Borders NHS Board

Meeting Date: 4 April 2019

Approved by:	Cliff Sharp. Medical Director
Author:	Elaine Cockburn, Head of Clinical Governance & Quality

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CLINICAL GOVERNANCE & QUALITY UPDATE APRIL 2019

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Purpose of Report:

The purpose of this report is to provide an exception report from Clinical Governance & Quality to the NHS Borders Board.

Recommendations:

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

Approval Pathways:

This report has been prepared by Elaine Cockburn and approved by Cliff Sharp

Executive Summary:

This exception report highlights the following areas :-

- Patient safety
    - Adverse events
    - Duty of candour
- Clinical effectiveness
    - Research & development
    - Patient flow
- Person-centred health and care
    - Feedback and complaints
    - Scottish public services ombudsman (SPSO)
- CG&Q team capacity

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Impact of item/issues on:

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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 of this paper is reported to Clinical Boards,

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	Clinical Governance Groups, the Clinical Executive Operational Group and to the Board Clinical and Public Governance Committees.
Glossary	SPSP – Scottish Patient Safety Programme HIS – Healthcare Improvement Scotland R&D – Research and Development CSO – Chief Scientists Office

Patient safety

Our Scottish Patient Safety Programme (SPSP) self-assessment was submitted to Healthcare Improvement Scotland (HIS) in January 2019. Some of our data was revised following anomalies which we investigated and we are meeting with HIS on 9th April to discuss data reporting for the future. This will clarify what the reporting requirements are around data sets and ensure reporting is consistent across all of the workstreams.

Our vacant post of Clinical Risk Facilitator has now been recruited to and the postholder commenced in this role on the 25th March.

