

CLINICAL GOVERNANCE COMMITTEE



BORDERS GENERAL HOSPITAL (BGH) AND PRIMARY AND COMMUNITY CARE (PACS) CLINICAL GOVERNANCE REPORT – JULY 2016

Aim

To provide the Clinical Governance Committee with assurance that appropriate governance systems and processes are in place within the Borders General Hospital (BGH) and Primary and Community Care (PACS) and to demonstrate examples of this work.

Background

The 'Framework for Measuring and Monitoring safety' is now being consistently applied to support our Clinical Governance meetings within BGH and PACS. This joint report will use the framework principles to structure the report and recommendations.

The BGH Integrated Clinical Governance and Primary and Community Services meetings are monthly. This report reflects the meetings held on held on:

- BGH - 1 June and 6 July 2016
- PACS - 18 May and 15 June 2016

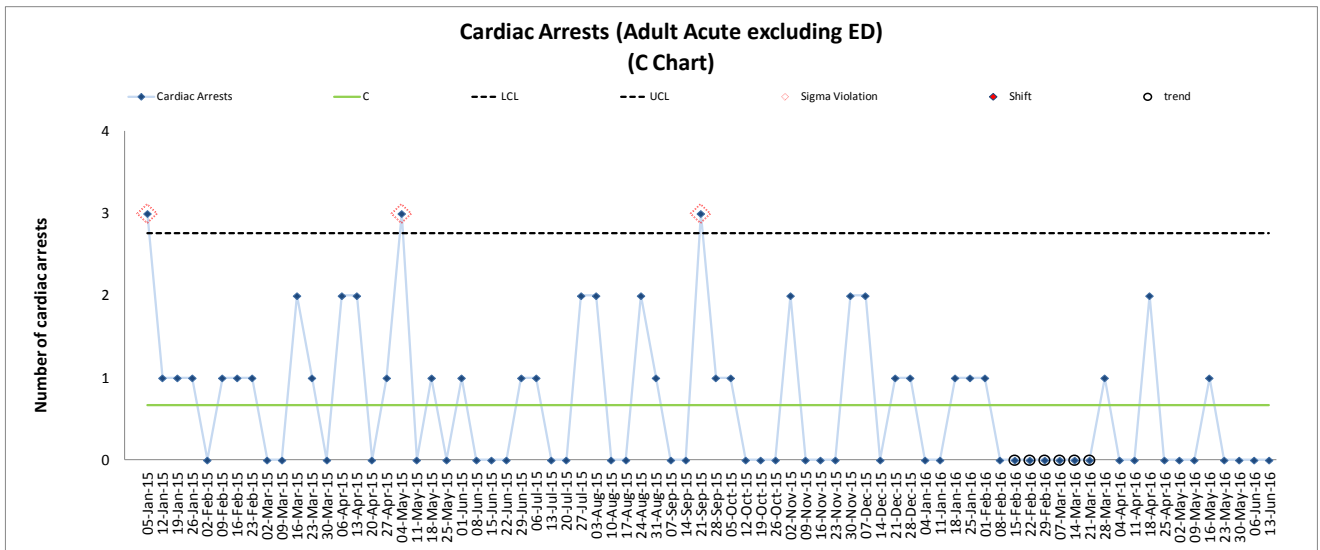
Summary

The following summary provides an overview of the main achievements, issues and improvements highlighted following the last report. Detail is contained within the Divisional reports submitted to the BGH and PACS Clinical Governance Groups.

Division	Adverse Events (including Significant Adverse Event reviews)	Complaints (including SPSO)	Risk
Planned Care	All SAER improvement action since 2013 reviewed 115 actions complete, 14 in progress (improvement action tracker on BGH Group agenda for noting)	All complaints and concern actions reviewed for 2015. 18 actions complete 1 action in progress and 11 new actions. (improvement action tracker on BGH Group agenda for noting)	All risks on register reviewed, action plans being finalised for end June 2016.
Unscheduled Care	88 (92 last month) events in holding 44 are overdue (78 last month) with 16 under review, 3 awaiting final review and 3 being approved.	Complaints improvement plan 33 actions with 10 complete, 5 in progress and 18 outstanding. SPSO cases 20145009 and 201404767 improvement plans progressing to timescale with ongoing review. 201502380 and 201406607 improvement plans completed and submitted to SPSO. Actions being progressed and regularly reviewed.	Following focussed work additional risks have been identified. 10 for review (3 last month), 2 being reviewed, and 18 received final approval.
Women and Child Health	Final draft of W31786 Respiratory Syncytial Virus (RSV) in Special Care Baby Unit – Complete. 3 instances of pressure ulcers under investigation – interim measures implemented pending outcome of investigation. 13 adverse events in holding with 6 currently under review.	Nil at time of writing	9 risks on risk register all have been reviewed. 3 are rated 'High'
Primary and Community Services	Community and Community Hospital: Nil at time of writing GP Adverse Events are dealt with by individual practices AHP: SAER – Speech and language Therapy missed referral – under investigation.		

