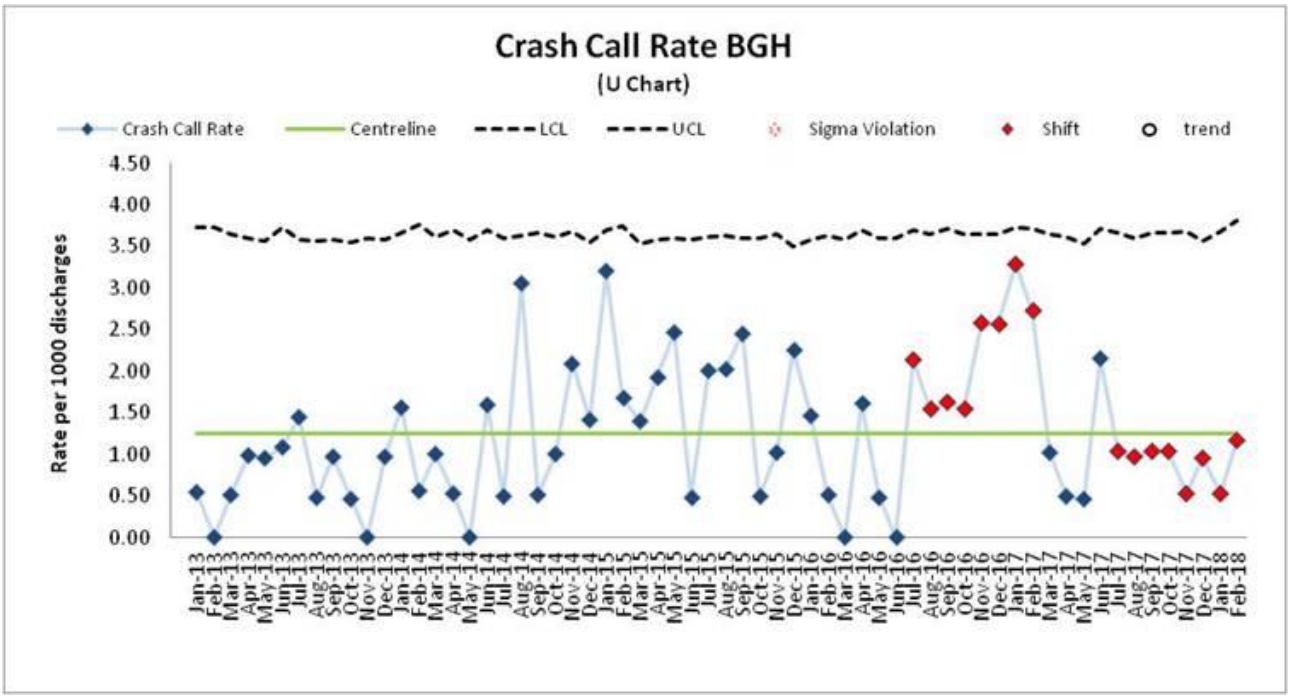
The Back to Basics Improvement Collaborative programme of work is summarised below:



- Terms of reference for each work stream have been established.
- Training gap analysis in progress
- Baseline measures for each work stream being considered
- Communication strategy being considered
- Project plan for each workstream in development
- Underpinned by SCN and Executive Medical leadership development

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 shows a shift in the right direction.

Mortality

The hospital management team continues to monitor a range of indicators, including unadjusted mortality and undertakes and is currently at the end of an in depth review for activity over the last month.

The outcome of crude mortality reviews are presented to the Clinical Governance Committee.

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.

All learning session delegates are currently developing their project charters and framing their improvement work. A follow up event is planned for April 2018.

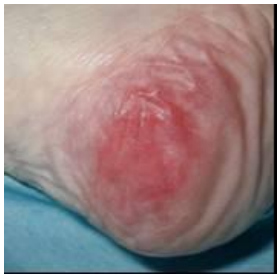
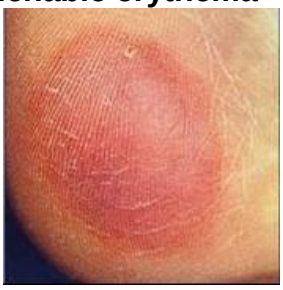
The Excellence in Care Improvement Lead continues to develop the quality improvement support system to ensure that ward based teams have the right level of support to ensure that their aims are achieved.

3. Tissue Viability
Aim: Tissue Viability – zero tolerance of developed pressure ulcers from May 2018. The first learning session for this work stream is scheduled for 31st May 2018.

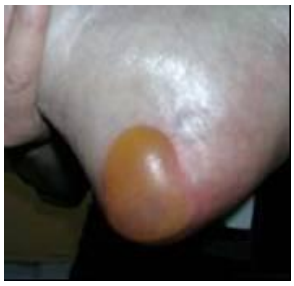
The first learning session (and the second of the Back to Basics Collaborative) will be held in May 2018.

