

Borders NHS Board



BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE - AUGUST 2018

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

Background

The Clinical Governance and Quality update encompasses a range of work underway across the organisation to deliver high quality care for patients and their families.

Summary

Relevant points to highlight in this months' Clinical Governance and Quality update to the Board include:

- Patient Safety
 - Scottish Patient Safety Programme (SPSP) workstreams
 - Mortality Reviews
 - Adverse events
 - Back to Basics workstreams
- Clinical Effectiveness
 - National Health & Social Care Standards
 - Research Governance
 - Clinical Audit
- Person Centred Health and Care
 - Detailed complaints update with Top 5 complaints issues
 - We have received 3 new decisions from the Scottish Public Sector Ombudsman (SPSO) since the last report to the Board all of which have been upheld.
- Patient Flow
 - A National Day of Care Survey (DoCS) was undertaken in April in line with Scottish Government requirements and provided the organisation with intelligence regarding the number of patients who although assessed medically fit for discharge, are experiencing a delay in their discharge or transition to their next stage of care.
 - Length of stays >28 days – there has been an increase in this cohort of patients with the latest data point breaching the upper control limit

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 and 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		

Author(s)

Name	Designation	Name	Designation
Elaine Cockburn	Head of Clinical Governance and Quality		

PATIENT SAFETY

Biannual SPSP Self-Assessment – July Submission

The Scottish Patient Safety Programme (SPSP) is a unique national initiative that aims to improve the safety and reliability of health and social care and reduce harm, whenever care is delivered.

As part of Healthcare Improvement Scotland's Improvement Hub (ihub), SPSP coordinates activity to increase awareness of and support the provision of safe, high quality care, whatever the setting.

SPSP Acute Adult and the Older People in Acute Care programmes have aligned work streams within the Acute Care Portfolio. The portfolio will continue to develop and deliver improvement support for both harm reduction and for people living with frailty, in acute care. There will also be a strengthened focus on system factors that support teams to improve outcomes for people in any care setting.

The work covered in the self-assessment and reporting template relates to harm reduction focussing on the following:

- Medicines
- Deteriorating Patients
- Falls and Falls with Harm
- Pressure Ulcers
- Catheter Associated Urinary Tract Infection (CAUTI)

The self-assessment provided an opportunity to provide context and narrative to the data routinely submitted on reducing harm and mortality for people in acute care. Further information is contained in the SPSP and Back to Basics workstream updates in this paper

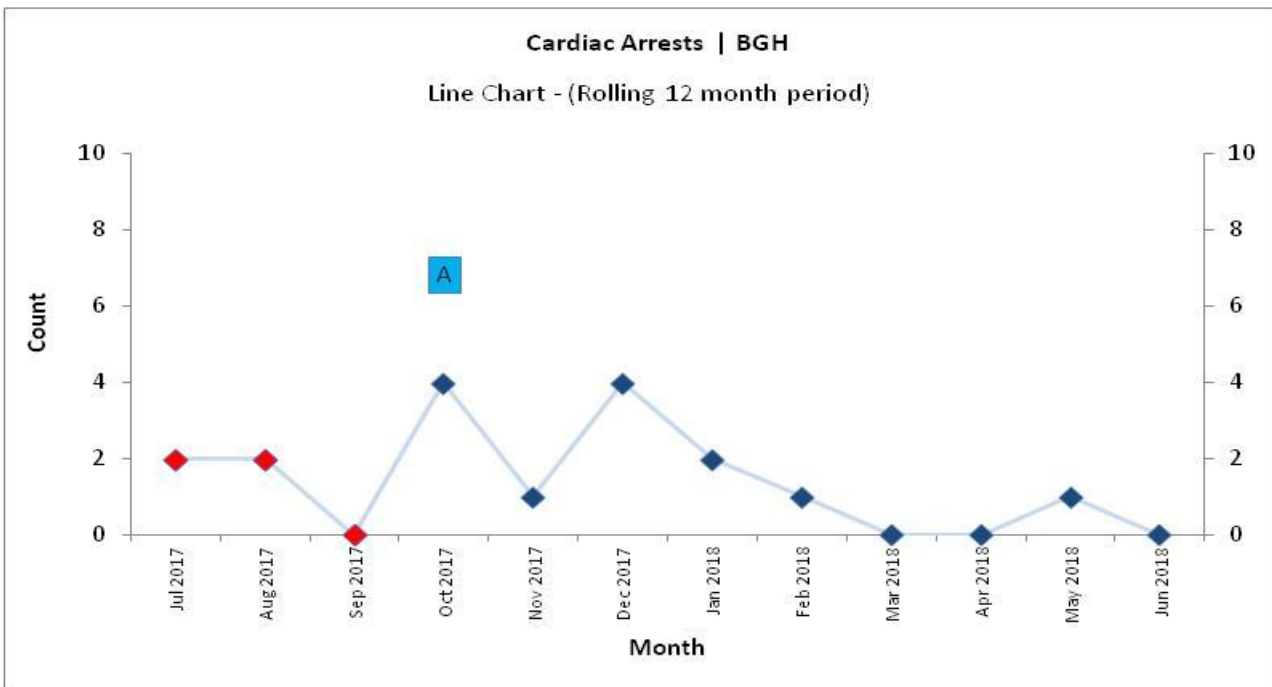
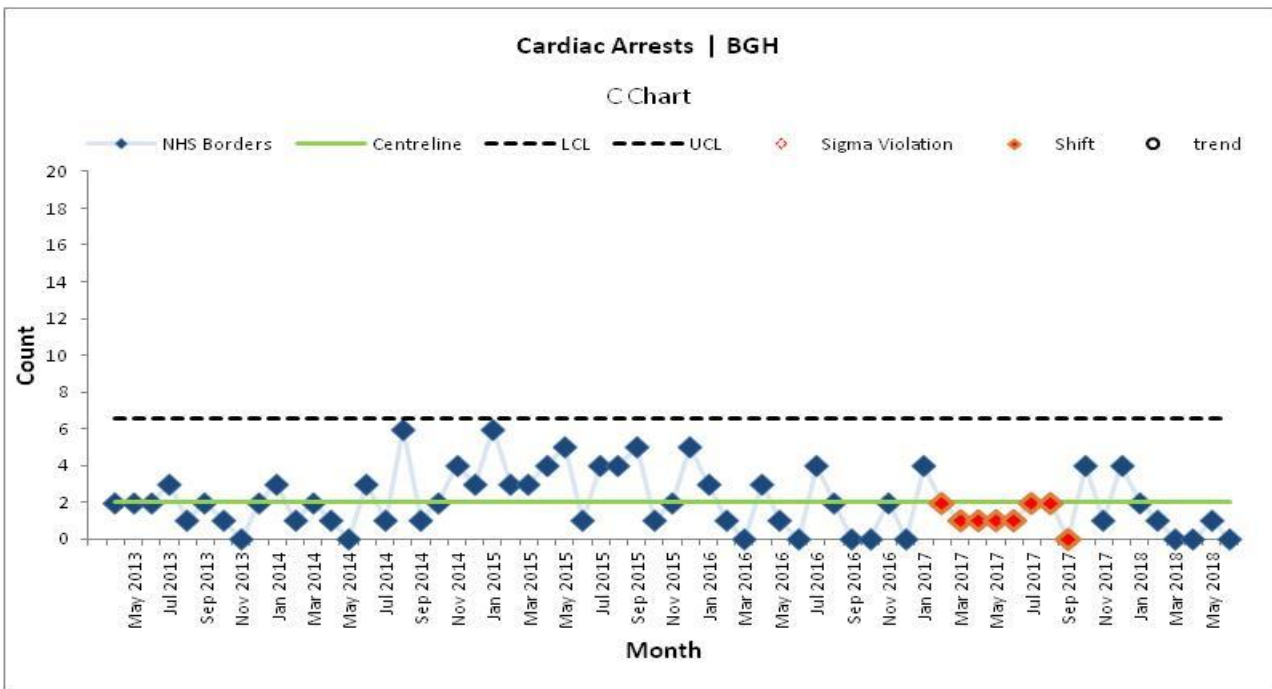
Medicines Management

Work is currently being undertaken by the local medicines group to review current processes. Auditing medicines reconciliation on discharge using the same patient notes for those audited on admission has proved challenging due to availability of medical notes and following a patient through their inpatient stay. The group has therefore focussed work on medicines reconciliation at the point of admission.

There has been separate audit work conducted in primary care to review medicines reconciliation on discharge from hospital. Work continues to review medicines reconciliation processes throughout all admission areas in the organisation.

Deteriorating Patient

The outcome measure for the 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. There has been a sustained improvement of 95% in patients suffering clinical deterioration recognised promptly and escalated appropriately. Cardiac arrest rate shows an improving picture with zero cardiac arrests in the past 9 weeks within BGH.



Ref	Annotation	Ref	Annotation
A	Return to normal variation		

Venous Thromboembolism (VTE)

Healthcare Improvement Scotland (HIS) provided funding to NHS Borders to undertake a special project as a demonstrator site for VTE prevention. The project used improvement methodology and the VTE measures collected are:

- Documented VTE risk assessment and bleeding risk for patient and admission related risks within 24 hrs of admission
- Correct pharmacological/ mechanical thromboprophylaxis administered
- Documented reassessment of VTE risk as per local policy (48 - 72 hours)

The project funding has now concluded but a recommendation was to redesign our drug kardex. A revision was completed and implemented in April 2018 which has enabled improvement in recording but a few old drug charts are still in the system.

Challenges remain in gaining wholesale engagement in this work now that project support has ceased. However, the Associate Medical Director for Clinical Governance and Quality will liaise with the appropriate Clinical Directors in medicine and surgery to ensure that these data are considered and that the junior doctor community is re-energised with the importance of this clinical intervention.

CAUTI

Catheter point prevalence count in Acute and Community hospitals is complete and a review will be undertaken to develop clinical aids to avoid catheterisation.

The National Catheter Passport has been adopted by district nursing teams and has been rolled out across clinical areas. Data is now available in the Person Centred Coaching Tool (PCCT) which is completed weekly.

Challenges remain in identifying patients with CAUTI and uncertainty whether it is CAUTI or catheter use which should be reported therefore clarity is being sought from Healthcare Improvement Scotland (HIS). A commitment has been made in our recent biannual submission to reduce catheter use in one elderly ward by 10%.

Sepsis

Sepsis forms a key component of the deteriorating patient workstream. We are developing a sepsis dashboard and exploring the use of sepsis bags which will ensure all the equipment is available to investigate and treat sepsis early.

In the Emergency Department (ED), there is a screening tool for reliable sepsis screening in place, ensuring timely rescue of deteriorating patient. A Sepsis Trolley is in place ensuring sepsis 6 delivery within 1 hour. There is reliable escalation of septic patients to a higher level of care, i.e. Critical Care Outreach and there is multidisciplinary team working with Scottish Ambulance Service (SAS) and Borders Emergency Care Service (BECS).

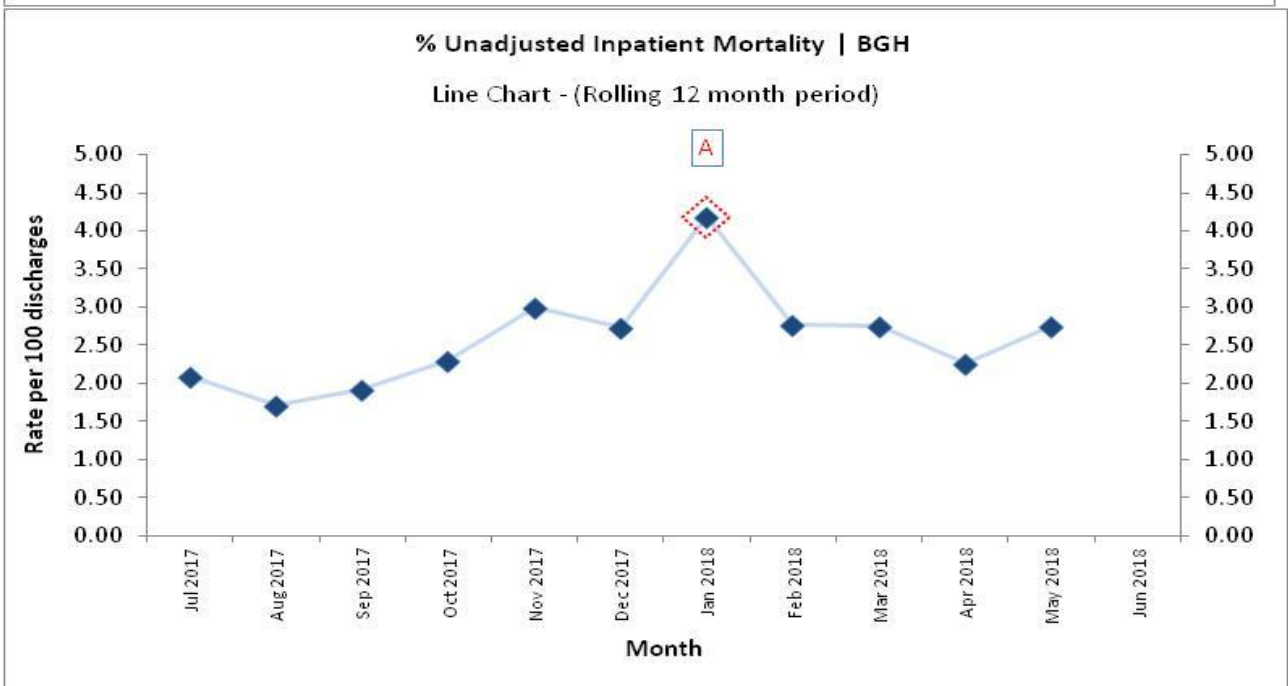
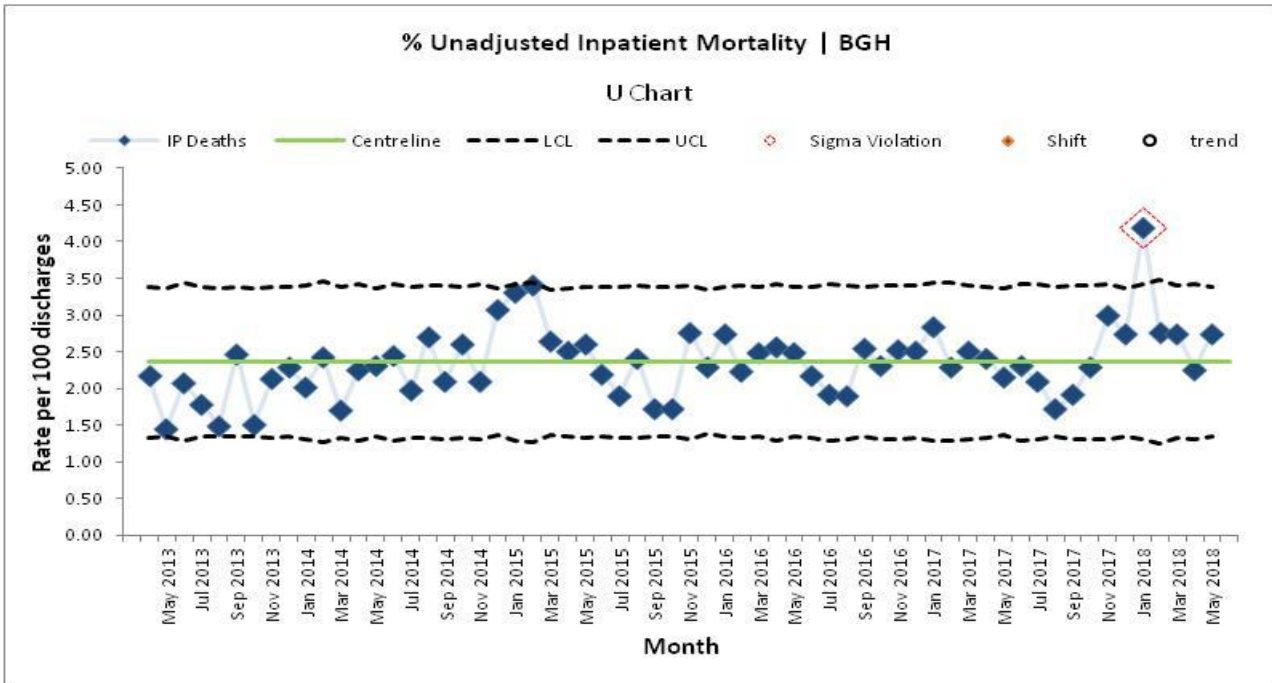
Mortality Reviews

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.