Adverse events

Adverse Events
(C Chart)
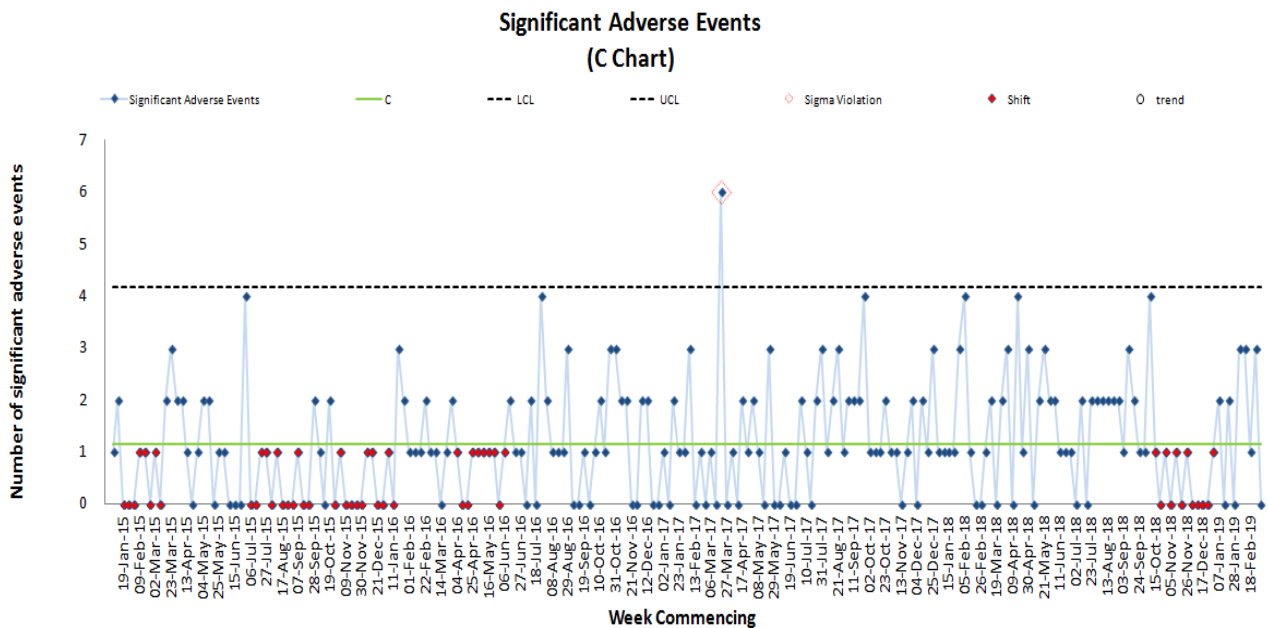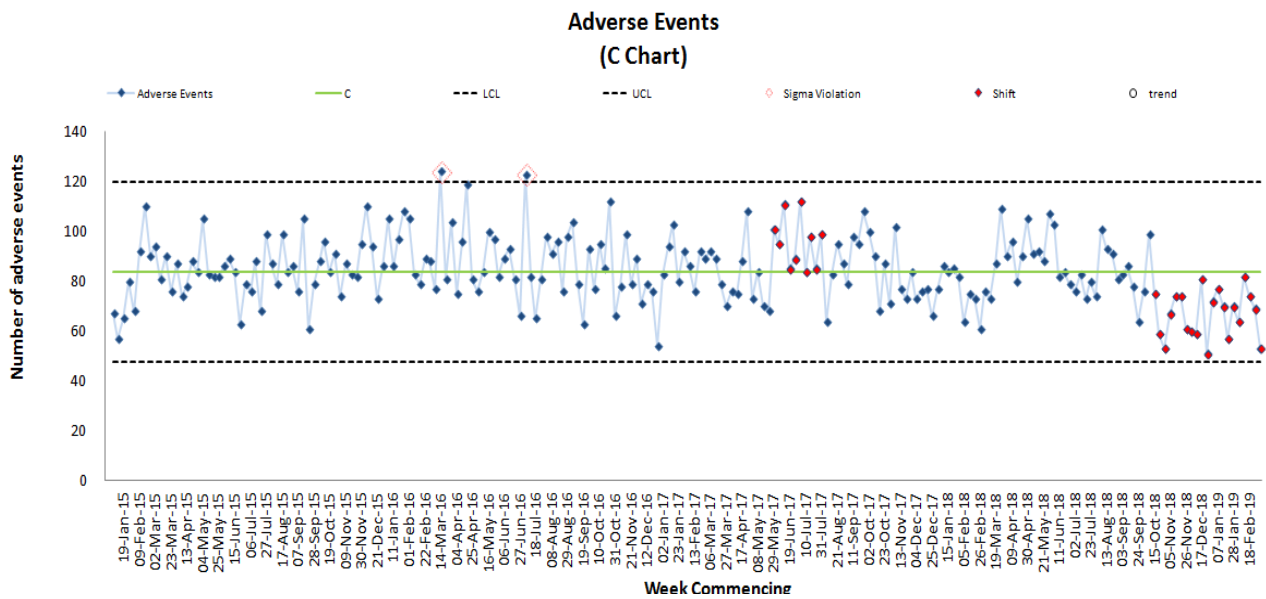
Duty of candour

The timeline for the requirement for NHS Boards to publish a Duty of Candour report for the year ending 31st March 2019 has been clarified by Scottish Government. A report has to be published on NHS Board websites as soon as is practically possible following the year end and the expectation is that this will be May or June in order to give Boards the opportunity to review all cases that fall within the 2018/19 financial year.

Clinical effectiveness

Research and development (R&D)

Our R&D team have been depleted recently due to absence leaving a gap in reporting and follow up of studies, requests and amendments. Support from our previous research governance coordinator who now works in NHS Lothian has been invaluable and she is working with our analyst to follow up on the backlog of work. The Chief Scientists Office (CSO) are aware of our current situation and are understanding of our issues, however, we have been late in submitting our annual report and finance update. We continue to rely on support from NHS Lothian and are fielding requests as best we can. NHS Lothian are reviewing what additional support they may be able to offer in the short term. Consideration should be given to adding R&D to the organisational risk register given the number of delays we are now experiencing in processing amendments and requests.