The Board might be interested to see photographs of what pressure damage looks like:

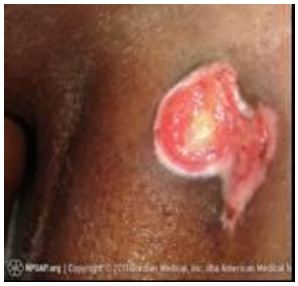
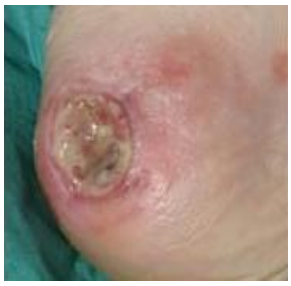
Grade 1 – Non blanchable erythema

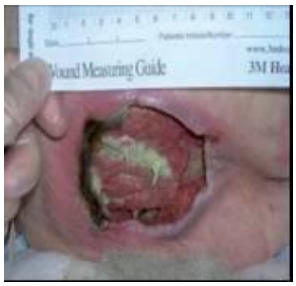
Grade 2 – Partial thickness skin loss

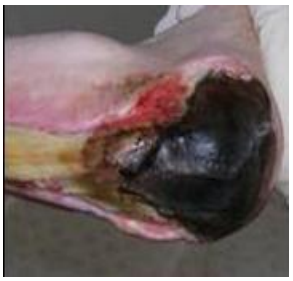



Grade 3 – Full thickness skin loss

Grade 4 – Full thickness tissue loss





4. Nutritional Care
Improvement Advisors from Healthcare Improvement Scotland have offered to support this work stream and the Back to Basics Steering Group is considering how best to utilise this offer of support.

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.

Two events are planned for Band 6 nurses and senior managers and clinicians in April and May respectively to explore the issues of Candour, complaints and conflict: listening and learning from feedback. The events will be facilitated by Dr Dorothy Armstrong; Dorothy works to promote complaints as a vehicle for improvement and has developed an interest in the Power of Apology and frontline resolution tools and techniques. Dorothy has also served on a number of national groups and currently has an honorary contract with a large NHS Board to ensure she is grounded in nursing practice. She was awarded an Honorary Doctorate by the University of Edinburgh in 2010 for her services to nursing.

COMPLAINTS
284 received between 1 April 2017 to 31 January 2018
(210 BGH, 28 P&CS, 28 MH, 18 SS)

90 more complaints than same period in 2016/17

CONCERNS
4 received between 1 April 2017 to 31 January 2018
(3 BGH, 1 MH)

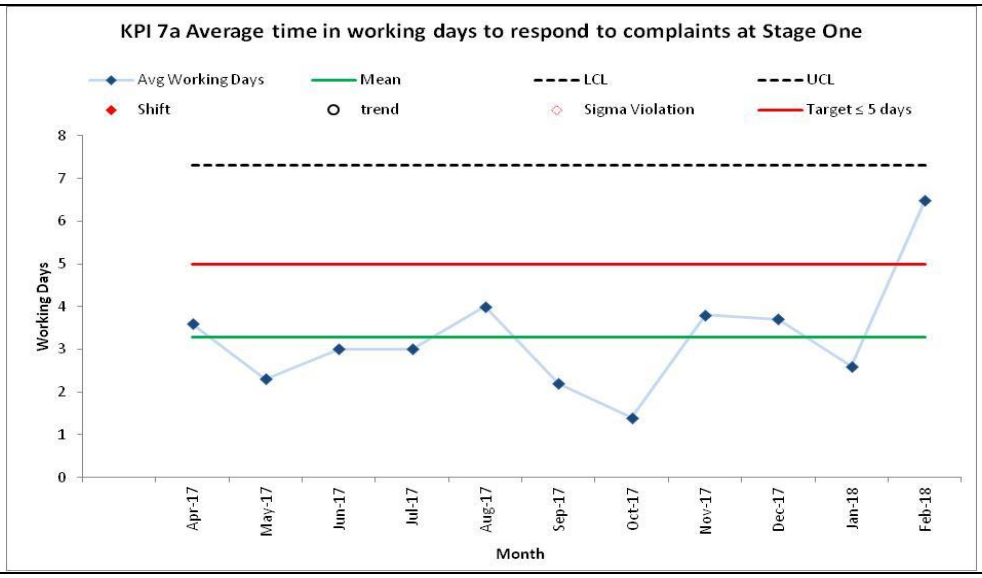
36 less concerns than same period in 2016/17
(which is reflective of change in concern classification in line with new complaints handling procedure)