The National publication of Q4 data for 2017/18 Hospital Standardised Mortality Ratios (HSMR) is due out on the 14th August 2018.



Ref	Annotation	Ref	Annotation
		A	No themes identified from reviews

National Early Warning Score (NEWS)

Health Foundation Funding continues to support the role out of NEWS across care homes, private nursing homes and Mental Health following a successful pilot at the end of 2017. To date, 20 out of 23 care homes have commenced using NEWS to support decision making and aid structured communication in relation to recognition of deteriorating clinical conditions. This ensures better communication between residents/patients, families, GPs and the Borders Emergency Care Service (BECS) and aims to prevent unnecessary intervention or transfers to hospital.

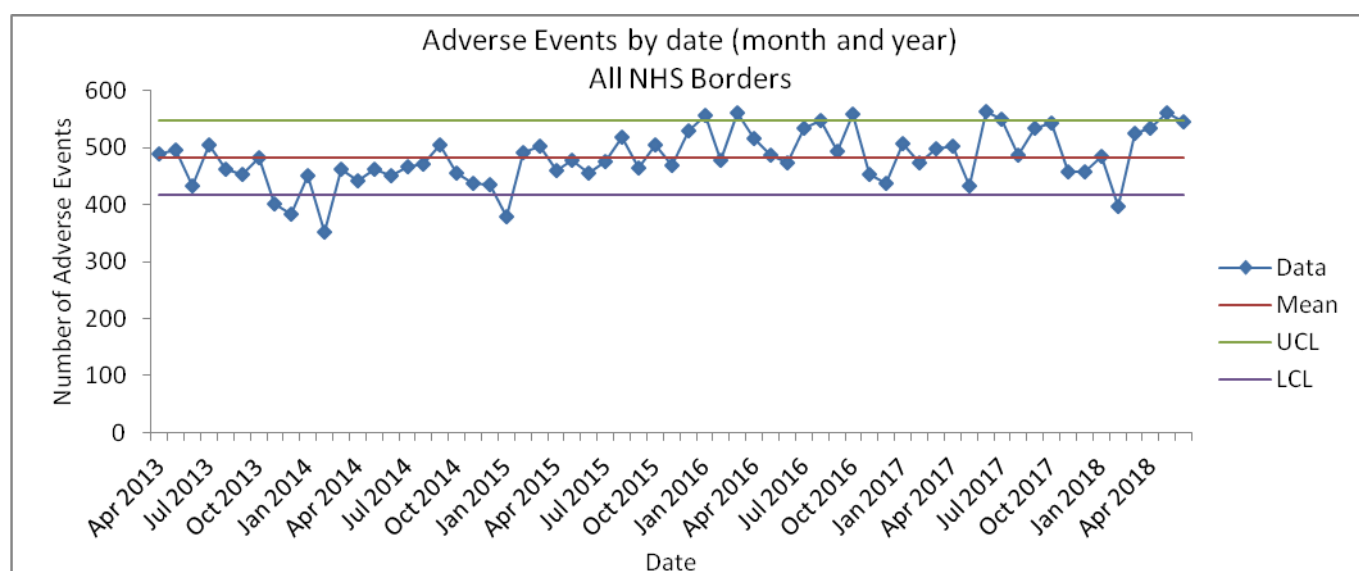
Infection Control

Clinical Governance and Quality maximise the benefits of the Person Centred Coaching Tool (PCCT) work by sharing data widely with colleagues across NHS Borders to drive improvement. Teams can see data and performance from all areas on a weekly basis, not just their own ward or department. An example being that the Infection Control Team use the data to target interventions in specific wards where performance may have deteriorated.

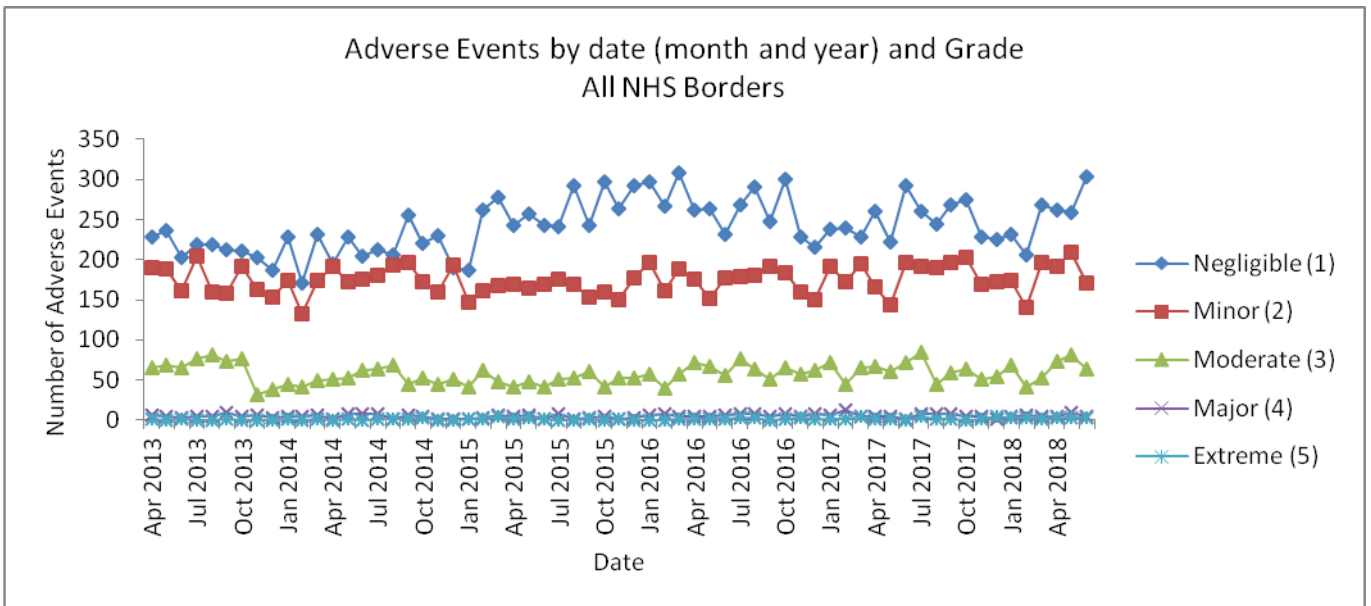
Adverse Events

Since the beginning of 2016 there has been a gradual increase in the number of adverse events reported on Datix with multiple breaches of the upper control limit during the last 2 years.

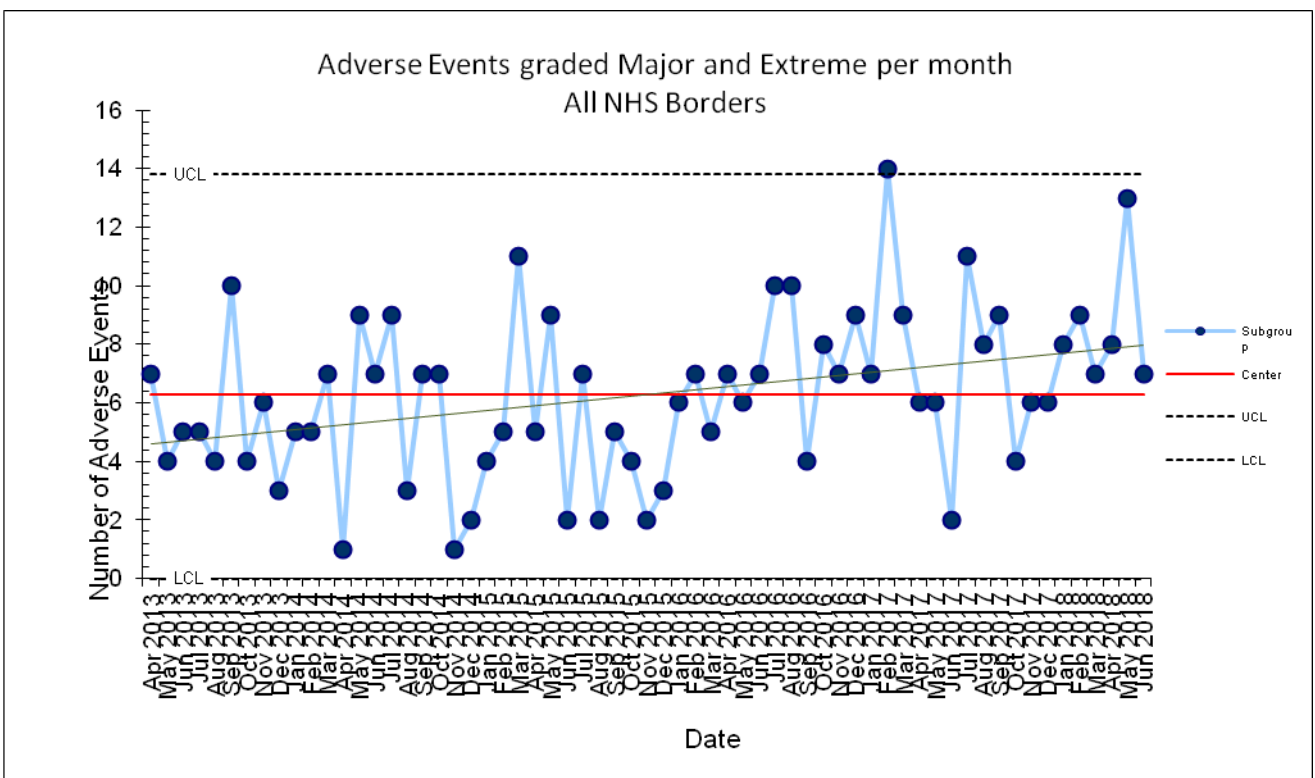
A particularly challenging winter at the end of 2017/18 led to an increased number of surge beds requiring to be opened to accommodate demand putting increased pressure on the system. One impact of this was the number of patients requiring to be boarded out of speciality which varied between these time periods; April –October 2017 saw an average of 11.2 patients per day compared to 25.3 between November 2017 -April 2018.



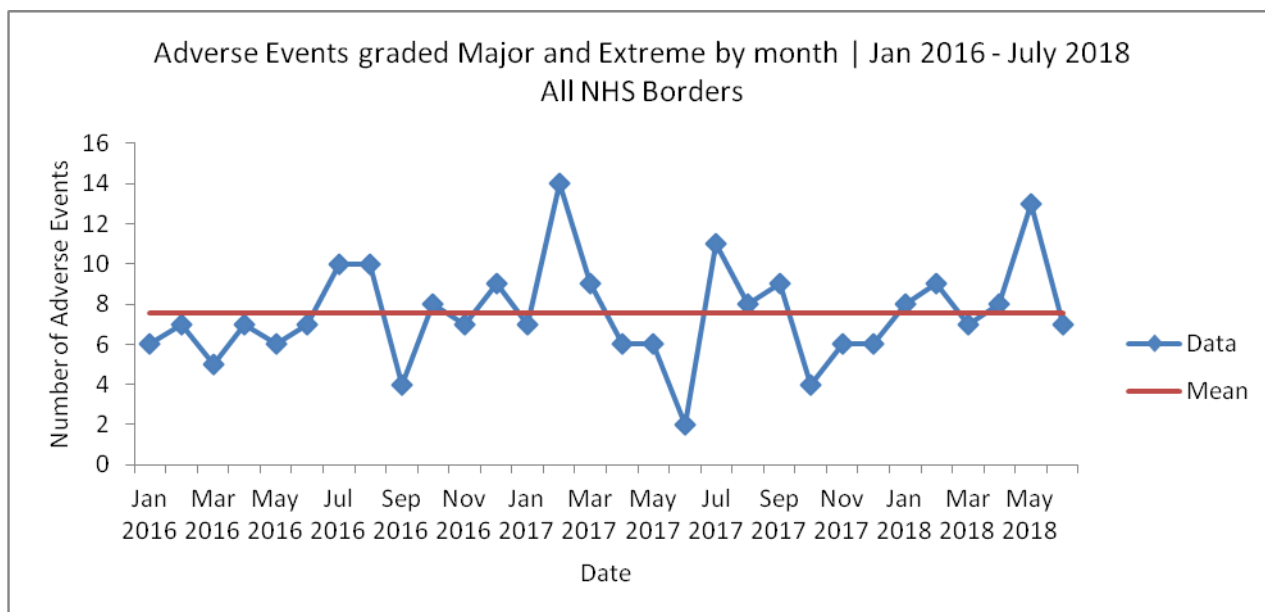
The majority of adverse events reported are graded with a negligible grading on Datix and this has remained the case for the last 5 years.



For those events graded major and extreme, although there is normal variation over time, there is also evidence of an upward trend of an increased number of major and extreme adverse events.



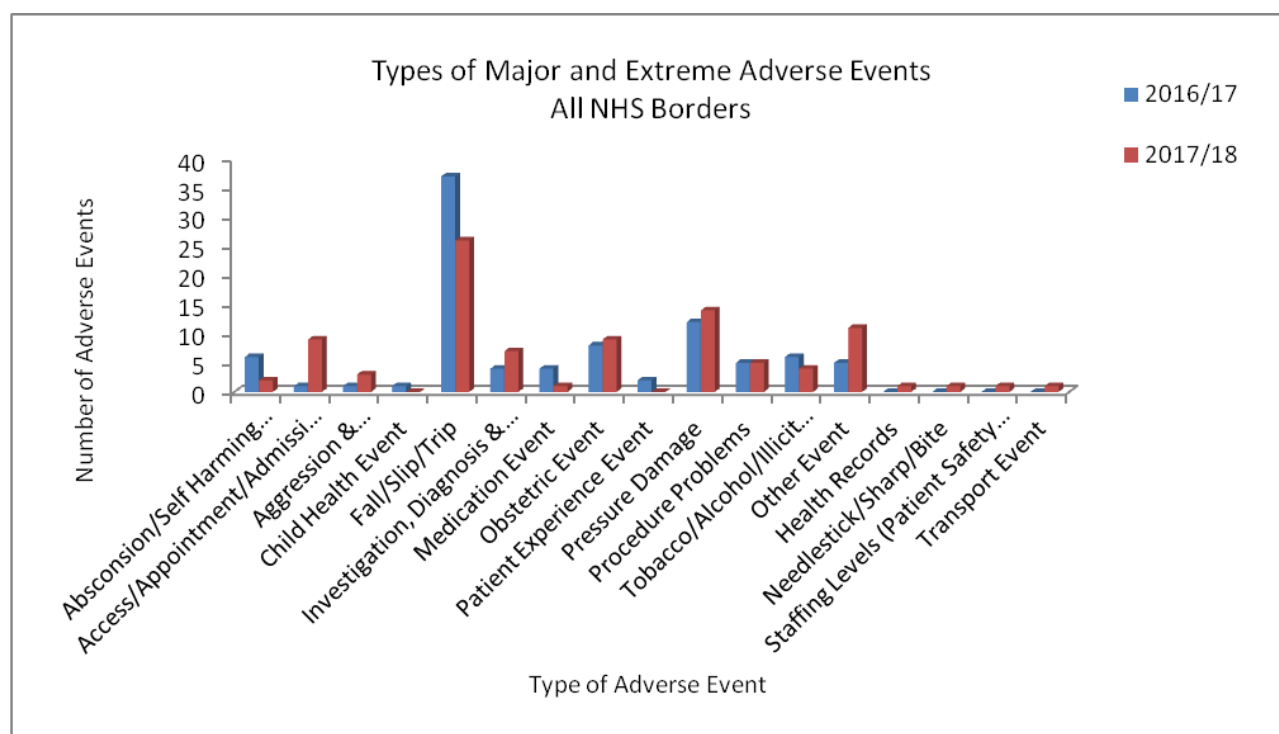
The last 2½ years demonstrate that there has been normal variance over time of major and extreme adverse events and that the average number is 8 per month.



