

Borders NHS Board



Meeting Date: 5 March 2020

Approved by:	Cliff Sharp, Medical Director
Author:	Laura Jones, Head of Clinical Governance and Quality
QUALITY & CLINICAL GOVERNANCE EXCEPTION REPORT MARCH 2020	
Purpose of Report:	
<p>The purpose of this report is to provide the NHS Borders Board with an exception report on activities and progress across areas of:-</p> <ul style="list-style-type: none"> • Patient Safety • Clinical Effectiveness • Person Centred Care 	
Recommendations:	
The Board is asked to note this report.	
Approval Pathways:	
This report has been reviewed by the Board Executive Team.	
Executive Summary:	
<p>This exception report highlights the following areas across the NHS Borders Clinical Governance and Quality portfolio:-</p> <ul style="list-style-type: none"> • Patient Safety <ul style="list-style-type: none"> ○ Duty of Candour ○ Patient Safety • Clinical Effectiveness <ul style="list-style-type: none"> ○ Joint Inspection Adult Health and Social Care Services ○ Ionising Radiation (Medical Exposure) Regulations (IRMER) Inspection ○ Dementia Demonstrators • Person Centred Care <ul style="list-style-type: none"> ○ Patient Experience ○ Volunteering 	
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	Oversight of patient safety, person-centred care, clinical effectiveness, research and innovation, and quality improvement sit within the Clinical Governance and Quality portfolio and are reported by exception in this

	report
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 Board Governance Groups, the Clinical Executive Operational Group and to the Board Clinical Governance Committee
Glossary	MBRRACE-UK (Mother and Babies Reducing Risk through Audits and Confidential Enquiries across the UK) HIS - Healthcare improvement Scotland IRMER - Ionising Radiation (Medical Exposure) Regulations NAS - Needs Assessment Summary PDSAs - Plan, Do, Study, Act

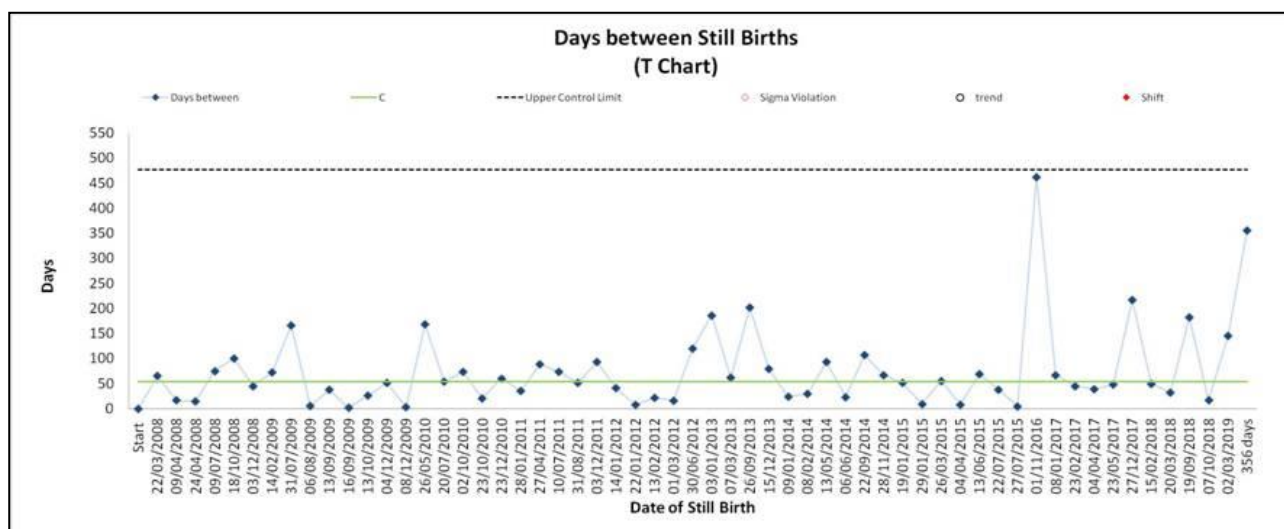
PATIENT SAFETY

Duty of Candour

The Clinical Governance and Quality team reviewed progress on implementation with the organisational Duty of Candour in October 2019. A paper was presented to the Board Clinical Governance Committee detailing the status of local implementation and the steps which needed to be taken to evidence organisational compliance with the Duty as part of the remaining actions on the local improvement plan. An internal audit is currently underway to assess progress in this area and will be reported to the Board Audit Committee on conclusion and any corresponding actions detailed to the Board Clinical Governance Committee.