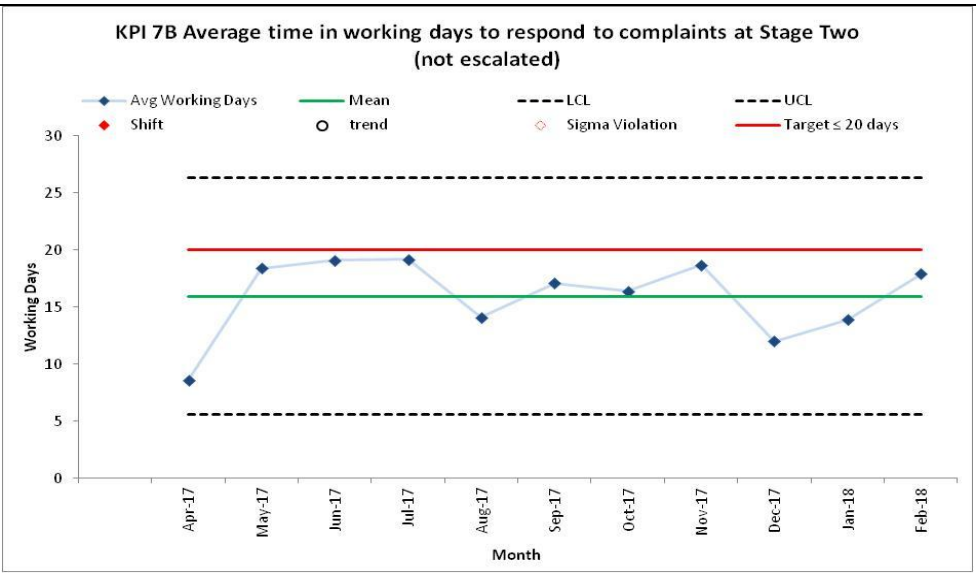
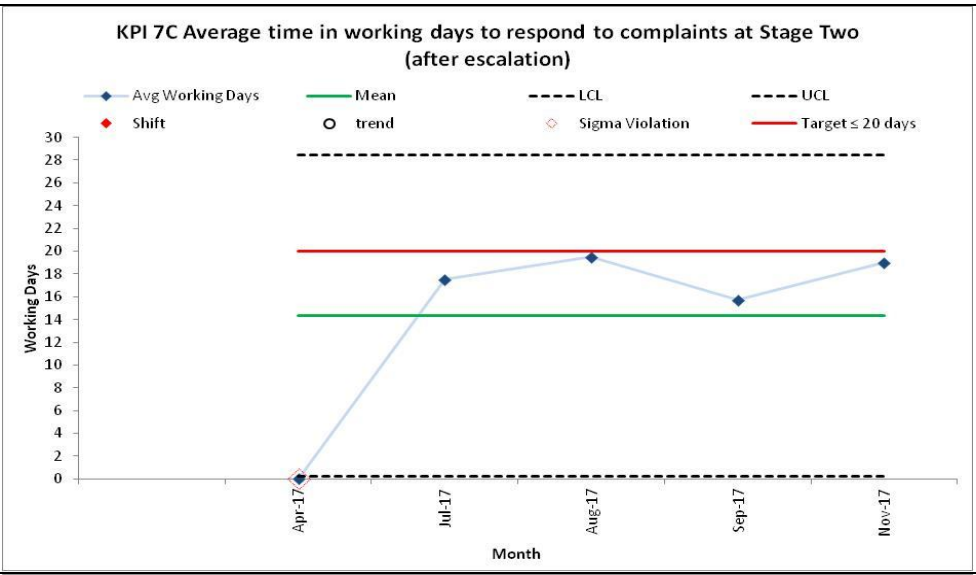
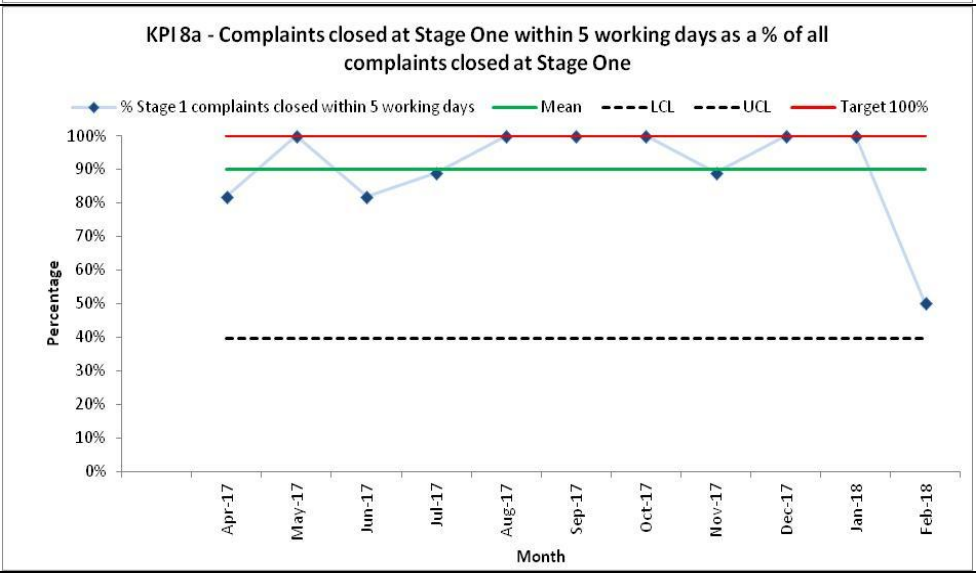
COMMENDATIONS
3410 received between 1 April 2017 to 31 January 2018
(2307 BGH, 585 P&CS, 518 MH)