The table below shows the number of Significant Adverse Event Reviews (SAER's) commenced each month in comparison with the chart above. This includes SAER's, management reviews, Fall Reviews and Pressure Ulcer Investigations – all of which are eligible for review as a Significant Adverse Event. What has not been included are reviews carried out by the Drug Death Review Team or those significant adverse events that were considered exempt from review. This applies to all of NHS Borders.

2016												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
4	6	2	5	3	5	3	4	3	2	5	6	48
2017												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
2	4	7	4	8	2	6	5	5	4	2	4	53
2018												
Jan	Feb	Mar	Apr	May	Jun						TOTAL	
9	4	5	1	6	7						32	

The chart below shows the types of adverse events recorded over the same 2 years and the variance between years. The most significant change relates to falls where significant harm (such as a fracture, haemorrhage or death) has decreased from 37 events in 2016/17 to 26 events in 2017/2018. Note that the pressure damage data relates to both developed and inherited pressure damage.



Maternity and Children Quality Improvement Collaborative (MCQIC)

A new reporting template is expected from HIS in the near future and they are reducing the amount of measures requiring reporting to ensure focus on key areas.

Focus areas for each element of the programme are:-

Maternity – Stillbirth rate, fetal movement, monitoring and growth

Postpartum haemorrhage (PPH) prevention, management and MEWS charts

Neonatal – Reduction in term admissions to neonatal units

Paediatrics – Rate of unplanned admissions, PEWS, Sepsis 6 and Watchers Bundle

Collaborative working between maternity and neonatal services includes working towards reducing neonatal mortality by focussing on delivery in the appropriate centre, thermoregulation (temperature control) along with a number of other measures.

The MCQIC National team and HIS are working with NHS Boards to develop and sign partnership agreements which will ensure a shared understanding of the capacity and support at local and national levels. The agreement will outline the commitments from Boards and MCQIC for all elements of the programme.

It has been 120 days since the last stillbirth.

Mental Health

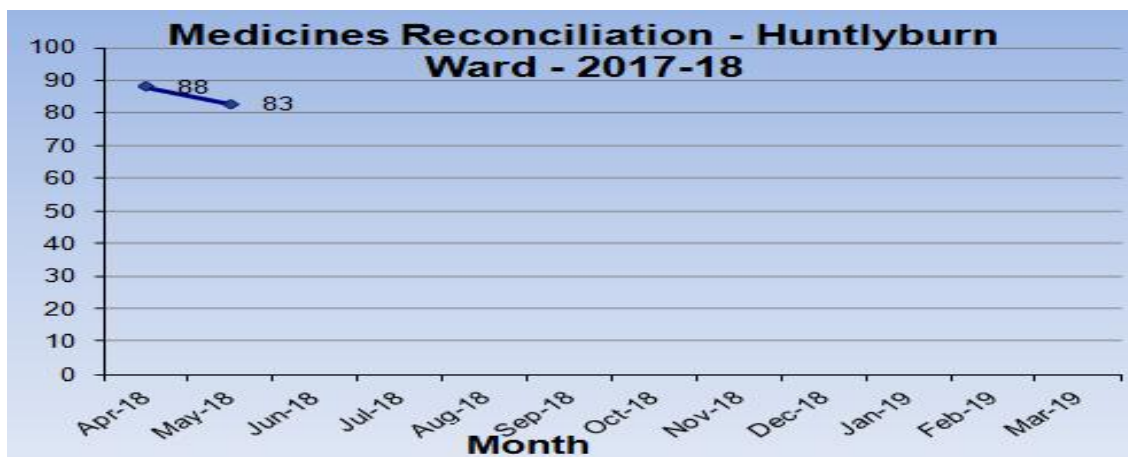
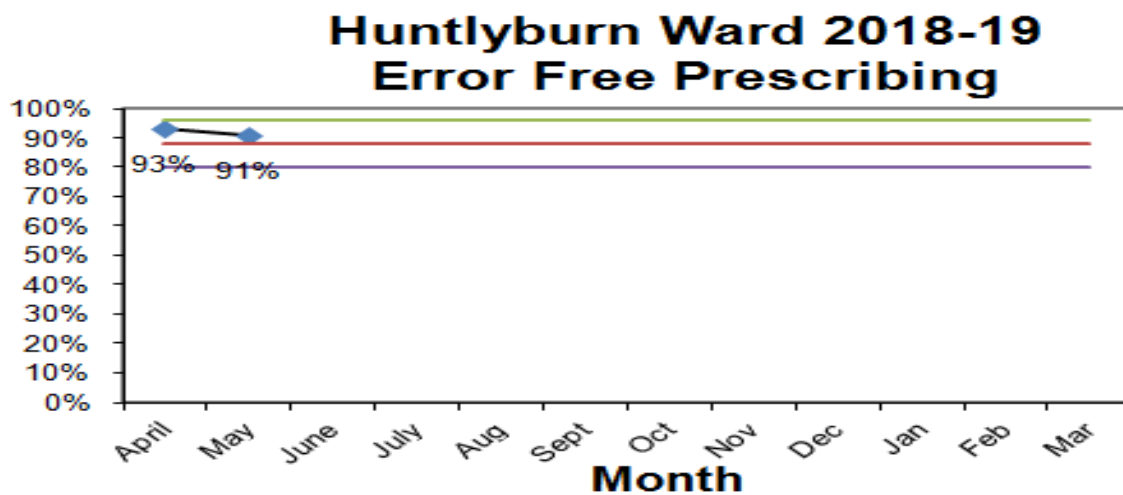
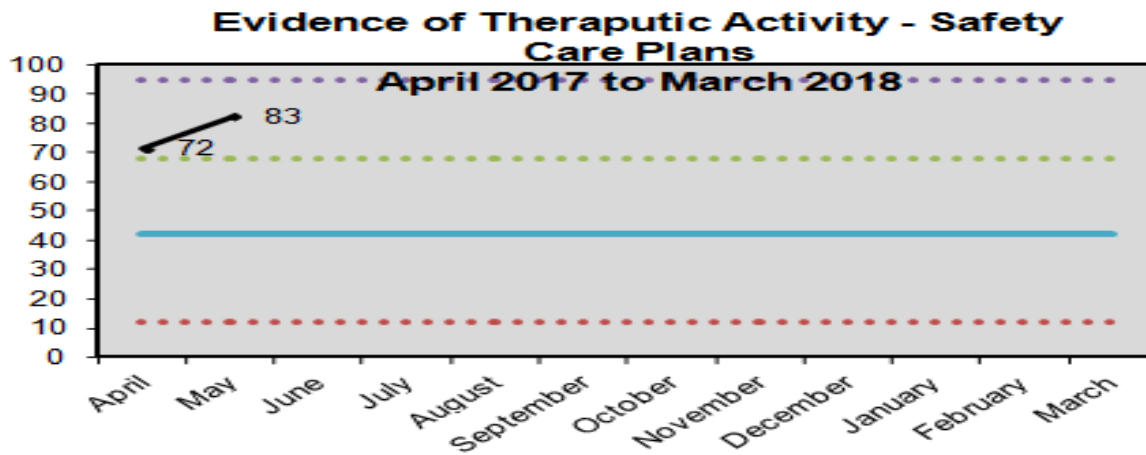
The aims of the work within mental health are :-

- to improve observation practice
- identify the deteriorating patient
- increase therapeutic activity
- involve patient and carers

A number of tests of change are underway relating to the themes above including support workers attending patient reviews, safety care plans being amended to reflect therapeutic

activity and stress and distress care plans in older adult wards. Project measures are in place to answer 'How will we know we have made an improvement?'

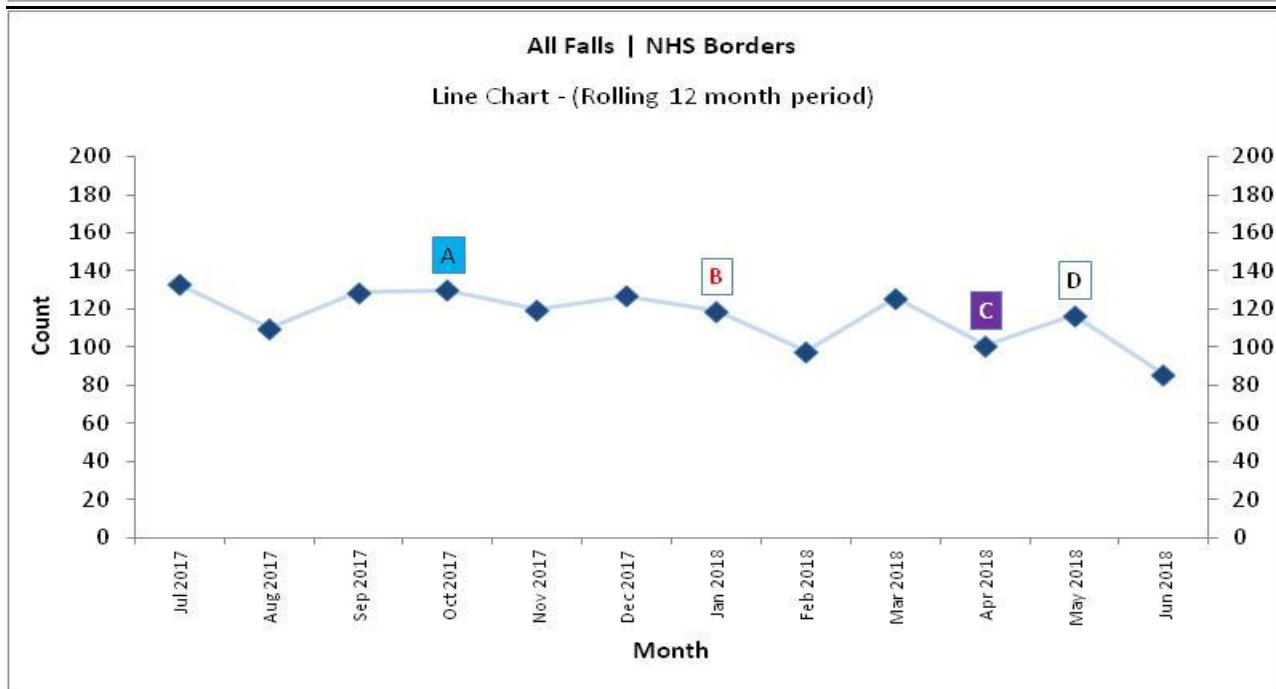
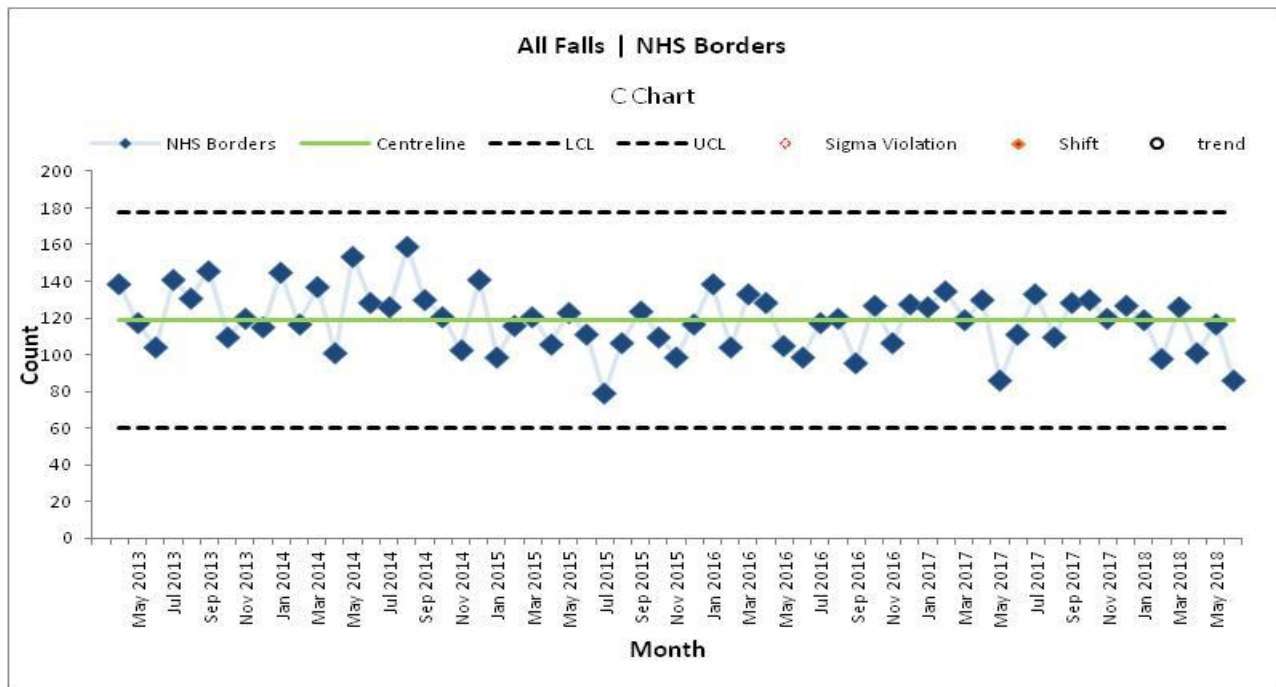
Huntlyburn



