

CLINICAL GOVERNANCE & QUALITY UPDATE – June 2018

Aim

This report aims to provide the Board with an overview of progress in some of the key areas within the Clinical Governance & Quality portfolio.

Background

The Board receives regular reports across the breadth of services supported by the Clinical Governance and Quality department. This update encompasses a range of work being carried out across the organisation to deliver high quality, person centred, safe and effective care for patients and families.

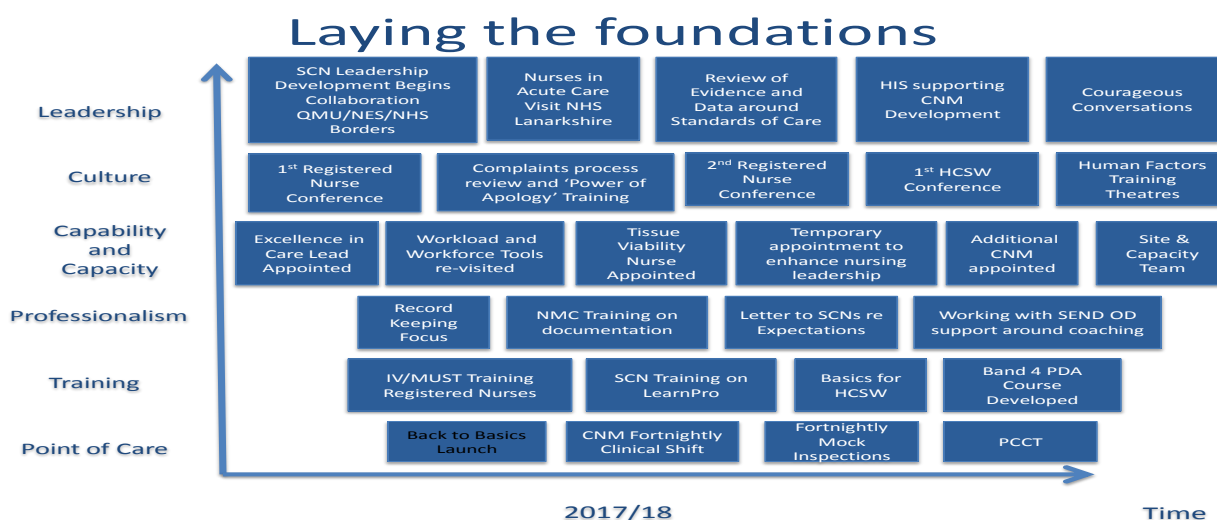
Summary

Areas of focus in this month's Clinical Governance & Quality update to the Board include:

- Back to Basics and falls update
- Hospital Standardised Mortality Ratios – recently published data
- Complaints, concerns and recommendations, including data from GP practices
- Volunteering and patient feedback volunteers
- Research Governance
- Duty of Candour

Back to Basics

The illustration below summarises the work to date across 6 key headings in laying the foundations since the inception of the Back to Basics Improvement Collaborative.