The CSO provides considerable funding to NHS Borders and having an R&D team attracts clinicians to work in the organisation due to the support and advice provided. It is therefore critical that we recruit and support this work in order to advance local and national research which will benefit the public that we serve.

The post of research governance coordinator has been advertised, however, consideration is being given to the post being re-evaluated through the job matching process given the complexity of the role locally within a small team. Other equivalent posts across NHS Scotland are at Band 7 or above.

Patient flow

There was a significant amount of resource invested in winter planning for 2018/19 which saw the development of the Hospital 2 Home service, a full site and capacity team to support patient flow and early identification of where additional bed capacity could be created safely across the organisation. The rationale to reduce disruption and delays in the system has thus far been successful as demonstrated in the charts below.

BGH % Occupancy (P Chart)
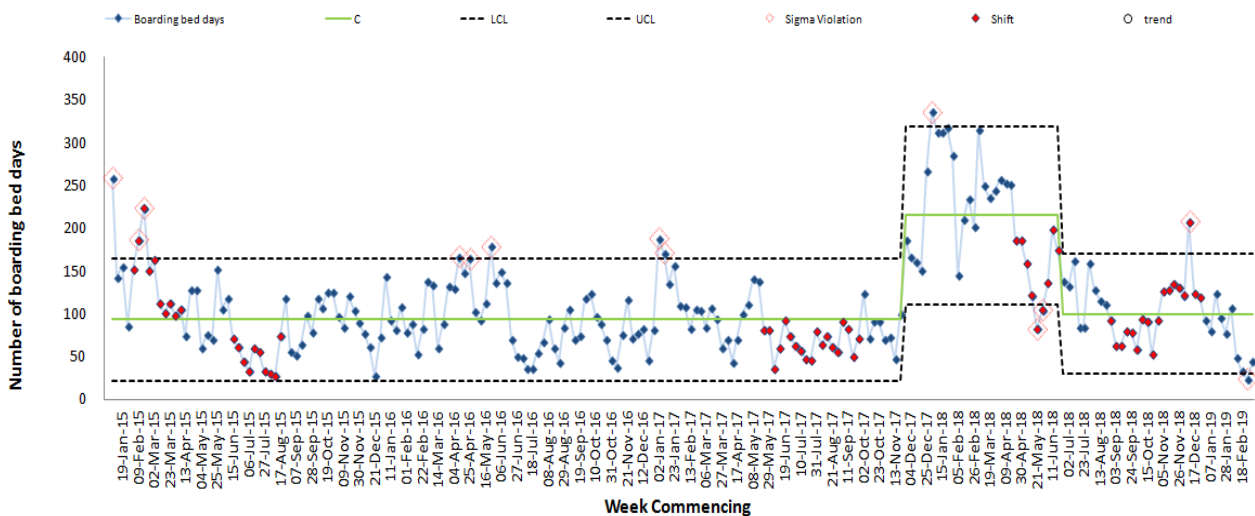

Community Hospitals % Occupancy (P Chart)
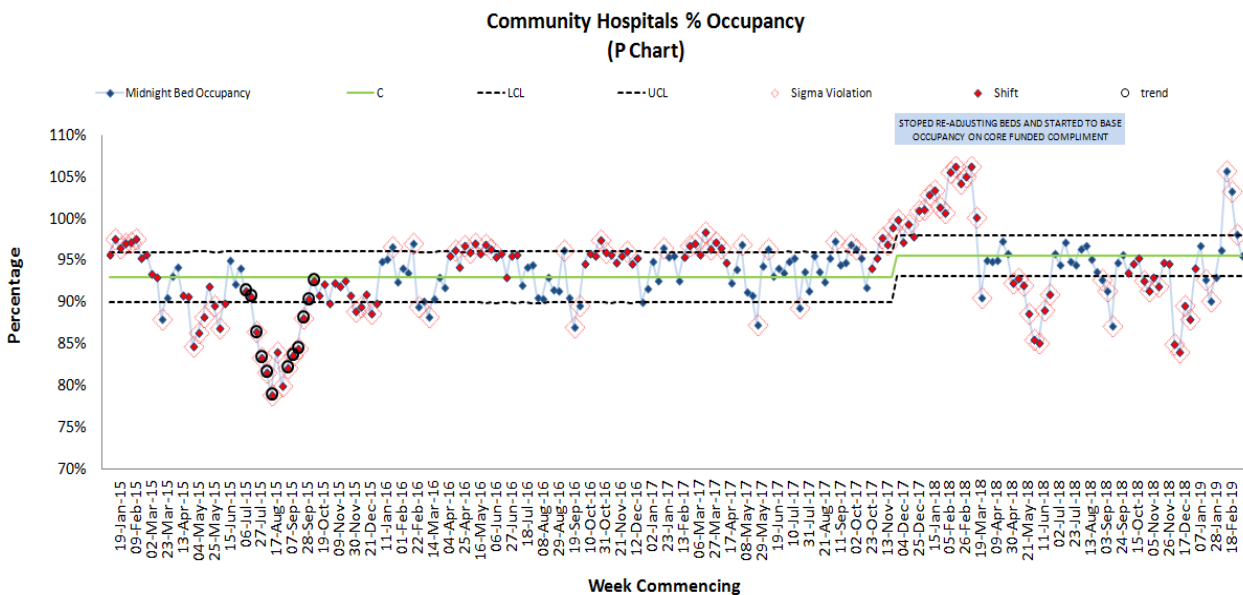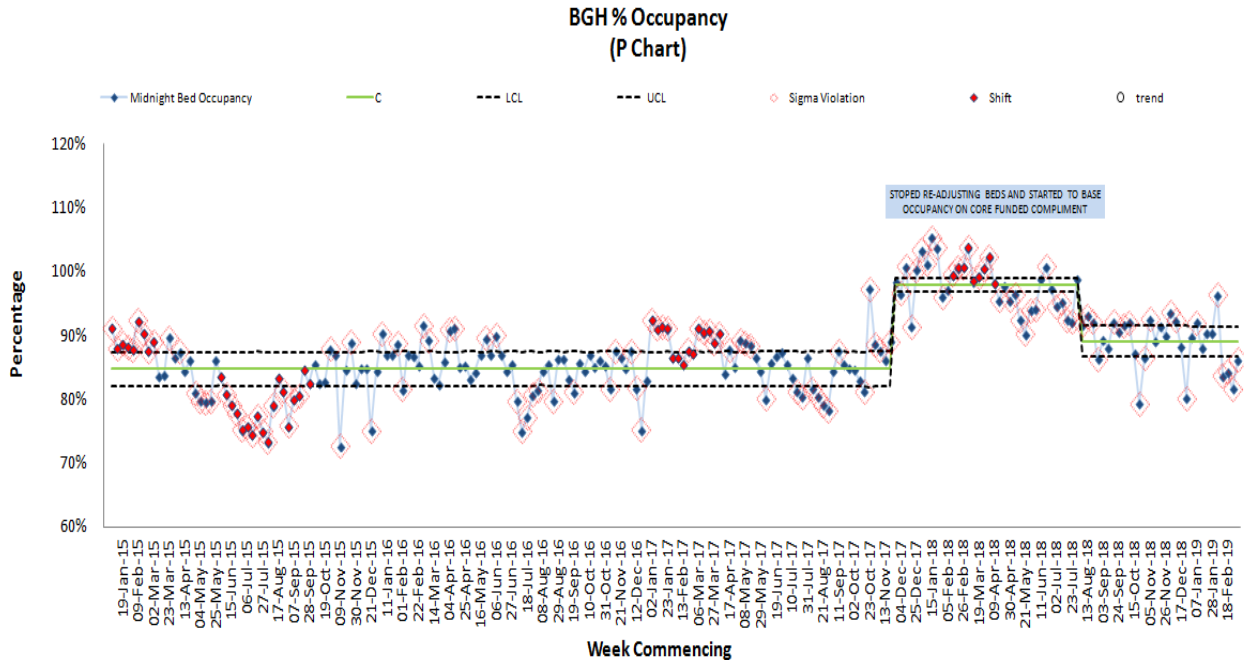
There has been a 56% reduction in the use of surge beds when comparing the last 12 weeks of data against the same period last year. (01/01/2018 – 25/03/2018) (31/12/18 – 24/03/19).

