Borders NHS Board

BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – SEPTEMBER 2018

Aim

This report aims to provide the Board with a summary of Clinical Governance & Quality activity this month following agreement at the August Board given the detailed report submitted at that time.

Areas included are :-

- Patient Safety
- Clinical Effectiveness
- Person Centred Health and Care
- Patient Flow

Background

Clinical governance is the way the NHS works to improve the quality of care patients receive and to maintain that high quality of care. It is about ensuring that patients get the right care at the right time from the right person and that it happens right first time

Whilst overall Executive responsibility sits with the Medical Director in NHS Borders, clinical governance is the responsibility of every member of staff across the organisation. Everyone works together to ensure that patients receive the best possible care.

This Clinical Governance and Quality update covers a range of topics which the Board should be aware of, including recently published data.

Summary

Relevant points to highlight are ;

- Patient Safety
    - HSMR publication on the 14th August for Quarter 4 2017/18
- Clinical Effectiveness
    - Research Governance
- Person Centred Health & Care
    - Feedback and Complaints including data from General Practice
    - Scottish Public Sector Ombudsman (SPSO)
    - Volunteering
    - Internal Audit of complaints process by Pricewaterhouse Coopers
- Patient Flow
    - Results of local Day of Care Audit Plus (DoCA+)

Recommendation

The Board is asked to **note** the report

Policy/Strategy Implications	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Governance 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 & Quality		

Patient Safety

Hospital Standardised Mortality Ratios (HSMR)

HSMR is based on all acute inpatient and day case patients admitted to all specialities in hospital. The calculation takes account of patients who died within 30 days from admission and includes deaths that occurred in the community as well as those occurring in hospitals.
There has been a 9.2% reduction in HSMR across Scotland since January- March 2014. There are a number of possible factors contributing to the reduction in HSMR, such as changes in; underlying population based mortality, quality of care, medical treatments available and associated risk factors, completeness/ accuracy of hospital discharge summaries.
This latest HSMR data released was published on the 14th August 2018. This data covers Quarter 4 of 2017/18 and as expected, has shown an increase from the previous quarter.

National Picture

- HSMR at a Scotland level has decreased by 9.2% between January- March 2014 (first quarter of new baseline) and January- March 2018
- Emergency or unplanned medical admissions consistently account for the largest proportion of deaths within 30 days of admission
- Although the HSMR has remained relatively flat across Scotland between January-March 2011 and October – December 2017, it does show clear seasonal patterns with slightly higher HSMRs around the winter quarters (October – December and January – March)
- Scotland as a whole decreased from 0.95 to 0.94 during the quarter January – March 2018 and saw 6% fewer deaths than predicted
- NHS Dumfries & Galloway, our nearest comparator, had an HSMR of 1.04. Dr Gray's Hospital in NHS Grampian also had an HSMR of 1.04 in this quarter.
- No hospitals had a significantly higher standardised mortality ratio in January-March 2018 compared with the national average

NHS Borders performance

- In this quarter January – March 2018 our HSMR was 0.96, compared to 0.86 in the previous quarter October - December 2017 (case mix adjustment has altered our Q3 HSMR from 0.87 to 0.86)
- Deaths in the quarter January – March 2018 were 4% fewer than predicted
- We are above our local mean of 0.92 this quarter
- There were 2 spikes in deaths in January and 1 in March, all cases were reviewed with nothing untoward found, however, the use of the Structured Judgement Review Tool along with the Global Trigger Tool, has enabled us to identify cases where potentially there has been too much intervention in end of life care, for example over use of intravenous therapy or antibiotics
- Our HSMR for the same quarter in 2017 was 0.99

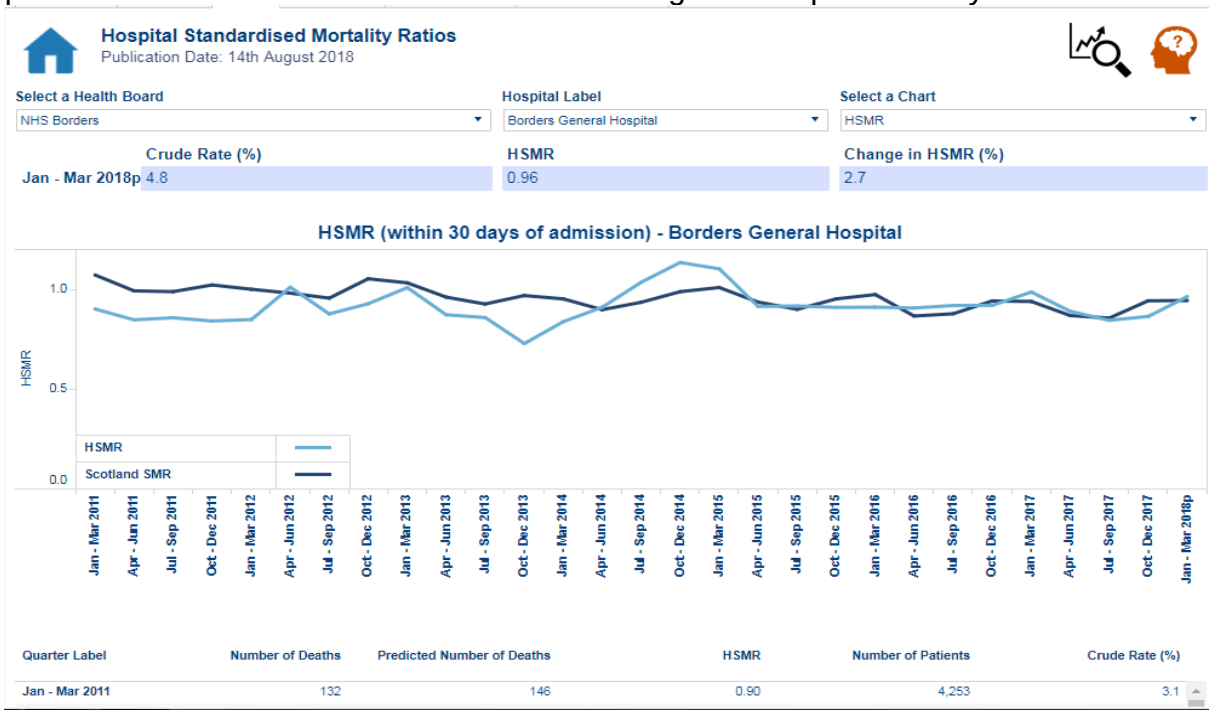
Local Context

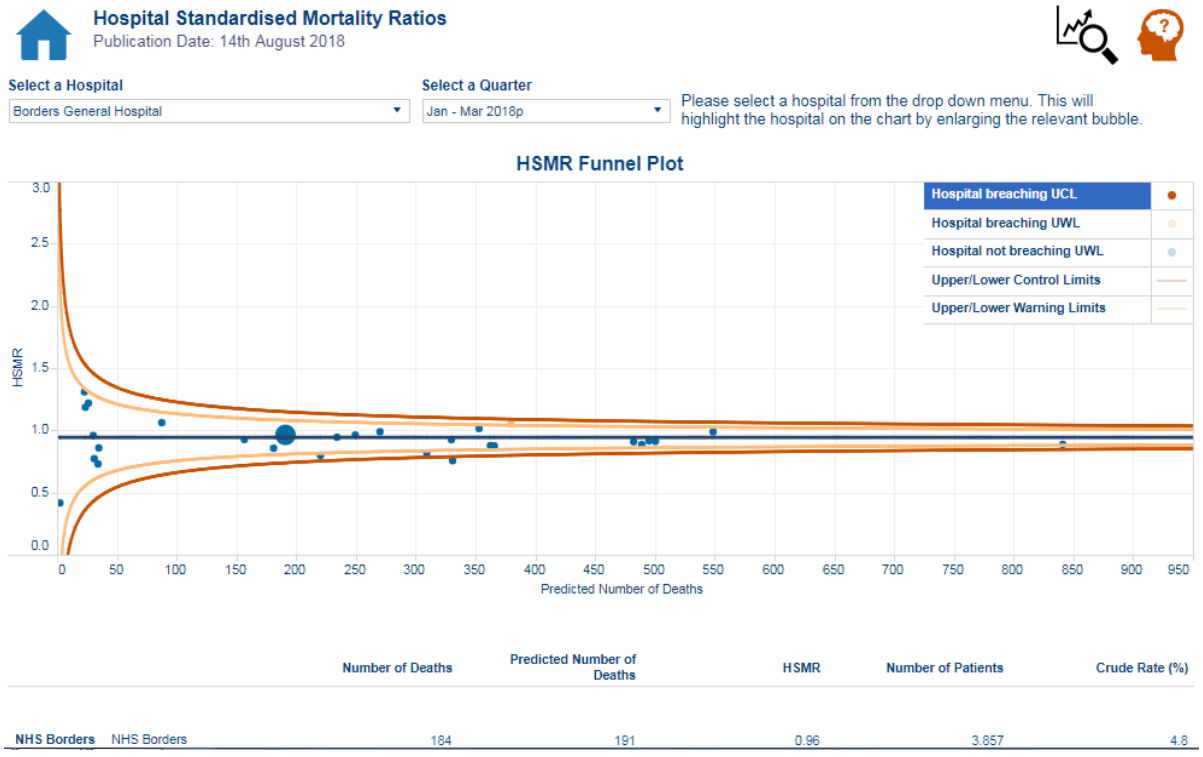
- Changes in the provision of palliative and end-of-life care are not factored in to the case mix adjustment therefore our patients from the Margaret Kerr Unit (MKU) are included in our deaths.

Summary

We will continue to use the Structured Judgement Review Tool when reviewing cases to enable identification of over treatment and opportunities to improve the quality of end of life care.