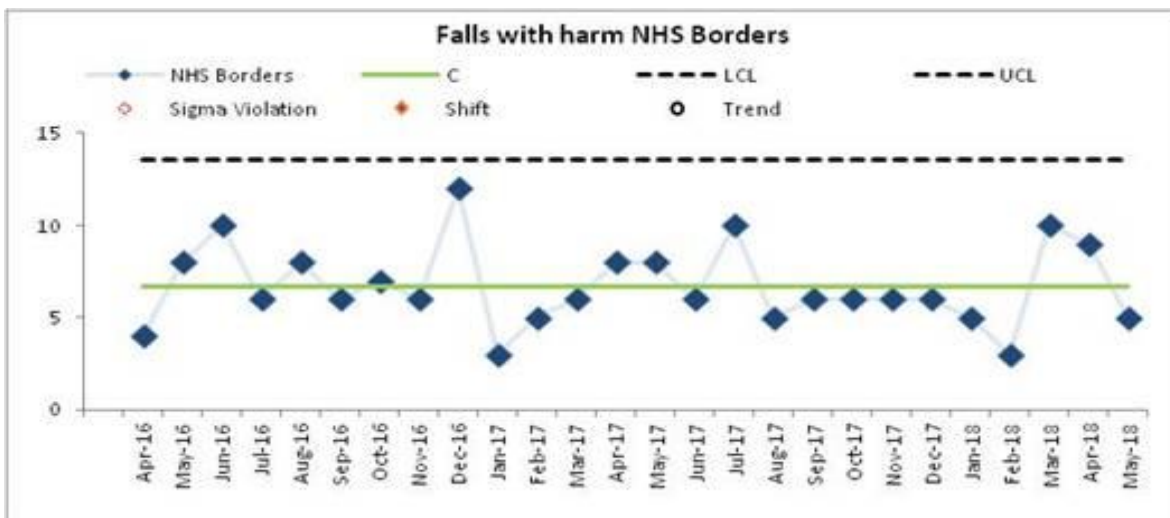
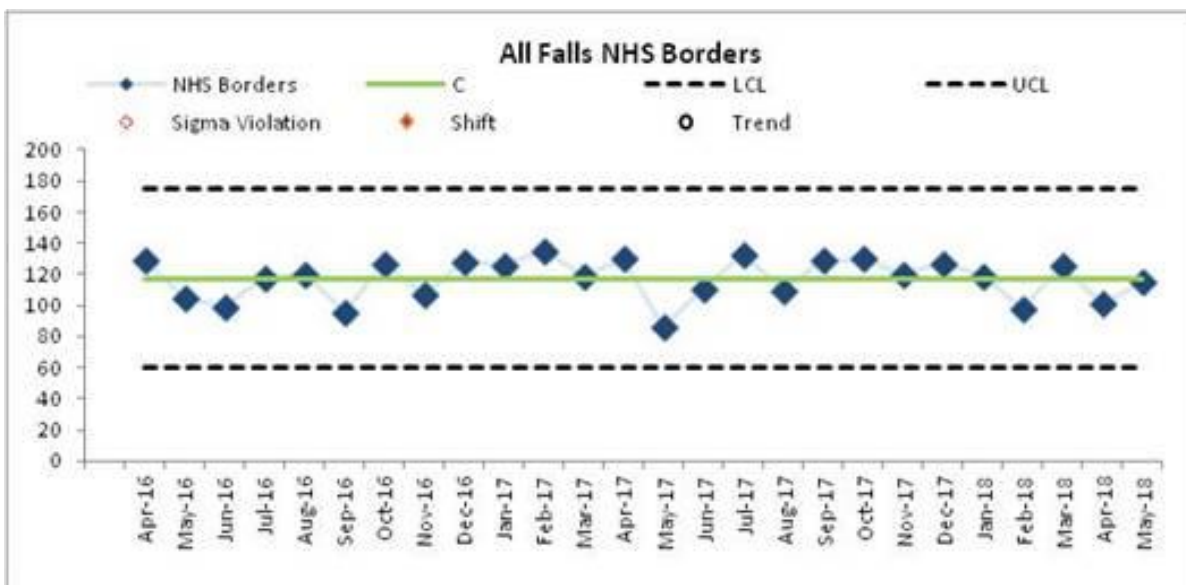


Falls

One of the key components of the Back to Basics programme is ongoing work in relation to falls prevention and falls reduction with an aim of reducing falls by 25% by December 2018 and eliminating falls with harm.

The data for all inpatient areas across NHS Borders has not yet shown significant improvement. There have been hot spot areas identified and through improvement work, assigned Quality Improvement support and learning from others across NHS Borders and other boards, we are confident we will achieve our aim.

The launch of Back to Basics occurred in October 2017 and the first Learning Session for falls took place in January 2018.



Hospital Standardised Mortality Ratios (HSMR)

The recently published data on the 15th May 2018 on (HSMR) showed the following in relation to our performance:-

- In the quarter October- December 2017, our HSMR was 0.87 compared to 0.84 in the previous quarter July-September 2-17
- Deaths in the quarter October – December 2017 were 13% fewer than predicted
- NHS Borders is still below the mean of 0.91

- Changes in the provision of palliative and end-of-life care are currently not explicitly factored into the case mix adjustment of HSMR due to existing practices for capturing information, hence the growing number of patients in these cohorts may be influencing our HSMR upwards as they fall in to a higher category in terms of the model predicting their probability of death





Scotland as a whole increased from 0.86 to 0.95 during the quarter October – December 2017 but saw 5% fewer deaths than predicted.

