

Borders NHS Board**BOARD CLINICAL GOVERNANCE AND QUALITY UPDATE – JULY 2017****Aim**

This report aims to provide the Board with an overview of progress in the areas of:

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

Clinical Effectiveness**National Cancer Audits**

During May and June 2017 a total of four Quality Performance Indicator (QPI) annual reports were signed off by the lead consultants for prostate, ovarian, endometrial and cervical cancers.

The QPI annual report for lung cancer is due for submission mid July. The team is on course to meet this deadline.

Local Clinical Audit

The reviewed and updated Clinical Audit Policy was implemented following approval by the Clinical Executive Operational Group in June 2017. This policy is accessible to all NHS Borders staff on the Clinical Audit microsite on NHS Borders Intranet.

Research Governance

The annual review of NHS Borders research activity and expenditure was conducted by the Head of the Chief Scientist Office (CSO), Mr Ricky Verrall 4 July 2019. The review took the form of a meeting which was attended, on behalf of NHS Borders, by the Medical Director, the Interim Head of Clinical Governance & Quality and the Research Governance Co-ordinator.

NHS Borders overall performance was deemed to be good with activity trends within the organisation being consistent with those nationally. Improvements continue to be made in the time taken to approve studies, the process for which will continue to be reviewed locally. National objectives will be reviewed and set in September 2017 following completion of the CSO round of review meetings with all the Health Boards.

Clinical Documents

Clinical Governance and Quality maintain a register, initially created in 2008, of locally developed clinical policies, protocols, procedures and guidelines. Since creation, the register has been revised and updated on at least four occasions. This process has involved extensive search of NHS Borders Intranet to identify uploaded clinical documents that had not been registered with Clinical Governance and Quality. The most recent update was carried out in June 2017 following consideration being given to the A-Z policy list on the Clinical Area microsite.

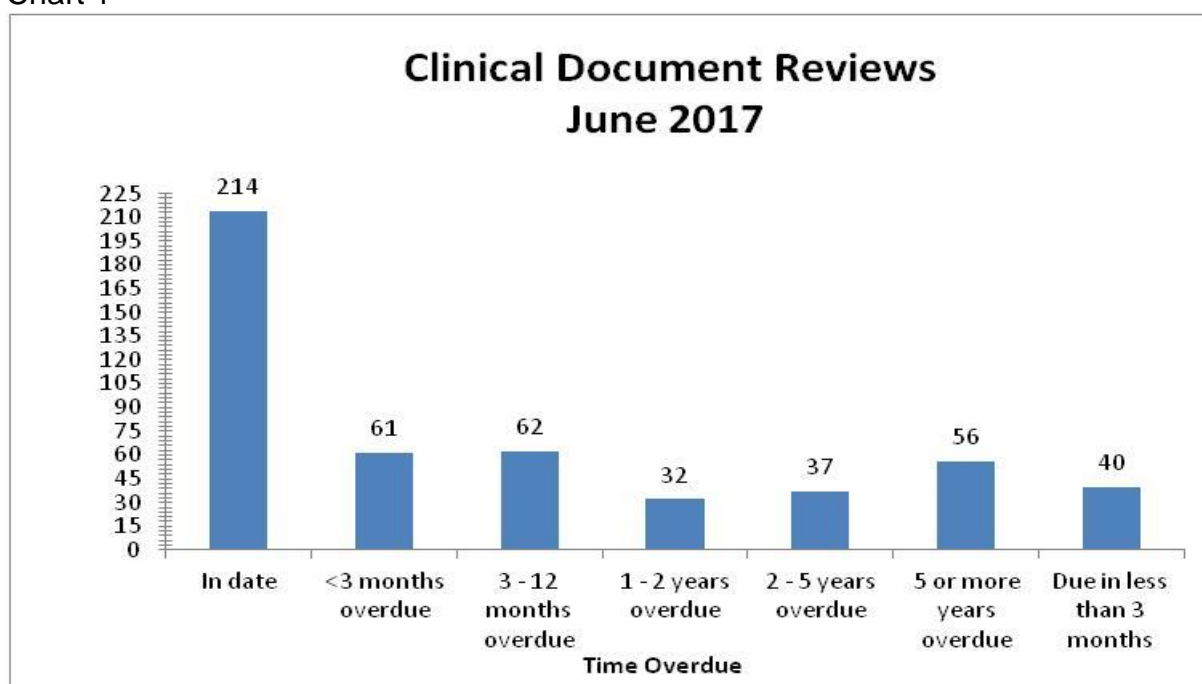
In carrying out the work to update the register again it was discovered that a large number of clinical documents are:

- contained on the intranet but not registered
- not all registered documents can be found on the intranet
- there are a large number of clinical documents on the intranet that have exceeded the identified expiry date
- policy (Standards for Document Management of NHS Borders Clinical Policies, Procedures, Protocols and Guidelines) relating to management of clinical documents is not being adhered to.

In order to address the identified issues, Clinical Governance and Quality is currently progressing an intensive piece of work. This will include identification of clinical document owners, confirmation of need for the out of date clinical document, ensuring required out of date clinical documents are reviewed, updated as required and appropriately approved as a matter of urgency, registered and uploaded to the intranet. In addition it is planned to agree with the Web Team a new process for getting clinical documents onto the intranet. This is intended to enable Clinical Governance and Quality to maintain a clinical document register that is accurate and put in place a system to support timely review of clinical documents. Since January 2017 there has been some progress made in addressing the gap between the number of clinical documents on the intranet and the number on the clinical document register, however this remains work in progress.