We will work with our analysts and Information Services Division (ISD) to review the impact of our cohort of patients in the MKU on our nationally reported HSMR. This was done previously in 2016 using the local palliative care database looking at all patients who died in BGH between 2011 and 2016. At this time, the non-palliative patient cohort generated an HSMR of 0.78 compared to 0.92 for all in-patients for Q3 2016/17. The pattern of reduced HSMR was consistent throughout the period analysed.





Clinical Effectiveness

The newly appointed Research Governance Coordinator took up post on 6 August 2018. During the period of vacancy, which has extended to approximately three and a half months the Research Project Officer has ensured established systems and processes have been maintained and followed. In taking up post, the Research Governance Coordinator will explore and progress further development of NHS Borders research portfolio and engagement of clinicians in studies. Priorities will be to:-

- discuss with Research Governance Team ideas for developing current processes
- develop and implement changes to align with national processes, potentially streamlining procedures.
- engage with NHS Borders researchers to discuss their needs and expectations of the Research Governance Department

Person Centred Health and Care

Overview

NHS Borders is closing 90% of Stage 2 non-escalated complaints and 86% of Stage 2 escalated complaints within 20 days. Unfortunately, given the changes to the complaints procedure and subsequently no national report as yet, it is difficult to draw comparison to the rest of NHS Scotland currently.

Based on the 2017 report, NHS Borders performance in responding to Stage 2 complaints within 20 days was 67% and the Scottish average was 72%. The top four issues raised across Scotland in 2016/17 were: 'Treatment' (46%), followed by 'Staff' (28%), 'Waiting Times' (16%) and 'Environment/domestic' (5%). Analysis by staff group showed that consultant/ doctors and nurses account for 38% and 26% respectively of all hospital and community health service Issues.

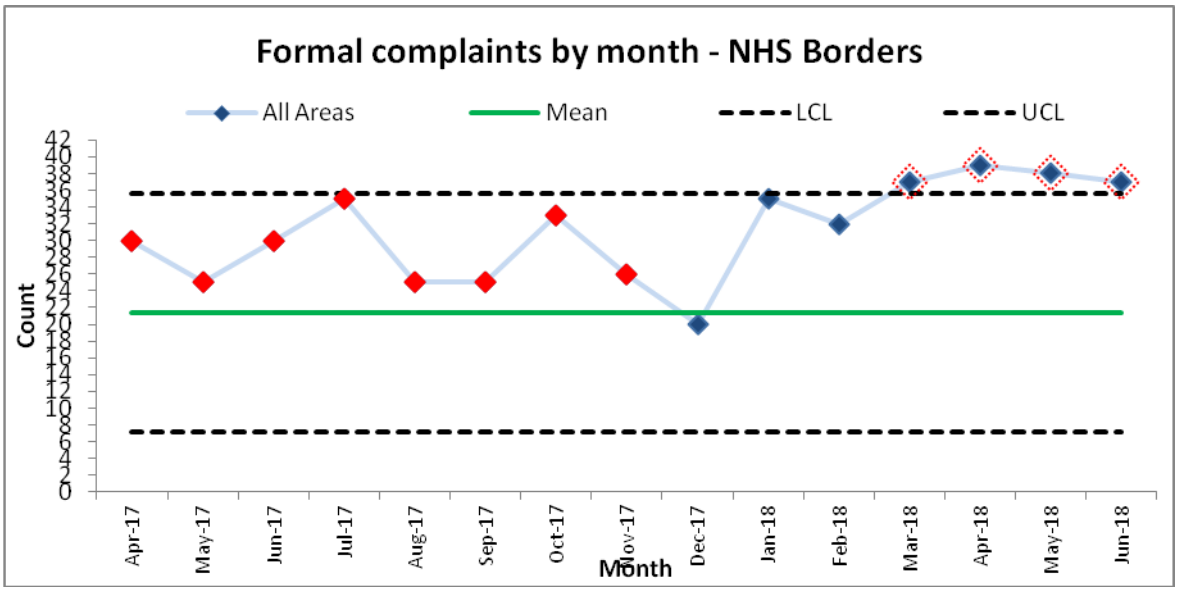
In 2017, NHS Borders upheld 32.4% of complaints compared to an average of 27% across Scotland. Not upheld complaints were 35.1% in NHS Borders compared with 45% across Scotland.

The first annual report containing the new model Complaints Handling Procedure (CHP) data should be published at the end of the year at which time we will be able to draw comparisons in relation to our performance against other NHS Boards.

The following charts give an overview of complaints data, however we are doing further work in relation to attitude and complaints as one of the top 5 themes to ascertain where our focus needs to be in order to make improvements. An update will be provided to the Clinical Governance Committee and subsequently to the NHS Borders Board.

Total number of complaints received

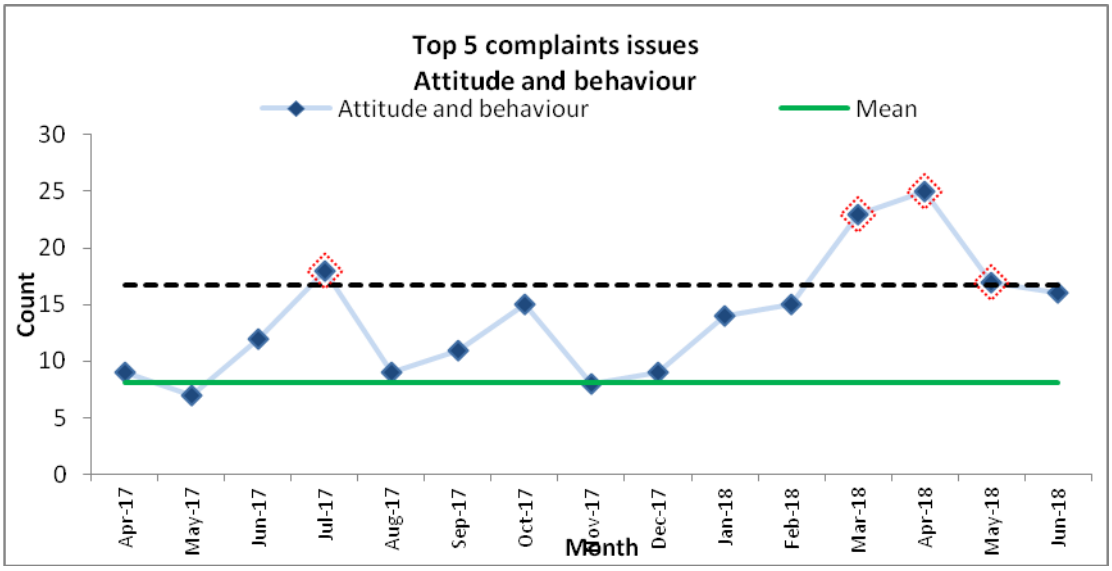
The chart below shows that there has been an increase in the number of complaints received by NHS Borders, evidenced by the shift between April and November 2017. During March, April, May and June 2018, there were 4 sigma violations indicating the number of complaints received were out with our normal limits for 4 consecutive months.



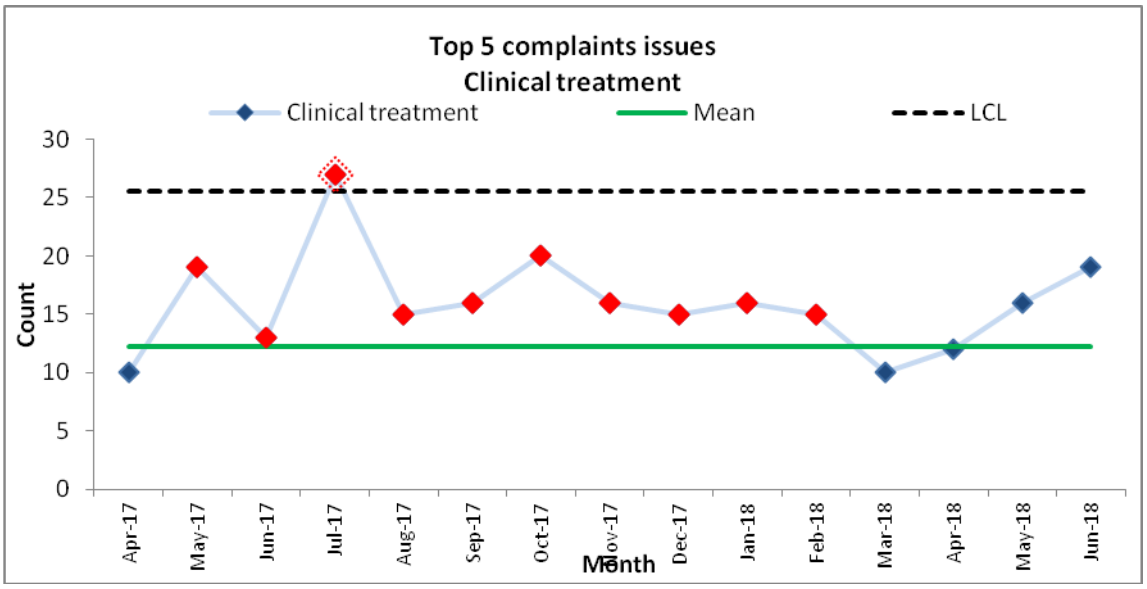
As the Board were previously advised, given the noted increase in the number of complaints received, particularly involving Borders General Hospital, work is still ongoing to analyse this further to identify any particular themes or areas. The initial review has identified that the increase in complaints has mostly been seen around medical staff. The Board will be further updated on the completion of this work.