Mortality Reviews

The hospital management team continues to monitor a range of indicators, including unadjusted mortality.

At the end of 2017 and early in 2018, in common with other boards, there were 3 spikes in the number of deaths. Following each spike, all cases were reviewed, the first using the Global Trigger Tool (GTT) alone and the second using a combination of the GTT and either the tool developed and shared by NHS Lanarkshire or the Structured Judgment Review Tool. These latter two tools provided more qualitative data in relation to end of life care and Realistic Medicine. No specific indicators were identified during the case reviews.

Complaints, Concerns & Commendations

<p>COMPLAINTS <u>353</u> received between 1 April 2017 to 31 March 2018 - (257 BGH, 34 P&CS, 28 MH, 39 SS)</p> <p> <u>126</u> more complaints compared to 2016/17</p> <p>During April 2018, <u>39</u> complaints were received which is <u>9</u> more complaints than April 2017.</p>	
<p>CONCERNS <u>4</u> received between 1 April 2017 to 31 March 2018 (3 BGH, 1 MH)</p> <p> <u>41</u> less concerns compared to 2016/17 (which is reflective of change in concern classification in line with new complaints handling procedure)</p> <p>During April 2018, <u>0</u> concerns were received which is <u>2</u> less concerns compared to April 2017.</p>	
<p>COMMENDATIONS <u>3672</u> received between 1 April 2017 to 31 March 2018 - (2477 BGH, 631 P&CS, 564 MH)</p> <p> <u>468</u> less commendations compared to 2016/17</p> <p>During April 2018, <u>195</u> commendations were received which is <u>207</u> less commendations than April 2017.</p>	

Summary of Complaints Performance Indicators for April 2018

- The average time to respond to Stage 1 complaints was **4.2** working days.
- The average time to respond to Stage 2 non escalated complaints was **14.2** working days.
- The average time to respond to Stage 2 escalated complaints was **12** working days.
- **64.7%** of Stage 1 complaints were closed within **5** working days.
- **90.9%** of Stage 2 non escalated complaints were closed within **20** working days.
- **100%** of Stage 2 escalated complaints were closed within **20** working days.

The Feedback & Complaints Team have noted an ongoing increase in complaints, particularly involving Borders General Hospital and work is underway to analyse this further to identify any particular themes, or areas.


Primary Care Service Providers Complaints

The table below outlines the number of complaints received and the response rate for complaints by Primary Care Service Providers operating in the Scottish Borders between April 2017 and March 2018.

	GP	Dentist	Pharmacist	Optician
No. of Complaints received	84	11	35	2
No. of Complaints responded to within response rate	70	7	22	2

The spreadsheet Attached at Annex B gives more detail of GP Practice complaints.

Care Opinion

<p>116 stories shared about NHS Borders between 1 April 2017 to 31 March 2018</p> <p>80% of those stories shared are positive</p> <p>These stories have been viewed 29,616 times</p> <p>During April 2018, 9 stories were shared about NHS Borders, 89% of which were positive and have been viewed 1,164 times.</p>	
<p>NHS Borders now have 142 staff listening to stories shared in Care Opinion, 74 of these staff are also able to directly respond to stories.</p>	

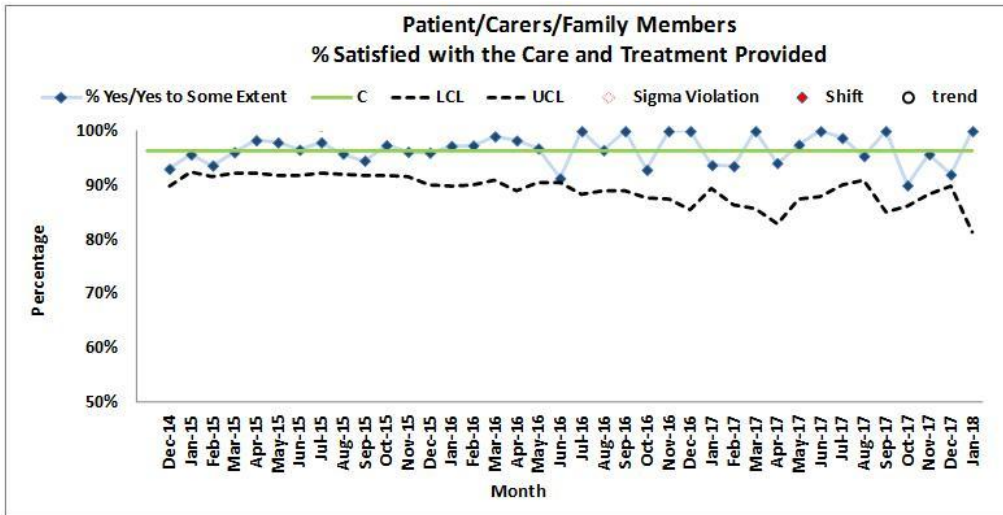
The following are examples of where changes have been made in response to feedback shared by patients on Care Opinion:

- Signposting to the use of Care Opinion made more visible within the Discharge Lounge
- Information leaflet and posters created for users of our ambulatory care service to ensure they are informed of the process and possible waiting times

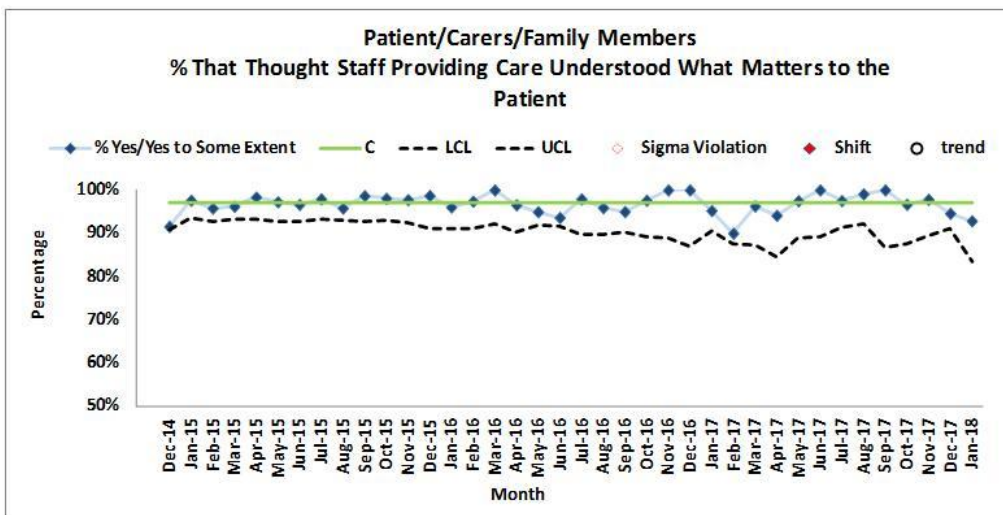
Patient Feedback Volunteers

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.

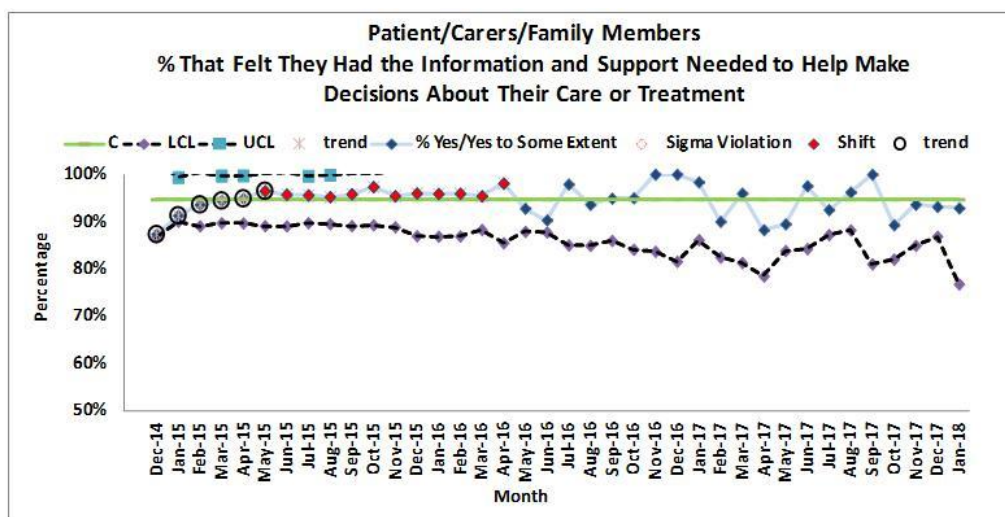


Statistically no change to report at this time.