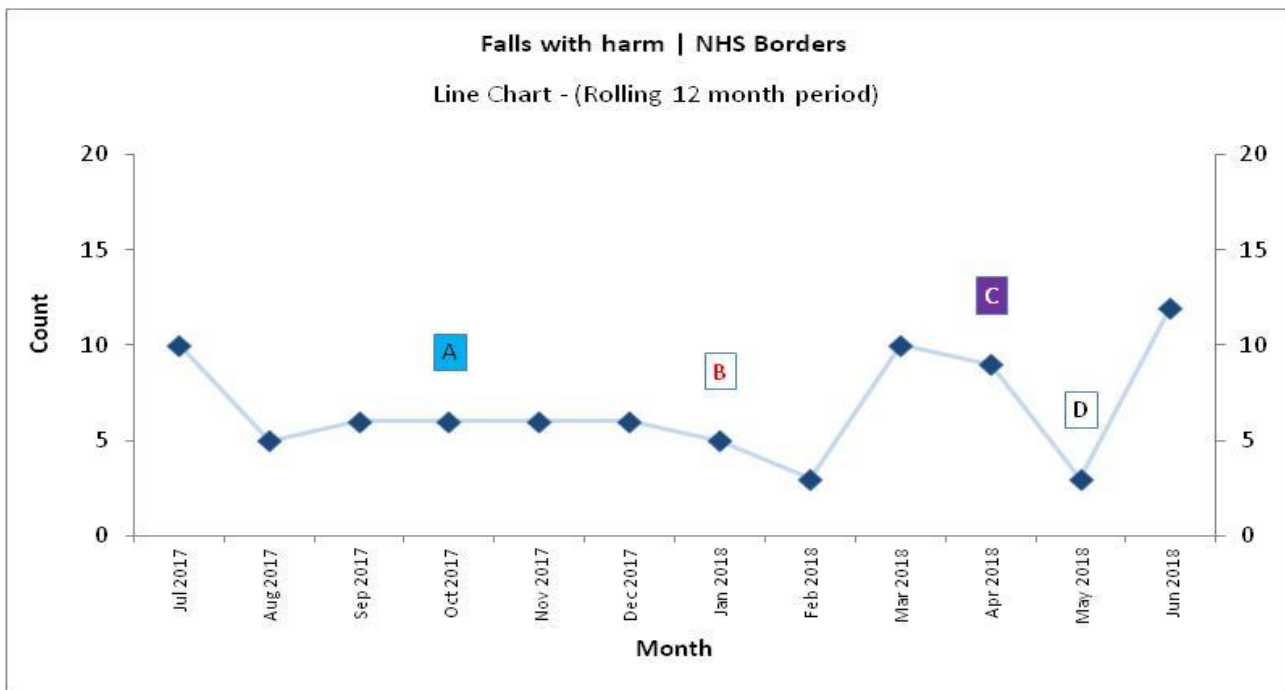
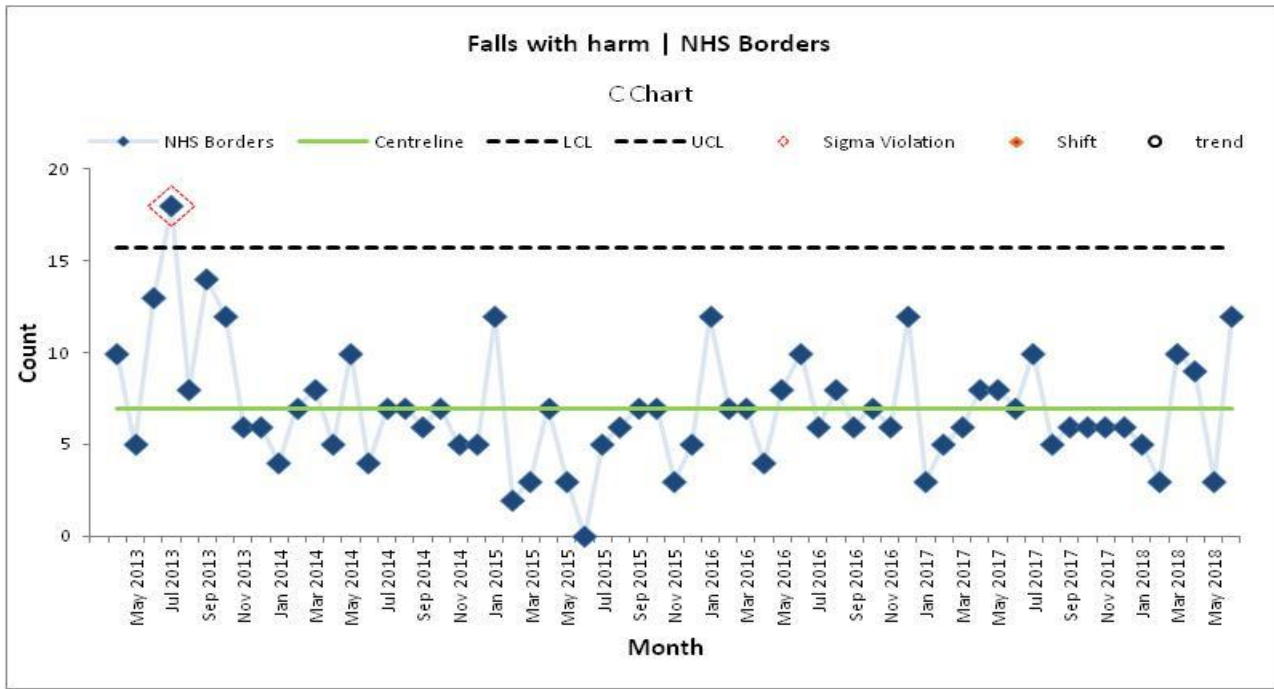
Back to Basics

Falls

Our aim is to have a 25% reduction in all falls by December 2018. A Person Centred Falls Bundle has been spread to all acute areas, mental health and community hospitals with monitoring and changes made accordingly to the needs of the specialist groups of patients. The falls strategy group cuts across NHS Borders, Social Care, Fire & Rescue, Scottish Ambulance Service (SAS) and psychology. A 'Fear of Falling' research project is being led by a psychologist.



Ref	Annotation	Ref	Annotation
		B	Learning Session 31/01/2018
A	Back to Basics Launch	C	Learning Session 2 13/04/2018
		D	QI support to wards 04/05/2018



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		B	Learning Session 31/01/2018
A	Back to Basics Launch	C	Learning Session 2 13/04/2018
		D	QI support to wards 04/05/2018

Although we are seeing some evidence of improvement, we are not yet at a point where we have sustained improvement or reliability. Within BGH, there are a couple of hotspots

in Ward 9 and Ward 4 with no improvement and this is now getting some focus in order to take appropriate action.

Tests of change are taking place, including new documentation and quality improvement (QI) support for inpatient ward staff. Further learning sessions are being planned to include external subject matter experts.

In order to see a sustained improvement in the reduction in the number of falls we will continue to need relentless focus across the organisation.

Tissue Viability

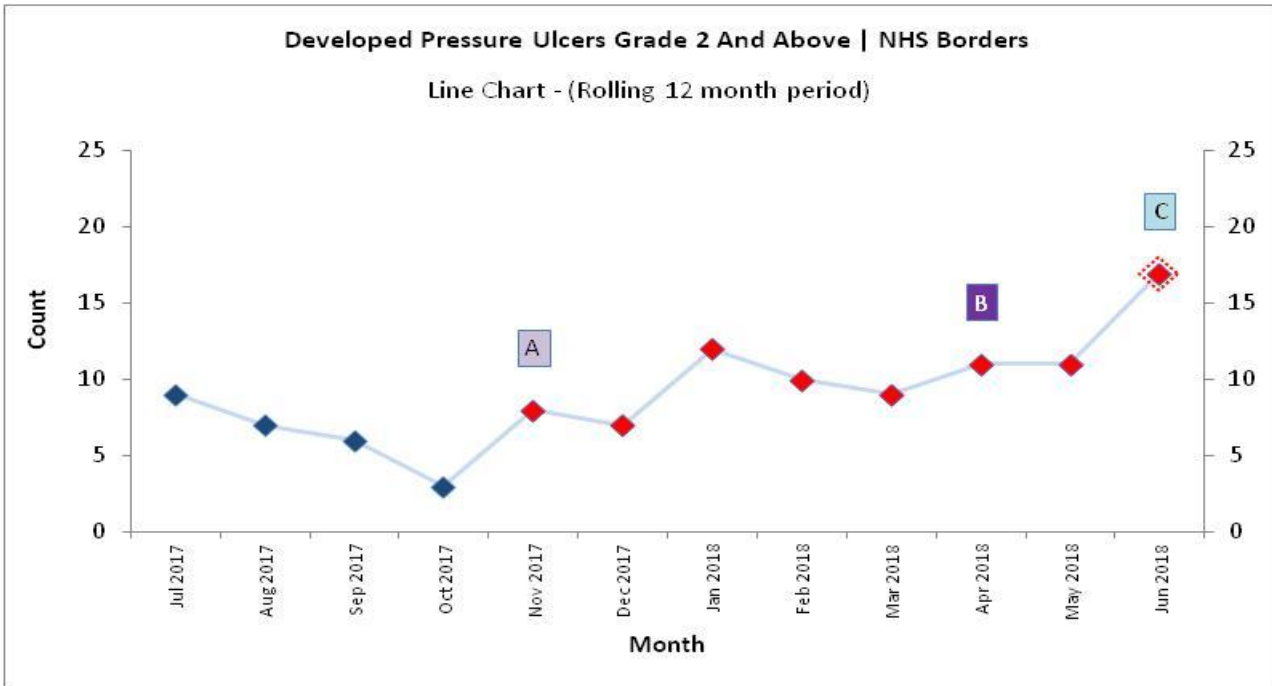
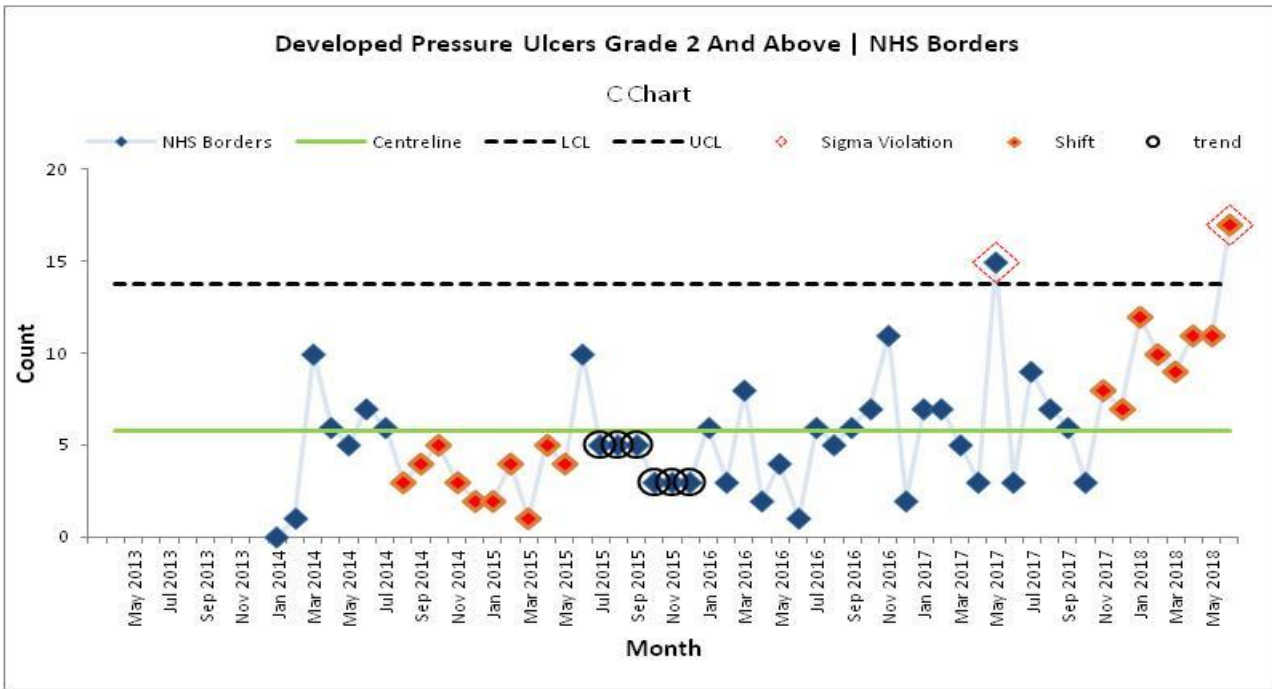
There are some improvements across Community Hospitals but deterioration within BGH, which we think in part, is due to increased reporting since the appointment of our Tissue Viability Nurse in April

A programme of work has been developed over recent months including:-

- Changing the wound formulary so that any patient with a pressure ulcer will have the most appropriate dressing easily available in ward areas.
- Completing a mattress and chair cushion audit across the whole of the Board to identify any gaps in pressure relieving equipment.
- Reviewing the current documentation and working towards reducing variation across the system. New process identified with roll out identified from 1st October 2018.
- Our first Pressure Ulcer Prevention collaborative day was held on 5th July and arranging follow up days.
- Identifying gaps in Health Care Support Worker (HCSW) education on Pressure Ulcer Prevention and working with them on this. Study days are being held on the 25th and 26th July, dedicated to HCSWs to engage them in the pressure ulcer work

We have been focusing on laying the foundations to ensure teams are in a state of readiness for improvement work. Please see list above. Over the next six months we anticipate lots of tests of change in clinical areas as they introduce the revised documentation and new equipment becomes available to support prevention. Next steps include working with the area that has the highest incidence to understand the challenges and then develop a programme of improvement to address this as well as developing and delivering training for HCSW on pressure ulcer prevention.

Since the appointment of our Tissue Viability Nurse a large amount of work has been completed to ensure that teams are equipped to begin their improvement journey to zero tolerance of developed pressure ulcers. The deterioration we have seen in the data is due to increased awareness and improved reporting which provides us with a good baseline to understand the impact of improvement work.



Ref	Annotation	Ref	Annotation
		B	Tissue Viability Nurse commenced
A	Beginning of shift showing increase		
		C	Spike in BGH (Wd 9) (Wd 14)

Nutritional Care

Work continues to progress following on from the HIS inspection in June 2017. Risk assessment of patients on admission is almost at 100% compliance. There has been successful training on the Malnutrition Universal Screening Tool (MUST) and the workstream are currently exploring the important measures and interventions that the Back to Basics programme will support. Across primary and community services, the training programme provided by dietetics has come to an end, with 48% of all staff having been trained. Training of the other staff will now be undertaken by the link nurses.

Communication with Patients and Families

A multidisciplinary workshop led by Dorothy Armstrong, Adviser to the Scottish Public Services Ombudsman, was held on the 2nd of May and focussed on improving communication with patients and families in relation to complaints. The first learning session was held on the 29th May 2018 with good attendance from a range of staff from different areas. Each person was asked to create a promise to what they would like to improve in their area in relation to communication

External Funding to Support Clinical Quality Indicators (CQIs)

A bid has been submitted to Healthcare Improvement Scotland (HIS) for our CQI allocation for 2018/19 to support the delivery of quality improvement across NHS Borders. Confirmation that this has been successful has recently been received and a plan is in place for utilising the funds.

CLINICAL EFFECTIVENESS

National Health and Social Care Standards - 'My Support, My Life'

June 2017 saw the launch of the new Health and Social Care Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they are now applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home.

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

Since 1 April 2018 the Standards have been taken into account by the Care Inspectorate, Healthcare Improvement Scotland (HIS) and other scrutiny bodies in relation to inspections, and registration, of health and care services.

The headline outcomes contained in the Standards are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

As part of the implementation phase HIS has offered to hold awareness raising and interactive discussion sessions within NHS and Social Care organisations. It is planned that these will be held locally during September 2018, precise dates yet to be confirmed. These will take the form of two sessions to which NHS Board Executives and Non-executive members, and senior staff and managers from health and social care will be invited. Also, for a period on these dates, HIS will have stand within the Borders General Hospital, and possibly another venue, to provide staff and the public with an opportunity to gain information about the standards and provide comment.