Complaint themes

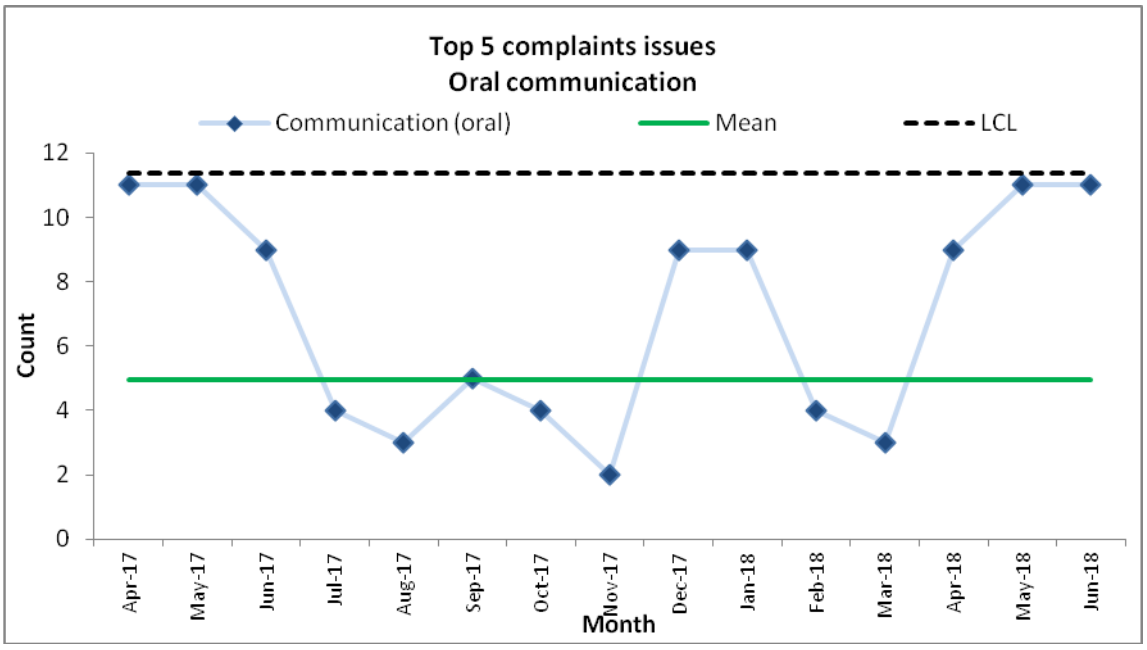
There has been an increase in the number of complaints received regarding attitude and behaviour, evidenced by the shift between June 2017 and April 2018. During July 2017, March and April 2018, there were 3 sigma violations indicating the number of complaints received of this type were out with our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



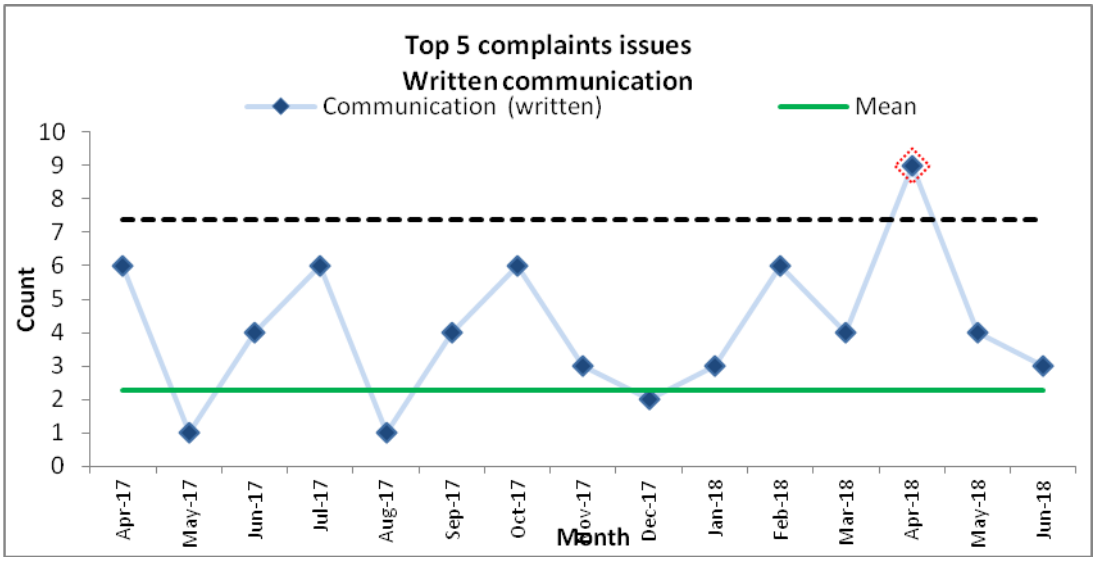
There has been an increase in the number of complaints received regarding clinical treatment, evidenced by the shift between May 2017 and February 2018. During July 2017 there was a sigma violation indicating the number of complaints received of this type were out with our normal limits.



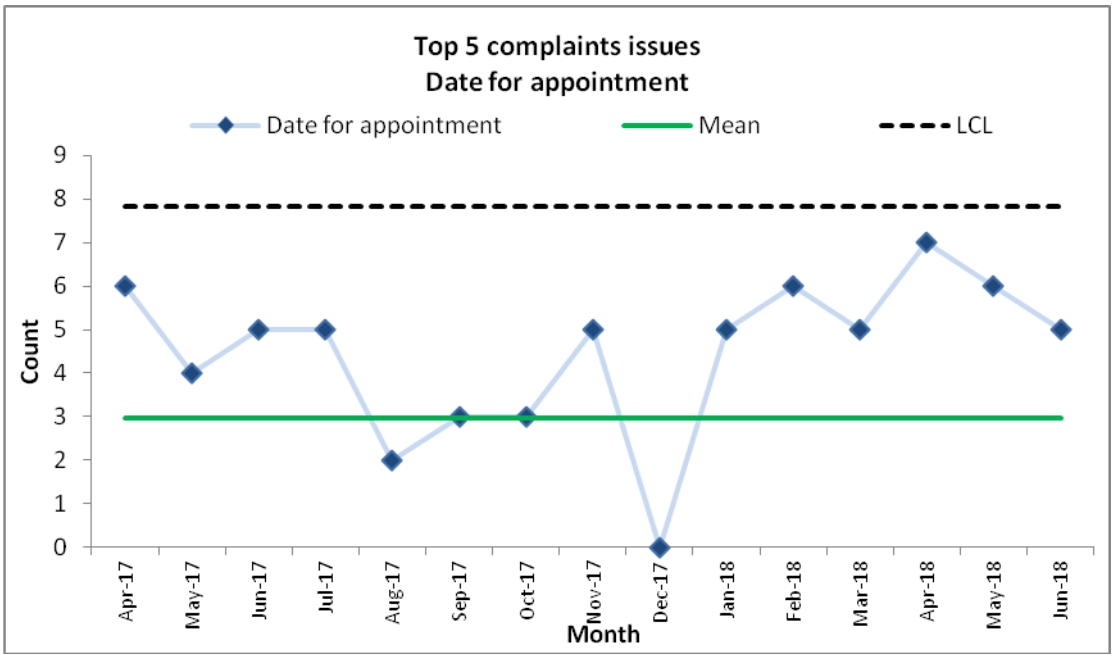
The chart below shows normal variation in the number of complaints received regarding oral communication.



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

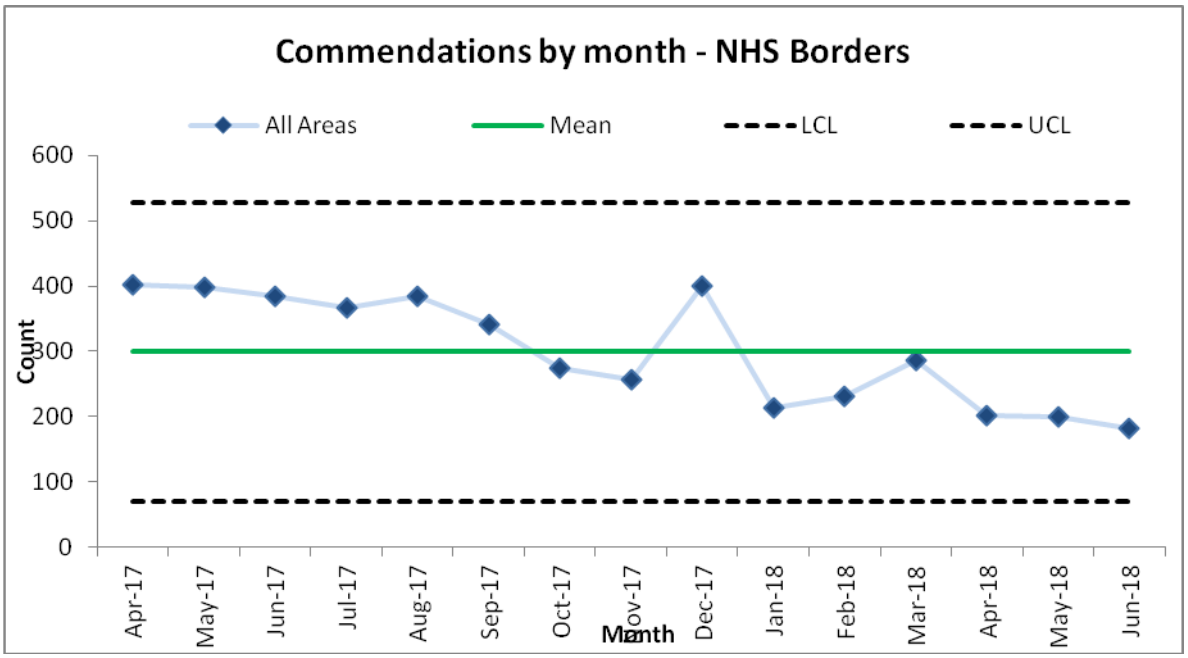


The chart below shows normal variation in the number of complaints received regarding the date for appointment.



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 2 months would result in a shift in performance.