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

What Matters to You Day

With support from our public members and volunteers, we celebrated What Matters to You Day and asked patients, relatives and carers to tell us “What Matters to You?” A vast number of comments have been gathered from across NHS Borders sites, including community hospitals and mental health units. An event aimed at staff was also held in the BGH which focussed on asking staff what got in the way of them having a good day at work, “what was the pebble in their shoe?”. This event was well supported and staff were treated to refreshments, home baking, scones and a chance to spend time with our therapists. A coffee morning was also held at Huntlyburn ward where Person Centred Care team staff met directly with patients to find out what mattered to them and also what their goals for the day were. Work is currently underway to collate all the feedback received and this will be shared across the organisation.

Volunteering Update

Two administration roles have been created, these are located in the Work and Well-Being department and Clinical Governance & Quality. Volunteers will support teams with database entry, photocopying, printing and laminating.

An exciting new role of Diabetes Support Volunteer has been developed. This role provides virtual assistance and support to the specialist nursing team. The volunteer will promote and maintain the diabetic social media pages to allow the team to engage with the remote and rural communities of the Scottish Borders.

The academic year for 2017/18 S6 pupils are graduating from the School Programme in June. Following another successful year we are continuing to expand the programme through supporting placements within the Department for the Elderly Wards.



The Voluntary Services Manager and Public Involvement Officer visited The State Hospital

to learn more about their volunteering programme and the way in which this programme is presented to the Board.

To celebrate Volunteer Week, our Voluntary Services Manager held a stall at the bottom of the stairs in the BGH to promote our existing volunteering roles and recruit new volunteers. As What Matters to You Day fell during Volunteer Week, we also ensured our volunteers played a key part in this event.

Other Clinical Governance and Quality Issues

Research Governance

In February 2018, the CSO wrote to Health Boards to inform them of the targets that would be set for 2018/19 based on Outcomes from “Delivering Innovation through Research-Scottish Government Health and Social Care Strategy 2015-2020”. The outcomes and targets are listed in the appendix to this report.

Key points from the outcomes and targets are as follows:

- Approval target remains the same
- Weighting of studies should not fall – i.e. number of clinical trials involving drugs should remain the same or increase
- Number of research active consultants should remain the same or increase
- Recruitment should be equal to 2017/18 or increase
- NHS Board should consider what is the most impactful research in their portfolio
- NHS Board to report on Outcome 5 using data/feedback from staff surveys

The targets will be subject to review by the CSO in 2019 to ensure they provide the appropriate data to evaluate performance against the objectives.



In March 2018 NHS Borders was advised of the Chief Scientist Office research allocation for 2018/19. The allocation received rose by £217,000 to a total of £231,00 for this year.

Clinical Audit

Detect Cancer Early Q4 2017 Submission Lung Colorectal Breast	Prostate Cancer Annual report submitted 13/04/2018	Emergency Laparotomy Monthly data submission.
Endometrial Cancer Annual report submitted 10/05/2018	Cervical Cancer Annual report submitted 10/05/2018	Elective Laparotomy Monthly data submissions due to start. Local analysis to commence
Hip and Knee ERAS 2017 Annual report has been collated. Awaiting presentation to consultants		

Data/Information

Following initial data submission for the Excellence in Care Programme, there was a delay in validating the data due to issues with the IT system at National Systems Scotland (NSS). This has only now gone live which will mean data submissions will recommence during this month, June 2018.

Duty of Candour

The duty of candour provisions within the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill were given Royal Assent on 6 April 2016. The implementation of duty of candour provision came into effect 1 April 2018.

While the principles of candour exist within many organisations and professional codes of conduct, the overriding purpose of the duty is to ensure organisations are open honest and supportive when there is an unexpected or unintended event that results in death or harm to an individual. This is expected of health, care and social work staff. The Act introduces a statutory organisational duty of candour on health, care and social work services.

