

Borders NHS Board



Meeting Date: 17 January 2019

Approved by:	Cliff Sharp, Medical Director
Author:	Elaine Cockburn, Head of Clinical Governance & Quality
CLINICAL GOVERNANCE & QUALITY UPDATE JANUARY 2019	
Purpose of Report:	
The purpose of this report is to provide an exception report for the Board from Clinical Governance & Quality.	
Recommendations:	
The Board is asked to note the report.	
Approval Pathways:	
This report has been prepared by Elaine Cockburn and approved by Cliff Sharp.	
Executive Summary:	
<p>Following agreement at the November meeting of the NHS Borders Board, detailed reports will be provided biannually from Clinical Governance & Quality with exception reports submitted for other Board meetings.</p> <p>Areas covered within this exception report are:</p> <p>Patient safety</p> <ul style="list-style-type: none"> ○ Scottish Patient Safety Programme (SPSP) ○ Tissue Viability and Falls ○ Adverse Events <p>Person-centred health and care</p> <ul style="list-style-type: none"> ○ Feedback and complaints ○ Pricewaterhouse Coopers (PwC) audit of NHS Borders complaint handling process 	
Impact of item/issues on:	
Strategic Context	The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report
Patient Safety/Clinical Impact	Patient safety, person-centred care and quality sit within the Clinical Governance & Quality portfolio
Staffing/Workforce	Services and activities are provided within agreed resources and staffing parameters.
Finance/Resources	None.
Risk Implications	In compliance as required

Equality and Diversity	Compliant
Consultation	The content is reported to Clinical Boards, Clinical Governance Groups, the Clinical Executive Operational Group and to Board Clinical and Public Governance Committees
Glossary	N/A.