**Number of surged beds BGH
(C Chart)**
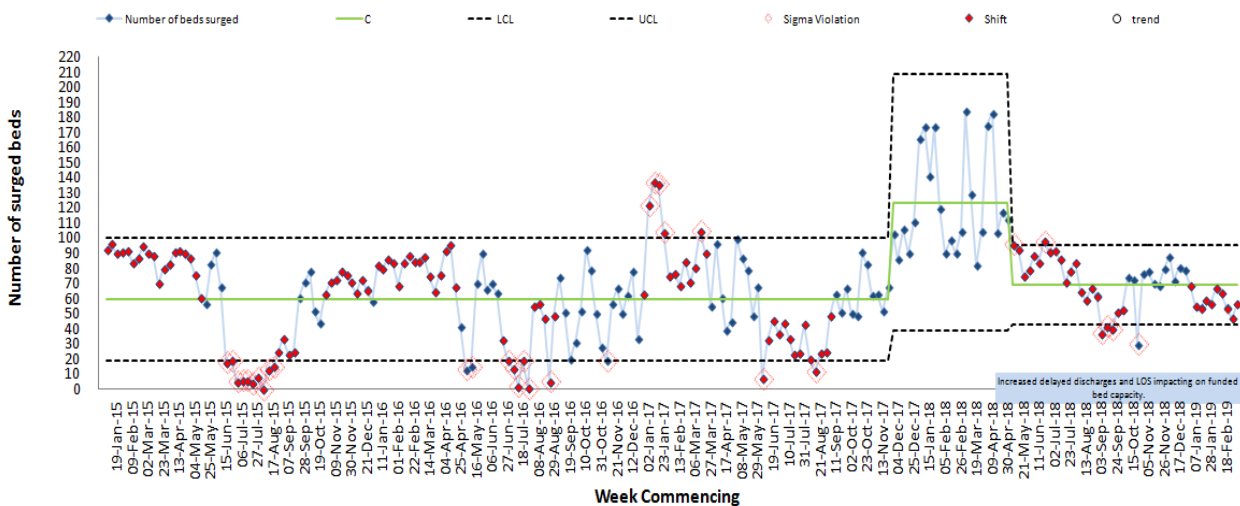
There has been a 73% reduction in the number of boarding bed days when comparing the last 12 weeks of data against the same period last year. (01/01/2018 – 25/03/2018) (31/12/18 – 24/03/19).

**Boarding bed days
(C Chart)**

There has been a 85% reduction in the number of inpatient cancellations when comparing the last 12 weeks of data against the same period last year. (01/01/2018 – 25/03/2018) (31/12/18 – 24/03/19).

This winter, a decision was taken to delay restarting full elective work following the festive period to allow the organisation some recovery time and avoid last minute cancellations which causes distress to patients, families and staff. There has also been a positive impact on the number of surge beds and boarding bed days required. Boarding patients out of speciality can have a negative impact on both quality of care and patient safety therefore being able to minimise this potentially minimises risk.