A number of actions have been completed and a few are in progress as part of the NHS Borders' plan to raise staff awareness and ensure preparedness to meet the new duty. The key actions identified to be taken forward as a board are outlined in the table below:

No	ACTION	STAGE
1	Risk Management Team to liaise with other Boards and obtain local agreement regarding configuration of coding of Duty of Candour reporting requirements within Datix	Complete
2	Develop a Duty of Candour page on the Datix System	Complete
3	Review and update of the Adverse Events Policy	In progress
4	Development of a Duty of Candour patient information leaflet	Complete
5	Identify staff training needs and obtain/develop appropriate training module to be hosted on LearnPro	In progress
6	Identify optimum target groups to undertake training and ensure this is identified as a mandatory training requirement	To be progressed
7	Representation on national working groups	Identify as required
8	Engagement with local committees and groups	In progress
9	Communication and dissemination of information raise staff awareness of Duty of Candour including the targetting key staff groups within NHS Borders	In progress

SPSO

In 2017/18, there were 9 referrals made to the SPSO which is an increase of 6 compared to 2016/17. Currently, we have 5 cases open, 4 of which are awaiting the decision from the SPSO. For the remaining case, an upheld decision was received from the SPSO and an action plan is currently being developed with the service based on the SPSO's recommendations

Internal Audit Report 2017/18 – Clinical Governance (Acute Services)

The remaining actions aligned to the recommendations are in progress with discussions underway in relation to ensuring a robust system for the management of clinical policies and a draft Clinical Governance and Quality Strategy is almost complete.

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
Cliff Sharp	Medical Director	Claire Pearce	Director of Nursing, Midwifery & Acute Services

Author(s)

Name	Designation	Name	Designation
Elaine Cockburn	Head of Clinical Governance & Quality	Anne Palmer	Clinical Governance & Quality Facilitator

CLINICAL GOVERNANCE & QUALITY UPDATE – June 2018 – Annex A

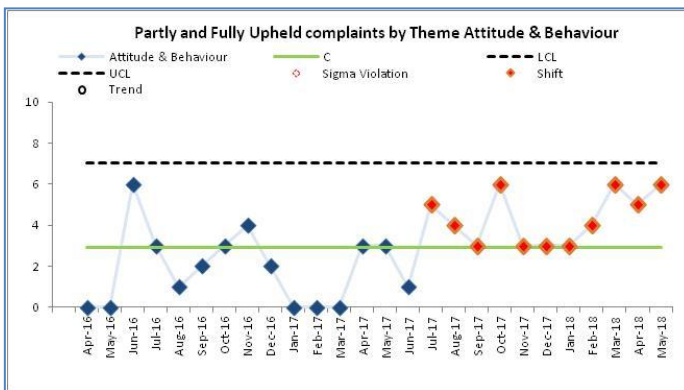
Food, Fluid & Nutrition

In 12 out of the 13 CQI elements average performance is **95%** or greater. The weak link is Element 10 (Protected Mealtimes) in which average performance is **78.45%**.



Complaints (2 Years)

There has been a sustained increase in fully upheld and partly upheld complaints relating to attitude and behaviour. See top 4 sub categories in the table below



Sub Category	Percentage (%)
Staff Attitude	22
Insensitive to Patient Needs	18
Staff Conduct	17
Inappropriate Comments	14

Winter Pressures 2016/17 v 2017/18

Dec – Mar (17 week period)	Percentage increase (%)
Cancellations due to beds	212
Boarding bed days	131
ED Breaches	108
Unfilled bank shifts	53
Surge beds	42
Over 28 day los	34
Staffing gaps	18



Complaints Received for Quarter Ending March 2018													
Practice Name	Nil Return	No. of complaints Received	No. of Complaints Acknowledged within 3 Working Days	No. of Complaints Responded to within 20 Working Days	No. of complaints Where Alternative Dispute Resolution Used	No. of Complaints Still Open	Staff comments/ Attitude	Waiting Times/Access	Premises/Environment	Patient Confidentiality	Quality of Advice/treatment	Communication	Other (Specify Further)
16013	X												
16032	X												
16047	X												
16051		1											
16066													
16085													
16121													
16136		1	1	1			1						
16141	X												
16160													
16174													
16193		2					1				1		1
16206	X												
16211													
16230		1	1	1	0	0	1						
16244													
16259		1	1	1	0	0	1			1			
16475	X												
16507		6	6	6			X			X	X		
16545		3	3	3		0	3						
16550													
16564		1	1	1									
16583	X												
Total		16	13	13	0	0	7	0	0	1	1	0	1