Patient Safety Programme

Safe maternity care is a continual focus of the local patient safety programme. A range of quality measures are reviewed by the team on a regular basis including still births. Graph 1 outlines the number of days since the last still birth in NHS Borders. As at 21 February 2020 it has been 356 days since the last still birth:



This demonstrates a strong focus by the maternity services team on prevention of still birth, by working with mothers on fetal growth, movement and monitoring. The Board Clinical Governance Committee will consider a wider set of quality indicators for maternity services through the review of the MBRRACE-UK (Mother and Babies Reducing Risk through Audits and Confidential Enquiries across the UK) annual report at its meeting on 20 March 2020.

CLINICAL EFFECTIVENESS

Joint Inspection of Adult Health and Social Care Services

From 25 November 2019 the Care Inspectorate undertook a Joint Inspection of Adult Health and Social Care Services: Progress Review. This is a follow up of the 2017 inspection, reviewing the progress made by the Health and Social Care Partnership against the thirteen recommendations made at that time. The progress review found that Scottish Borders Health and Social Care Partnership have made sustained improvements across all thirteen recommendations identified in their report from 2017. The report published on 12 February 2020 highlighted areas of good practice relating to the delivery of quality services through the partnership which were resulting in positive outcomes for service users, patients and carers. It has been confirmed that due to the positive findings from the review there will be no need for further scrutiny in relation to inspector's previous recommendations.

Ionising Radiation (Medical Exposure) Regulations (IRMER) Inspection

An announced inspection was carried out by Healthcare Improvement Scotland (HIS) on 4 and 5 November 2019 to NHS Borders Imaging Department with specific focus on compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER). Inspectors met with a number of staff including the Chief Executive, IR(ME)R lead, radiologists and radiographers. Inspectors reported a positive safety culture within the radiology team for radiation protection of persons undergoing medical exposure. The inspection concluded that all staff were fully aware of their roles and responsibilities in relation to radiation protection of persons undergoing medical exposure; and that there was good evidence of audits being undertaken. In addition, the inspection identified five requirements linked to compliance with IR(ME)R 2017 and one recommendation. A detailed action plan has been developed in response which will be considered by the Acute Clinical Governance Board on 26 February 2020 and the Board Clinical Governance Committee on 20 March 2020.

