Borders NHS Board

Meeting Date: 5 September 2019

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QUALITY & CLINICAL GOVERNANCE EXCEPTION REPORT SEPTEMBER 2019

Purpose of Report:

The purpose of this report is to provide the NHS Borders Board with an overview of activities and progress across areas of:-
- Patient safety
- Person centred health and care
- Research Governance

Recommendations:

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

Approval Pathways:

This report has been reviewed by the Board Executive Team.

Executive Summary:

This exception report highlights the following areas across the Quality & Clinical Governance portfolio:-
- Patient safety
  - Hospital standardised mortality ratios (HSMR) update on impact of changes to national methodology
  - Adverse events
    - Falls with harm
    - Food, fluid and nutritional care
- Person-centred health and care
  - Feedback and complaints
  - Volunteering
- Research

Impact of item/issues on:

Strategic Context	The NHS Scotland Healthcare Strategy (2010) and NHS Borders Corporate Objectives guide this report
Patient Safety/Clinical Impact	Patient safety, person-centred care and quality improvement sit within the Quality & Clinical Governance portfolio
Staffing/Workforce	Service 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, 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 HSMR- Hospital standardised mortality ratios MKU – Margaret Kerr unit ISD – Information services division QI – Quality improvement R&D – Research and development CSO – Chief scientists office

PATIENT SAFETY

The Scottish Patient Safety Programme (SPSP), part of Healthcare Improvement Scotland"s ihub, is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered. From an initial focus on acute hospitals, work now includes safety improvement programmes for Acute Adult, Primary Care, Maternity and Children, Medicines and Mental Health.

Hospital Standardised Mortality Ratios (HSMR)

HSMR has been used to measure change in mortality over time, and to enable acute hospitals to monitor their progress towards the Scottish Patient Safety Programme (SPSP) aim of reducing hospital mortality by a further 10% by December 2018. ISD have advised that the end of this phase of the SPSP provided the opportunity to review the model methodology and subsequently update and refine it. This is to ensure that the methodology continues to be robust and that comparisons which are made against the national average continue to be appropriate and relevant for each point in time. In addition, to ensure the Scottish HSMR is always representative of current outcomes and reflective of changing case-mix and provision of services.

As a result from August 2019 further changes to the national methodology are being implemented which will affect data from April 2018 onwards. These changes include:
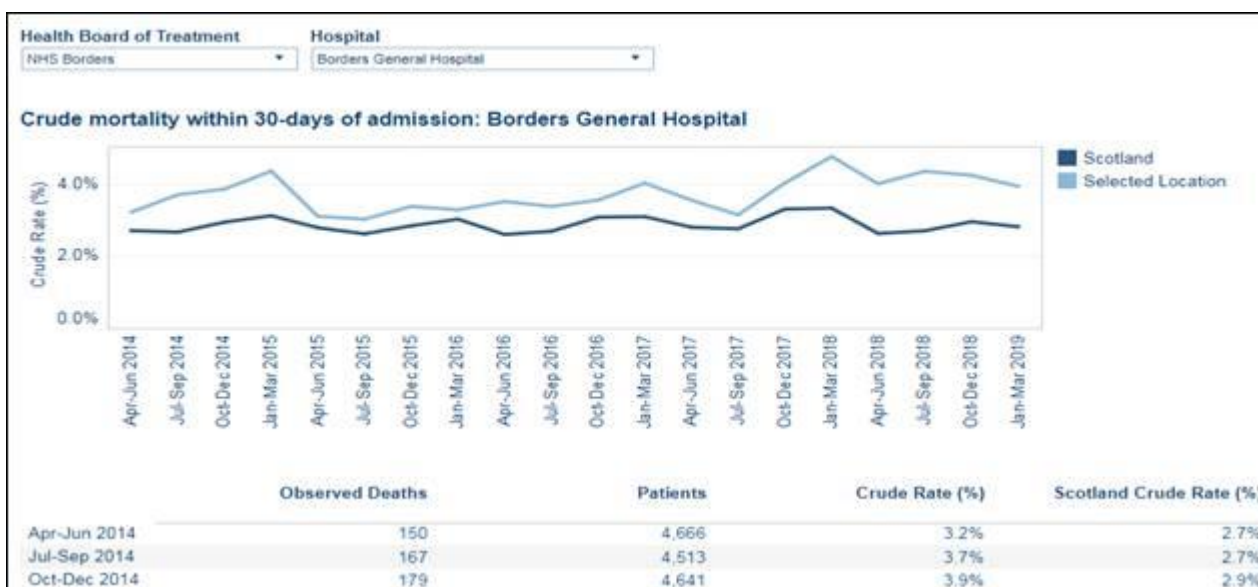
1. Re-base lining the model to a new initial three year reference period of April 2016 to March 2019. Further to this, advancing the reference period by three months for each future reporting period
2. Aggregating speciality groupings within the modelling. At present, two overarching groups are used to categorise the patient activity
3. Using a twelve month reporting period when drawing comparisons against the Scottish average (rather than three months used at present)