**Inpatient Cancellations
(C Chart)**
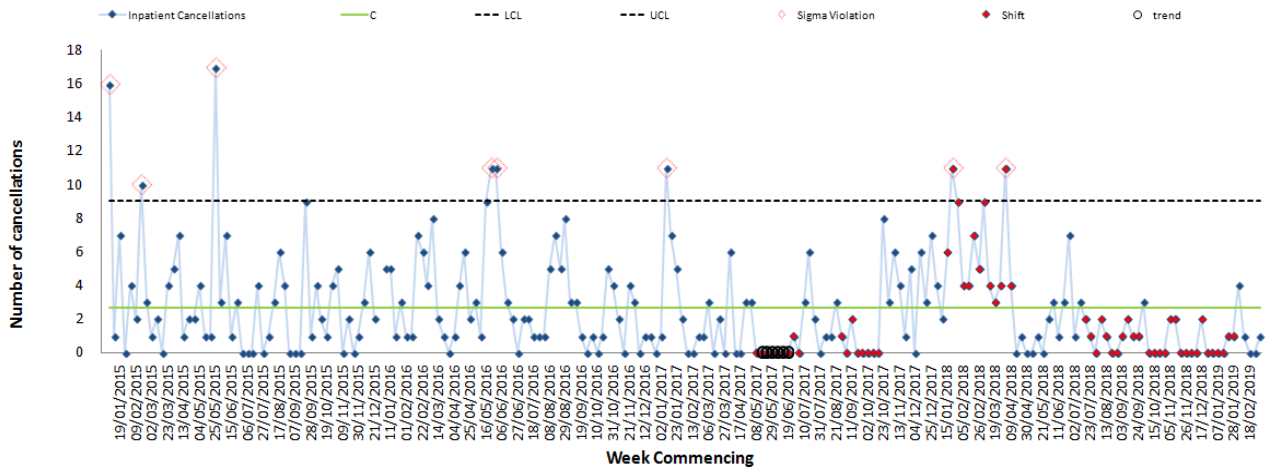
## Person- centred care

Feedback and complaints

Since the spike in Acute complaints in October 2018, there was a reduction in complaints and the number of complaints has remained within normal variation. Both Primary & Community Services and Mental Health complaint numbers are within normal variation. No particular area or theme has been identified as an area for concern.