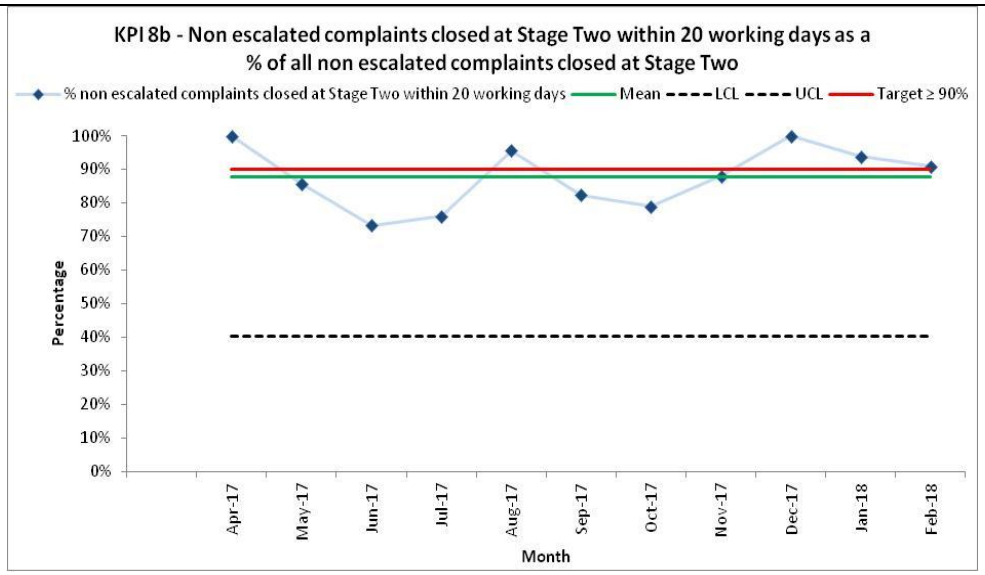
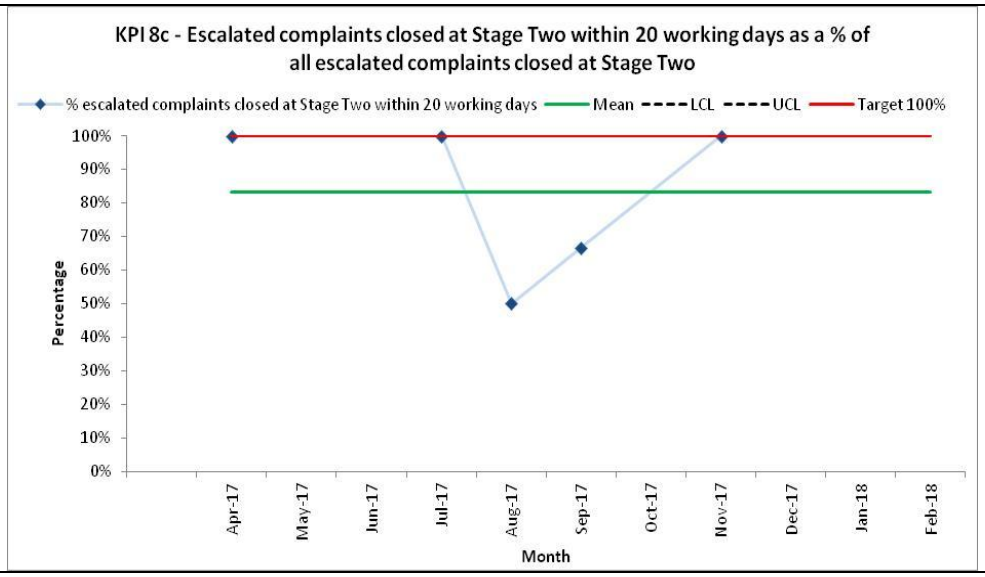
178 less commendations than same period in 2016/17

In February 2018, our average time to respond to Stage 1 complaints was **6.5** working days.

Our average response rate for 2017/18 is **3** days**.**



In February 2018, our average time to respond to Stage 2 non escalated complaints was **18** working days. Our average response rate for 2017/18 is **16** days**.**	
We have had no Stage 2 escalated complaints since November 2017. Our average response rate for 2017/18 is **14** days.	
In February 2018, we closed **90%** of Stage 1 complaints within **5** working days. Our average response rate for 2017/18 is **50%.**	

In February 2018, we closed **91%** of Stage 2 non escalated complaints within **20** working days. Our average response rate for 2017/18 is **88%.**	
We have had no Stage 2 escalated complaints since November 2017. Our average response rate for 2017/18 is **83%.**	

Care Opinion update:

24 stories shared about NHS Borders in January & February 2018 **79%** of those stories shared are positive These stories have been viewed **5307** times	 Care Opinion What's your story?
NHS Borders now have **139** staff listening to stories shared in Care Opinion, 61 of these staff are also able to directly respond to stories.	