Research Governance

The membership of the Research Governance Committee had become somewhat depleted since the beginning of the year. There have been a number of reasons for people stepping down over the past few months; these have included such things as leaving the organisation, maternity leave and work and personal commitments. Consequently, this meant existing members having to take on more of the workload in respect of approval of new studies and amendments to existing studies. This in turn was resulting in meeting approval timescales increasingly challenging. Positively, further to circulation of a communication seeking notes of interest in joining the committee, three new members have been identified.

The first 'Good Clinical Practice' (GCP) course to be held in NHS Borders took place in the Lecture Theatre, Education Centre at the Borders General Hospital on 25th June 2018. Of the ten individuals booked to attend this training, two unfortunately had to withdraw and one having subsequently left the organisation did not attend. Six people attended the full day. One person who was only able to attend half the session on this occasion will complete when the next course takes place. Participant feedback was very positive feedback received

Further dates for running the GCP course in NHS Borders are arranged for 24th September and 23rd November, 2018.

Clinical Audit

Scottish Trauma Audit Group (STAG) Audit

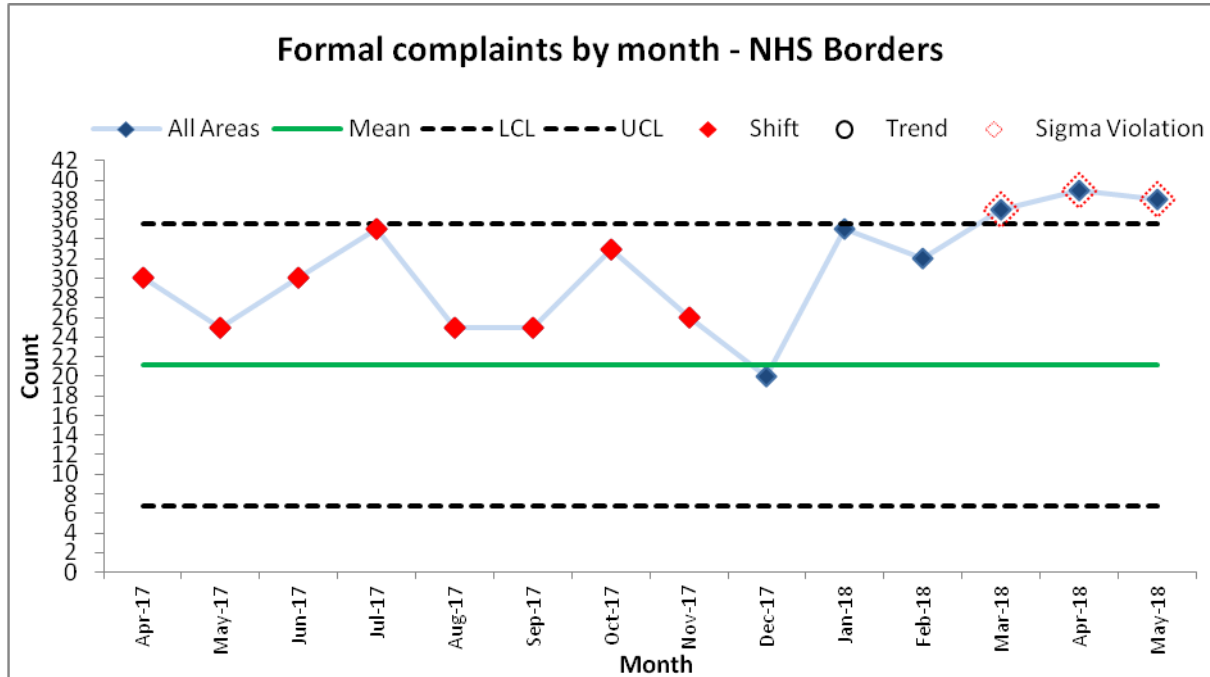
Following to allocation of funding from STAG the Audit Coordinator post was recruited to with commencement from 25 June 2018. This 10 hours permanent post will ensure NHS Borders participation in the STAG audit which is one of the Scottish Healthcare Audits.

The STAG audit involves collection of information about the care of patients who have had an injury and compares it with nationally agreed standards. Detail of the injury and the treatment received by trauma cases is recorded. The information obtained is used to inform change in clinical practice and improve the care these patients receive.

PERSON CENTRED HEALTH AND CARE

Total number of complaints received

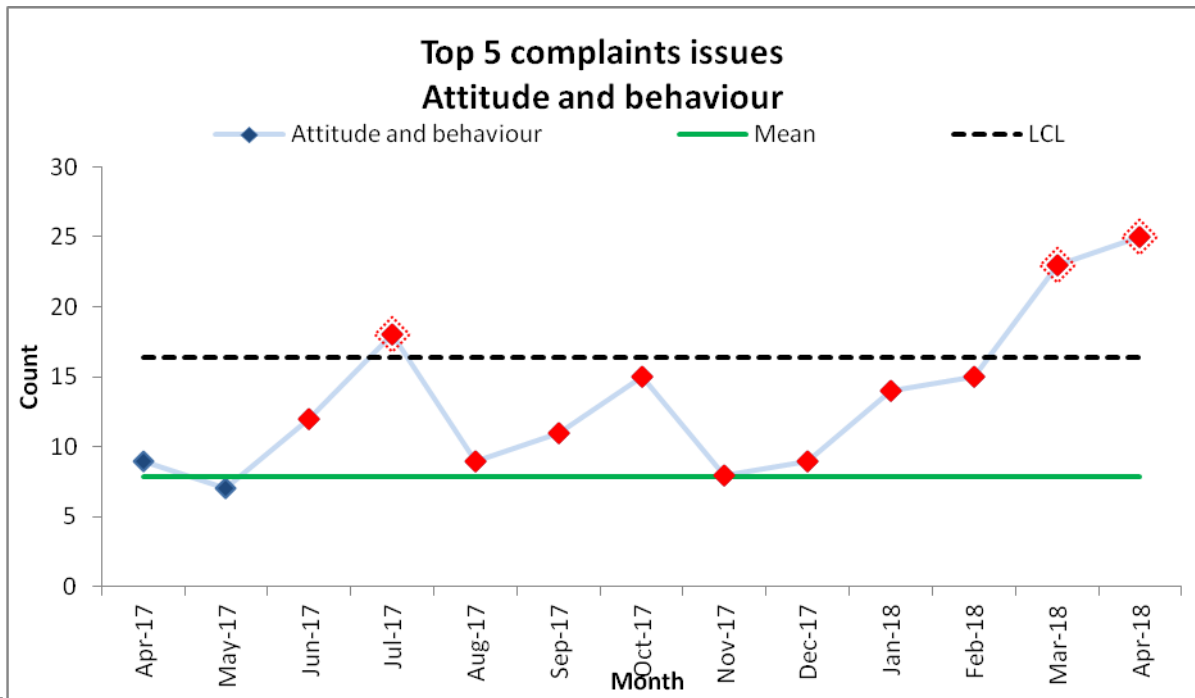
The chart below shows that there has been an increase in the number of complaints received by NHS Borders, evidenced by the shift between April and November 2017. During March, April and May 2018, there were 3 sigma violations indicating the number of complaints received were out with our normal limits for 3 consecutive months.



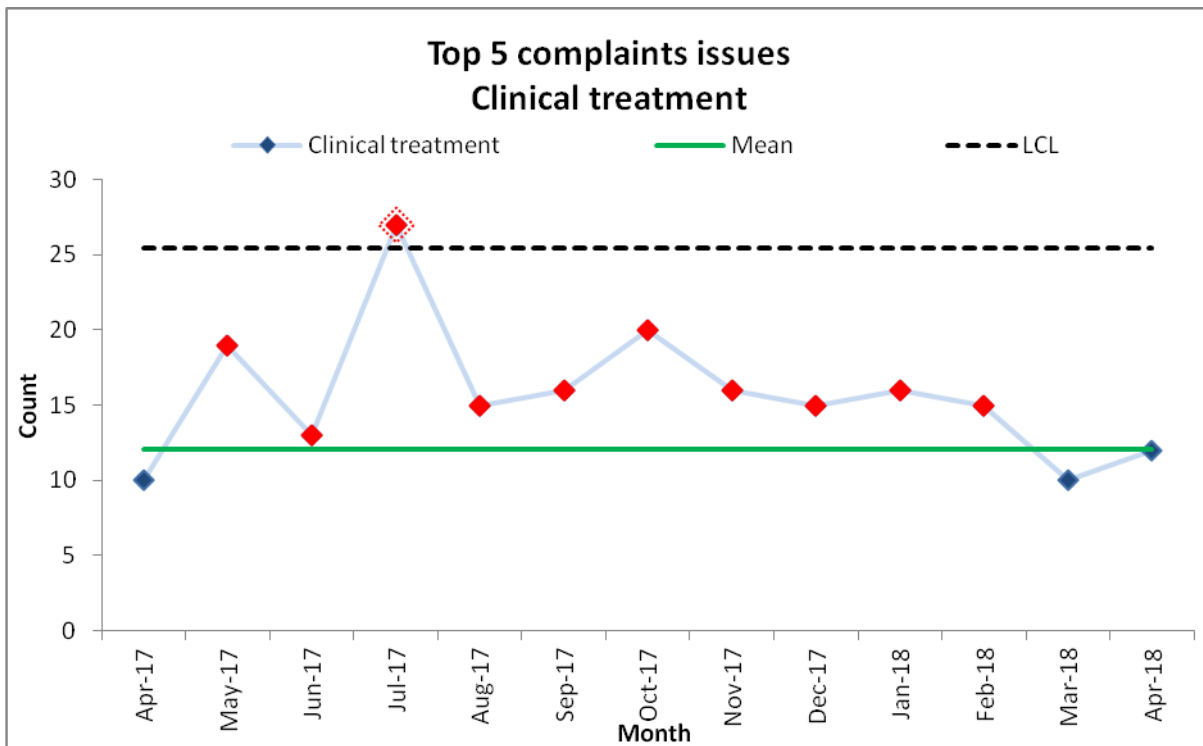
As the Board were advised last month, given the noted increase in the number of complaints received, particularly involving Borders General Hospital, work is still ongoing to analyse this further to identify any particular themes or areas. The Board will be further updated on the completion of this work.

Complaint themes

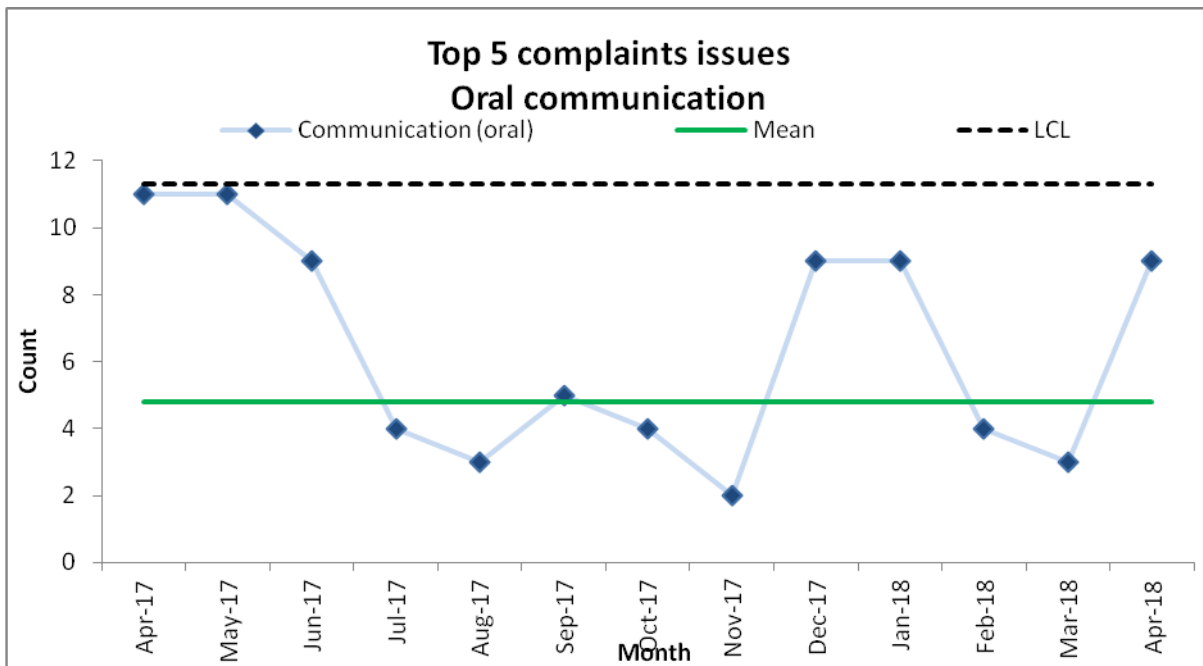
There has been an increase in the number of complaints received regarding attitude and behaviour, evidenced by the shift between June 2017 and April 2018. During July 2017, March and April 2018, there were 3 sigma violations indicating the number of complaints received of this type were out with our normal limits.



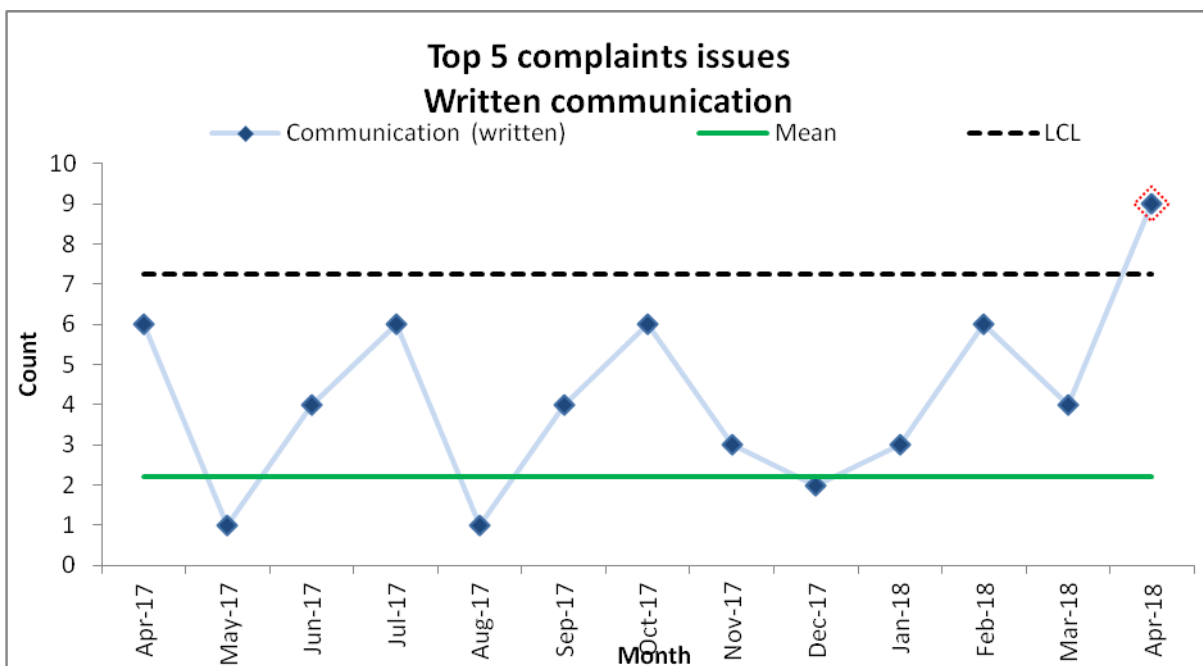
There has been an increase in the number of complaints received regarding clinical treatment, evidenced by the shift between May 2017 and February 2018. During July 2017 there was a sigma violation indicating the number of complaints received of this type were out with our normal limits.



