

Borders NHS Board



BOARD CLINICAL GOVERNANCE & QUALITY UPDATE

Aim

The aim of this report is to provide the Board with an overview of progress in the areas of:

- The Scottish Patient Safety Programme within NHS Borders.
- Patient Experience & Public Involvement.
- Complaints Activity and Patient Feedback.

Scottish Patient Safety Programme

The main focus for the programme recently has been the implementation of the new Quality Improvement Portal, (LanQIP). The portal measures a range of quality processes for the Scottish Patient Safety Programme (SPSP) and the Leading Better Care (LBC) programme nursing measures. System spread began in January 2012 with the medical wards, then to be cascaded throughout the rest of BGH over the following 6 weeks.

All of the work stream teams continue with their SPSP activities and collecting the data required to provide evidence of the changes made. Critical Care maintain their high level of compliance with the majority of the measures sustained. They have continued to have an excellent result on the Central Line infection rate with a total of 927 days since last infection as of 1st January 2012.

The Pilot areas within the General Ward, Medicines Management and Peri-operative work stream teams are also performing well with no major slippages to date, the trend continues to be on target with spread. The challenge remains achieving the 95% target and maintenance at that level. The Glucose Control measure is still in the testing phase within the peri-operative work stream with identified actions being taken to move this forward.

Patient Experience & Public Involvement

Review of Independent Advocacy

In preparation for the implementation of the Patients Rights (Scotland) Act 2011 NHS Borders has commissioned BVCCF to undertake a review of independent advocacy provision. Specifically the review includes:

- Needs assessment of independent advocacy services to help inform the draft Scottish Borders Independent Advocacy Plan.
- Gaps in provision and make recommendations on how to address these gaps effectively within available resources
- Assessed levels of awareness of independent advocacy and make recommendations on how services can target and prioritise those in greatest need.

The review also includes work undertaken by Borders Independent Advocacy Service that examines the advocacy needs of older people. This review complements the recommendations of Transforming Older Peoples Services Review and highlights the need to provide timely advocacy support, in particular for the most vulnerable older people. The findings from the review will part of an action plan that will be taken forward by the Borders Advocacy Planning Group.

Volunteering

In line with the Refreshed Strategy for Volunteering in NHS Scotland CEL 10 (2008), NHS Borders achieved the Investing in Volunteers Standard in October 2010. NHS Borders will be reassessed during 2013 for the Investing in Volunteers Standard. NHS Borders is committed to maintaining and improving its processes for managing volunteers.

A revised NHS Borders Volunteering Policy was approved by the Volunteering Steering Group in December 2011. There were several small operational changes needed to reflect 1) the revised Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers within NHS Scotland, CEL 23 (2011); 2) changes to the wording of Disclosure Scotland to ensure consistency with HR guidance for staff; 3) a new Confidentiality Agreement that reflects the Information Governance revised Code of Practice. A second volunteer management training session for potential new volunteer leads is planned for February 2012.

Audiology Working Groups

The Audiology Scotland Quality Standard 8a requires audiology departments to establish and take a lead role in managing multi-agency groups for Adults and Children's services. Their remit is to ensure that all services designed to support children and adults with hearing problems work in a coordinated way and include patient representatives. The work programme of the groups has been agreed.

Scottish Ambulance Service (SAS) Involving People Group

Following representation from NHS Borders Public Involvement Volunteers the SAS South East Division has set up a Borders Involving People Group to provide a public perspective to the management of their services. The groups remit is to advise the management team on service review and development and to ensure that public involvement is coordinated with local involvement structures. The group is part of the PFPI requirements of the SAS and met for the first time in December 2011.

Scottish Patient Experience Programme: Better Together

The GP survey has been sent to a random sample of patients registered with GP practices in the Borders. Results will be published on 29 May 2012.

In addition to the statistical information NHS Borders has now received the detailed patient comments from the 2011 Inpatient Survey. The BGH is developing improvement plans based on this feedback. Acute Services have been working with their BGH Participation Group to identify the three priority areas to take forward from the Inpatient Survey

Deceased data validation is in progress for 2012 and NHS Borders has given Caldicott approval to access patient details. NHS General Register Office for Scotland is undertaking checks for the current patient experience survey of patients registered with a GP practice. Their involvement has improved the process as their system has a lag of only 2-3 days after registration, compared to 2-3 weeks on the previous system used thus reducing the number of surveys sent to patients after they have died.

The 2012 Inpatient Survey is due to go live at the end of January. A publicity campaign is being planned to ensure staff are aware of the survey. The results of the survey will be made available to NHS Borders on the 28 August 2012.

Complaints & Commendations Activity – October - December 2011

NHS Borders 20 Working Day Response Rate for this period has been 76%

During October - December 2011 a total of 35 complaints were received.

Complaint Themes

The top 5 issues raised within complaints were:

- Clinical Care/Treatment 22
- Staff Attitude/Behaviour 8
- Date for appointment 6
- Consent to Treatment 3
- Communication (Written) 3

Outcome & Action Plans

Outcomes for complaints received were:

- Upheld 7
- Partly Upheld 10
- Not Upheld 6

The review of the Complaints function and processes has continued to progress. The revised processes go live on 31st January 2012.

This approach is to emphasise the commitment of each Service to patient safety and person centeredness. Similarly each Clinical Board/Service will be supported by Clinical Governance & Quality to produce and review Improvement Plans through their Clinical Governance groups – reporting to the Clinical Governance Committee on key themes, learning and improvement in quality of service and outcomes for patients.

Commendations

A total of 988 commendations were received by NHS Borders during Oct – December 2011.

Summary

This report provides the Board with an overview of progress in the areas of:

- The Scottish Patient Safety Programme within NHS Borders
- Patient Experience & Public Involvement.
- Complaints Activity and Patient Feedback

Recommendation

The Board is asked to note the current progress in the key areas of Clinical Governance and Quality.

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 through the Clinical Governance Steering 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

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