Chart 1 below details the status clinical documents on the register at June 2017.

Chart 1



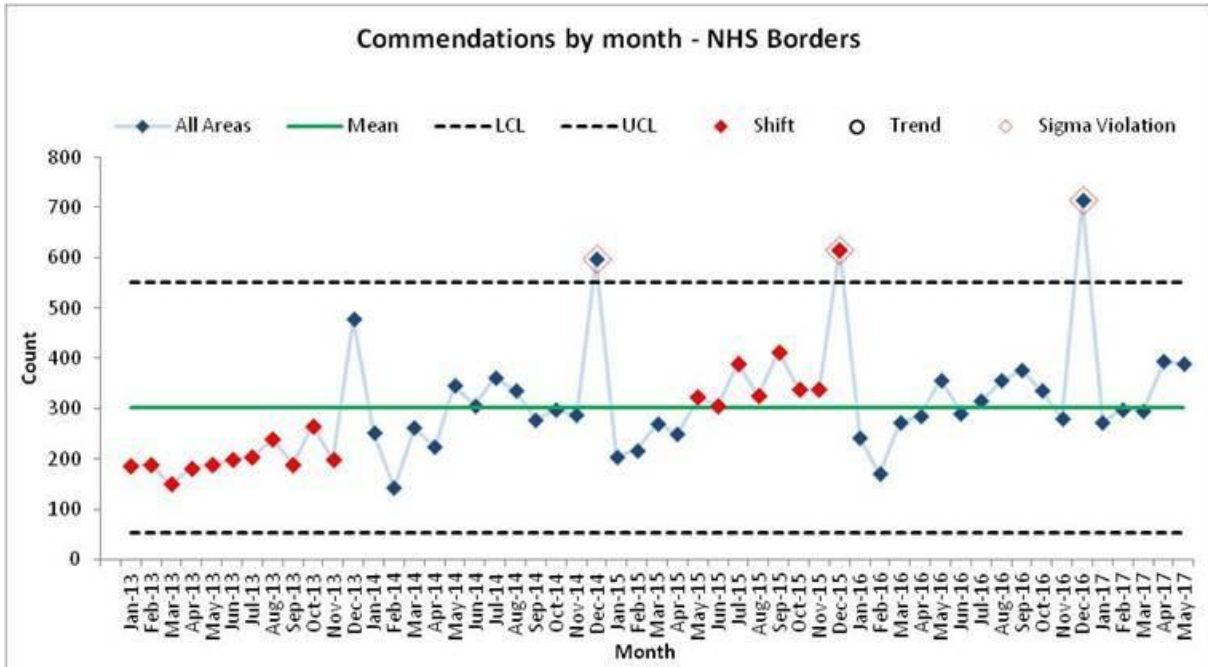
Person Centred Health and Care

Complaints, Concerns and Commendations

Commendations

Chart 2 below shows commendations received from January 2013 to May 2017:

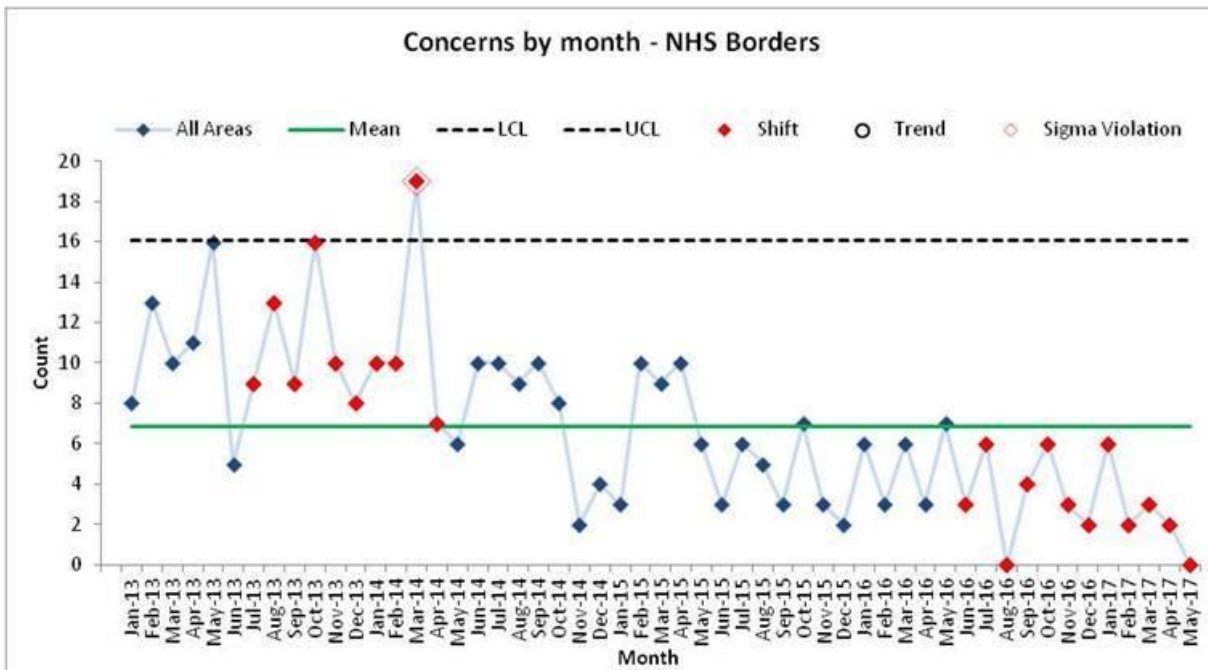
Chart 2



Concerns

Chart 3 below shows the number of concerns received from January 2013 to May 2017:

Chart 3



Complaints

Following the introduction of the new NHS Scotland model complaints handling procedure on 1 April 2017, our reporting for complaints performance has changed. Below are the details of our performance indicators from the first quarter of this new procedure. We are currently developing monthly reporting which we aim to have fully developed for the next Board report.

1 April 2017 to 30 June 2017

KPI	Measure	Current performance
5a	The number of complaints closed at stage one as % all complaints	46.15%
5b	The number of complaints closed at stage two as % all complaints	52.31%
5c	The number of complaints closed at stage two after escalation as % all complaints.	1.54%
6a	The number of complaints upheld at stage one as % of all complaints closed at stage one	53.33%
6b	The number of complaints not upheld at stage one as % of all complaints closed at stage one	10%
6c	The number of complaints partially upheld at stage one as % of all complaints closed at stage one	13.33%
6d	The number of non escalated complaints fully upheld at stage two as a % of all non escalated complaints closed at stage two	11.76%
6e	The number of non escalated complaints not upheld at stage two as a % of all non escalated complaints closed at stage two	47.06%
6f	The number of non escalated complaints partially upheld at stage two as % of all non escalated complaints closed at stage two	32.35%
6g	The number of escalated complaints fully upheld at stage two as % of all escalated complaints closed at stage two	100%
6h	The number of escalated complaints not upheld at stage two as % of all escalated complaints closed at stage two	0%
6i	The number of escalated complaints partially upheld at stage two as % of all escalated complaints closed at stage two	0%
7a	The average time in working days to respond to complaints at stage one	3.1 working days
7b	The average time in working days to respond to complaints at stage two (not escalated)	17.3 working days
7c	The average time in working days to respond to complaints at stage two (after escalation)	0 working days
8a	The number of complaints closed at stage one within 5 working days as a % of total number of complaints closed at stage one	88.67%
8b	The number of non escalated complaints closed at stage two within 20 working days as a % of total number of non escalated complaints closed at stage	82.35%

	two	
8c	The number of escalated complaints closed at stage two within 20 working days as a % of total number of escalated complaints closed at stage two	100%
9a	The number of complaints closed at stage one where an extension was authorised as a % of all complaints closed at stage one	0%
9b	The number of complaints closed at stage two where an extension was authorised as a % of all complaints closed at stage two	0%

Chart 4 below shows the number of formal complaints received by month between January 2013 and May 2017.

Chart 4 shows normal variation in complaints numbers over time:

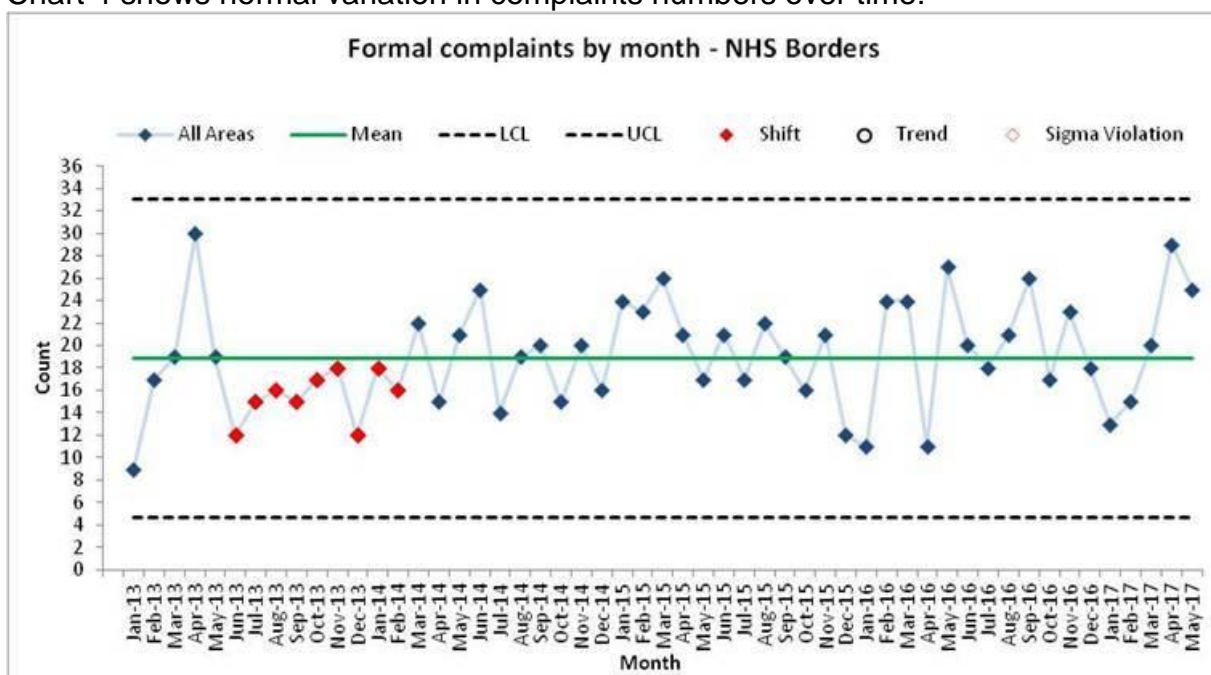
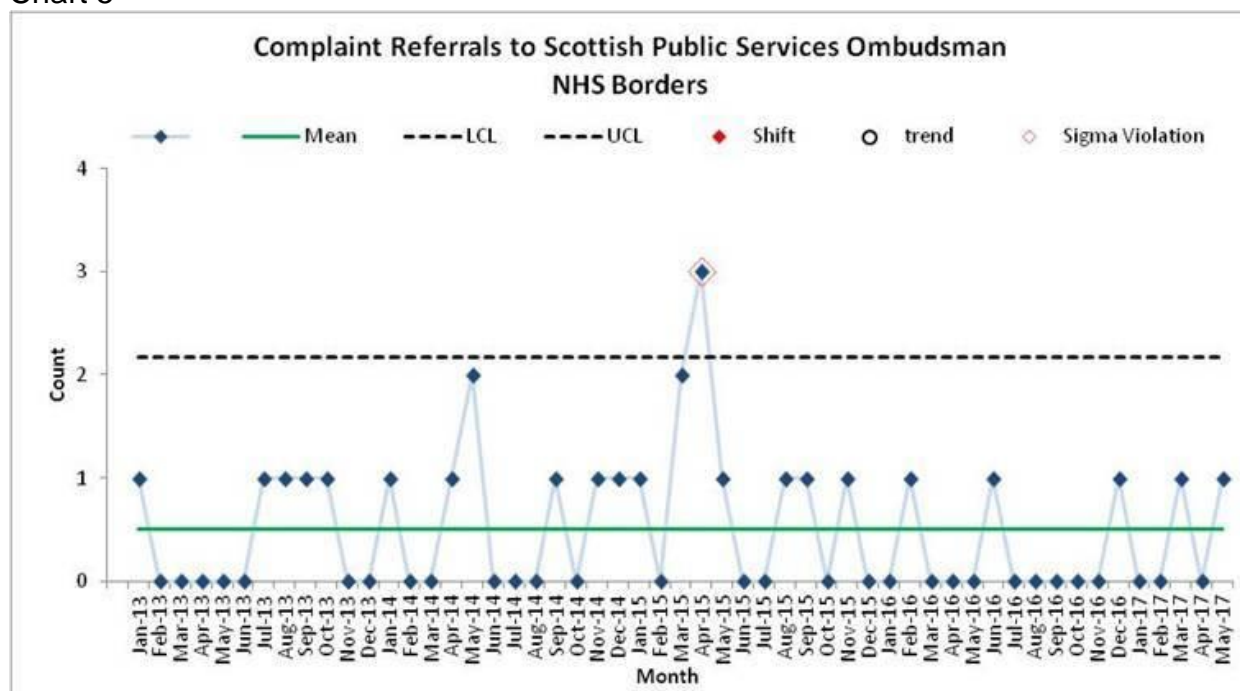


Chart 5 below outlines the referrals accepted by the SPSO between January 2013 and May 2017:

Chart 5



There have been no SPSO decisions received since the last report.

Care Opinion Feedback

The table below outlines feedback received since our last report through the Care Opinion website relating to patients experience of NHS Borders services. A total of 19 stories have been shared which have been viewed on Care Opinion 1,841 times in all.