ISD have advised that the focus of HSMR will now be is to allow hospitals to compare their outcomes to the Scottish average at a fixed point in time, in line with the English Summary Hospital-level Mortality Indicator (SHMI), rather than monitor trends in HSMR over time. Therefore, there will no longer be quarterly data points available to indicate whether the rate is increasing or decreasing. A funnel plot will be provided by ISD to display each hospital's HSMR and the centreline will be set as 1 on this funnel plot so Boards can describe their progress against this baseline figure. Boards are now encouraged to monitor mortality trends over time using crude mortality which will continue to be provided quarterly.

The NHS Borders HSMR for the first data release under the new methodology is **1.07** this is a figure **based on the period from April 2018 to March 2019**. The funnel plot below shows **NHS Borders HSMR remains within normal limits based on the single HSMR figure for the period April 2018 to March 2019:**

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	25,362	25,362	702,449	3.6%	1.00	n/a
NHS Borders	636	597	12,083	5.3%	1.07	n/a
Borders General Hospital	636	597	12,083	5.3%	1.07	●

Funnel Plot by Hospital: April 2018 to March 2019
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

NHS Borders crude mortality rate is presented in Graph 3 below:

Crude mortality within 30-days of admission: Borders General Hospital

	Observed Deaths	Patients	Crude Rate (%)	Scotland Crude Rate (%)
Apr-Jun 2014	150	4,666	3.2%	2.7%
Jul-Sep 2014	167	4,513	3.7%	2.7%
Oct-Dec 2014	179	4,641	3.9%	2.9%

NHS Borders **crude mortality rate for quarter January 2019 to March 2019 was 3.9%** with the trend remaining within normal control limits.

In practice these changes to national HSMR methodology will have significant implications for local governance and reporting. Firstly ISD have advised that historical HSMR data is no longer comparable and that trend data will not be provided. It will therefore not be possible to assess performance over time or to compare current performance against pervious performance.

In terms of national scrutiny, HIS will continue to monitor HSMR figures in the context of their data/ intelligence. However, they will no longer routinely engage formally with an NHS Board on the sole basis of a high/ increasing HSMR in recognition that it is one of many measures which should be considered together to make judgements on quality of care and clinical outcomes.

The Board Clinical Governance Committee will consider these changes and ensure appropriate governance and monitoring arrangements are maintained.