Volunteering

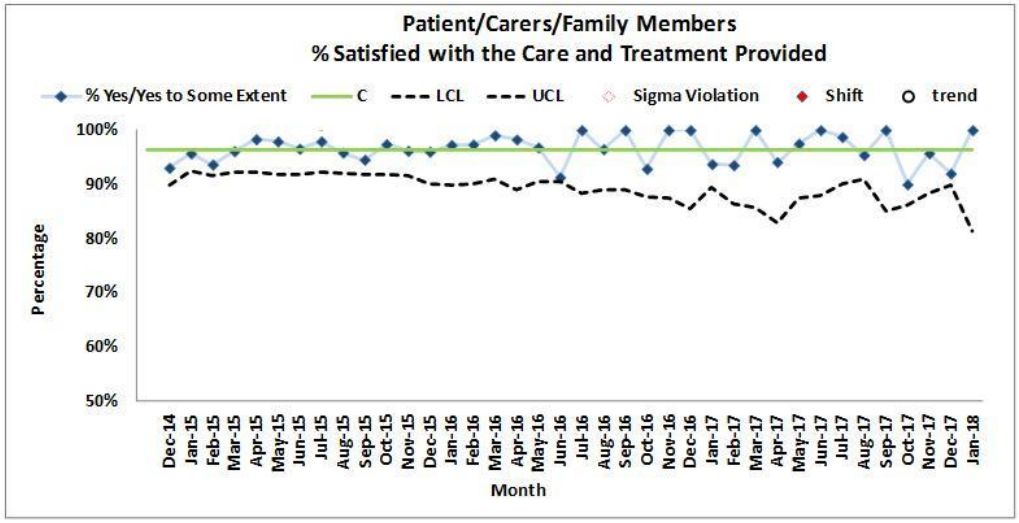
The Person Centred Care team are delighted that the Ward Visitors along with our Pain Self Management Volunteer have been shortlisted as finalists in the Supporter of the Year category at this year's Celebrating Excellence Staff Awards.

A potential new Diabetes volunteering role is currently being explored. If successful, this will be the first of its kind in NHS Scotland. Lisa Taylor, who supports the national volunteering programme at Healthcare Improvement Scotland, was very enthusiastic about the development of this role when she attended the Volunteer Steering Group in February.

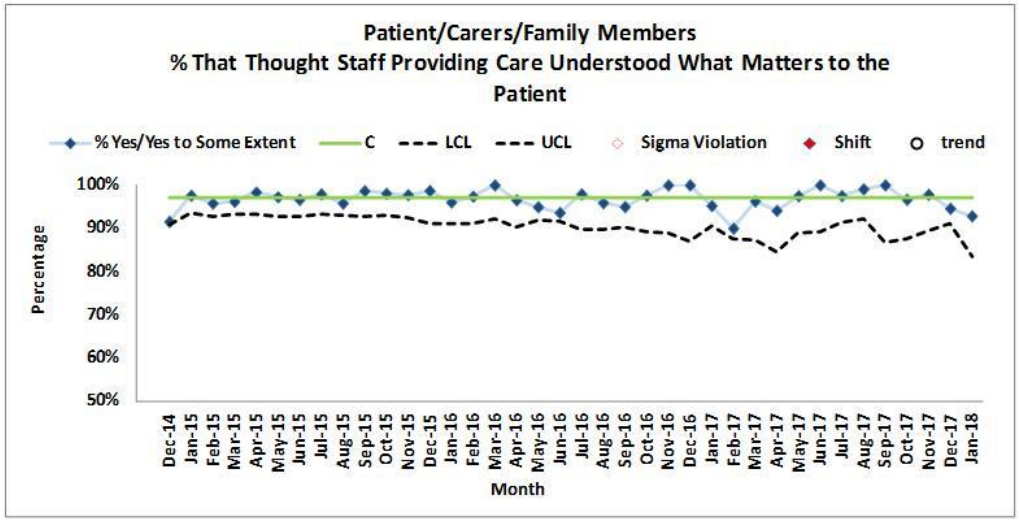
Patient Feedback Volunteers

We continue to support patient feedback in our acute hospital, community hospital and mental health units. We have taken five of our most common themes to the BGH Participation Group and we have discussed ways in which the group can become involved to support improvement.