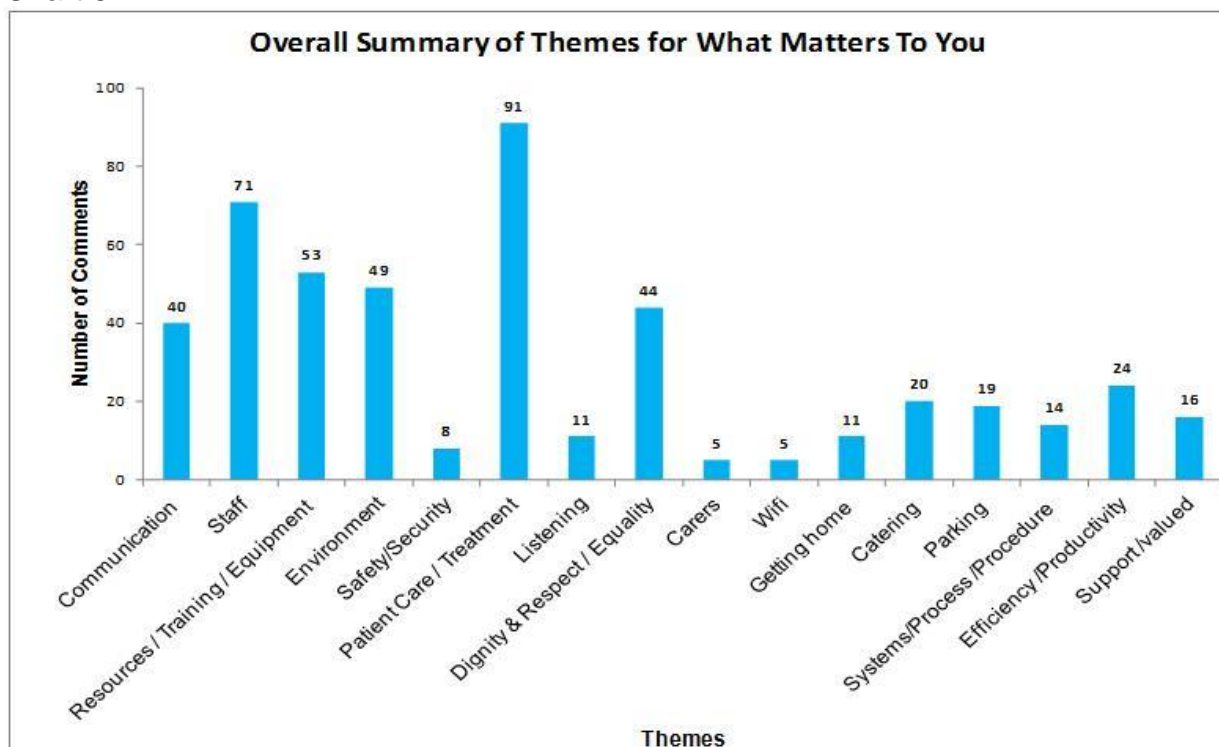
Date published	Link to story	Title	Criticality	Author Role
23/05/17	https://www.careopinion.org.uk/opinions/370298	I was treated efficiently, professionally and kindly	0	Service user
25/05/17	https://www.careopinion.org.uk/opinions/370781	I sustained an injury during Hawick triathlon	0	Patient
02/06/17	https://www.careopinion.org.uk/opinions/372322	Care was incredibly efficient and staff were brilliant.	0	Patient
05/06/17	https://www.careopinion.org.uk/opinions/372627	Waiting for Patient Transport	2	Service user
08/06/17	https://www.careopinion.org.uk/opinions/373598	How wonderful NHS staff are	0	Patient
12/06/17	https://www.careopinion.org.uk/opinions/374129	Good use of the newspaper	0	Relative
19/06/17	https://www.careopinion.org.uk/opinions/375561	Endoscopy Unit staff were all very pleasant	0	Patient
20/06/17	https://www.careopinion.org.uk/opinions/375648	Weekend illness	0	Patient

20/06/17	https://www.careopinion.org.uk/opinions/375649	Excellent care received at ED	0	Relative
20/06/17	https://www.careopinion.org.uk/opinions/376246	delayed appointment	1	Patient
22/06/17	https://www.careopinion.org.uk/opinions/376657	My visit to Orthopedic Podiatry	0	Patient
26/06/17	https://www.careopinion.org.uk/opinions/376995	A Bad Experience with a Doctor	2	Patient
27/06/17	https://www.careopinion.org.uk/opinions/377507	A trip to the children's ward	0	Parent/ Guardian
29/06/17	https://www.careopinion.org.uk/opinions/378076	I would like to pass on my sincere	0	Patient
02/07/17	https://www.careopinion.org.uk/opinions/378586	Impressed by care, kindness and Commitment	0	Friend
04/07/17	https://www.careopinion.org.uk/opinions/378995	Exemplary standard of care	0	Patient
04/07/17	https://www.careopinion.org.uk/opinions/379031	What a lovely doctor	0	Patient
05/07/17	https://www.careopinion.org.uk/opinions/379430	We have such an amazing service right on our doorstep	0	Patient
06/07/17	https://www.careopinion.org.uk/opinions/379562	Suspected DVT	0	Patient

Patient Feedback Volunteers

Our patient feedback volunteers were a valuable resource allowing us to engage more widely with patients, staff and relatives within clinical areas in our acute hospital and community hospitals to ask the question “What Matters to You” on What Matters to You Day which took place on the 6th June 2017. Questionnaires were distributed throughout NHS Borders covering 18 areas within BGH, Mental Health and Community Hospitals. Stalls were set up in the BGH dining room and at the stairwell in the BGH on the day to gather additional feedback from staff, visitors and patients. In total, 287 responses were received which amounted to 481 individual comments. From these responses, 16 main themes were identified with the most popular being ‘Patient Care/Treatment’ with 91 comments. Chart 6 below shows the identified themes from questionnaires received.

Chart 6



All areas have now received their individual, collated feedback which has been warmly welcomed and Senior Charge Nurses have been asked to share and discuss with staff as well as display in a prominent place for all to see. Feedback on any action to be taken with regards to any negative comments has been requested and will be monitored.

We continue to regularly visit our clinical and outpatient areas within the BGH and community hospitals to gather feedback. From this information we can be kept informed of how we are delivering services to our patients, pass on any commendations to staff and continually look at ways of making improvements and that our services are person centred driven.