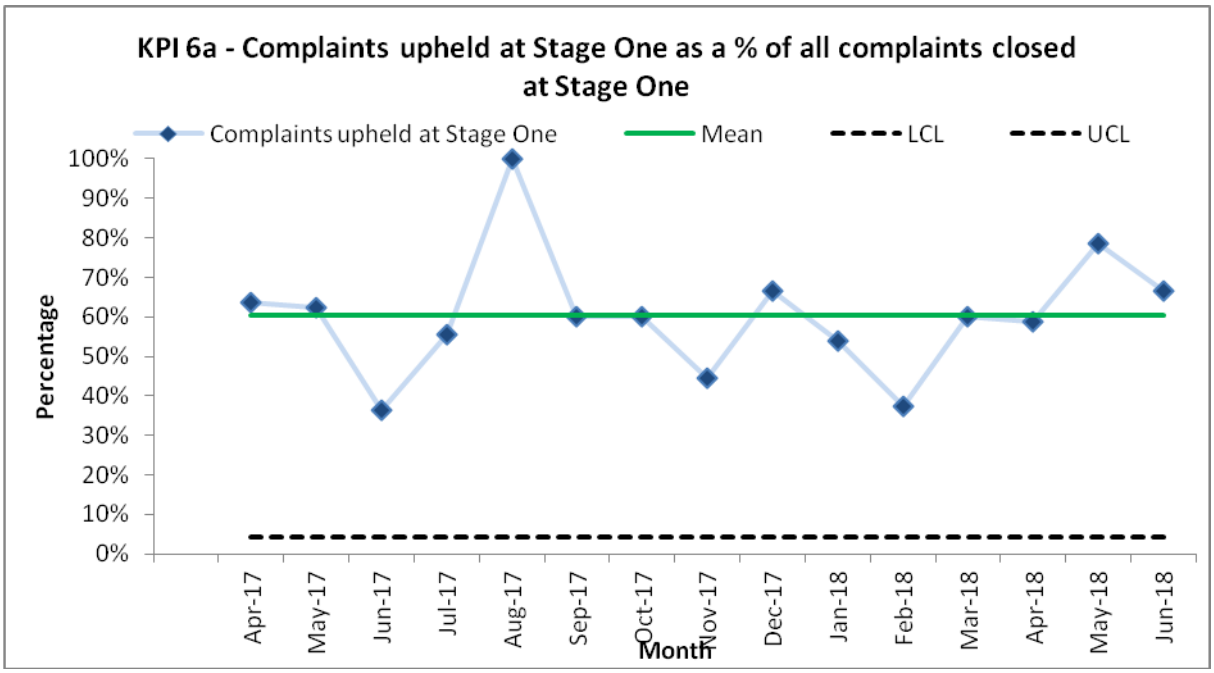
Complaints closed at each stage

We are closing on average:-

- 31.4% of the total complaints received at Stage 1.
- 66% of the total complaints received at Stage 2 (non escalated).
- 2.6% of the total complaints received at Stage 2.

Complaint outcomes

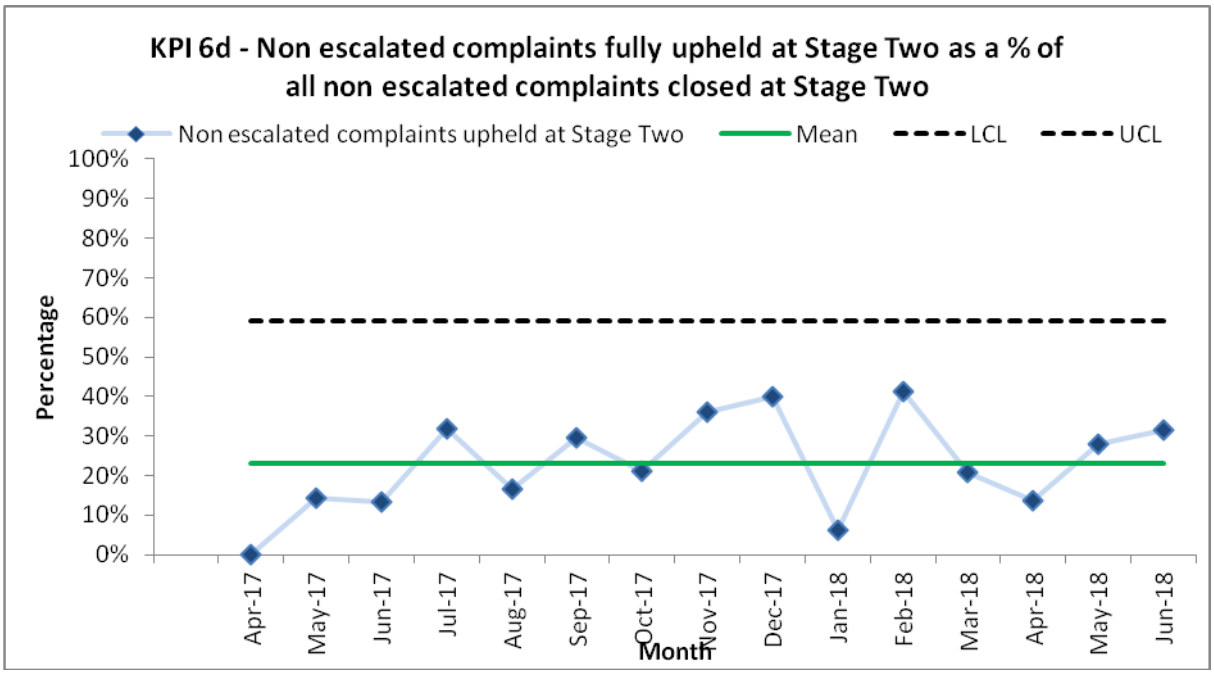
The chart below shows that on average 60% of Stage 1 complaints are upheld. This chart shows normal variation.



An average of:-

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

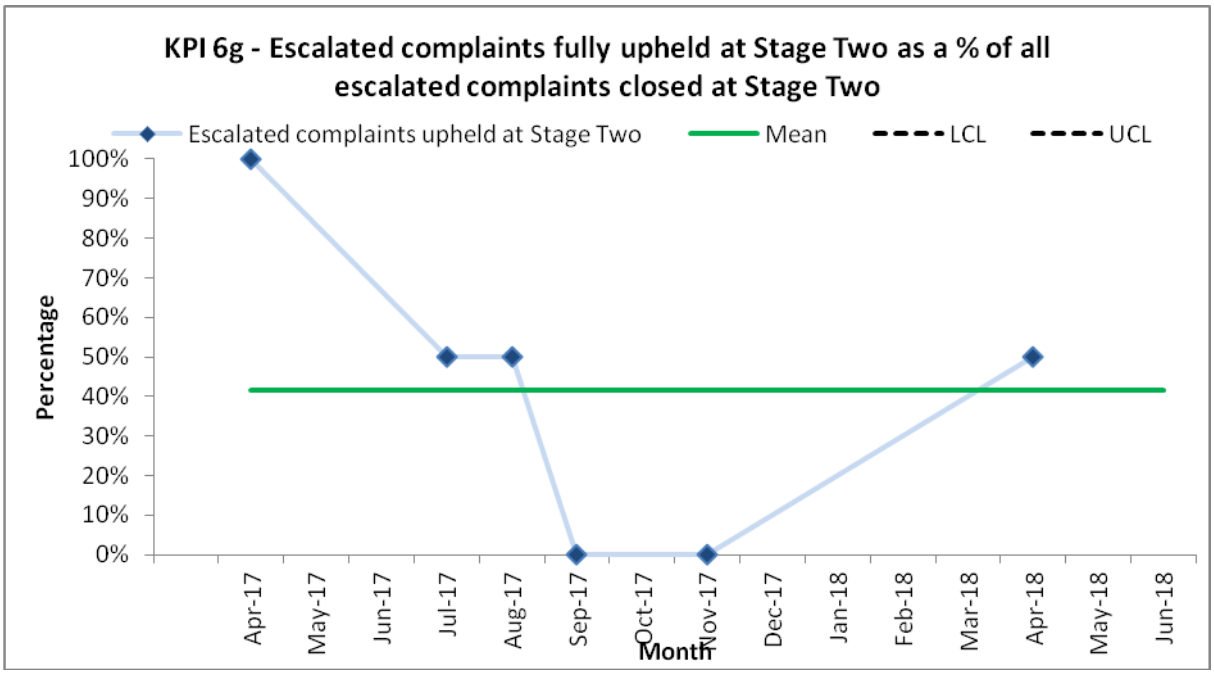
The chart below shows that on average 23% of Stage 2 (non escalated) complaints are upheld. This chart shows normal variation.



An average of:-

- 40% of Stage 2 (non escalated) complaints are not upheld.
- 29% 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.