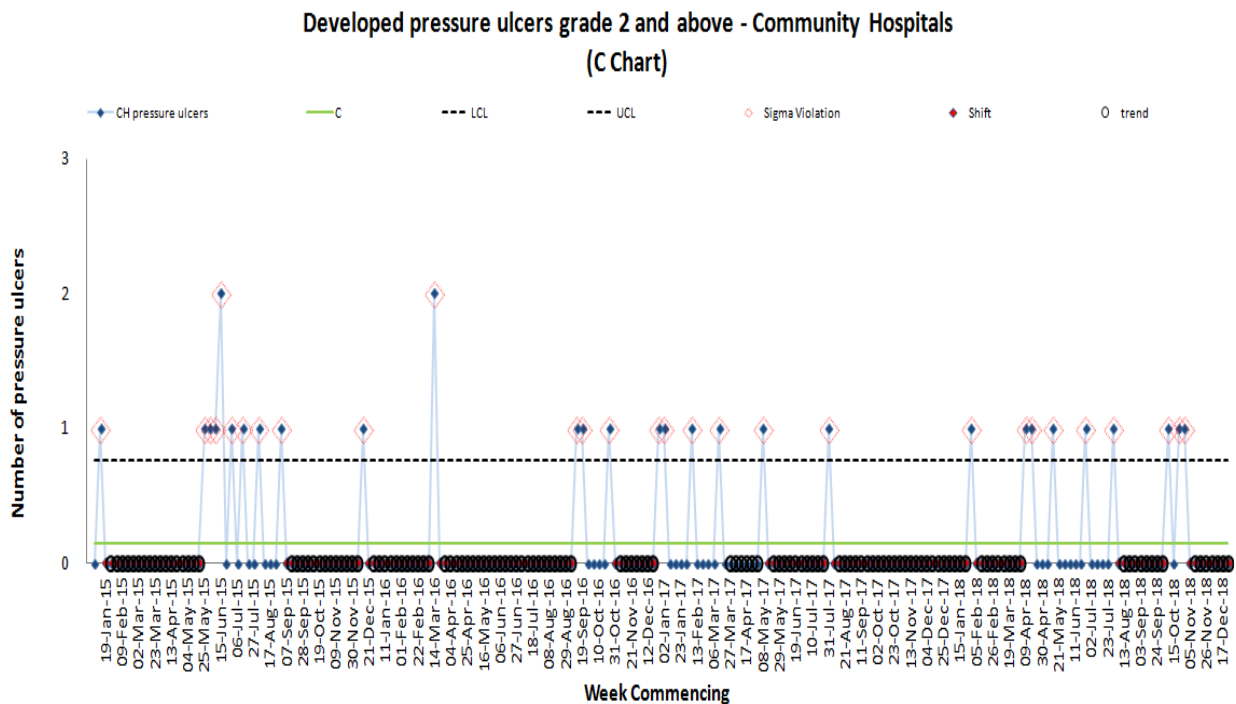
Patient Safety

Our biannual SPSP self-assessment has to be submitted to Healthcare Improvement Scotland (HIS) by the 8th January, focusing on our key areas of work- pressure ulcers, falls prevention and deteriorating patients. We continue to work to align data recording and reporting with 'Back to Basics' and the National 'Excellence in Care' programmes.

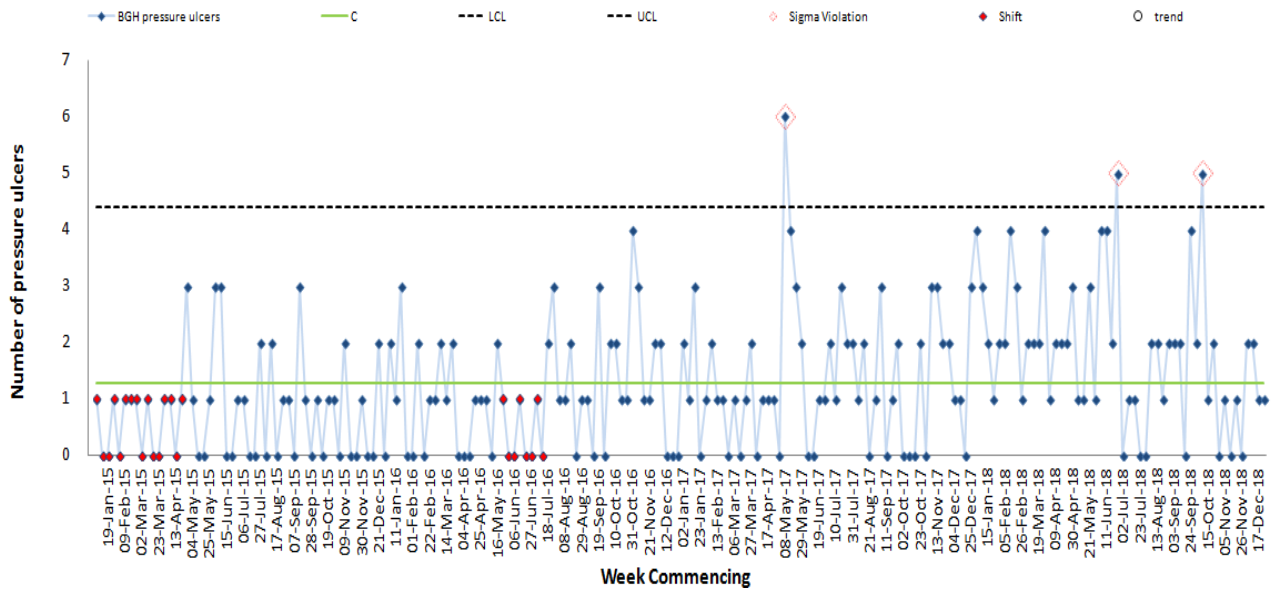
Tissue Viability

There is a shift showing a reduction in pressure injuries across Community Hospitals- 8 weeks of zero developed pressure ulcers grade 2 and above. The ZERO HERO concept was launched across NHS Borders on the 14 and 15 of October 2018 in conjunction with world "Stop the Pressure" day. This included a study day for hospital and community staff covering prevention, grading and treatment of pressure ulcers. The profile of pressure ulcer prevention was raised through this initiative and engaged staff in our aim to achieve zero developed pressure ulcers. Wards who achieve 6 months without developed pressure ulcers will get a ZERO HERO certificate.