Adverse Events

The graph below shows the number of adverse events by type report for the year 01/08/2018-01/08/2019
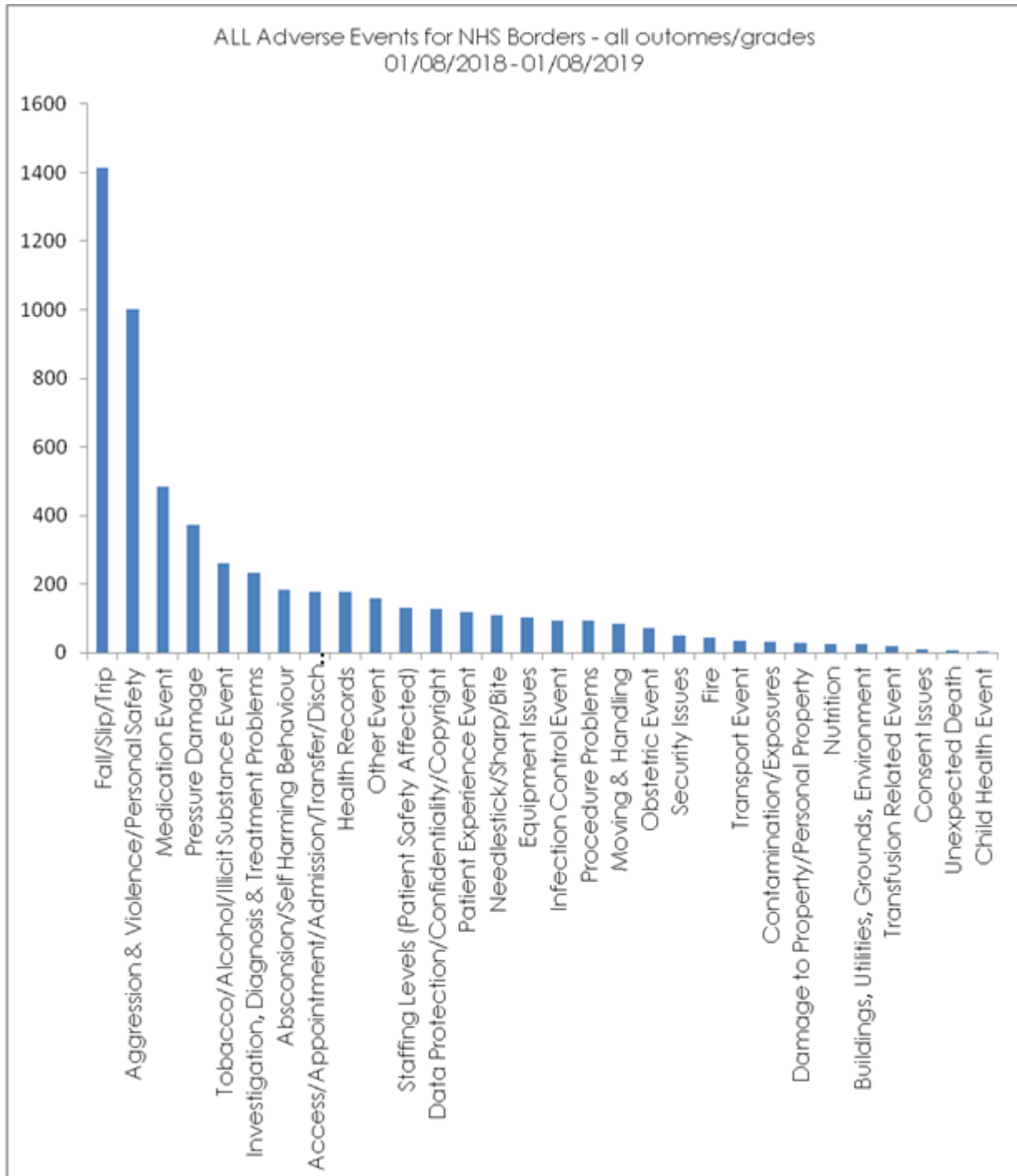
Falls with harm

Falls remain the highest reported adverse event and as a result improvement work is being carried out which, within the BGH, is predominately focused on wards 6, 12 and 14. Many projects are still in the testing phase but include:

- 'Stamping out Falls' a visual reminder for staff that a person is at risk of falling
- Educational Toolbox Talks with ward staff
- Falls related events 'April falls' and 'Move More May'
- Fit 2 Sit Campaign

Accumulatively data showed a short-term reduction of in-patient falls on ward 6, but further work is required to determine which initiatives are the most effective and how a reduction can be sustained in the long term.

Akin to other NHS Boards, we have not yet seen a sustained improvement in the number of falls occurring but there has been a reduction in the number of falls with harm.