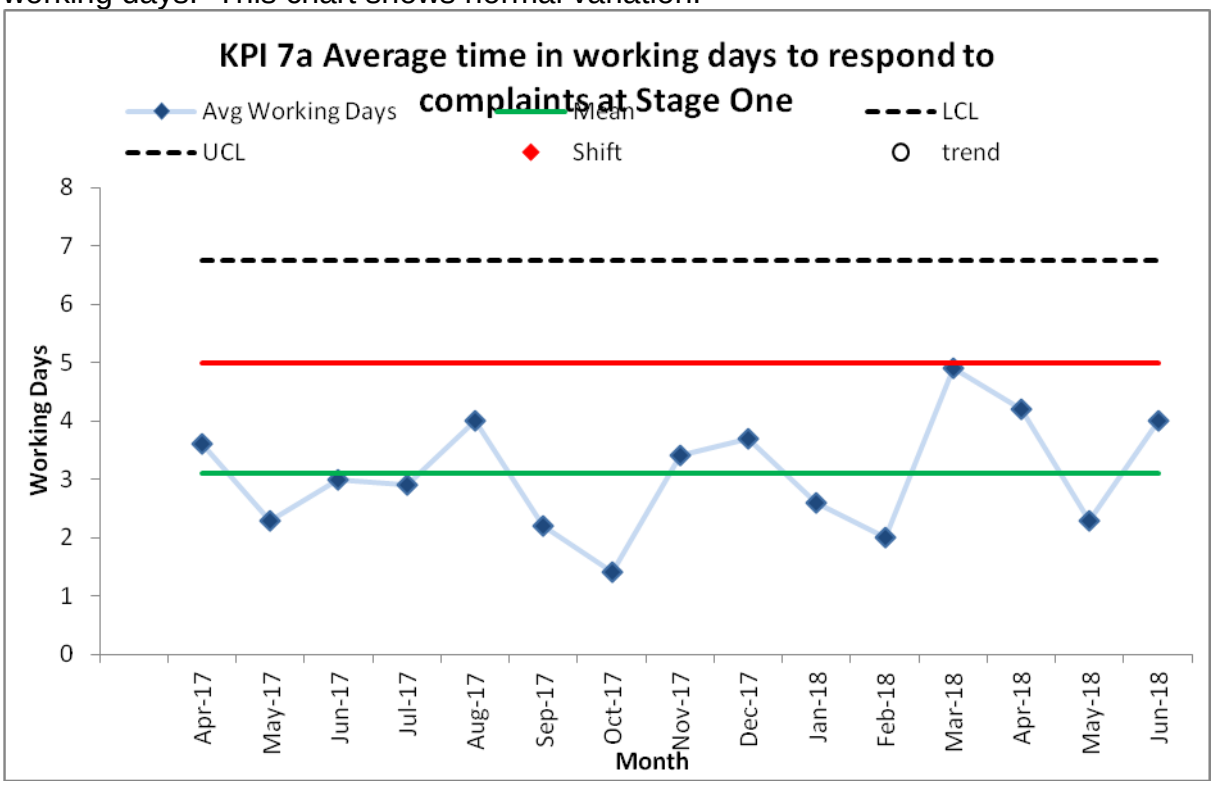


An average of:-

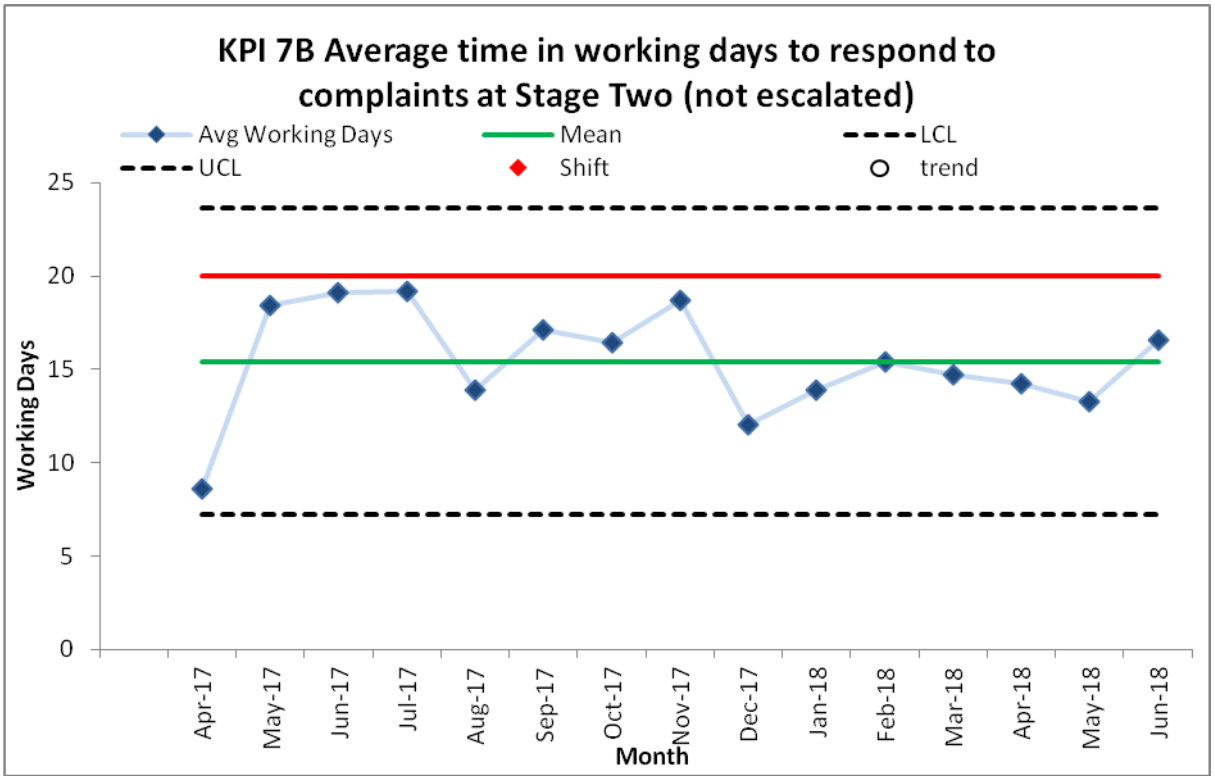
- 11% of Stage 2 escalated complaints are not upheld.
- 47% of Stage 2 escalated complaints are partly upheld.

Average times to respond to complaints

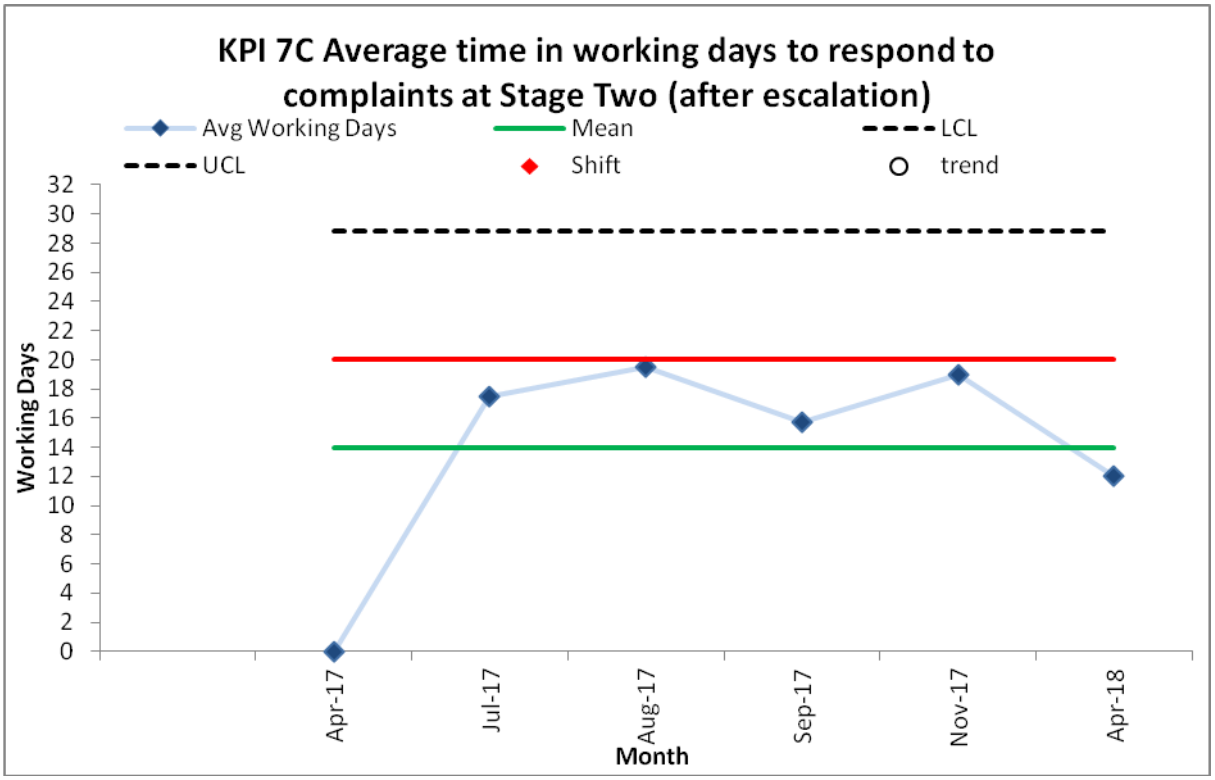
The chart below shows that on average we are responding to Stage 1 complaints within 3 working days. This chart shows normal variation.



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.