Charts 7-9 below outline the responses from the three core questions asked by patient feedback volunteers from patients, carers, relatives and visitors and from the 'two minutes of your time' questionnaire, which is available around our acute hospital, mental health units and community hospitals:

Chart 7

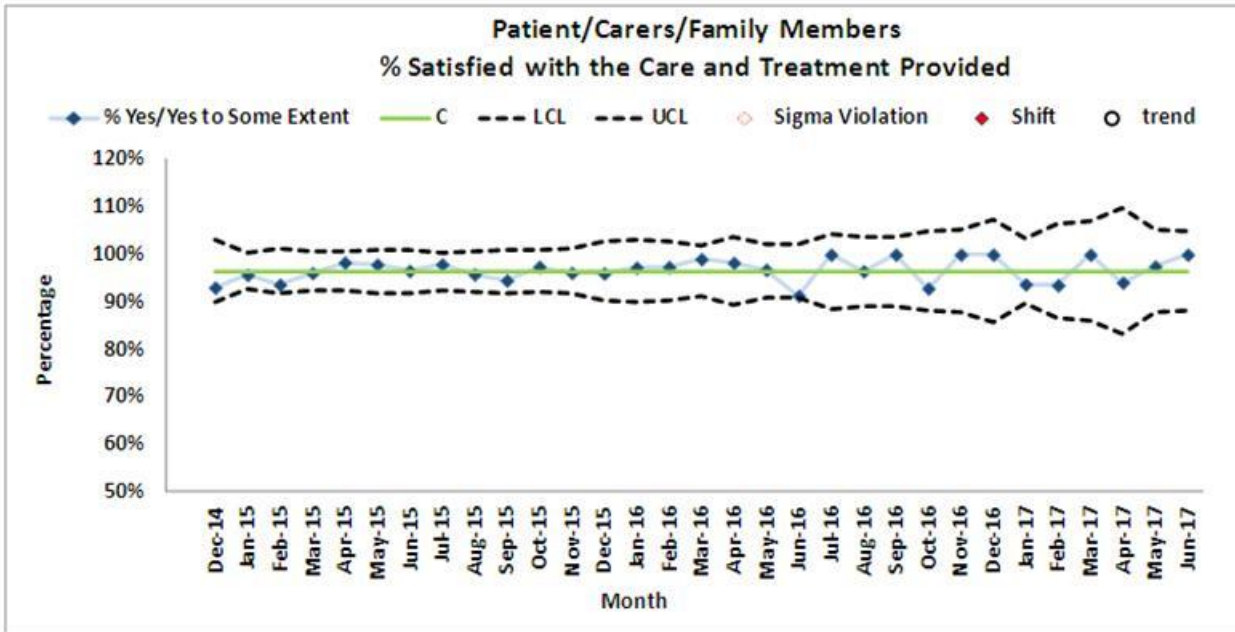


Chart 8

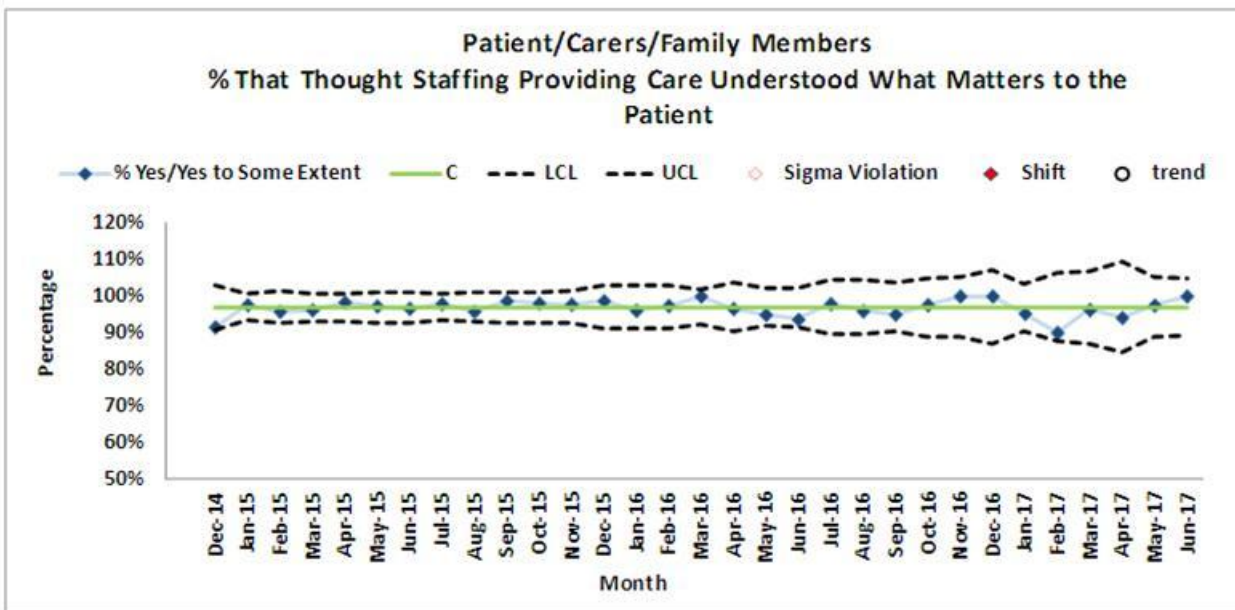
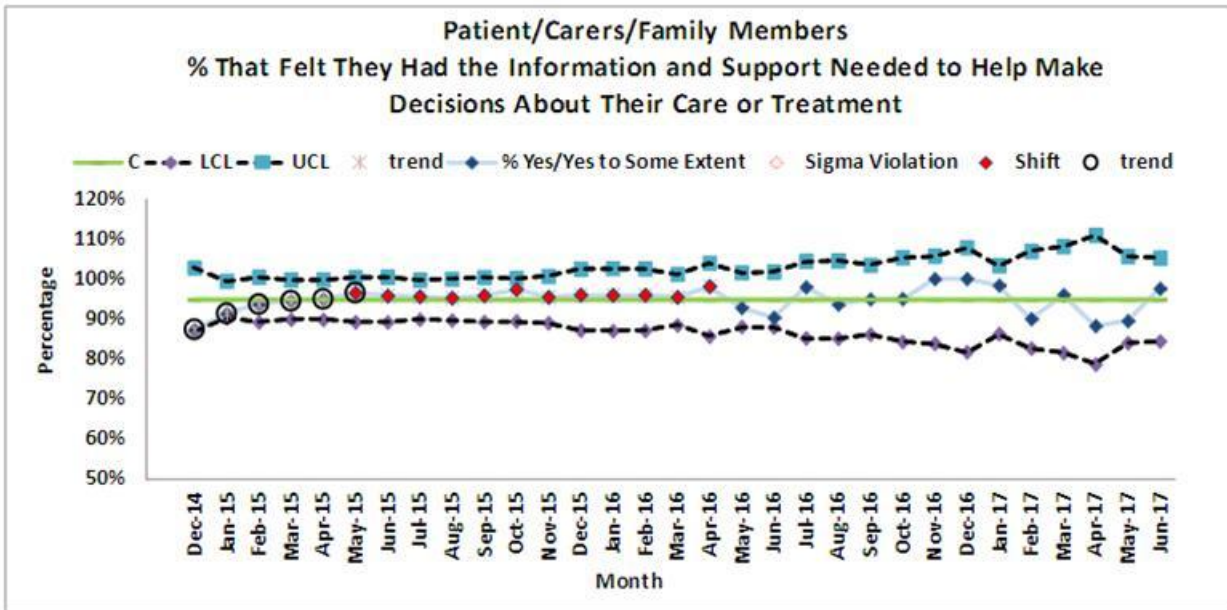