A significant amount of improvement work is has been done and continues to be led by our Tissue Viability Nurse; we have laid the groundwork and raised the profile of pressure ulcer prevention. Staff are engaging with the ZERO HERO concept and we plan to keep this momentum going. Education and equipment availability are two of the main focuses of the work going forward.



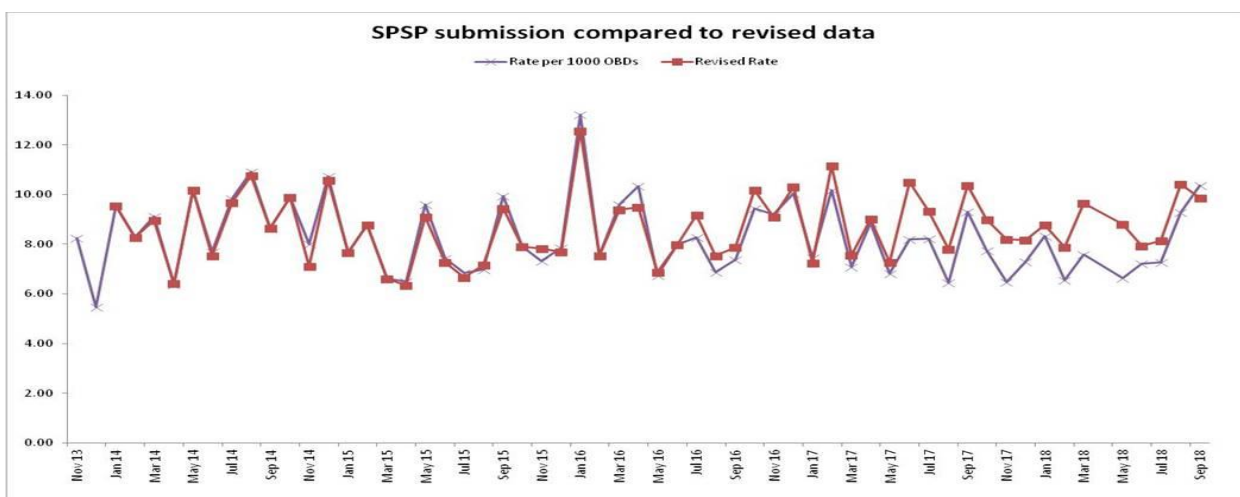
Developed pressure ulcers grade 2 and above - BGH
(C Chart)



Falls

Following a discussion with HIS and local concerns over anomalies in our falls rate data, we investigated what has been collected historically for the SPSP and revised the criteria. Previously NHS Borders submitted adult inpatient falls as a numerator and the sum of occupied bed days from all specialties as the denominator. This has now been revised to only include occupied bed days from adult inpatient wards as the previous method would include areas out of scope resulting in a lower rate. The data has been revised back to 2014 therefore some of the data submitted previously, gave a slightly lower rate of falls as can be seen in the chart below.

Chart of SPSP data – red line shows revised data for in-patient falls BGH



Work within clinical areas is focusing on 2 main priorities:

1. Universal precautions - every patient has a risk assessment carried out on admission and appropriate location identified in ward.
2. Therapeutic precautions – all patients assessed as being at risk have a Person Centred Falls Bundle in place with safety care actions identified.

Examples of improvement work being taken forward where we have identified there are more falls are outlined below although sustained improvement is not yet being seen:

- Link nurses for all inpatient wards across acute, mental health and community hospitals
- Medical Assessment Unit (ward 6) – education of staff on bedrail use and management. How to identify patients who are at higher risk of falling
- Ward 12 Department of Medicine for the Elderly (DME) - education of staff and how to identify patients who are at higher risk of falling
- Ward 14 Department of Medicine for the Elderly (DME) – Falls Huddles – interactive discussion-based sessions to educate staff on different aspects of falls management and prevention
- Working with the Clinical Nurse Managers within acute services on a data package for all falls to enable them to identify clinical areas that require support with their improvement work
- Education of staff through learning sessions that includes an introduction to Quality Improvement (QI) & learning from other health boards
- Clinical updates rolling programme for Registered Nurses (RNs) and Healthcare Support Workers (HCSWs) on falls prevention & management