Past Harm - Has Patient Care been safe in the past?

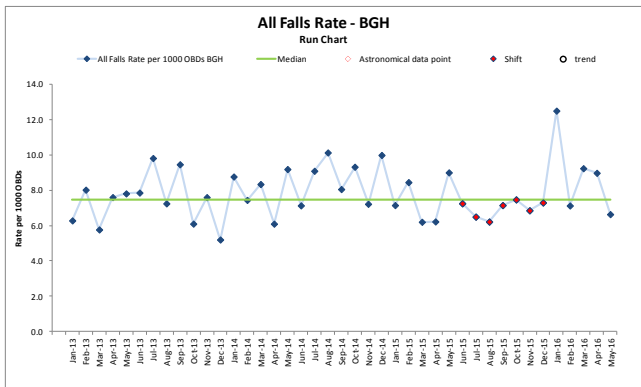
Cardiac Arrest



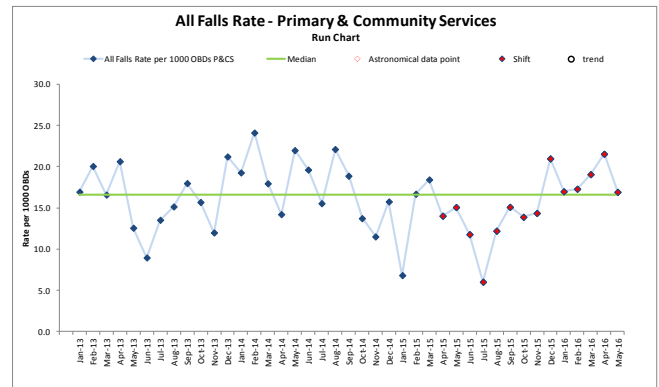
Cardiac arrests are monitored on a weekly basis and all are reviewed to monitor outcomes and assess learning. Our current data illustrates low numbers with no further astronomical data points or trends.

Falls

Our 'All Falls' data continues to show normal variation with individual areas focussing on specific actions for improvement in line with their local data.



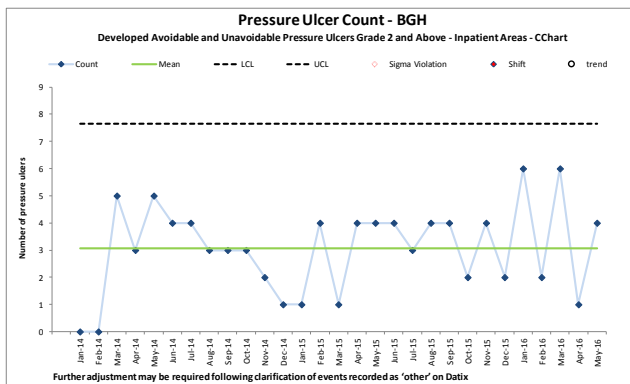
This chart shows a downward shift in the falls rate between June 2015 and December 2015, increasing in January 2016; now decreasing .



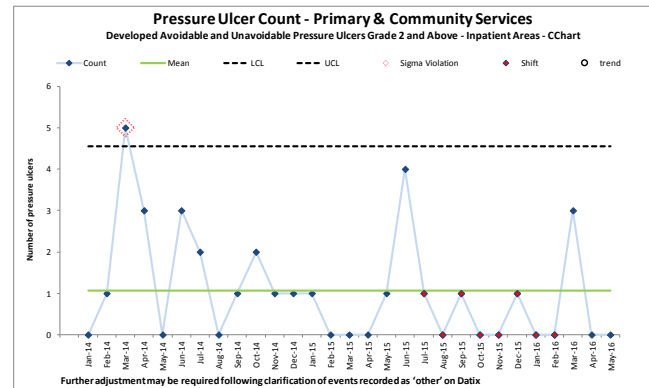
This chart shows a downward shift in the falls rate between April and November 15 and a subsequent shift above the median between December 2015 and May 2016.

Pressure Area Care

All pressure areas grade 2 – 4 are reported on Datix and a clinical review is then instigated to bring appropriate clinical expertise to the patients bedside in order to identify specific actions required for the individual.



This chart shows normal variation in pressure ulcers.



This chart shows a downward shift in the pressure ulcer count between July 2015 and February 2016.

Remote access to expert advice for complex wound management

As part of ongoing service improvement we are currently in discussion with NHS Fife to establish support for complex wound management and have also agreed the ability to access additional support from the Golden Jubilee. An escalation process and protocol is being finalised.

Reliability - Are our Clinical systems and processes reliable?