Healthcare Improvement Scotland (HIS) have recognised a recent new improvement in our performance in relation to falls with harm. HIS have congratulated us on the new improvement with 7 data points below the median as seen in the chart below. It is too early to say if this change is sustained so this will be monitored closely to influence the priorities of the falls improvement work going forward.
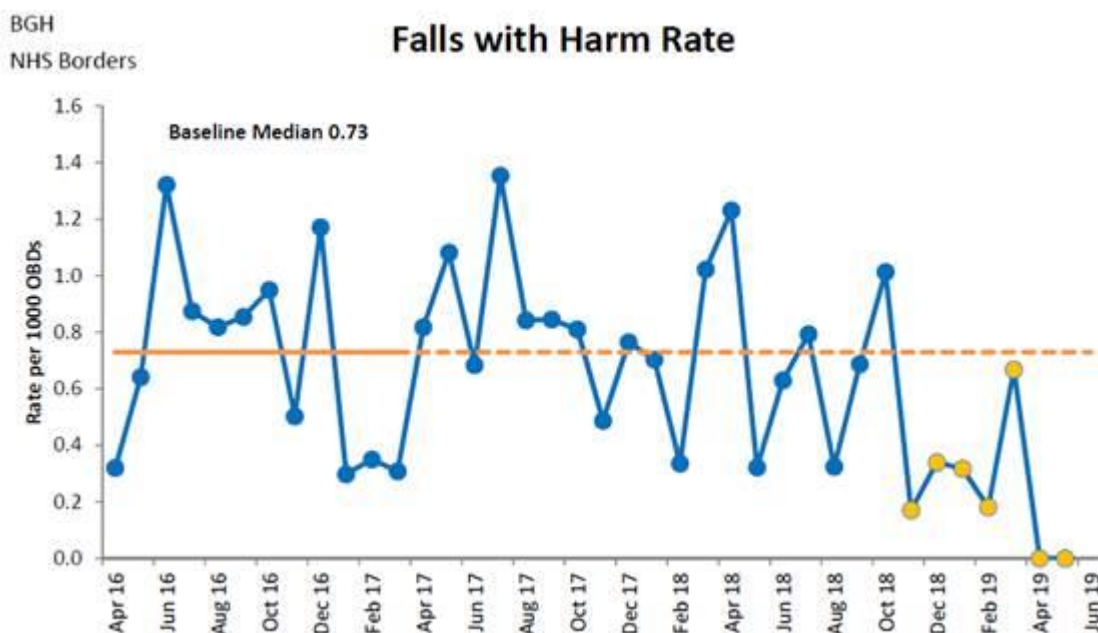
Food, Fluid & Nutritional Care

Food, fluid and nutritional care forms part of our Back to Basics programme. The Patient Safety Team identified that there was a lack of clarity and consistency within adult inpatient wards with regards to the checking process for menu cards in relation to modified or special dietary requirements prior to them being sent to the catering department.

On 03 June 2019 the Catering Manager submitted an adverse event report on Datix highlighting that over the course of the previous 7 days there were a total of 32 menu card errors found by the catering team. This shows a failure by ward staff to identify each patient's therapeutic dietary needs or highlight a requirement for meals free from certain allergens.

The omissions involved 7 wards and 16 individual patients. These errors represent a significant concern to patient safety as they include:

- Shellfish allergies
- Nut allergies
- Low salt diet
- Low potassium diet
- Low fibre diet
- Gluten free diet
- Clean diet
- Texture B modified diet
- Texture C modified diet
- Texture E modified diet

Modified diet one patient, there were 6 menu cards incorrectly completed representing 18 opportunities for that person to have been provided with a meal that did not contain low salt. Although over the 6 day period none of the meals contained shellfish (to which this patient was also allergic) there was a potential for cross contamination. Although, in this instance, no harm was caused, the potential for harm, in the form of anaphylaxis, choking or aspiration for example, should be taken seriouslyAn SBAR was compiled by Quality Improvement Facilitator for Patient Safety regarding the issue which included a number of recommendations. This was shared with all senior managers and was also presented at divisional Clinical Governance Groups and the Food Fluid and Nutrition Strategy Group. Following on from this, the Patient Safety Team are compiling a Standard Operating Procedure (SOP) around the checking of menu cards. This will direct responsibility toward the nominated Mealtime Coordinator within each ward and provide clear guidance on how the checking process should be carried out.