Dementia Demonstrators

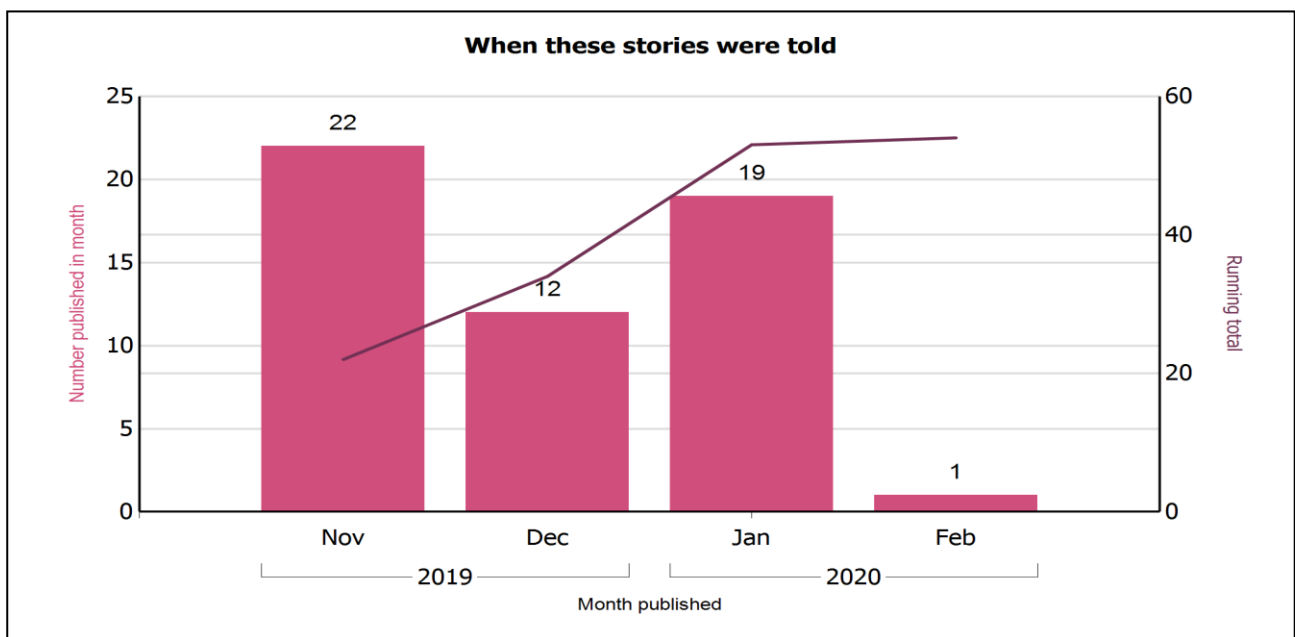
NHS Borders has chosen three clinical areas to participate in the newly launched Dementia in Hospitals Collaborative. The aim of the collaborative is to test and spread improvements in hospital care for people with dementia. This will support the implementation of commitment 7 of the third National Dementia Strategy. The first national learning event has now taken place and work has begun locally in Melburn Lodge to review the Needs Assessment Summary (NAS). Changes to the NAS will be tested and refined following PDSA's carried out by community staff.