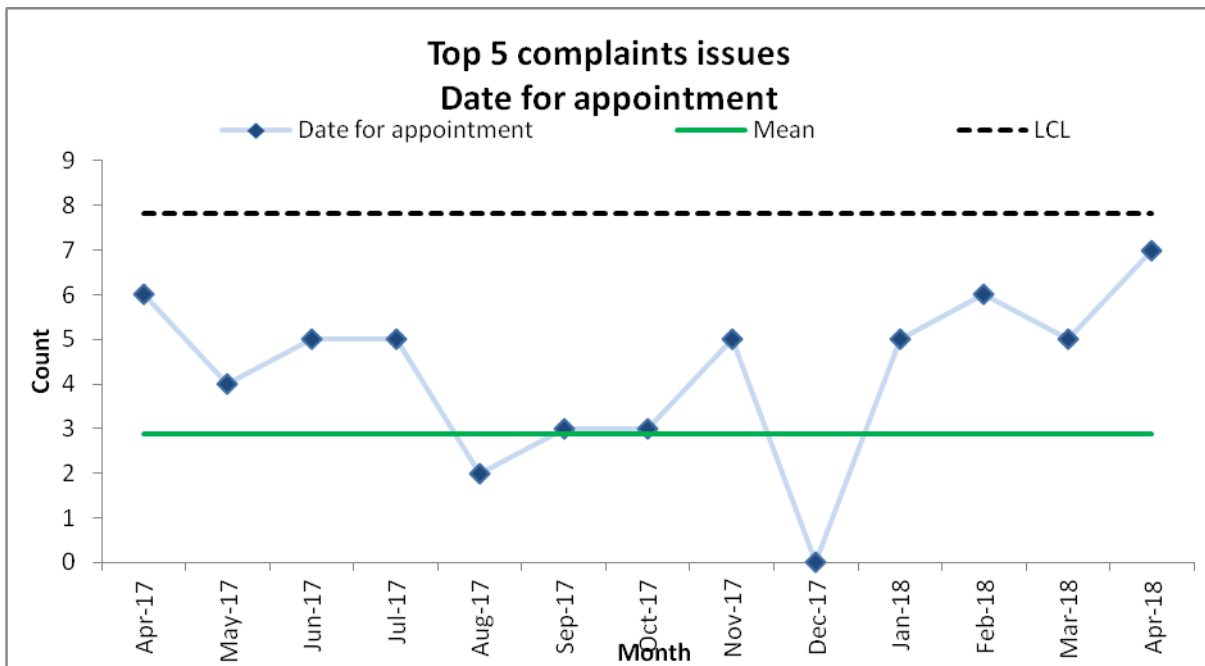
The chart below shows normal variation in the number of complaints received regarding oral communication.



During April 2018 there was a sigma violation indicating the number of complaints received regarding written communication were out with our normal limits.

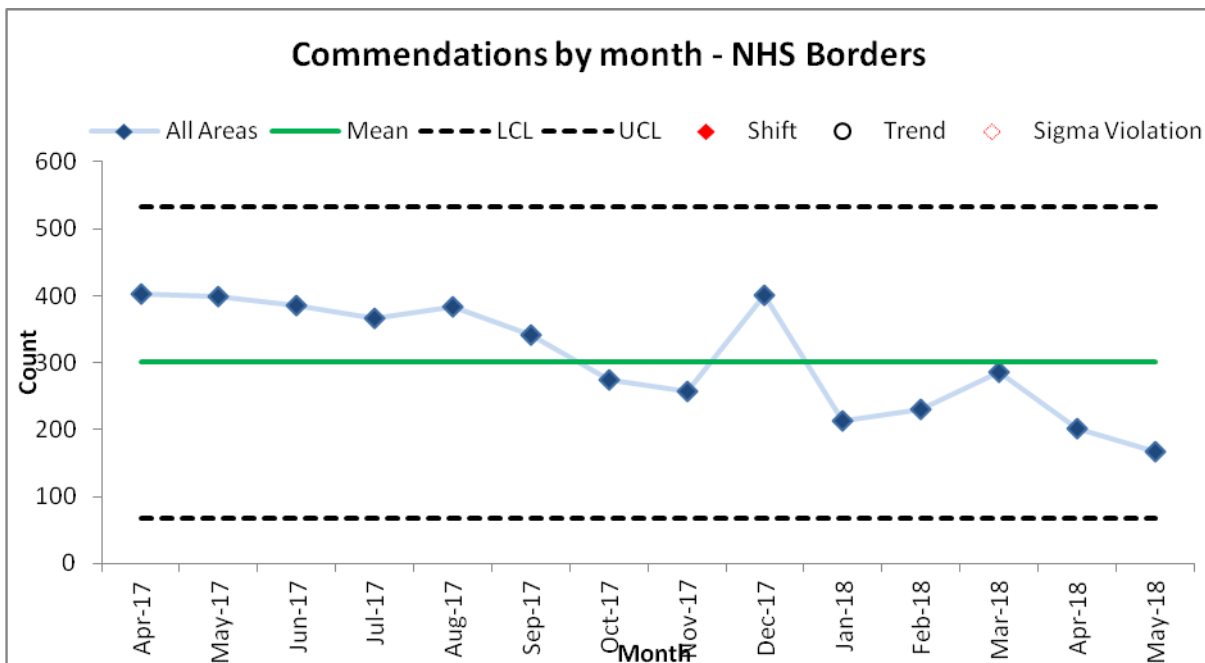


The chart below shows normal variation in the number of complaints received regarding the date for appointment.



Commendations

The chart below shows normal variation in the number of commendations received by NHS Borders, although we are noticing a steady decrease since January 2018 which should it continue for a further 3 months would result in a shift in performance.



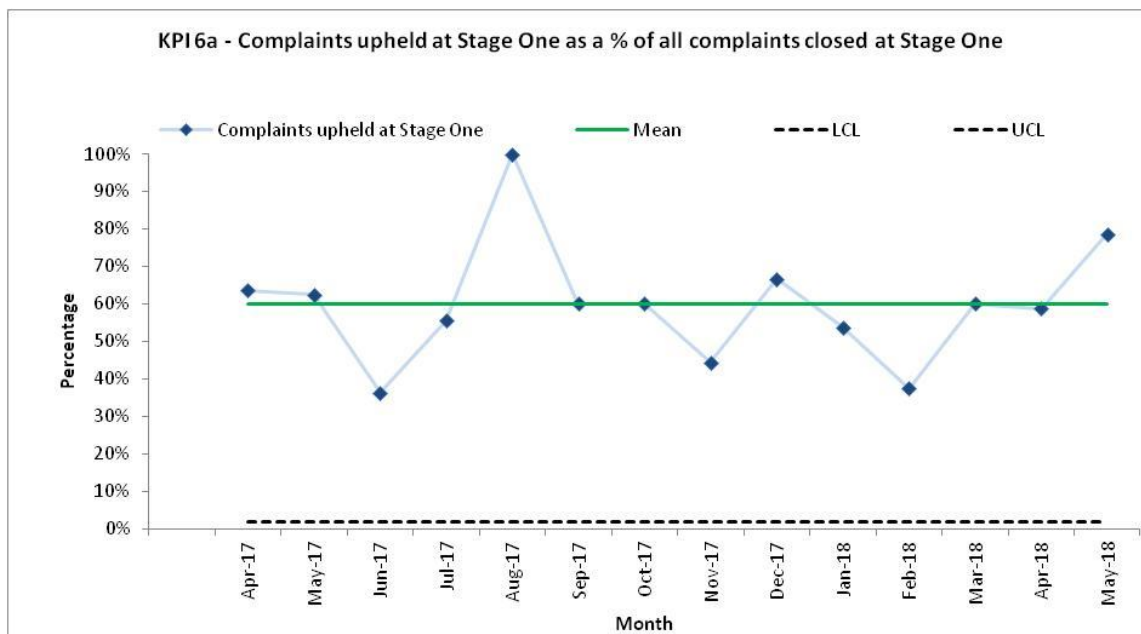
Complaints closed at each stage

We are closing on average:-

- 31% of the total complaints received at Stage 1.
- 66% of the total complaints received at Stage 2 (non escalated).
- 3% of the total complaints received at Stage 2.

Complaint outcomes

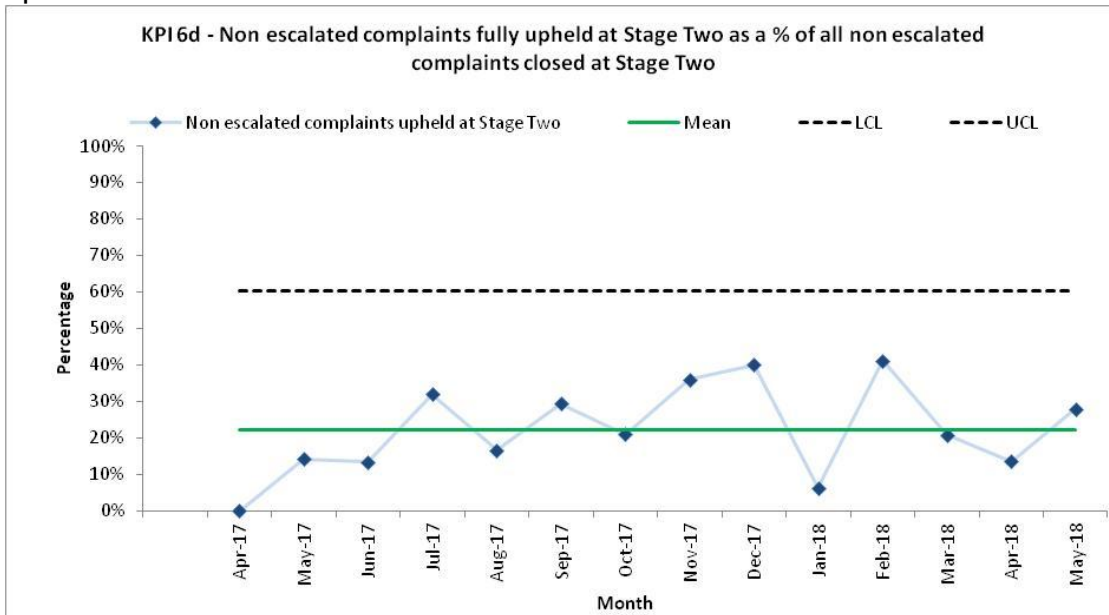
The chart below shows that on average 60% of Stage 1 complaints are upheld. This chart shows normal variation,



An average of :-

- 21% of Stage 1 complaints are not upheld.
- 12% of Stage 1 complaints are partly upheld.

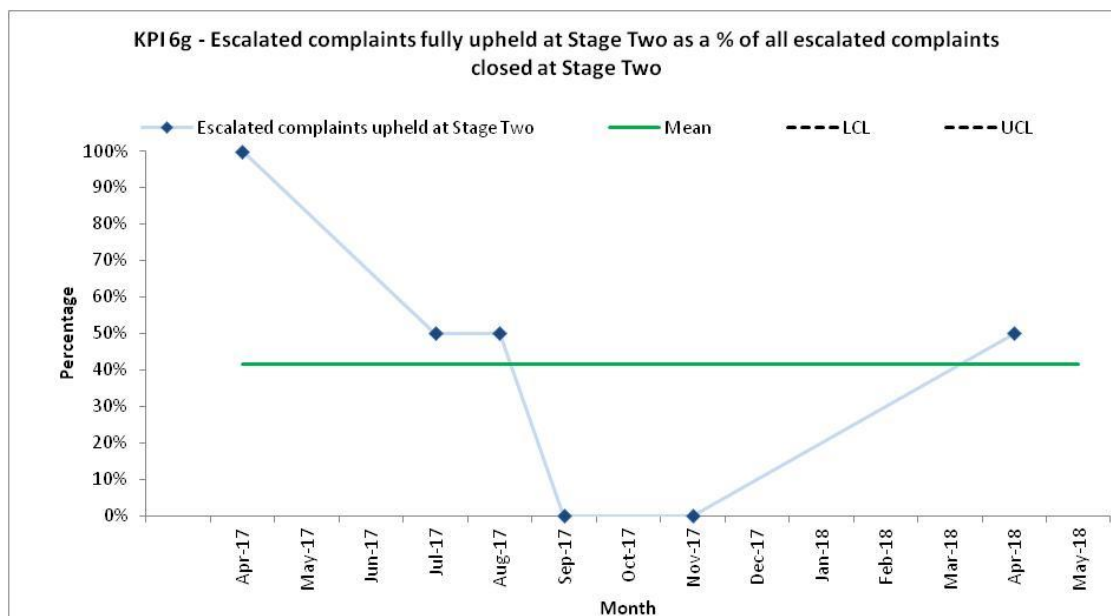
The chart below shows that on average 22% of Stage 2 (non escalated) complaints are upheld. This chart shows normal variation.



An average of :-

- 40% of Stage 2 (non escalated) complaints are not upheld.
- 30% of Stage 2 (non escalated) complaints are partly upheld.

The chart below shows that on average 42% of Stage 2 escalated complaints are upheld. This chart shows normal variation.