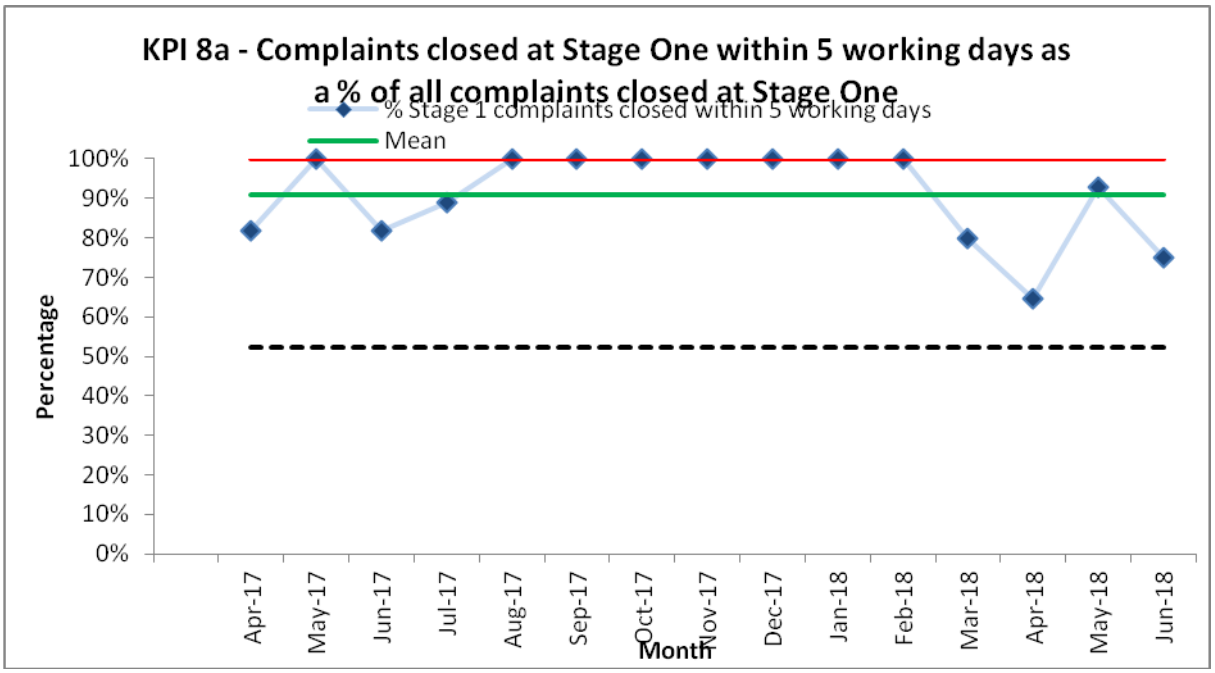


The chart below shows that on average we are responding to Stage 2 escalated complaints within 14 working days. This chart shows normal variation.

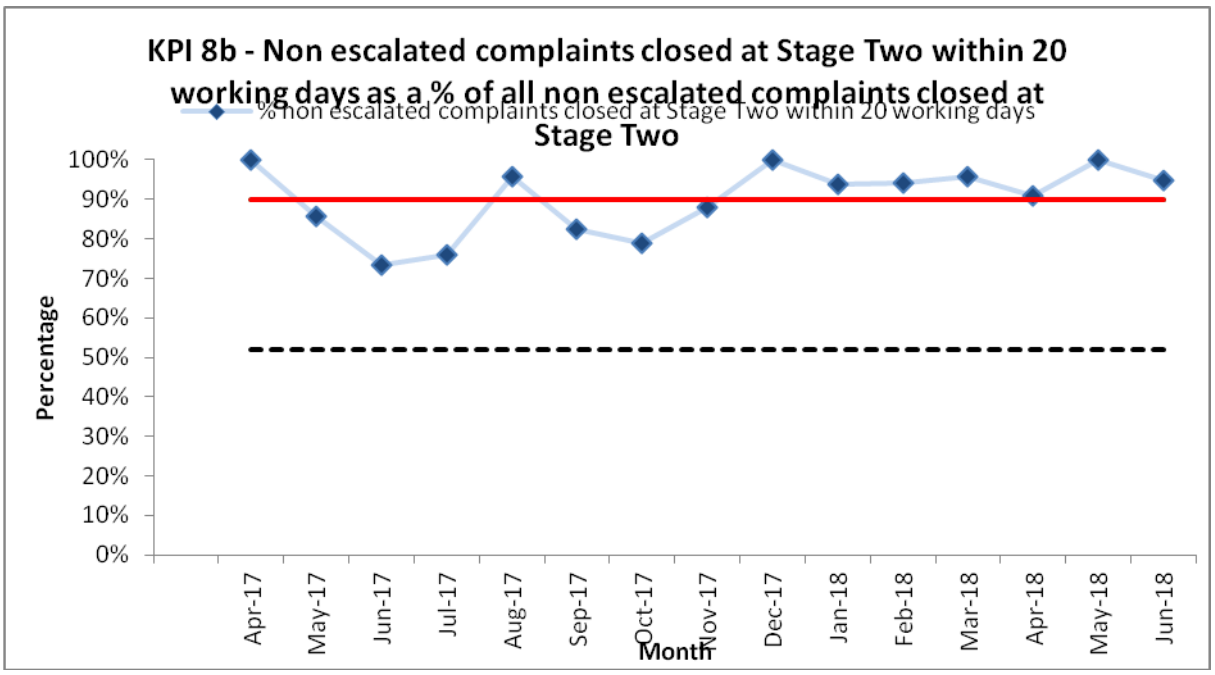


Complaints closed in full within the timescales

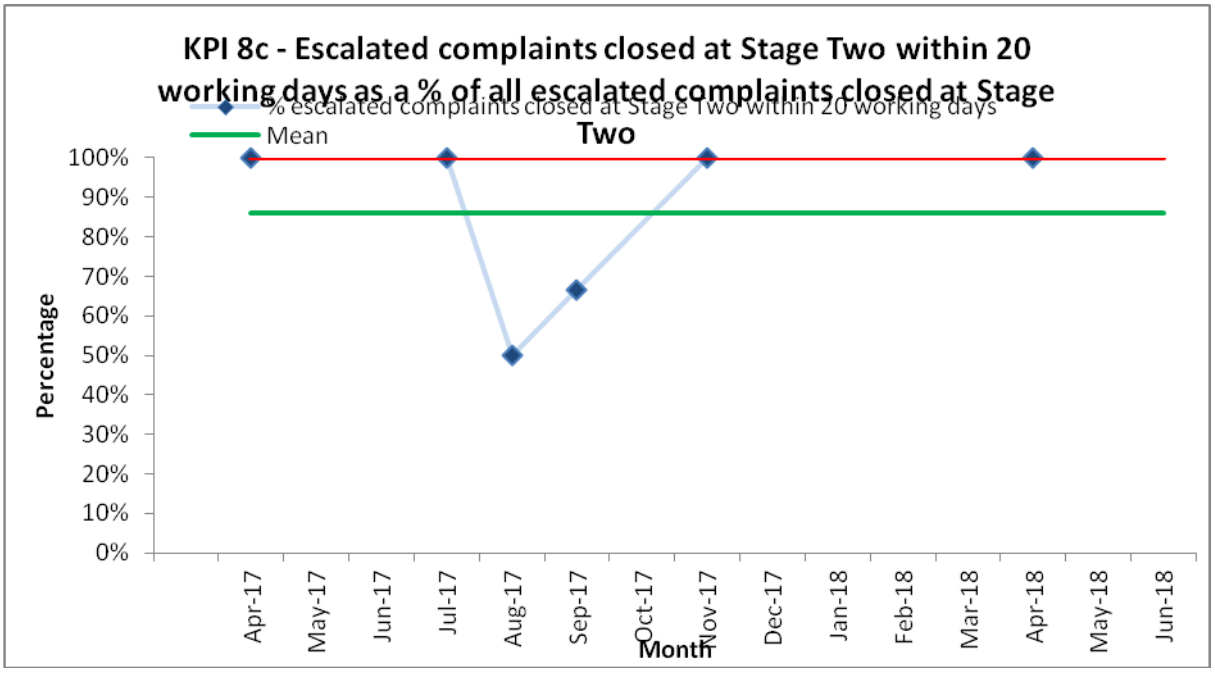
The chart below shows that on average we are closing 91% of Stage 1 complaints within 5 working days. This chart shows normal variation.



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:-

- 1.2% of Stage 1 complaints where an extension was authorised.
- 6.1% of Stage 2 (non escalated) complaints where an extension was authorised.

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

NHS Scotland Picture – last published data October 2017

The last data published by ISD was in October 2017 and was based on the previous complaints handling process. There was a 10% increase in the total number of NHSScotland complaints received in 2016/17 (23,507). In NHSScotland overall six complaints were made per 10,000 contacts (which represents 0.06% of all contacts). Contacts include: hospital admissions; outpatient appointments; A&E attendances; visits to GP and nurses; dental and ophthalmic treatments

Response times remained steady over the previous five years. The latest figures in 2017 for complaints dealt with within 20 days were:
o Hospital and community health services: 72%

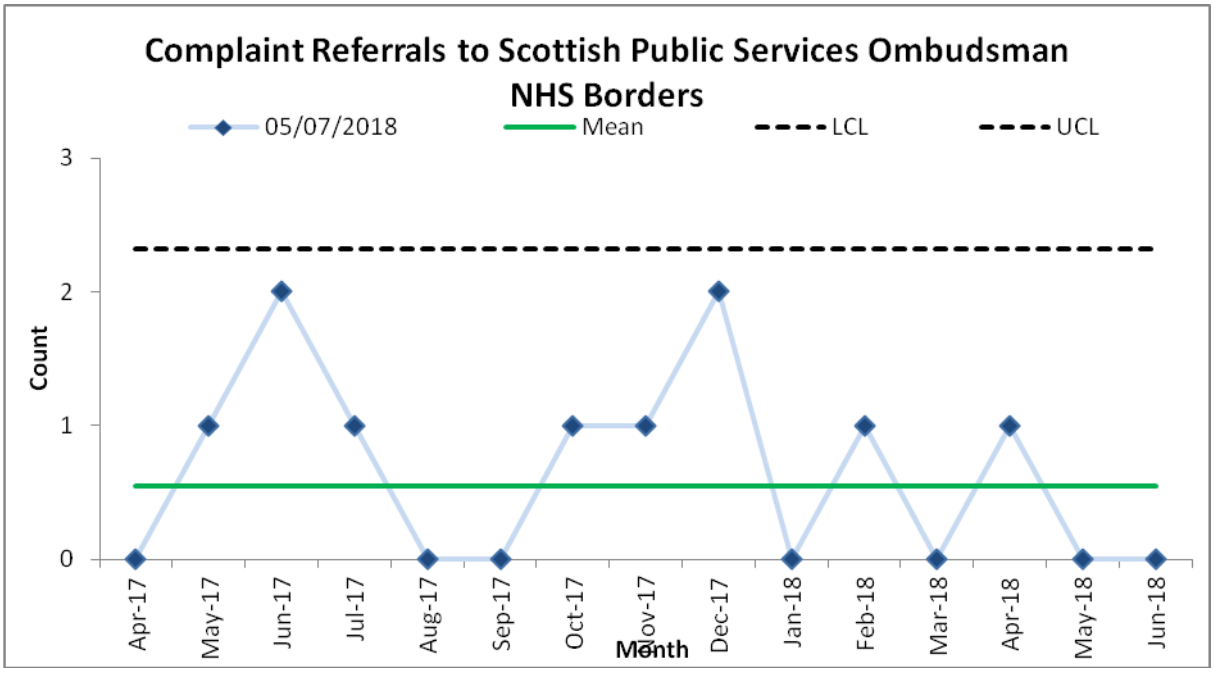
There was a small decrease in the number of complaints being fully upheld in hospital and community health services and special boards, national and support organisations.