In addition, a new type of adverse event, 'Nutrition' has been added onto the Datix system to enable improved reporting and an opportunity for data gathering and simpler analysis of all events related to Nutrition. This change has been communicated to all staff across NHS Borders.

## PERSON-CENTRED HEALTH AND CARE

Feedback and complaints

There has been an ongoing increase in number of complaints received and a higher than usual number were received in July 2019. The number received has been above the mean since January 2019. We await statistics on the national complaints position for the last year. This will allow us to assess whether this year's increase is consistent with the trend seen in other NHS Borders, as it has been in previous years.

Formal complaints by month - NHS Borders
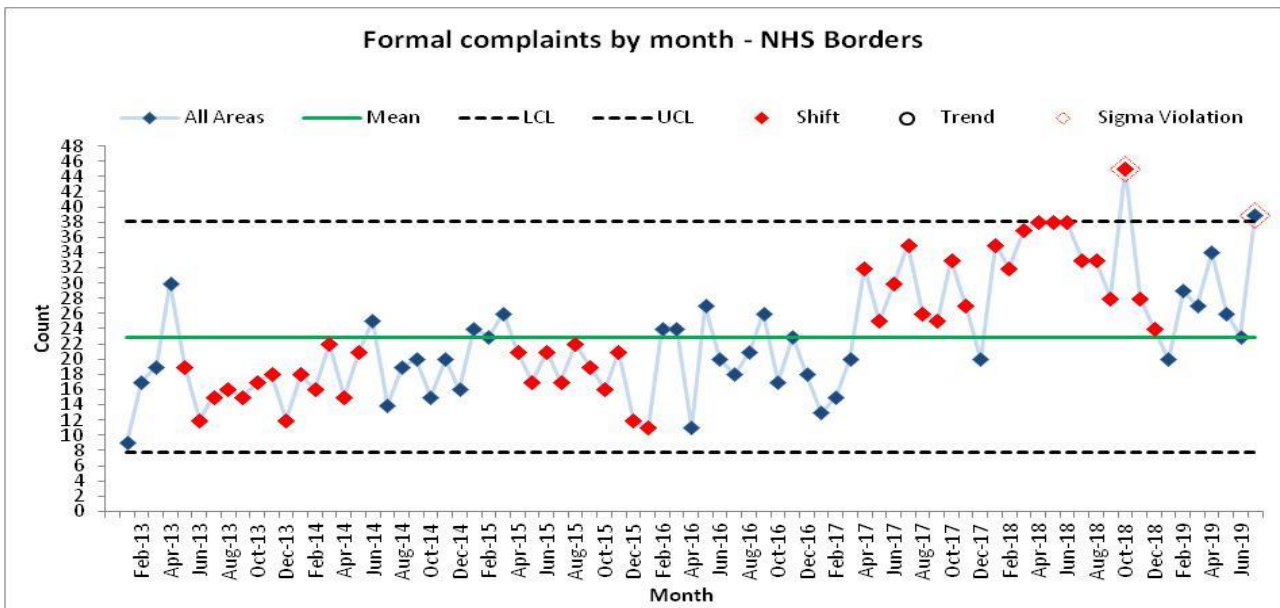
20 working day target for Stage 2 non escalated complaints

Currently performance against this target is at 60% (2018/19 was 78%). This is due to staff changes and increase in the number of complaints. Once the response times are back in line with targets, the person-centred care team are hoping to invest time in more proactive endeavours working with clinical teams to improve sharing the learning from complaints and focus on improvement in order to reduce the amount of time requiring to be spent on responding to complaints. This would release more time for the team to support quality improvement with front line staff.