PERSON-CENTRED HEALTH AND CARE

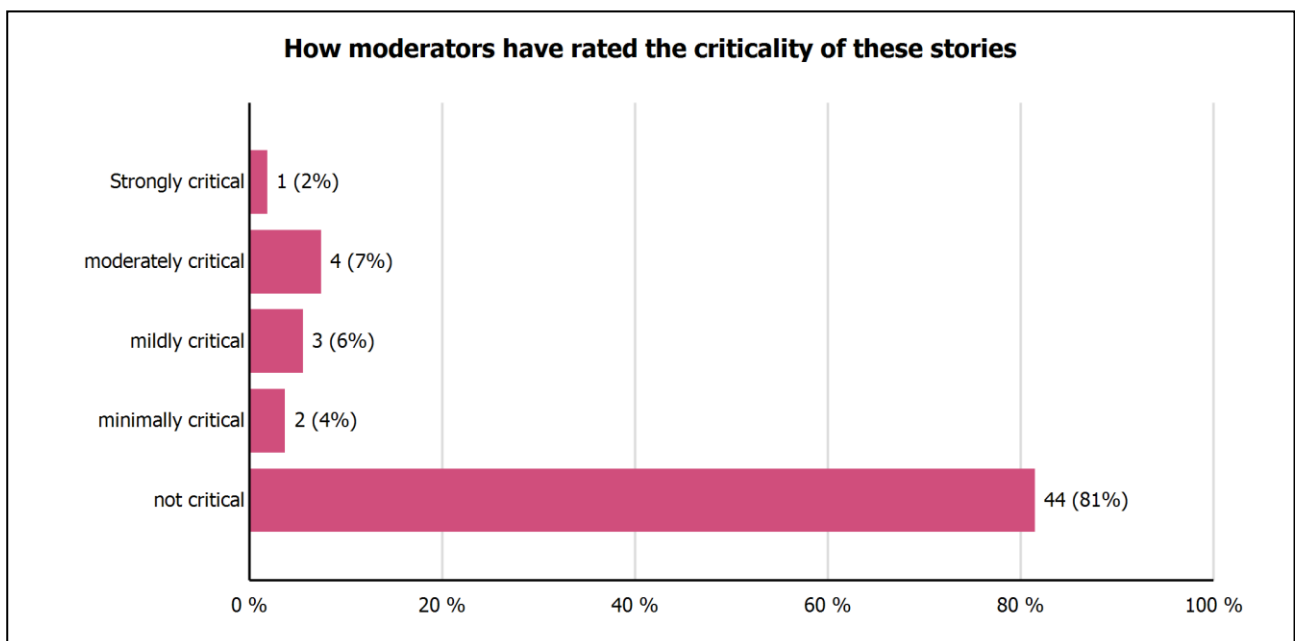
Patient Experience

In addition to formal complaints, feedback is obtained through multiple routes including Care Opinion, the 2 minutes of your time feedback questions placed across NHS Borders sites, through patient feedback volunteers who visit services and talk to patients and their families, through specific service questionnaires and through the Scottish Public Service Ombudsman.

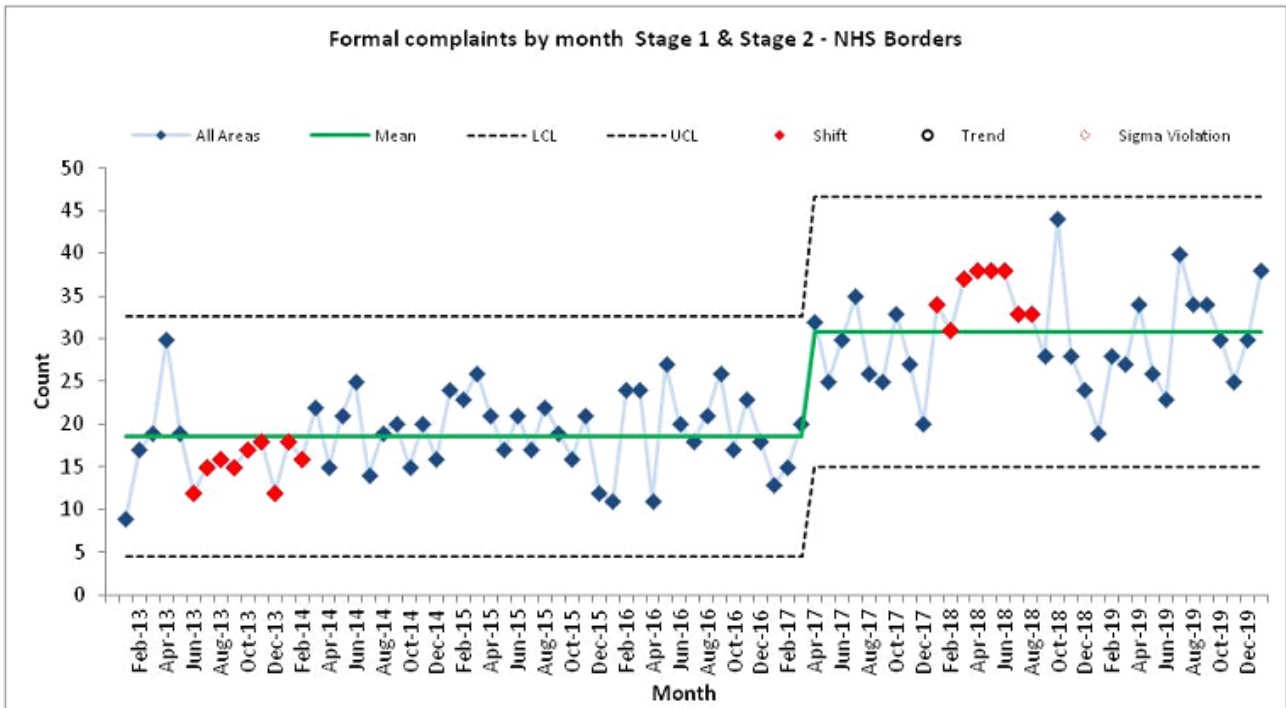
Since the last report to the Board there has been 54 new stories posted about NHS Borders on Care Opinion. Graph 2 shows the number of stories told covering the period November 2019 to January 2020. These 54 stories have been viewed a total of 4833 times to date:



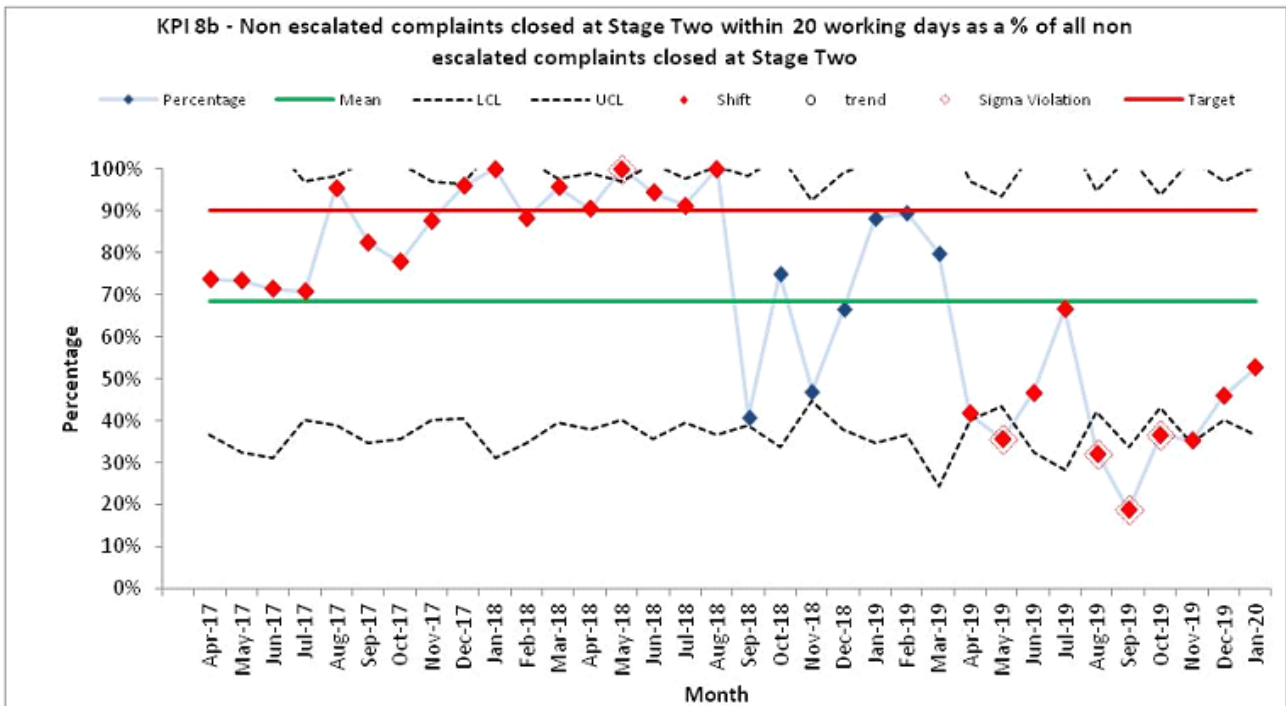
Graph 3 details the rating of the 54 stories:



NHS Borders have continued to observe an increased level of formal complaints since the introduction of the new complaints handling system. Graph 4 highlights the number of formal complaints received by month, now averaging around 31 per month:



Steps have been taken to provide additional capacity to support the Patient Experience Team to manage stage 2 non-escalated complaints. Graph 5 highlights the performance against the 20 working day target with 50% of stage 2 complaints being managed within the 20 working day timescale:



Volunteering

The Voluntary Services Manager and Head of Clinical Governance met with Senior Management Teams within Primary and Community Services, Mental Health and Learning Disability and Acute Services to discuss current volunteering roles within their areas of responsibility and how we might like to develop volunteering in 2020 to support current priorities within their services. Senior management from all disciplines agreed that a community role 'Community Companions' for socially isolated patients would be a key role to develop. Work is now underway to progress this role.

NHS Borders have been awarded funding through Helpforce to develop an End of Life Care volunteering programme. Volunteers will engage with the Palliative Care team in supporting families and carers in end of life care within NHS settings. The Voluntary Services Manager and Quality Improvement Facilitator for Palliative Care attended the End of Life Care Programme launch event hosted by Helpforce and Marie Curie. The launch provided a valuable networking opportunity together with hearing empowering volunteering stories which have now been used to run a local information session for eleven potential volunteers who had expressed an interest in the End of Life Care Programme.