This was the last report produced given the changes made and any further reports will be based on the new NHS model Complaints Handling Procedures (CHP).

The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations.

Scottish Public Services Ombudsman

The chart below shows normal variation in the number of referrals accepted by the SPSO relating to NHS Borders complaints.



The following case been upheld by the SPSO and details are provided below on the recommendations and progress:

SPSO Case 201703340	**Progress**
Apologise for the failings in relation to the patient's care and treatment.	Apology letter to be issued to family by 30 August 2018.
Patients admitted to hospital should receive CT scanning in line with Scottish Stroke Care Standards.	An action plan will be developed which will require submission to the SPSO by 28 September 2018.
There should be ongoing structured assessment, management and review of patients with cognitive impairment and delirium in hospital settings.	
There should be a comprehensive approach to identifying and reviewing care needs and how these needs will be met during a patient's stay in hospital.	
The care needs of patients in relation to continence assessment and management in BGH should be appropriately met.	
The 'Getting to Know Me' document should be completed and used to inform a person centred care plan.	
Patients with a serious chronic condition should have follow-up as agreed. Where it is decided to stop the follow-up appointments for a patient, the patient should be informed of this and the reasons for this.	

Care Opinion

50 stories shared about NHS Borders between 1 April 2018 to 31 July 2018 **80%** of those stories shared are positive These stories have been viewed **7,346** times	Care Opinion What's your story?
NHS Borders now have **151** staff listening to stories shared in Care Opinion, **87** of these staff are able to directly respond to stories.	

Complaints from General Practice Quarter 1 2018/19

The table below contains the number of complaints across GP practices for April to July 2018. There were 35 complaints received in Q1 2018/19 compared with 16 in Q4 of 2017/18.

Complaints Received for Quarter Ending June 2018														
Practice Name	Nil Retu	No. of complaints Receive	No. of Complaints Acknowledged within 3 Working Days	No. of Complaints Responded to within 20 Working Days	No. of complaints Where Alternative Dispute Resolution Use	No. of Complaints Still Ope	Staff comments/ Attitude	Waiting Times/Acce	Premises/En vironmer	Patient Confidentialli	Quality of Advice/Treatme	Communicatic	Other (Specif Furthe
1	X												
2	X												
3		1	1				1						
4		2	2	2				1					
5		1	1	1									
6		1	1								1		
7	X												
8		7	3	4			3	1			3	1	
9		1	1	1			1				1		
10		2	2	2				1			1		
11		1	1	1							1		
12		2	2	2				1					
13		1	1	1			1				1		
14		3	2	2		1	1	1		1			
15	X												
16	X												
17	X												
18	X												
19		6	6	6				X		X	X	X	
20		6	6	6		1	1	1			1		
21		1	1	1							1		
22	X												
23	X												
Total		**35**	**30**	**29**	**0**	**2**	**8**	**6**	**0**	**1**	**10**	**1**	

The table below, details the reason for the complaint within the practice. Quality of advice and treatment generated 10 out of 35 complaints and staff comments/ attitude 8 out of the 35 complaints received. Staff attitude and behaviour continues to be one of the top 5 reasons for complaints across NHS Borders

Complaints Received for Quarter Ending June 2018
Please provide further information on main issues
Appointment availability due to lack of GP's clinicians not being on the system all registered patient have received a letter from the Practice explaining our difficulties but hopefully this will be a short term issue. Problem with result not being placed in the correct location to be picked up by courier resulting in a repeat sample being taken. Issue with email prescriptions now resolved. Patient not fully understand the confidentiality procedure regarding reception staff passing on information to patients. Patients issue wiht treament.
Main issues were humiliating remarks made to patient during their consultation with a locum we had. Felt degraded and upset and has struggled since with the feeling of humiliation.
Patient and husband unhappy wiht consultation with GP
1. Complaint regarding length of time to be seen by dermatology, referral was not received by dermatology. 2. Complaint regarding copy of medical records.
1. Patient unhappy that GP commented on her teeth needing a dentists attention whilst consulting about something not linked. 2. Patient unhappy at having to register with Practice as thought he was still on our list. 3. Several complaints not related to Practice, mostly about lenght of time he sat in waiting room to see GP. 4. Patient complaining about her deceased fathers care at BGH. 5. Patient wife complained as felt husbands hip fracture had gone undiagnosed for too long. 6. Unhappy at not being able to swap GP's within the Practice - patient requested an appt to discuss.
1. One issue wiht attitude and advice given by all our receptionists. 2. Patient not happy with all GP consultation/general care with medical condition/medication not giving the meds patients wants.
Daughter complaining re her father's care as felt we were not taking concerns seriously.
Patient unhappy with the fact that she was late for appointment and GP refused to see her.
1. Patient 's husband unhappy as was waiting on a phone back and did not receive one. On checking this the Doctor had tried to phone but got no answer and left a message. On speaking to patient the following day she advised that her phone appeared to be faulty and I explained that her husband had made a complaint regarding this and she said she did not want to take this further. 2. Patient unhappy about supply of medication and other matters.
Patient unhappy that fit note would not be issued. Complaint arising out of GP unwilling to prescribe and administer unlicensed therapy.
Patient querying diagnosis and felt doctor did not understand her position and why she was not following medication plan. Patient unhappy with advice given by doctor. Complaint about GP being unable to see patient who arrived late for appointment.
1. The complaints on staff comments and attitude were due to receptionist's manner and inappropriate comments from 2 doctors. 2. 2 patients unhappy of the care given by their doctors and the third complained in ebing visited at home by an Advanced Nurse Practitioner rather than a doctor. 3. Poor communication with patient resulting in a missed appointment.

The table below contains the actions taken by each practice in response to the complaints on the previous page.

Complaints Received for Quarter Ending June 2018
Actions
Complaint investigated via comments on consultation and discussion with GP. Letter sent apologising that they were unhappy with consultation, clarifying discussion with GP and confirming they can see any GP in the Practice
1. Sent letter of apology to patient regarding this and ask dermatology if referral could be expedited and it was, patient happy with outcome. 2. Patient request full copy of medical records, told of our protocol regarding this and there would be a fee (this was beofre changes) patient wasn't happy about this. Resolved.
1. GP wrote a letter to patient apologising. 2. Practice Managerwrote to apologise for the upset caused but he had not been seen in building for 20 years and it had been presumed he had left the area. 3. GP wrote and addressed all issues, pointed him in the correct direction for issues not related to us, explained why he had waited 21 minutes to be seen. 4. GP had already discussed issues (although unrelated to Practice) but wrote a letter inviting her to come in if wishes to discuss further. 5. GP wrote to patient, explaining that the fracture could not be correctly diagnosed without the x-ray, which they did not attend for 14 days. 6. Practice Manager wrote to patient with an appt to discuss the matter as per her request, patient cancelled the appt, 2nd appt sent for a future date.
1. GP address patient in letter on all points and advised patient why the action taken by all GPs was correct. Has asked patient for further details on staff issues - no reply back since.
Aknowledged by Practice Manager. Asked for patients permission to discuss with daughter. Once received we provided a response outlining care given which we felt was excellent and we would not have done anything differently.
Spoken to and seen by another GP, PM has made contact 3 times without success.
1. No further action taken. 2. Explaination letter sent to patient. Patient has an appointment with the Doctor later this month and the issues can be discussed further then if still unhappy.
Explained fit note could not be issued for purpose patient wanted. Alternative arrangements offered.
Explained diagnosis and why meds importnat, offered secondary care opinion. Explained why advice given. Reason for policy explained, ensured patient had been given all alternatives on the day.
1. Receptionist spoken to and further development in dealing with patients will be added to next training opportunity. The Practice Manager liaised with the doctors and it transpired that in one case the somments were wrongly attributed to the doctor. In the second case the doctor recorded in the consultation the patient's comments verbatim without making judgement or comment. All patients were written to informing of actions and clarifying any misunderstanding. 2. The doctors reviewed the medical records and care provided to patients. This was also done by another doctor in the Practice. In both cases it was concluded that appropriate and correct advice had been offered to patients. Patients were written to explaining the reasons of the advice and treatment given. The Practice Manager wrote to the third patient to explain the role of the ANP and their ability to deal with a number of ailments. The patient was also given assurance that ANPs are in constant communication with duty doctor in the Practice who will provide further guidance and advice should they feel it is necessary. 3. Poor communication between doctor and receptionisst compounded by inappropriate use of appointment system. Review of our system for booking appointments over the phone is currently under way and trialing automated answering system to improve the service provided to patients.

Volunteering Update

The Clear Pathway document was released to NHS Boards as guidance on supporting a safe, secure and person-centred involvement of volunteers from the third sector in NHS setting. Volunteers recruited by NHS Borders are subject to clear policies and procedures, the Voluntary Services Manager is compiling a database of all third sector organisations who have volunteers within NHS Borders ensuring the same principle of 'duty of care' applies and that Service Level Agreements are in place.