KPI 8b - Non escalated complaints closed at Stage Two within 20 working days as a % of all non escalated complaints closed at Stage Two
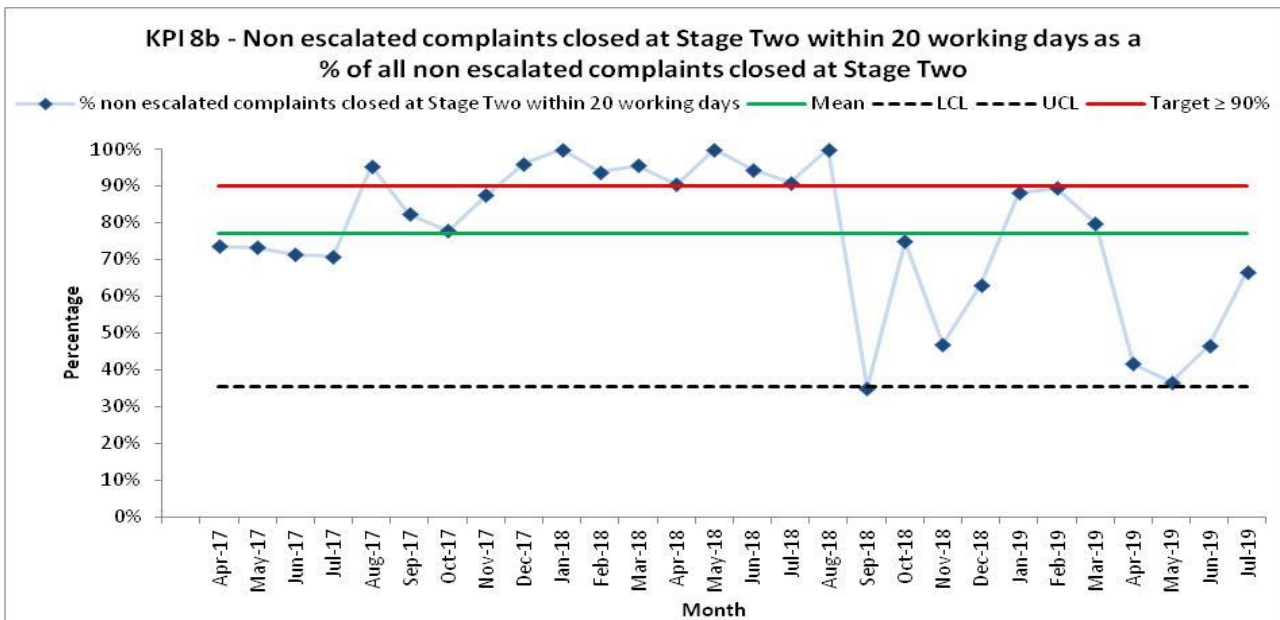
The increase in number of referrals to the Scottish Public Services Ombudsman (SPSO) continued during July 2019 although no particular themes have been identified in the complaints with the SPSO.

Complaint Referrals to Scottish Public Services Ombudsman NHS Borders
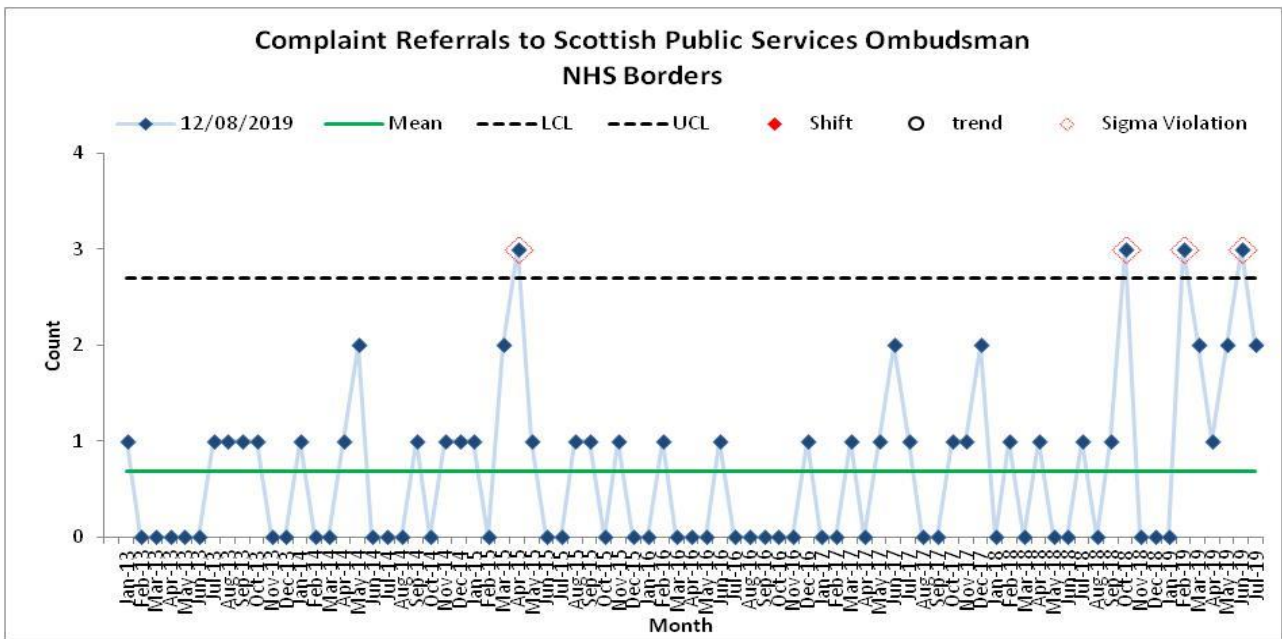
Volunteering