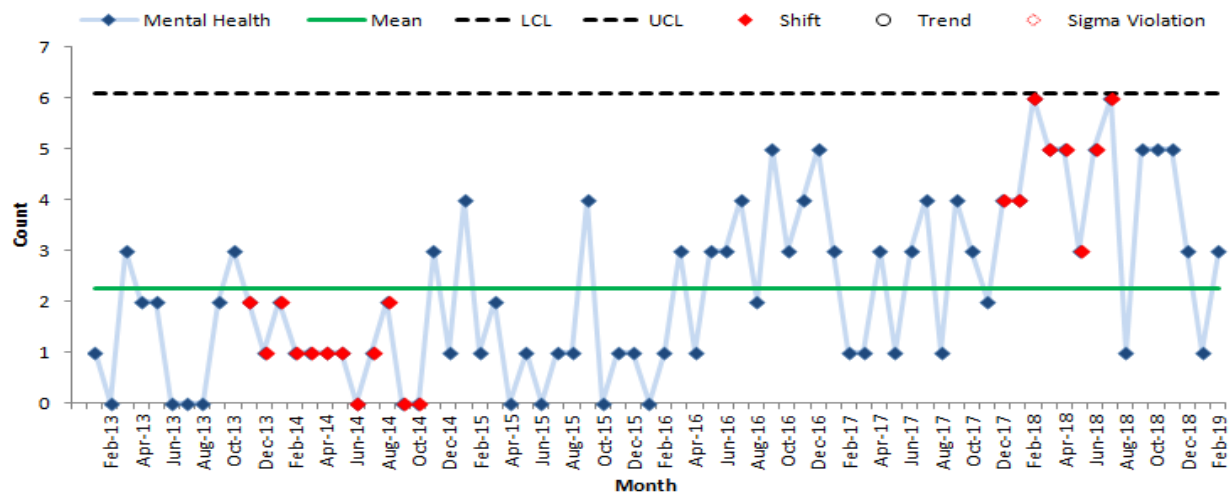**Formal complaints by month - Acute**
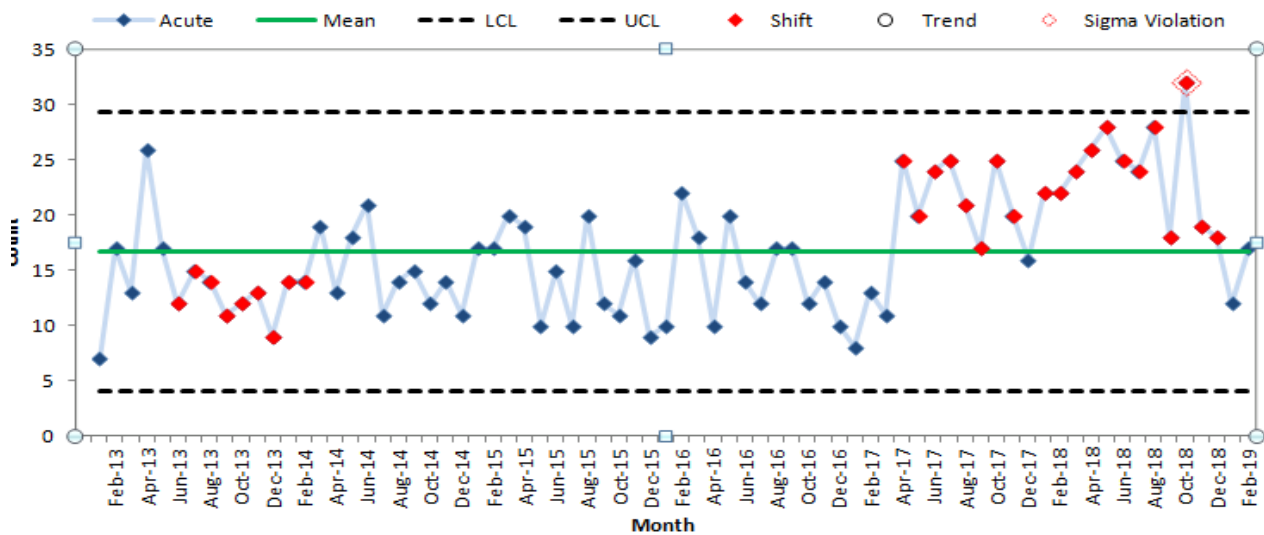
Formal complaints by month - Primary & Community Services
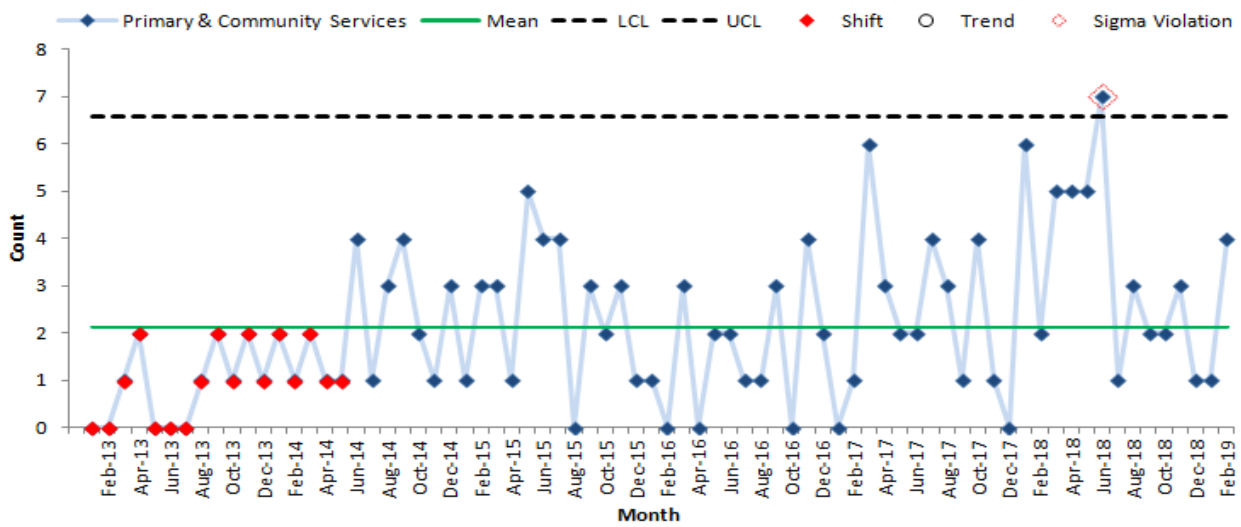
Formal complaints by month - Mental Health