Please provide further information on main issues	
16230	Patient presented at reception on 22 March with her partner asking to speak to PM as wishes to verbally complain. PM met with patient and her partner that day to discuss. Patient upset re recent appt with our Nurse XX when attended for cervical screening on 14 March. Patient felt XX was very direct and sharp with her comments. Patient had been nervous anyway about attending. This was made worse by the following comments she claims XX made: "too heavy, has put on a lot of weight (annually), wont be able to start a family if carries on gaining weight, why was she not on contraception and also comments made when at the gym - nice to see you here". Patient doesnt want to start a family and has no reason to start taking contraception as she is in a same sex relationship and didnt feel she had to justify this at a cervical screening appt. I apologised on behalf of Practice and said I would speak to Senior Partner and XX and contact her Mon/Tues. Patient was fine with this and also happy for me just to phone her. CONCLUSION: PM has spoken to YYY (Senior Partner) and agreed that this is not acceptable behaviour. To check with XX what her comments are regarding that day. XX remembers the patient and is mortified that she has been perceived in this way. XX can only recall complementing the patient - however understands how upset the patient is. The PM has phoned the patient and re-iterated her discussion with YYY and XXX and once again apologised. Patient happy with result and will make appt with a different nurse the next she is wanting to be seen if she is still feeling uncomfortable. PM thanked patient for coming in and patient thanked PM for following it up
16545	1. New mum unhappy with phone call with GP re. crying baby and treatment advice. 2. Patient unhappy at advice given at consultation. 3. Patient unhappy at not being given consultant blood results via GP reception.
16259	Patient had complained regarding not being able to make an online appointment - her access to online booking had been restricted because she had DNA x 3 previous appointments. She also complained about having to give a reason for booking an appointment with the Practice Nurse.
16244	1. Patient unhappy with way was spoken to on the telephone by the GP and that he was not given the increase in medication he requested. 2. Patient complaining, via Solicitor, that he was being refused information regarding his child where there is shared care between both parents who live separately.
16507	Appointment availability due to being understaffed. Communication issue regarding informing patient of results. Miscommunication/understanding regarding temporary resident being offered appointment.
16051	Patient's mother complained regarding chairs being rearranged in health centre as her daughter misjudged her seating and fell onto floor, due to her being blind and felt help was lacking in aftermath of fall.
16136	Patient complained that the doctor made an offensive and disrespectful comment towards his partner, who was present at the consultation.

Actions	
16545	1. GP wrote letter, baby seen by Health Visitor and meds changed. 2. GP wrote letter explaining what they had discussed as a care plan, no further comment from patient. 3. PM wrote to patient explaining that consultant bloods should be given by consultant not the GP Practice, however we have made an exception for her and created a plan for next time.
16259	We agreed to reinstate her access to online appointment bookings, emphasising the importance of cancelling any appointments that she was unable to attend so that we could offer these appointments to other patients. We also assured her that all receptionists adhere strictly to confidentiality and the reasons for booking Practice Nurse appointments were necessary to ensure that each patient was given enough time for the Practice Nurse to carry out any necessary examinations.
16244	1. Discussed with GP who advised that they were unable to increase medication as patient had not been reviewed recently and arranged an appointment for the patient. This message was relayed again to the patient and they accepted this response. 2. Explanation sent to patient's Solicitor advising that the Practice has never refused to give either parent advice regarding the child. The issue the Practice has is that the parents keep changing the child's address and the Practice has asked if they could agree on the most appropriate address for the child to be registered under.
16507	These complaints have all been resolved by communication with the patients and explaining and apologising for any inconvenience.
16051	Letter sent with full explanation of how this happened and the help assistance that was offered at the time with reassurances we would flag up an alert on electronic records on her daughter's file as felt not clear enough on electronic records that she was blind to avoid the possibility of this happening again.
16136	The Practice Manager liaised with the doctor and he explained that he asked the patient a question that he would routinely ask any patient in the course of an examination. Letter sent to patient reassuring her that the doctor had no intention to offend her and didn't think that his language was inappropriate. An apology was also included for any upset caused.