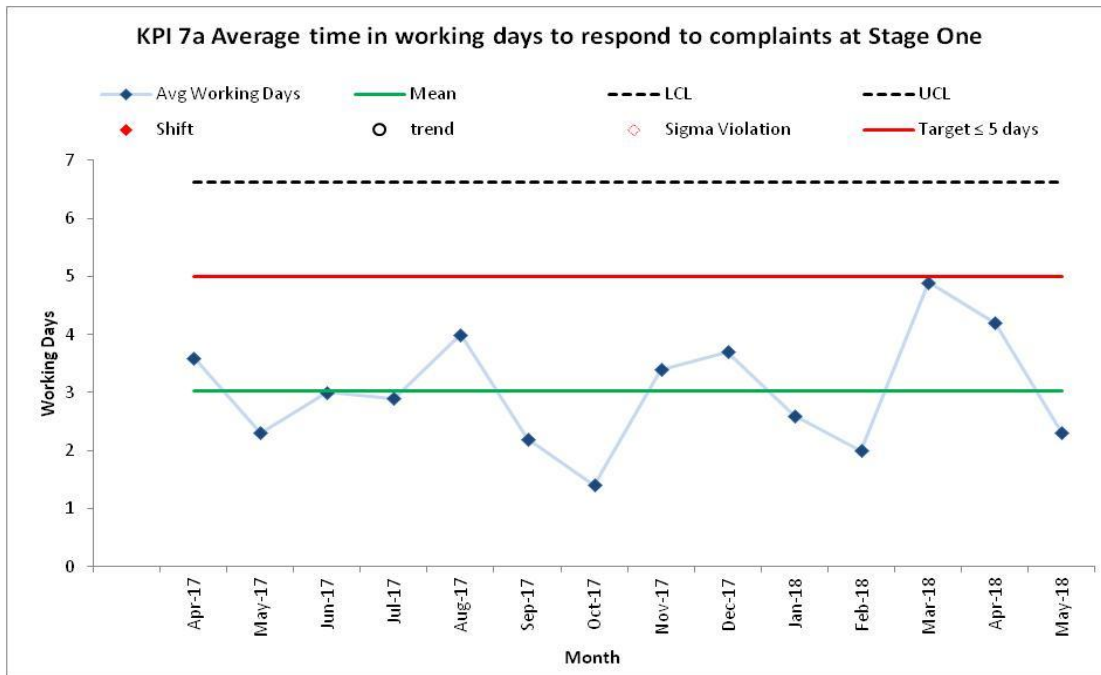


An average of :-

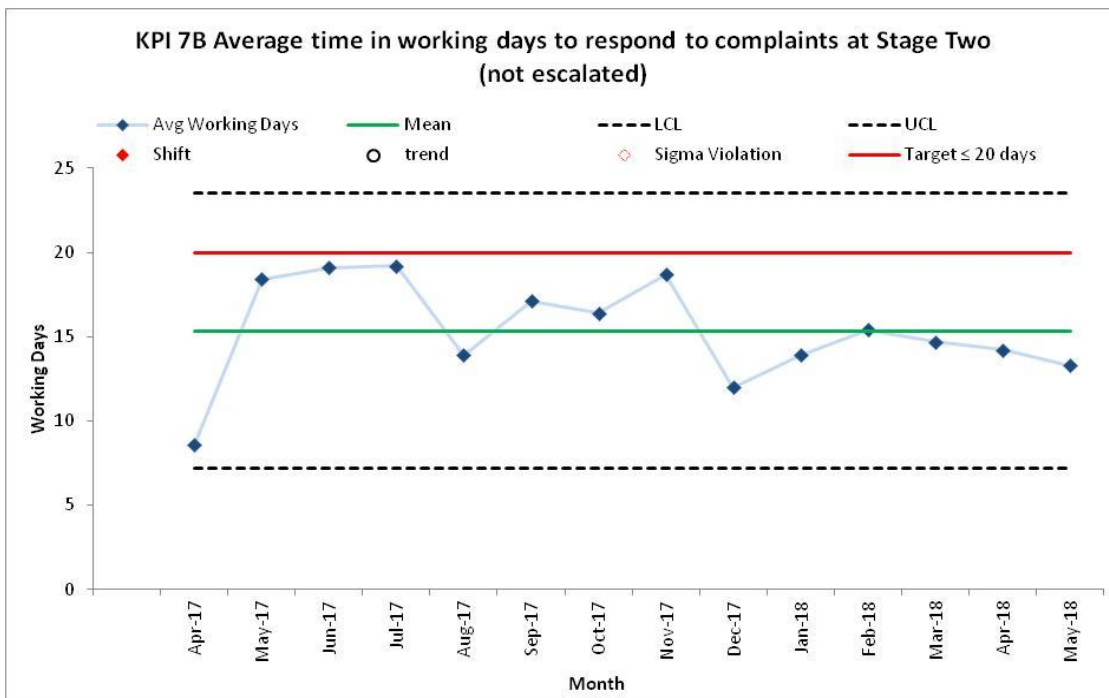
- 11% of Stage 2 escalated complaints are not upheld.
- 47% of Stage 2 escalated complaints are partly upheld.

Average times to respond to complaints

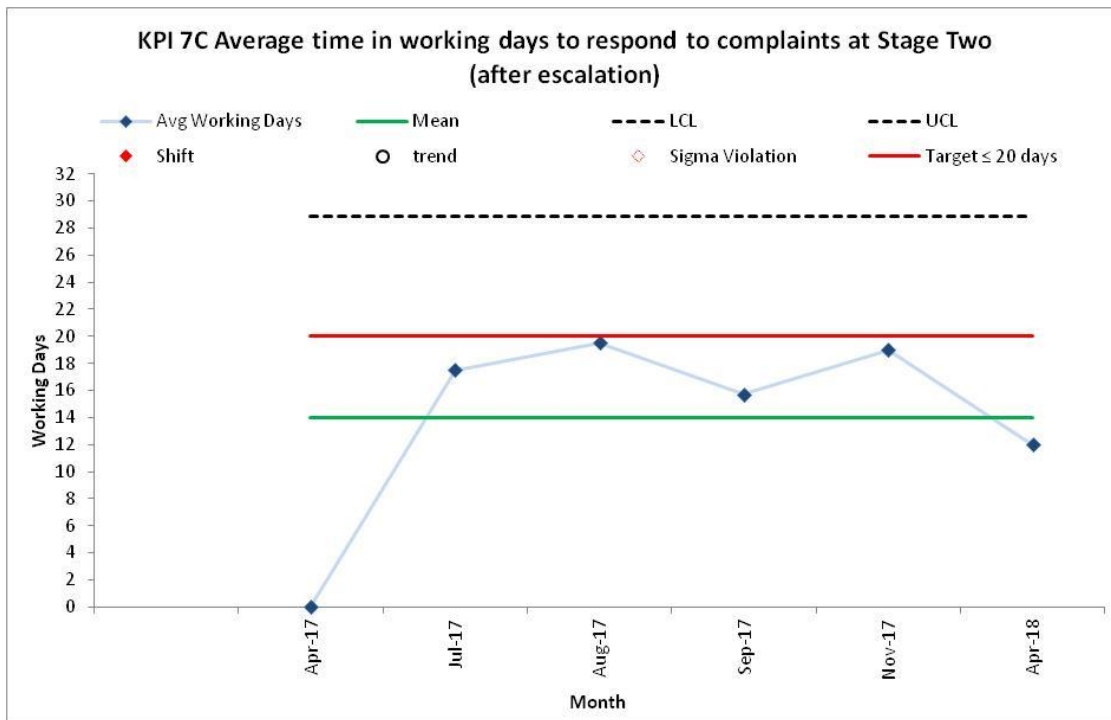
The chart below shows that on average we are responding to Stage 1 complaints within 3 working days. This chart shows normal variation.



The chart below shows that on average we are responding to Stage 2 (non escalated) complaints within 15 working days. This chart shows normal variation

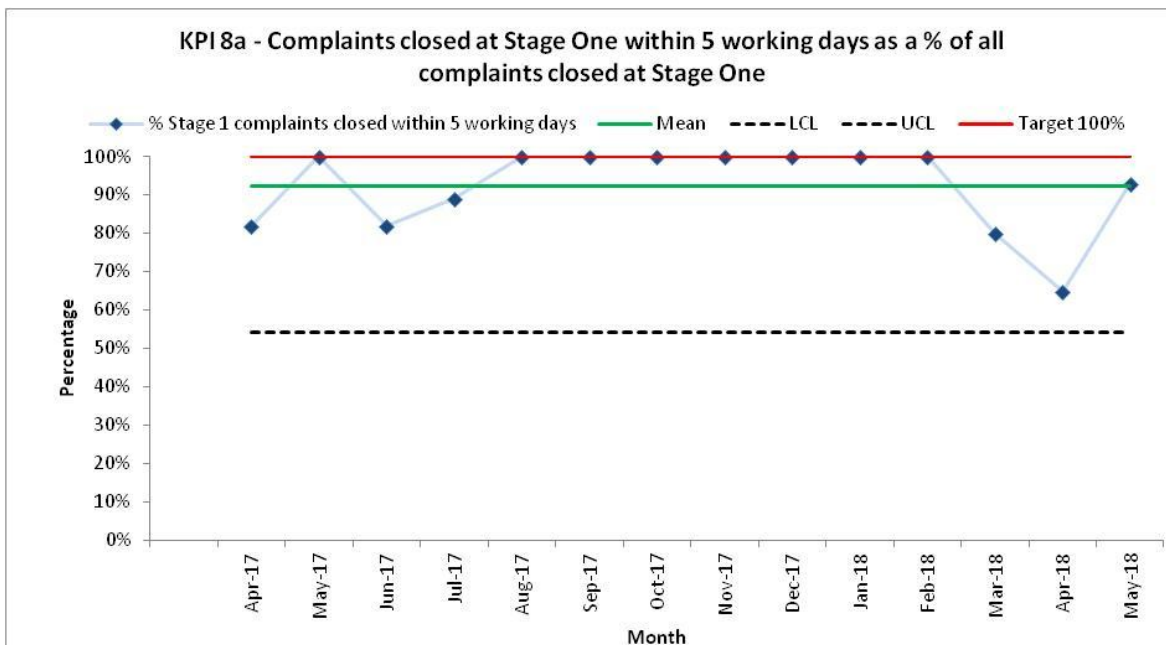


The chart below shows that on average we are responding to Stage 2 escalated complaints within 14 working days. This chart shows normal variation

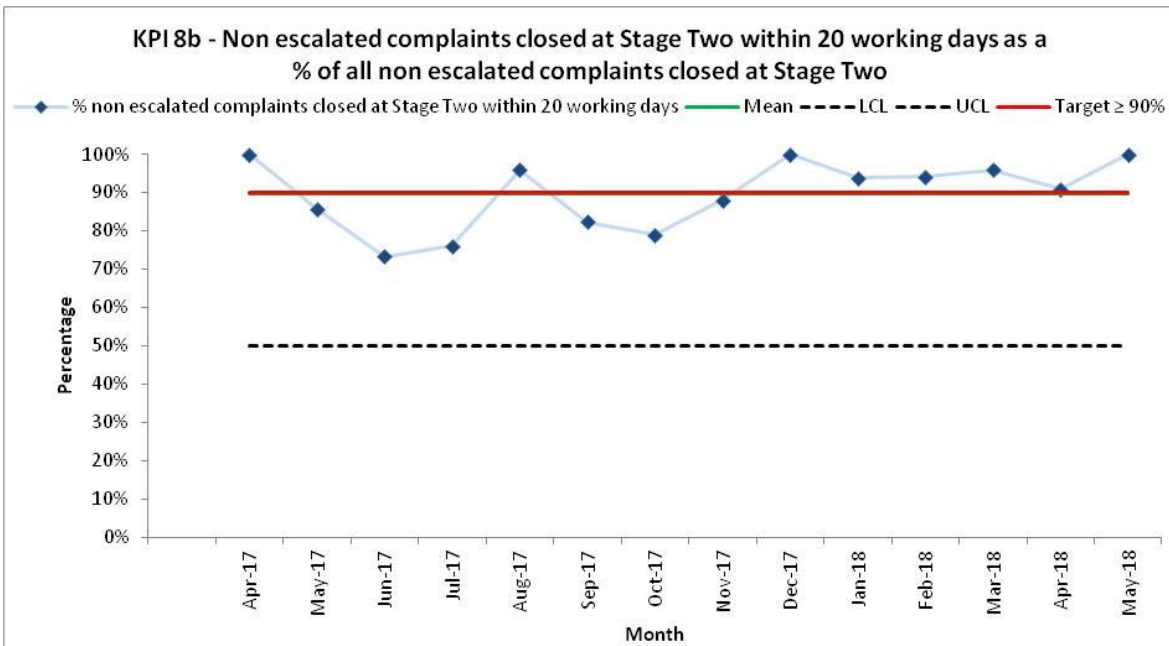


Complaints closed in full within the timescales

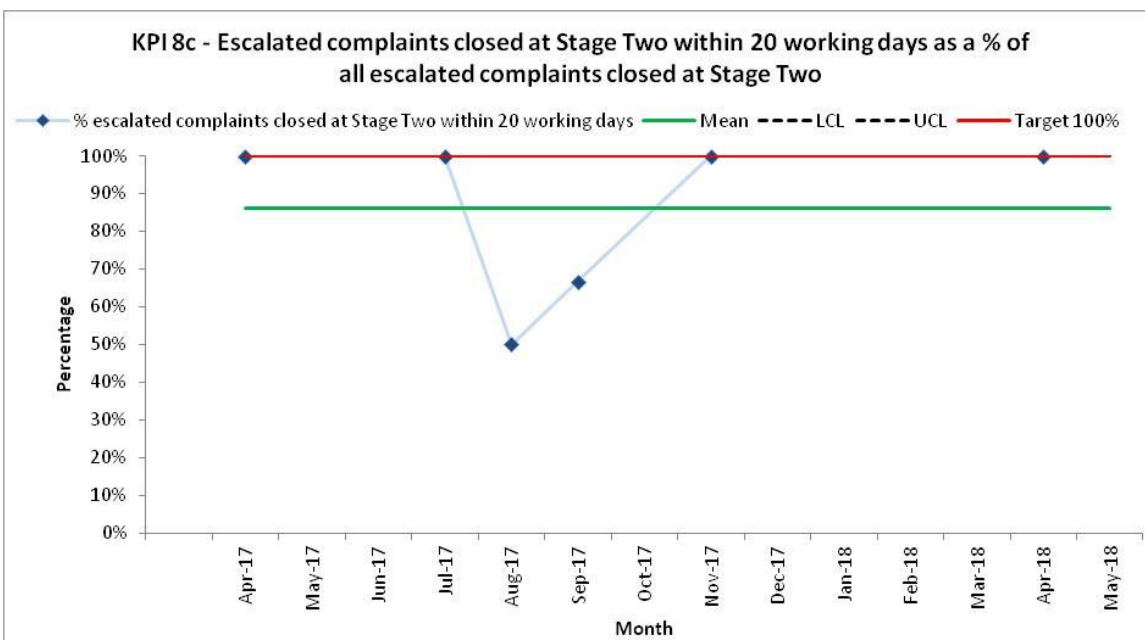
The chart below shows that on average we are closing 92% of Stage 1 complaints within 5 working days. This chart shows normal variation.



The chart below shows that on average we are closing 90% of Stage 2 (non escalated) complaints within 20 working days. This chart shows normal variation.



The chart below shows that on average we are closing 86% of Stage 2 escalated complaints within 20 working days. This chart shows normal variation.



Number of complaints where an extension was authorised

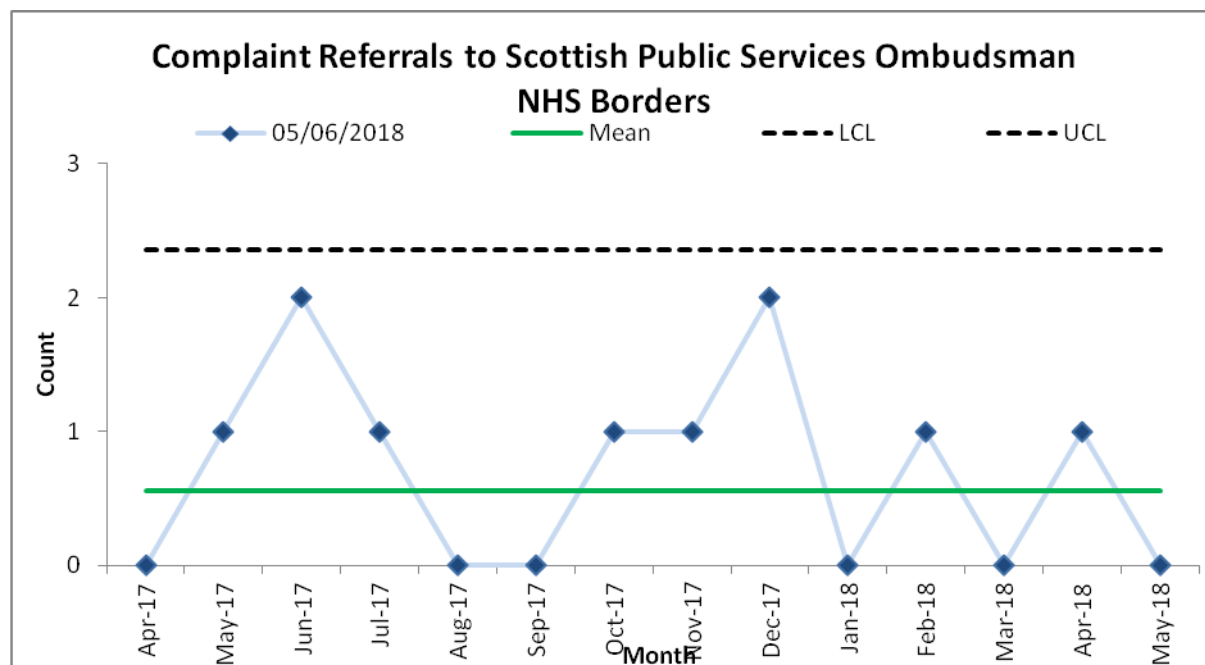
On average we are closing :-

- 0.7% of Stage 1 complaints where an extension was authorised.
- 6.5% of Stage 2 (non escalated) complaints where an extension was authorised.