SPSO

As indicated by the sigma violation, there has been an increase in SPSO cases. However, no particular area, or theme has been identified as an area for concern:

New cases – still awaiting decision from SPSO
Case 201807198
- This relates to psychiatric care and treatment provided to a patient

Case 201808955
- This relates to the treatment provided to a patient who was suffering from hand/wrist problems

Case 201804986
- This relates to the time taken to diagnose a patient who was suffering from a breast abscess
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Case 201803829

- This relates to nursing staff unreasonably dislodging a patient's nephrostomy tube
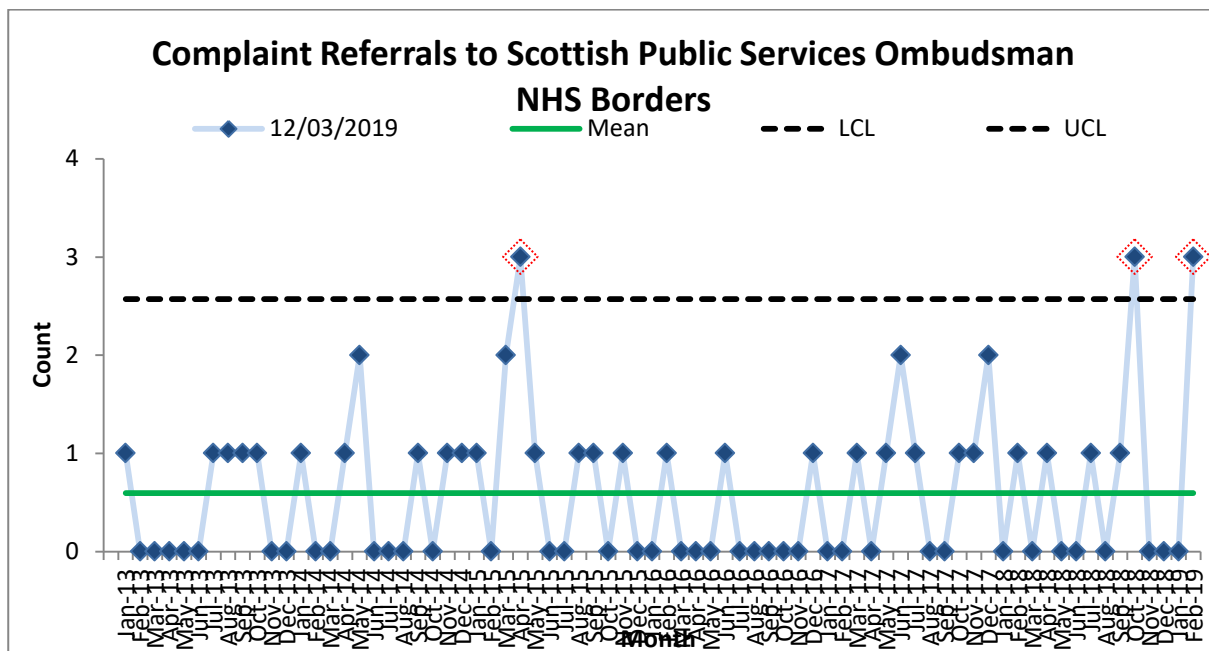
Clinical governance & quality team capacity

Following last months' update on team capacity, vacancies are now starting to be filled and staff are returning from long term sick leave. Due to the difficulty with recruitment, we took the opportunity to offer internal expressions of interest in secondments for personal development for an initial period of 6 months. This has proven to be successful and has also provided other similar opportunities within the team.

Both band 7 posts which were vacant have now been filled as of 1st April – Quality Improvement Facilitator – Person Centred Care and Quality Improvement Facilitator – Clinical Effectiveness. The latter is a hybrid post which will continue to focus on data and analytics as well as research and development to provide stability and resilience within the team. Interviews and recruitment to backfill positions are now underway and will hopefully result in successful recruitment.