Chart 9



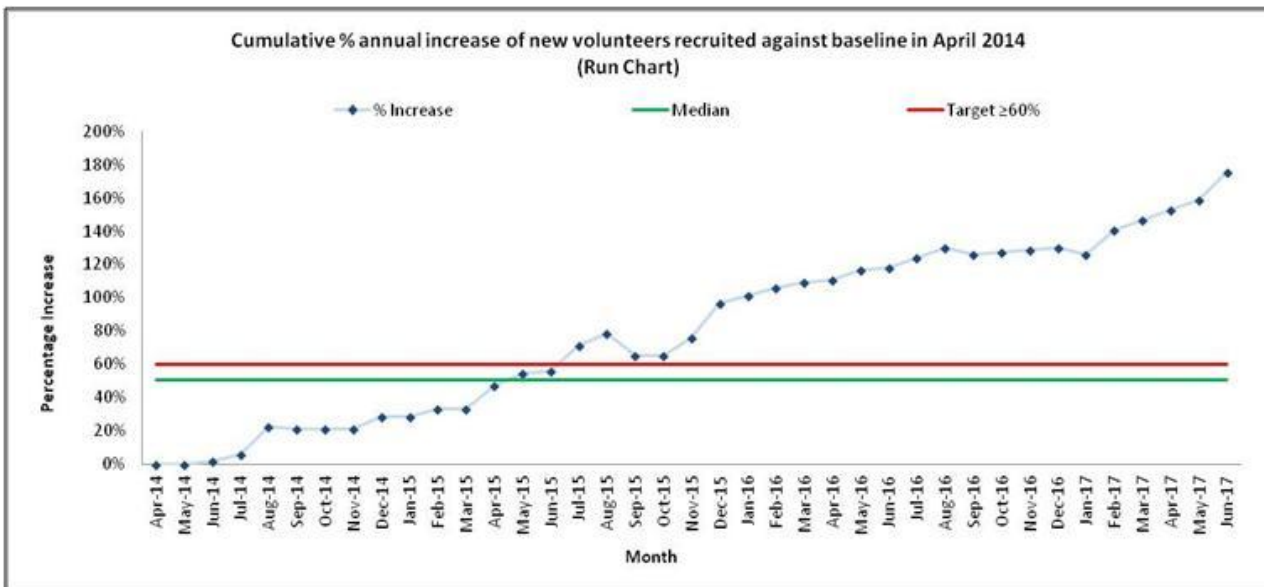
Public Member Involvement & Support

We continue to draw upon the support of our public participation network in our public groups i.e. Public Reference Group, BGH Participation Group and Public Partnership Forum. Also to comment and feedback on any service changes, patient information leaflets etc.

Volunteering

NHS Borders has a total of 245 people volunteering with us or going through the process to becoming a volunteer. This figure includes 43 Public Involvement and 20 Friends of the BGH. Chart 10 below shows the increase in volunteering activity from April 2014 to June 2017:

Chart 10



The Volunteer Coordinators focus continues to be supporting the Chaplaincy Centre with ensuring that the 50 volunteers who support our Sunday Service have had the appropriate Disclosure Scotland checks. A register has been developed for completion by all volunteers that attend on Sundays. This allows us to follow up on Monday morning to

ensure that all volunteers that have attended have been through the required process. This has also flagged up an issue around patients being appropriately identified for attendance at services. As a result of this, we are now piloting a Spiritual Care Communication Sheet in DME which will allow conversations around Spiritual Care needs between patients, nursing staff and chaplaincy staff to be documented and shared. In order to provide more support to the Sunday Service volunteers, additional informal peer support meetings specific to this group has also been introduced.