Gordon Elliott, volunteer lead for the Healthy Living Network volunteers represented the Langlee Early Years Centre Partnership, which incorporates our Healthy Living Network volunteers and Breastfeeding Peer Supporters, when they were shortlisted in the final three in Scotland under the Family Communities Category at the Scottish Education Awards in Glasgow. NHS Borders volunteers contributed to this through the delivery of healthy eating sessions for children in the local area, organising a family breakfast and activity club throughout the school holidays and supporting breastfeeding families in a variety of settings.
The Voluntary Services Manager has taken ownership of GREATix a reporting system which recognises staff excellence and helps us learn and share feedback of great working practices.

Internal Audit of Complaints Handling Process – Pricewaterhouse Coopers (PwC)

PwC have been undertaking an internal audit of the complaints handling process within NHS Borders to ensure we are compliant with the new complaints handling process.

The NHS Scotland Model Complaints Handling Procedure, which was developed under the direction of the Scottish Public Services Ombudsman (SPSO), came into effect on 1 April 2017. The new procedure was created with the Patient Rights (Scotland) Act 2011 in mind, which outlines the right to give feedback, make comments, raise concerns and to make complaints about NHS services.

They reviewed customer complaint handling and reporting processes and controls including root cause and trend monitoring. The review also considered complaints referred to the SPSO and the processes for actioning subsequent recommendations.

NHS Borders has a responsibility towards its patients to ensure they are provided with the best possible care including listening to, responding to and effectively resolving complaints and feedback of patients and family members. Therefore adequate complaints handling practices are essential within the organisation.

A report from PwC is not expected until the end of September and we look forward to receiving feedback at that time to continue to improve how we listen to, resolve and respond to complaints.

Patient Flow

Local Day of Care Audit Plus (DoCA +)

The Day of Care Audit Plus (DoCA+) has been adapted from nationally recognised Day of Care Survey. DoCA+ was undertaken in the Borders General Hospital (BGH) over two afternoon sessions, on 9 July 2018, in Wards MAU, 6, 16, 7, 9 and BSU, and on 18 July 2018, in Wards 12, 14 and 5. The audit was also undertaken across our four community

hospitals over two afternoon sessions, on 23 July 2018, in Hawick and Haylodge Community Hospitals, and on 26 July 2018, in the Knoll and Kelso Community Hospitals

This audit provides a snapshot in time of the inpatients present on the aforementioned dates within hospitals across NHS Borders, using a set criteria. It involved a review of records by a team of clinical staff with administrative support. The records from the current episode of care for each person were reviewed and additional information sought from the nurse in charge of the ward.

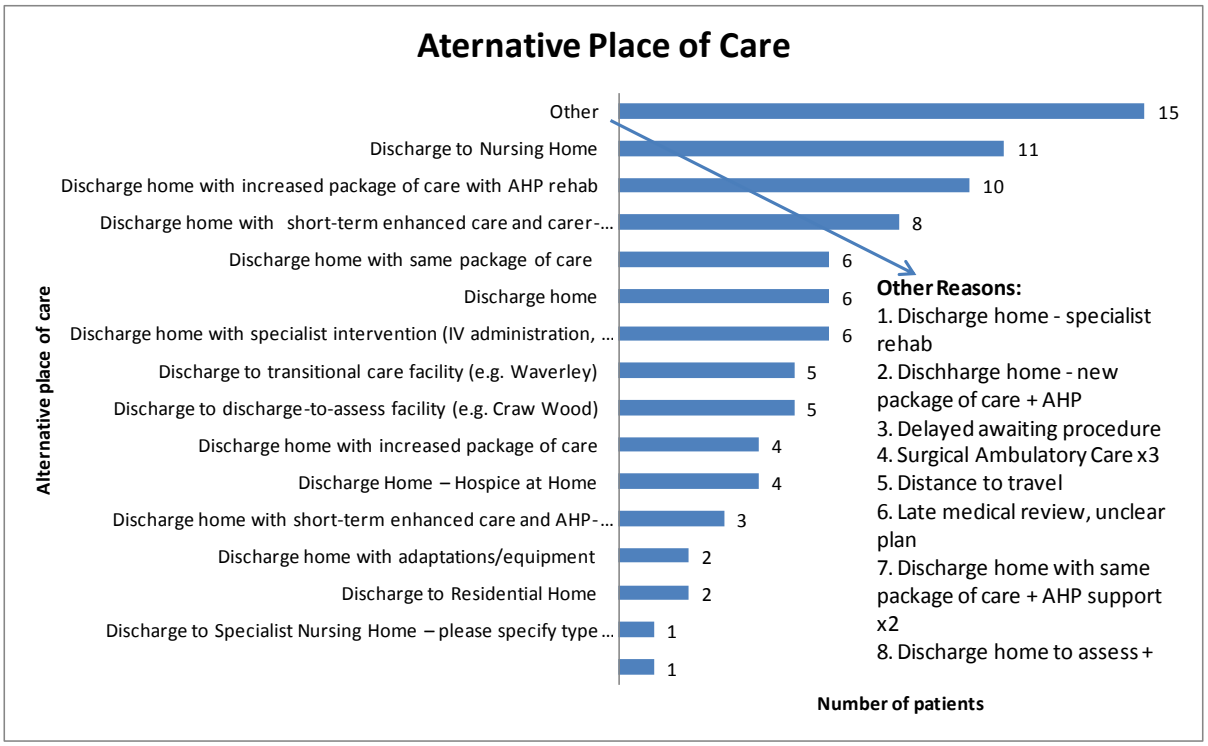
In undertaking DoCA+, the purpose was to provide an objective criterion based assessment of both the medical appropriateness of each individual patient's admission and subsequent days of care. Patients identified as not meeting the criteria were coded using a defined list. Potential alternatives to inpatient stay in the acute hospital setting were considered for these patients and the more appropriate place of care identified. A number of the alternatives identified are not currently available but will be considered as part of future development of services across health and social care.

It is intended to utilise the intelligence gathered from this exercise to inform aspects of the planning and development of services across the Borders area given the numbers of patients identified who should be in a more appropriate environment.

Summary

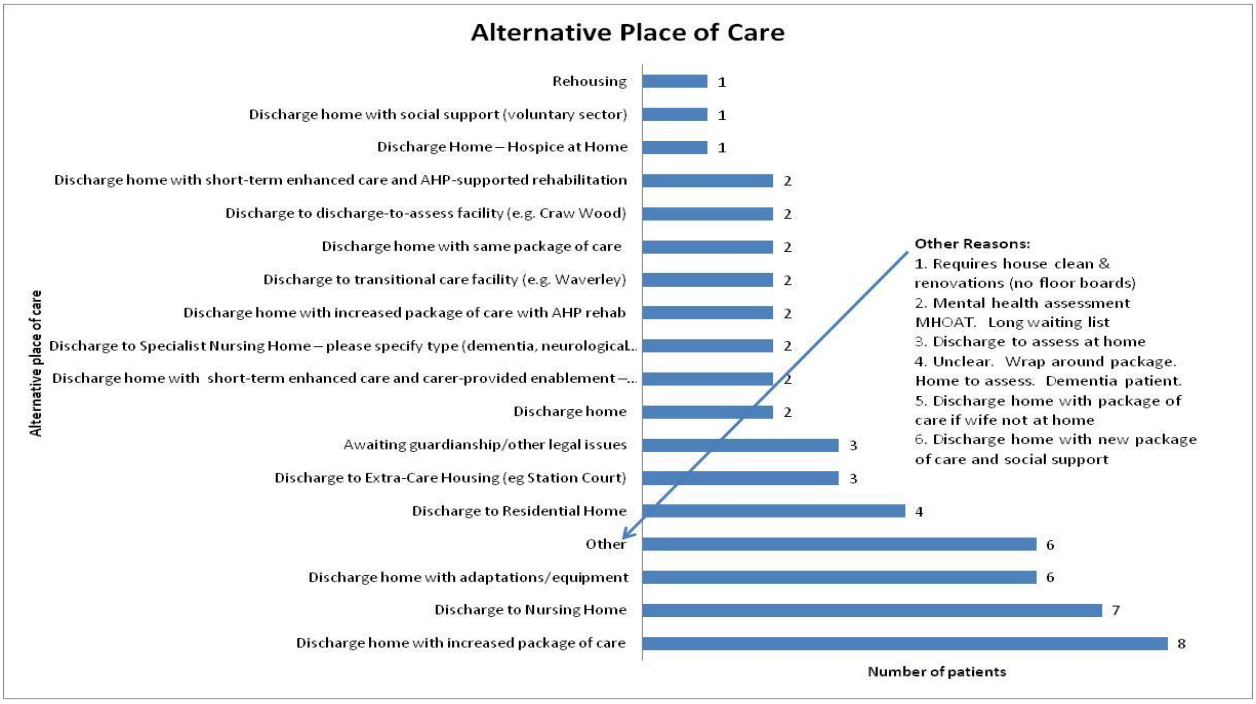
89 (46.2%) of the patients in the BGH were identified, at the time of the survey, as having a possible alternative place of care if there were services in place outside of the acute setting.

The chart below from BGH lists alternatives to acute care giving the numbers of patients identified as appropriate to each descriptor.



56 (67.5%) of patients in the community hospitals were identified, at the time of the survey, as having a possible alternative place of care if the range of services identified were available in the Borders area.

The chart below lists alternatives to acute care giving the numbers of patients identified as appropriate to each descriptor.



This data gives us much richer information than we have had previously. It will therefore enable us to work better in partnership to redesign and improve our systems and processes for the benefit of patients and families. Improvements will also be of benefit to our health and social care systems.