We have no Stage 2 escalated complaints where an extension was authorised.

Scottish Public Services Ombudsman

The chart below shows normal variation in the number of referrals accepted by the SPSO relating to NHS Borders complaints. It has been 100 days since the last complaint referral to SPSO.




The following three cases have been upheld by the SPSO and details are provided below on the recommendations and progress for each case:

SPSO Case 201609377	Progress
A post operative ward round should be part of routine surgical care.	An action plan was developed by the service which was submitted to the SPSO. The SPSO confirmed on 1 June 2018 that they were happy with the action plan and had therefore closed the case.
Post operation instructions should contain adequate detail to allow the transfer of information.	
Evidence provided on action already taken by NHS Borders, this action being that the consultant orthopaedic surgeon has reflected on their practice and will now telephone a patient if they are too drowsy to speak after an operation.	

SPSO Case 201700001	Progress
Apologise for the failings in the patient's agreed care plan and poor record keeping.	An action plan is currently being developed by the service and will be submitted to the SPSO by 31 August 2018.
When significant deviation from agreed care plans occurs, this should be escalated to the Responsible Medical Officer for discussion and a record made of what the response to this should be.	
Provide evidence of the action already taken.	
Evidence to show what consideration has been given to implementing measures to improve communication with relatives/carers.	

SPSO Case 201703851	Progress
Apologise for the failing to consider further investigations despite the persistence of pain.	The SPSO have requested that the apology letter is issued by 13 July 2018 and the evidence required around reflective learning and discussion at M&M meeting is submitted by 13 December 2018
Confirmation that clinical staff involved in this case have considered it as part of their next reflective learning discussion in their next annual appraisal. Evidence that the case has been reviewed in the next Morbidity and Mortality (M&M) meeting.	

Care Opinion

<p>32 stories shared about NHS Borders between 1 April 2018 to 30 June 2018</p> <p>75% of those stories shared are positive</p> <p>These stories have been viewed 5,188 times</p>	
<p>NHS Borders now have 151 staff listening to stories shared in Care Opinion, 84 of these staff are able to directly respond to stories.</p>	

Volunteering Update – July 2018

‘What matters to you?’ day occurred on the 6th June, Volunteers gathered feedback throughout the BGH encouraging patients, relatives and carers to tell us what matters to them. We held a celebratory event in the Committee Room, BGH and invited staff along for refreshments and to meet our Therapets. Staff were asked ‘what gets in the way of a good day at work – what is the stone in your shoe?’ Feedback was gathered and caring cairns were created from their stones. Please see the flash report below:



We are exploring the idea of piloting a volunteer driver programme after researching the excessive travel expenses occurring in the Dialysis Unit. The unit use a local taxi firm to transport patients to and from their home and the unit 3 times per week. The volunteer role description, risk assessments, training and safe systems at work are being devised with support from the Health & Safety department. We will use improvement methodology to pilot this programme and recruit one volunteer driver to transport one patient to and from the unit, risk assessing the patient, vehicle and driver. This role will be reviewed 6 months after the volunteer driver has commenced and feedback will be measured.

PATIENT FLOW

National Day of Care Survey (DoCS)

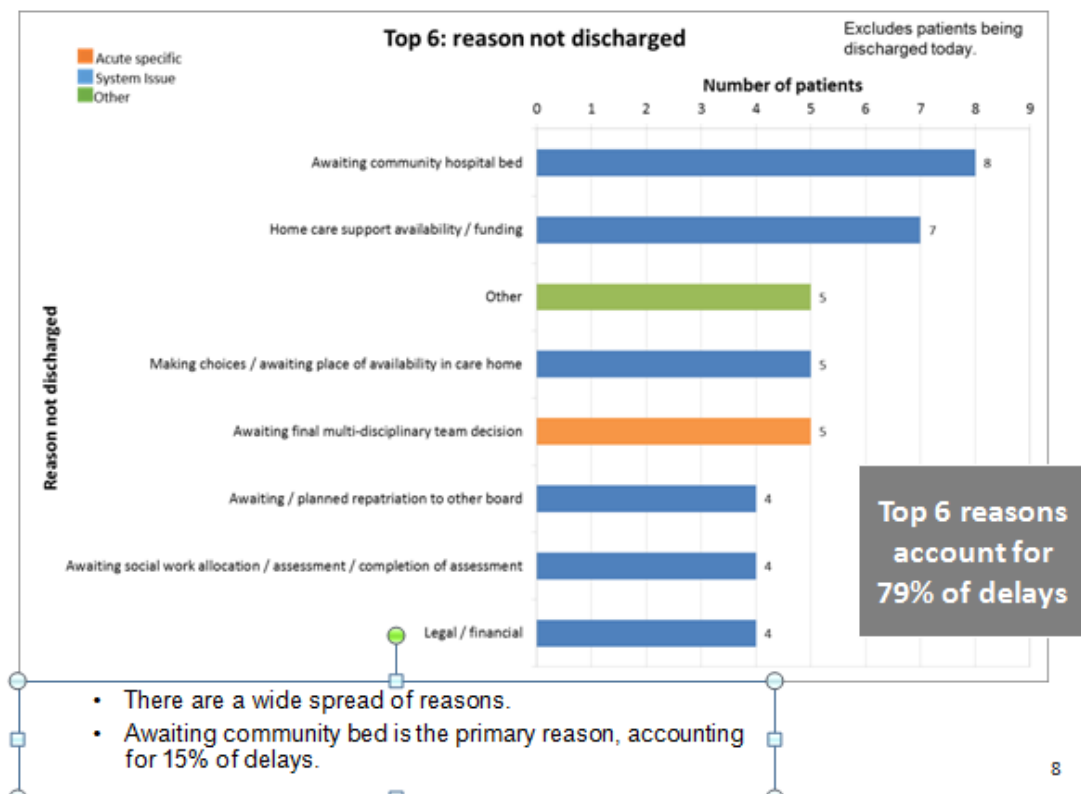
A National Day of Care Survey took place in BGH On 25th April 2018 and Community Hospitals on 26th April 2018. Excluded from the survey were paediatrics, obstetrics, intensive care and mental health. DoCS provides access to local data that can be used to identify opportunities to improve people's experience of being in hospital. It provides a snapshot in time of patients in hospital, the next steps in their journey and any potential delays to them moving appropriately through the hospital to home using a simple, easy to understand approach to inform system wide improvement efforts.

A local Day of Care Survey Plus is currently underway. This is an adaption of the approach normally used when carrying out a DoCS. It is intended that this will give us further insight into managing and improving flow. It will also help to support planning for the next five years and enable us to build resilience and sustainability across the system, and improve patient experience through ensuring patients are able to transition to the most appropriate place for their next stage of care.

The information in the slides below are taken from the report received on BGH and also gives us comparative data from Scotland. We are still awaiting the output for our community hospitals from the National team.

A further national DoCS will take place between 23rd and 25th October 2018.

Day of Care Survey – Borders General Hospital - Key findings 2



Day of Care survey – Borders General Hospital - Overview		
Benchmarked Data	Z Hospital	Scotland comparator (26 sites)
Number of beds surveyed	216	10522
Number of patients surveyed ¹	232	9946
Bed occupancy (%)	107%	Median: 91% Range: 52% - 131%
Boarders (%) ²	14% (32 patients)	Median: 4% Range: 0% - 18%
Day of Care – criteria met (%) ³	76%	Median: 78% Range: 55% - 100%
Day of Care – criteria not met (%) ³	24%	Median: 22% Range: 0% - 45%
Of those not met – within hospital control (%)	25%	Median: 25% Range: 0% - 70%
Of those not met – whole system issue (%)	66%	Median: 67% Range: 0% - 100%
Of those not met – Home designated as most appropriate alternative place (%)	40%	Median 45% Range: 0% - 100%
ED performance Thursday 26 th April ⁴	84.2%	N/A
Delayed Discharges ⁵ – NHS Borders	38	Median: 83 Range: 1- 383

1 Total number of patients surveyed on the day of DOCS at site

2 Boarders are patients who are in a ward bed not related to their main specialty needs. This is the % of boarders out of the number of patients surveyed

3 Excludes patients for discharge

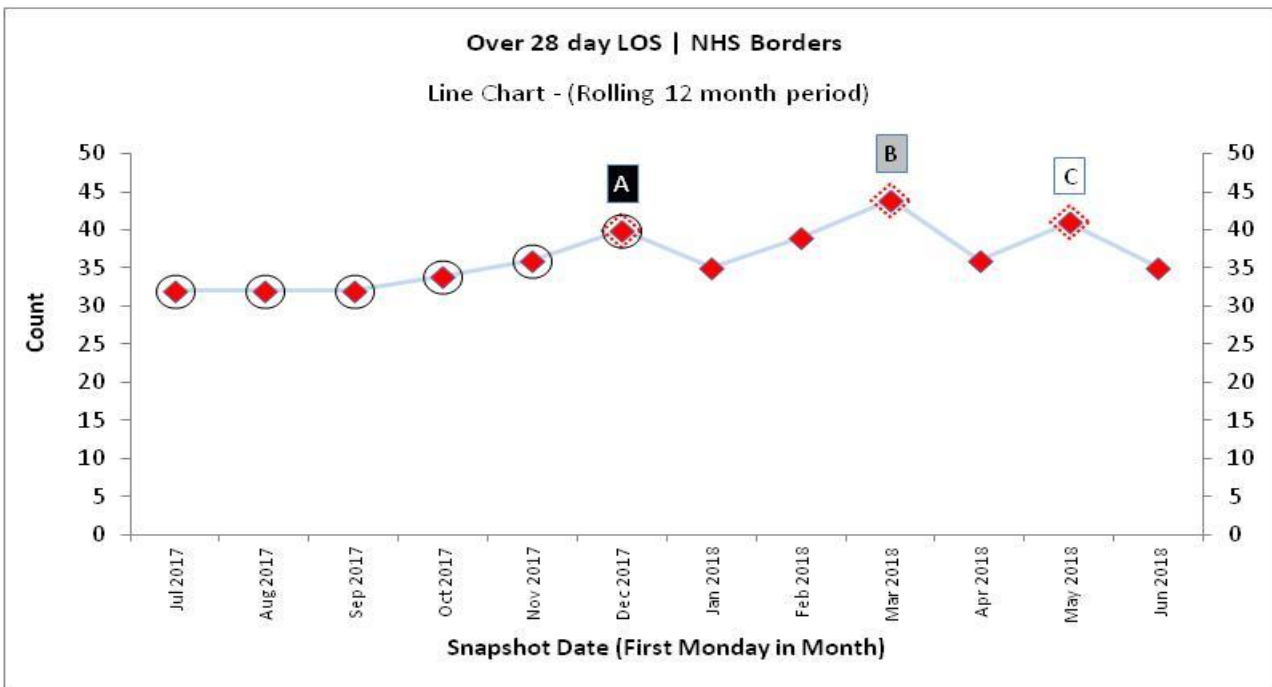
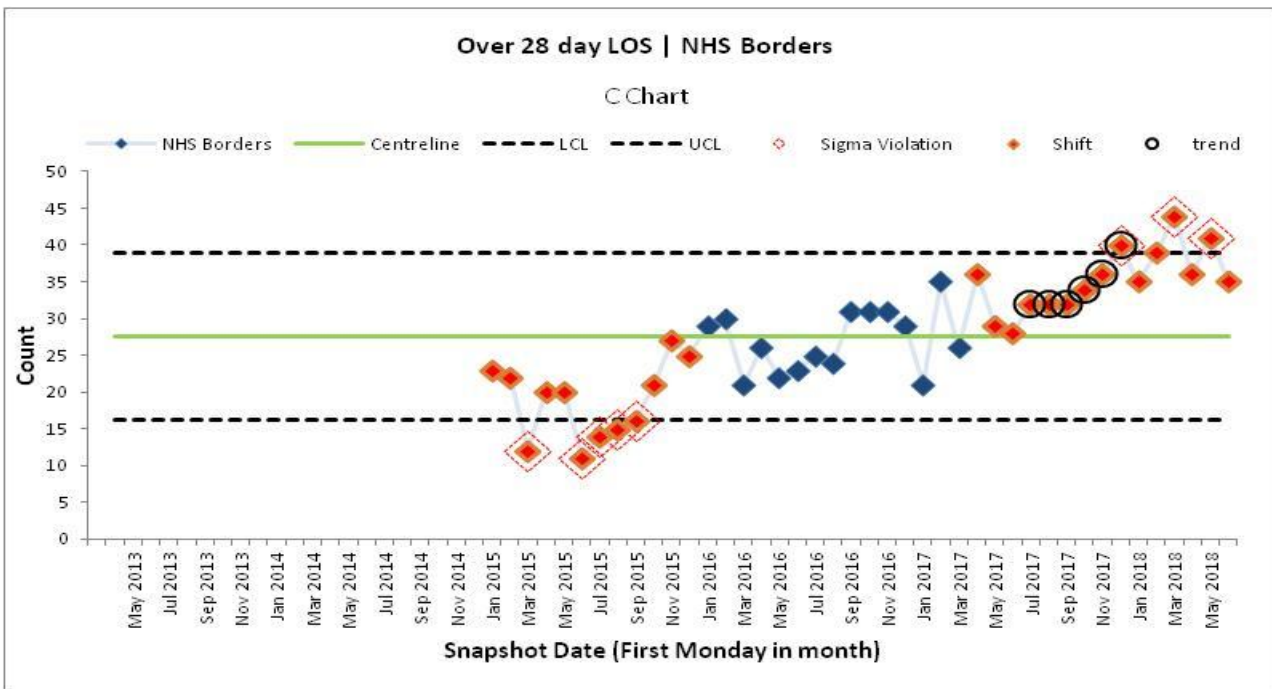
4 NHSScotland A&E performance data (unvalidated)

5 weekly census data

9

Length of Stay (LoS) > 28 days

The increase in patients with a LoS over 28 days likely reflects the significant increase in delayed discharges that occurred last September and the gradual restriction in boundaries that community hospitals will take from. Community colleagues are working to develop new models that will reduce this pressure, such as hospital to home. A new weekly BGH > 28 day LoS group has been established to review all patients with a LoS over 28 days. This group will have representation from ward clinical teams, social work and discharge liaison, to ensure a problem-solving approach is taken to all patients with a prolonged LoS.



Ref	Annotation	Ref	Annotation
		B	Spike
		C	Spike
A	End of upward trend		