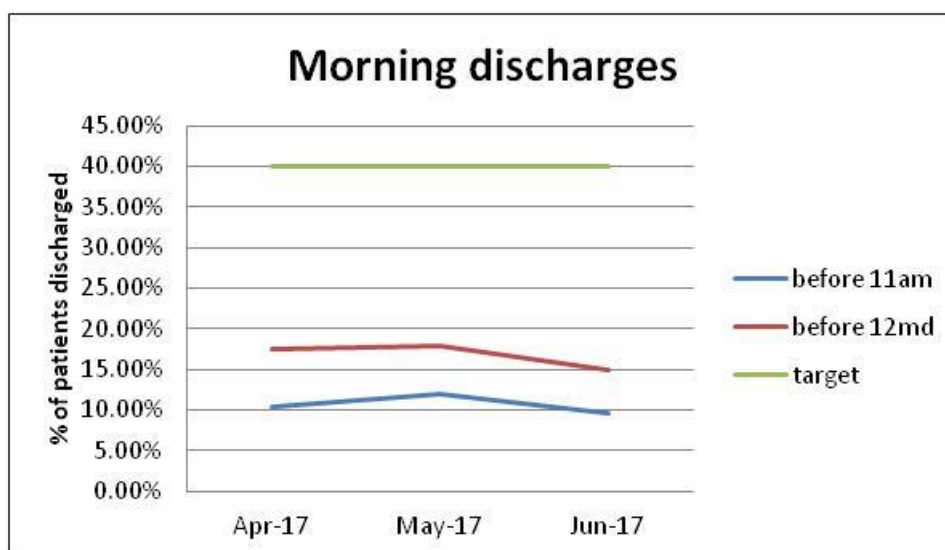
We are looking to recruit more Digital Stories Volunteers in the Borders Macmillan Centre to support patients, families and carers as part of the digital story project and also in the Audiology Department to support outreach services in Kelso, Peebles and Hawick.

Following a pilot, 2 Healthy Living Network volunteers based in Langlee Community Centre have successfully completed a volunteering award through the Scottish Qualification Authority (SQA). This SQA award may be made available to all volunteers who are interested in gaining this qualification, depending on funding.

Patient Flow

Unscheduled Care

The 6 Essential Actions continues to drive our direction in regards to ensuring we are working towards achieving effective patient flow. The performance of the last 3 months is highlighted in the table below. Whilst the EAS has been achieved for June 17 work continues to consistently meet this quality standard and ensure effective patient flow going forward into the winter period. Despite improved patient flow at the front door and significant focus on morning discharges and discharge utilisation, both have shown a decrease in June 17 and remain a high priority going forward.



Target	April 2017	May 2017	June 2017
Morning Discharges before 11am	10.5%	12.0%	9.7%
Morning discharges before 12 midday	17.6%	17.9%	15%
Discharge Lounge utilisation	21.2%	23.9%	17.2%
Emergency Access Standard of 95%	93.34%	93.04%	97%

The following 4 key areas of focus remain a priority as per previous Board Report:

- All patients to be discharged early in the day with an SG target of 40% before midday
- Optimise the use of the Discharge Lounge
- Create a staff centred Safety Brief
- Implement the use of Systemview as our whole system overview

An MDT workshop was held on 27th June with the aim of reviewing the data on our current performance, ensuring everyone has a full understanding of the driver diagram actions and their roles and responsibilities associated with this and reaching agreement around next steps for the 6EA Team.

A project plan has been created around the outcomes of this workshop with timescales and named responsible persons for each action. The Project Plan and Driver Diagram will form part of the Scottish Government 6 EA Q1 Submission for 2017-18 as well as our targeted approach towards improving patient flow overall with more effective use of our discharge lounge and increased morning discharges.

Work around the daily morning Safety Brief has demonstrated improvement in the willingness of staff to raise concerns and the belief that these concerns are being addressed. The Safety Brief summary has also improved with many comments from staff around the site to say they find this a valuable source of information now with clear evidence that actions are taken when safety issues are raised by staff.

Work continues around the Discharge Lounge Safety Pause which has now been embedded within our processes ensuring that every patient who is discharged via the Discharge Lounge has a safety pause carried out and a Safe Discharge Plan completed relating to key safety indicators - safe transfer and falls, pressure care, food fluid & nutrition and communication. Work continues to identify and tackle blockages meaning patients are not discharged via the Lounge. It is imperative that the number of patients discharged via the Lounge increases to all patients other than those with a clinical exception (e.g. Infection Control) in order to utilise the Safe Discharge Plan for all patients. Following our submission of the Acute Care Quality Standards self-assessment we have been informed that we have been identified as one of the sites who are consistently meeting the majority of standards. A team of people from SG 6EA programme have requested a site visit to NHSB and to have our evidence provided in advance in support of our ASQ Standards submission. The visit is expected to take place between August and October 17.

Recommendation

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

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