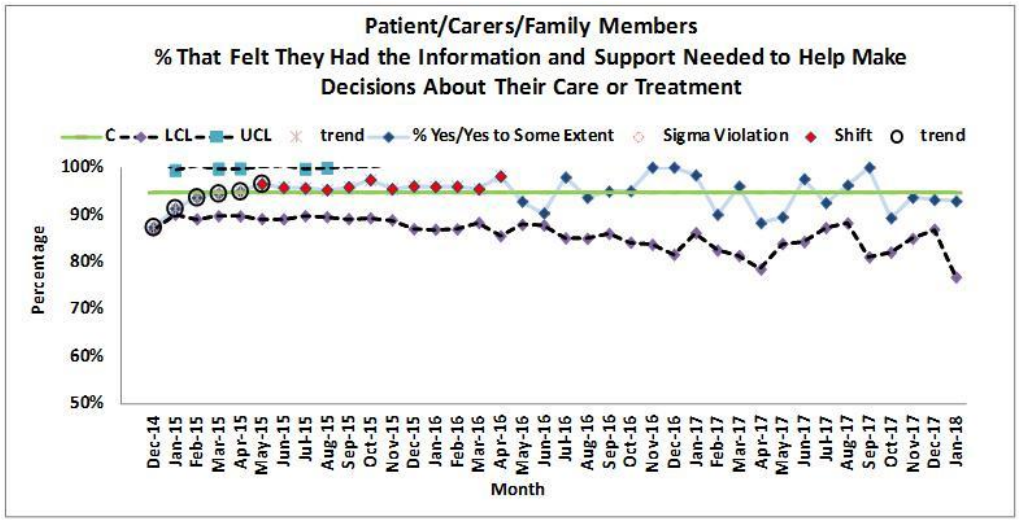
The charts below outline the responses from the three core questions asked by patient feedback volunteers from patients, carers, relatives and visitors and from the "two minutes of your time" questionnaire, which is available in our acute hospital, mental health units and community hospitals.



Statistically no change to report at this time.



No change to report at this time



No change to report at this time

Public Member Support
Our public members continue to provide a public perspective on many of our groups and most recently we have recruited to the following:

- Information Governance
- Inpatient Falls Working Group
- Chronic Obstructive Pulmonary Disease Short Life Steering Group

On two dates during March public members will be supporting staff in the dining room to vote for the Celebrating Excellent Platinum Award. This award is for the staff member who they feel has shown outstanding contribution and dedication to NHS Borders.

#HaveTheConversation
The Chief Medical Officer's report on Realistic Medicine has prompted many discussions amongst professionals about both the concept (of Realistic Medicine) and how this might be realised operationally, and there is not much evidence of structured progress in this regard.

One concept the Board is asked to support builds on international work which acknowledges that 'Everyone's life will come to an end. CPR is for when a heart stops suddenly and prematurely, not #OrdinaryDying due to great age or terminal illness. We must empower people in the winter of their lives to be able to opt-in to a peaceful, dignified death. #HaveTheConversation'.

This is also in line with the work underway with the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) development. ReSPECT being a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advance/anticipatory care planning.

Senior clinicians within NHS Borders are interested in exploring the concepts more formally with the citizens of the Scottish Borders and are about to engage in the first instance with the BGH Participation Group and then the Public Partnership Forum (PPF) about approaches to community involvement and engagement that might help us to take this debate forward.

The images in appendix 1 are two examples of how others are beginning to broach this subject and the PPF will be asked to work with NHS Borders to develop an involvement and engagement strategy that works for our patients.

To Board is asked to note this engagement activity and be prepared to take further reports on a future proposed way forward.

Other Clinical Governance and Quality Issues

Research Governance
The Research Governance Coordinator has recently attended training to enable the Introduction to Good Clinical Practice (GCP) courses to be delivered locally. It is planned to deliver the first course on the 27 March 2018. Delivering these courses locally will bring a cost saving to the organisation.

Clinical Audit
During the course of March 2018 an organisation wide audit of health records will be conducted. The audit will measure entries in patient health records against the standards contained within the Completion of Health Records Policy. The outcome of the audit will be shared with the four Clinical/Integrated Boards to enable each to develop an improvement action plan. These will be included in the final audit report which will be presented in due course at a Clinical Executive Operational Group meeting.

Data/Information
Data collection has commensed for the Excellence in Care Programme. Although the programmme is still in development in respect of the data requirement, a first submission, which included the majority of the core measures, has been successfully made for February 2018. Currently the focus is on establishing a reliable process to create data extracts to populate the required monthly submissions.

Internal Audit Report 2017/18 – Clinical Governance (Acute Services)
An action plan aligned to the recommendations in the report has been developed. This will go to the next meeting of the Clinical Governance for approval. Actions are being progresssed in respect of a number of the report recommendations.

Recommendation

The Board is asked to **note** this paper and in particular to:

- **note** the proposed public engagement activity and be prepared to take further reports on a future proposed way forward.

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.