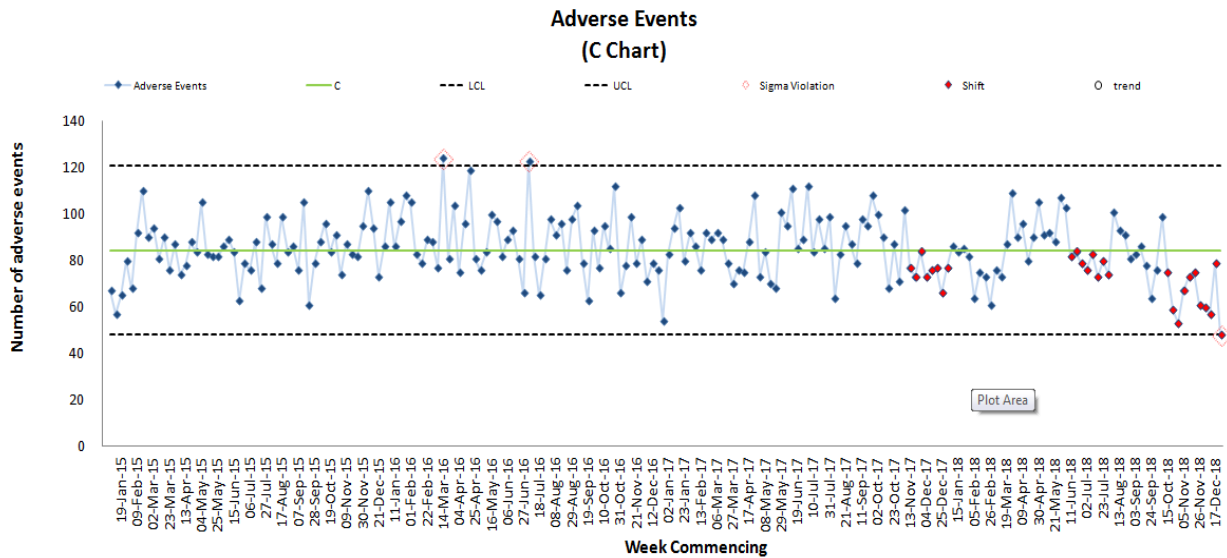
Falls with harm continue to be between 1-2 per week within BGH and have been since the end of July 2018, although there were 5 weeks with zero falls with harm. Across Community Hospitals, the number of falls with harm have been between 0-1 per week since April 2017.

Adverse Events

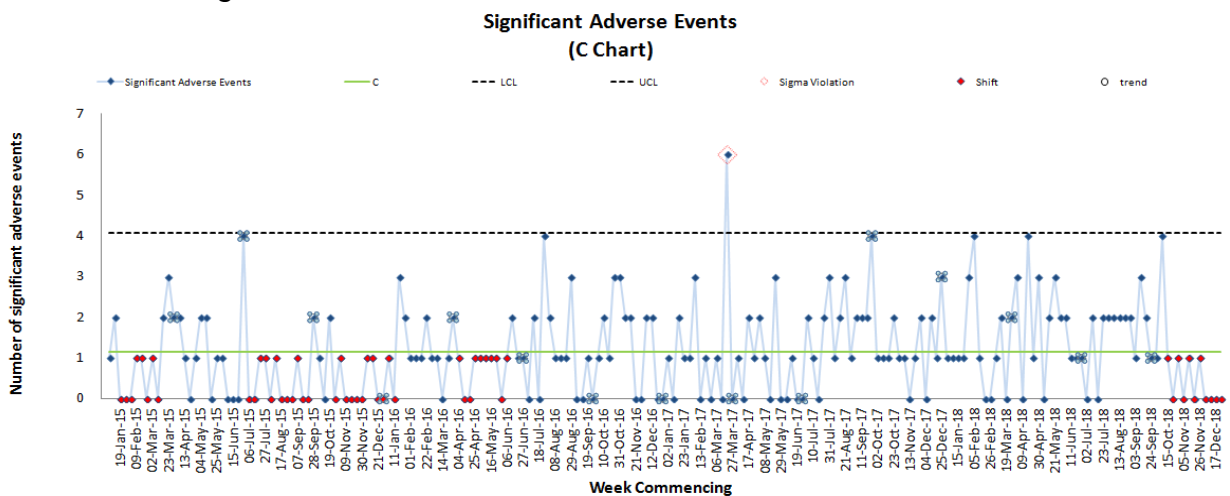
There is a sustained shift showing a reduction in both adverse events and significant adverse events since October 2018. There could be a number of contributing factors such as reduced pressure within the system since October, the reduction in occupancy to 80-90% across the system as well as the reduction in the number of boarding bed days, however, analysis has still to be completed. There has also been a sustained shift showing a reduction in unfilled bank shifts potentially having a positive impact on staffing levels during this time.