288 Volunteers

41 Roles

Volunteering Hours August 2018 – July 2019

11,353.75

High School Engagement Programme

Academic Year 2019/20	
High School	**Pupils Recruited**
Berwickshire	9
Kelso	1
Peebles	3
Earlston	9
Total	**22**

S6 pupils will commence their volunteering roles as Ward Visitors / Mealtime volunteers supporting staff with activities, assisting serving and collating trays and socialising with patients within a variety of different hospital settings with support from the Senior Charge Nurses and Activities Coordinators.

The Volunteer Driver Programme is expanding to the Laboratory Department, volunteer drivers will support the transportation of blood / packages to Community Hospitals. Extensive work is underway to ensure robust systems and processes are put in place and appropriate governance. We are also supporting a pilot within Ward 9 assisting assessed independent discharged patients home with transport issues.

9 Volunteer Drivers

Driver Breakdown	
4	Regular Drivers
2	Adhoc Drivers
3	Completing the recruitment / training process

NHS Borders	**Savings** from Volunteer Driver Programme

Ward 14
Ward 12
Ward 9
Ward 4
East Brig

7 Mealtime Volunteers

Savings from Volunteer Driver Programme

October 18 – July 19

Projected Taxi Invoices	£22,490.34
Volunteer Expenses	£5,946.71
Savings	£16,543.63

Cumulative chart to show patient transport savings with support from Patient Transport Supporters (October 2018 - July 2019)
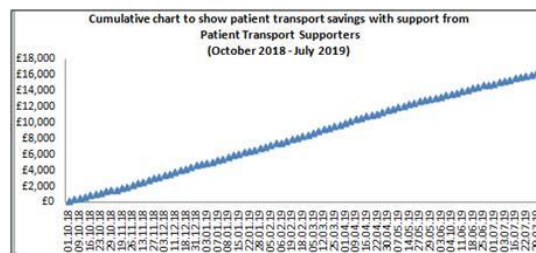
Joanne Forrest (Voluntary Services Mgr), Alex Cole-Hamilton (MSP)

Volunteering Week 'time to celebrate' event at Scottish Parliament

Aileen Campbell (MSP)
Julie Houghton (BiBs Volunteer)
Lisa Taylor (HIS)

As part of volunteering week we filmed and showcased through NHS Borders social media a variety of different volunteering roles together with Grace Brydon, Senior Charge Nurse of Ward 9 informing the audience the contribution volunteers bring to the ward together with the value of volunteering. The Voluntary Services Manager together with Julie Houghton, Breastfeeding Peer Supporter attended 'time to celebrate' event at Scottish Parliament, pictured left.

RESEARCH

Our research capability has continued to be compromised by staffing challenges and therefore continues to be supported by NHS Lothian 1 day per week. Recruitment in August to the Research Governance Manager post was however successful. It is anticipated that the successful candidate will commence late September. Funding for this position is via the Chief Scientists Office (CSO). The focus of the post holder will be to re-establish a strong research presence in NHS Borders engaging with frontline clinical staff, this will build on the excellent pockets of research practice in Cancer, GI, Rheumatology and Cardiology. In addition they will focus on growing commercial research and innovation opportunities across NHS Borders.