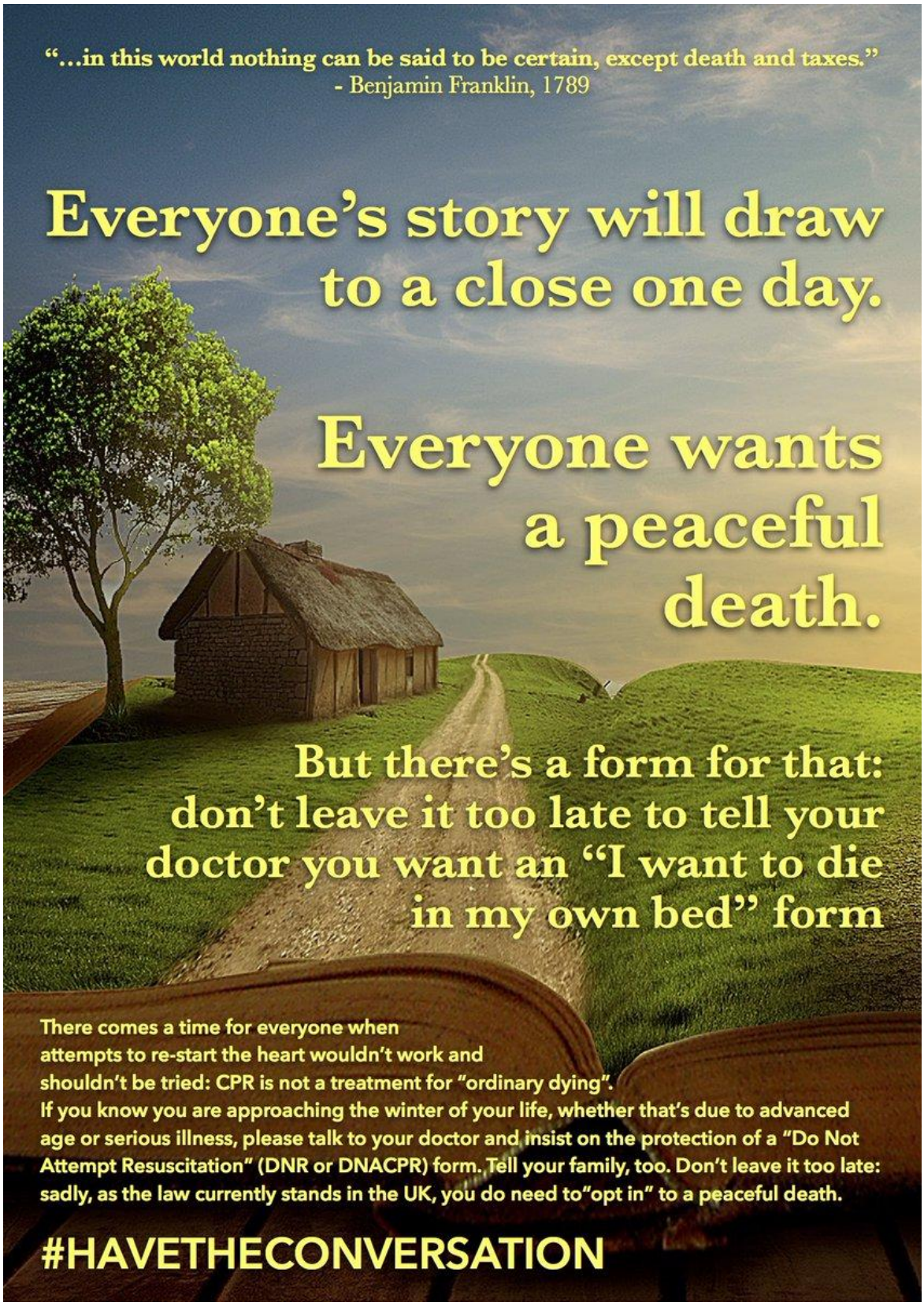
Approved by

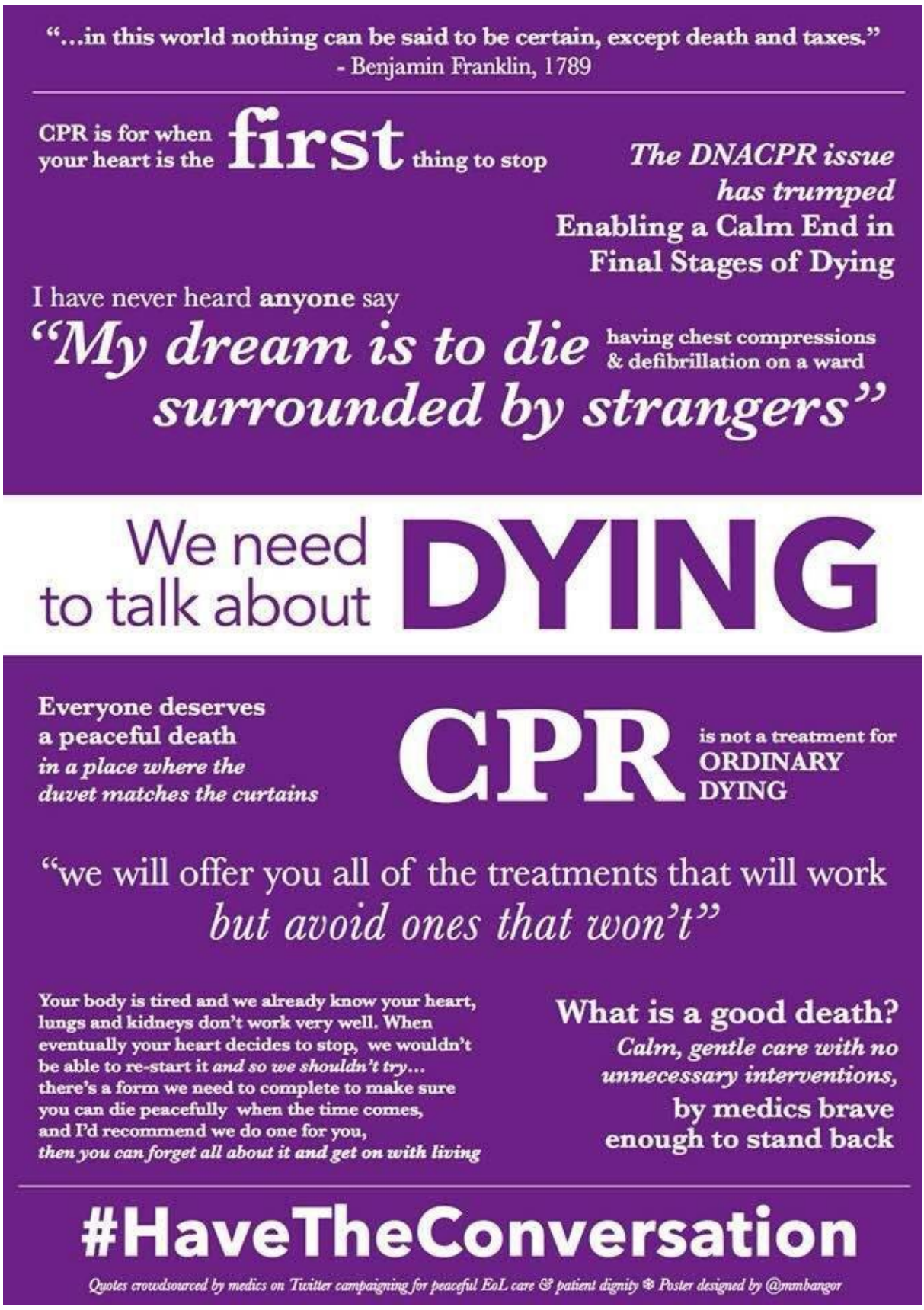
Name	**Designation**	**Name**	**Designation**
Claire Pearce	Director of Nursing, Midwifery and Acute Services		

Author(s)

Name	**Designation**	**Name**	**Designation**
Ros Gray	Head of Clinical Governance and Quality	Amie Blackaby	Project Support Manager

Appendix 1


"...in this world nothing can be said to be certain, except death and taxes."
- Benjamin Franklin, 1789
Everyone's story will draw to a close one day.
Everyone wants a peaceful death.
But there's a form for that: don't leave it too late to tell your doctor you want an "I want to die in my own bed" form
There comes a time for everyone when attempts to re-start the heart wouldn't work and shouldn't be tried: CPR is not a treatment for "ordinary dying".
If you know you are approaching the winter of your life, whether that's due to advanced age or serious illness, please talk to your doctor and insist on the protection of a "Do Not Attempt Resuscitation" (DNR or DNACPR) form. Tell your family, too. Don't leave it too late: sadly, as the law currently stands in the UK, you do need to"opt in" to a peaceful death.
#HAVETHECONVERSATION


"...in this world nothing can be said to be certain, except death and taxes."
- Benjamin Franklin, 1789
CPR is for when your heart is the first thing to stop
The DNACPR issue has trumped
Enabling a Calm End in Final Stages of Dying
I have never heard anyone say
"My dream is to die surrounded by strangers"
having chest compressions & defibrillation on a ward
We need to talk about DYING
Everyone deserves a peaceful death
in a place where the duvet matches the curtains
CPR
is not a treatment for ORDINARY DYING
"we will offer you all of the treatments that will work but avoid ones that won't"
Your body is tired and we already know your heart, lungs and kidneys don't work very well. When eventually your heart decides to stop, we wouldn't be able to re-start it and so we shouldn't try... there's a form we need to complete to make sure you can die peacefully when the time comes, and I'd recommend we do one for you, then you can forget all about it and get on with living
What is a good death?
Calm, gentle care with no unnecessary interventions,
by medics brave enough to stand back
#HaveTheConversation
Quotes crowdsourced by medics on Twitter campaigning for peaceful EoL care & patient dignity ❄ Poster designed by @mmbangor