Work is ongoing to revise our 'Adverse Event Management Policy' and streamline processes as well as incorporating duty of candour in our updated policy. There has been one case thus far where Duty of Candour has been relevant and followed up appropriately. A further review of Datix will be undertaken this month in advance of producing an annual report for the Scottish Government which is due to be submitted in March 2019.

NHS Borders Adverse Events



NHS Borders Significant Adverse Events



As part of the Quality of Care Approach (QoCA) documentation launched last year, HIS requested that all NHS Boards undertake an adverse events baseline self-evaluation and the NHS Borders documentation was submitted in December 2018. HIS have undertaken this exercise to give them an overview of where NHS Boards are in relation to the adverse events framework, duty of candour and to ascertain what support they can offer to boards to make improvements.

Person Centred Health and Care

Performance within the Feedback & Complaints team has improved following a period of variability and increased resource. In December 2018 100% of Stage 1 complaints were closed within 5 working days and 100% of non-escalated Stage 2 complaints were closed within 20 working days. A spike in complaints in October 2018 is currently being investigated and work has begun to analyse themes in relation to commendations.

Pricewaterhouse Coopers (PwC) undertook an audit within the Feedback and Complaints Team in August 2018. The purpose of this was to audit our compliance with the new complaint handling process which was implemented in 2017.

PwC noted several areas of good practice during the audit process:-

- comprehensively documented complaint handling processes and procedures were found to be in place to provide the Complaints Handling Team with the appropriate guidance over the identification, recording and handling of complaints
- a sample of 25 complaints reviewed demonstrated they were all appropriately categorised, recorded and dealt with in accordance with established procedures. The total number of complaints received during the period 1 April 2018 to 31 July 2018 was 149. Communication with complainants in terms of acknowledging their complaints and keeping them informed of progress and the outcome were all clearly documented and undertaken in accordance with the procedures
- there was evidence of adequate training being provided to complaint handlers
- there was effective reporting of complaint related Key Performance Indicators such as volume, category and resolution times culminating in a publically available annual report published online which compares year on year trends. The reporting is transparent and shows where improvements have been made or have still to be made in the complaint handling process and/or root cause of the complaints
- complaints referred to the Scottish Public Service Ombudsman (SPSO) which were partially or fully upheld, were appropriately assigned to a 'lead person' to follow up and action the recommendations from the SPSO and report back to the bi-monthly Clinical Governance Committee meetings on progress and outcomes

One area was identified for improvement and was of low risk:-

- complaints which are very simple to understand and remedy are classified as Stage 1. Those which cover multiple issues and are more complex are classified as Stage 2. For those which are borderline, discussions are held between two complaint handlers to ascertain and assign a category but there isn't a formal process in place to record the rationale for how the decision was reached

The recommendation for improvement was to be completed by 30 November 2018 and a revised template has been in place since 12 November.

It is pleasing that PwC found several areas of good practice with only one area of low risk for improvement within their audit. As a Board, NHS Borders always welcomes an external view of its systems and processes. Our complaint handling was reviewed extensively in recent years and this report demonstrates the improvements made which benefit patients, families and staff.