BGH and PACS Clinical Governance groups

There continues to be improvements in the quality of Divisional reports and submission from group members with plans for Unscheduled Care to reflect the same quality of narrative now consistently submitted by Planned Care and Women and Child Health.

As agreed at the May meeting this report starts with a summary of specific progress being made, action plans, learning and improvement in relation to Incidents, Significant Adverse Event Review, Risk Management and Complaints.

BGH

The Programme of Daily Monitoring and immediate rectification continues to provide a daily report for all inpatient areas within BGH, while working directly with medical staff and registered nurses to ensure that post audit feedback is actioned.

Standards expected to be achieved relate to:

1. AWI Bundle (AMT, 4AT, AWI section 47)
2. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
3. Nursing Bundle (NEWS, Food & Hydration (MUST), Tissue Viability (PURA), Falls, Patient Moving and Handling & Person Centred Care Planning).
4. A sheet specifically for documentation of 'Communication with patients, relatives and carers' has been introduced for MDT use.

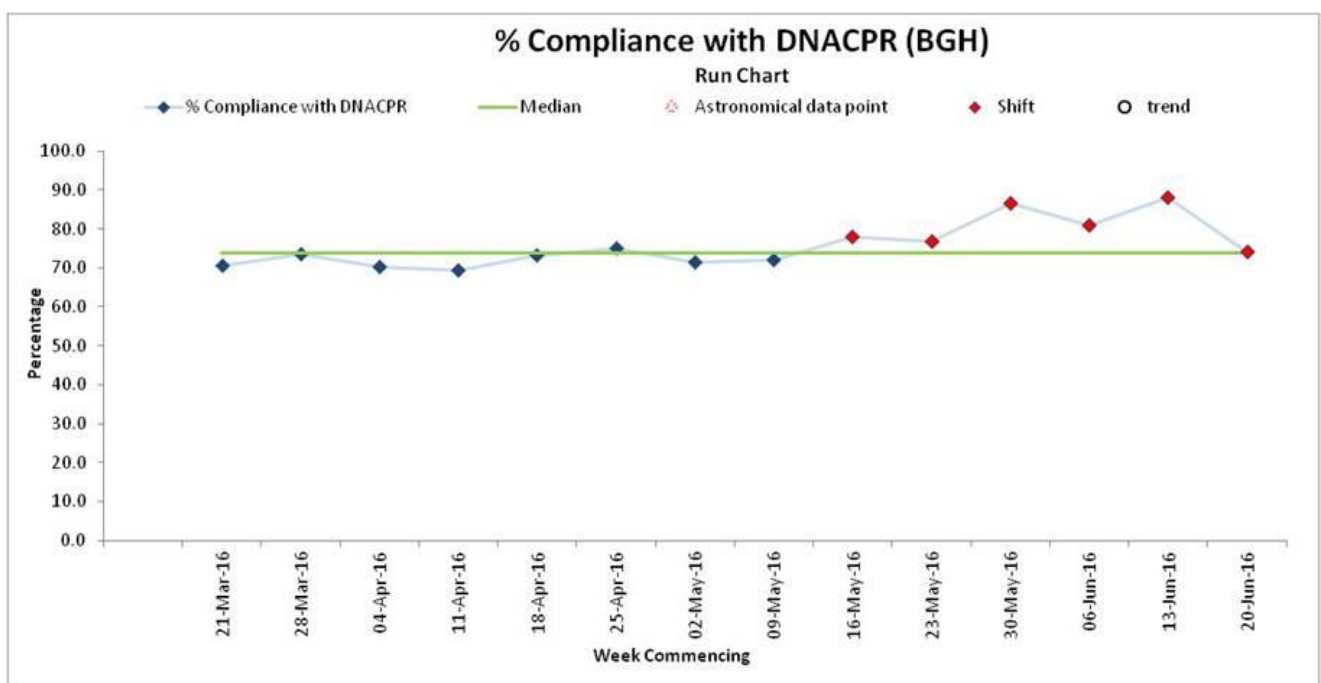
The daily report illustrated at the May meeting provides a combination of narrative about observations of auditors as well as a visual 'traffic light' summary. Run charts are provided

to individual wards for each component on a weekly basis and information illustrated across the hospital for each component are published with the daily report on a Friday.

As we are seeing extended periods of sustained improved practice we are reviewing our data to consider whether we can go to a model of sampling 5 patients per area and also involving Senior Charge Nurses in the collection and reflection of practice within their areas. From Monday 27 June auditors resumed auditing all patients within the BGH until we achieve sustained improvement.

We have also revised the methodology for assuring all issues identified are remediated immediately upon escalation or complete within 24 where this is not possible. All wards now keep their own issue logs and sign when an issue has been remediated, with a further sign-off by auditors the next day.

Work has been supported to explore whether our data is showing improvement. Initial consideration of DNACPR data, the run chart below illustrates aggregated BGH performance showing percentage compliance against DNACPR.

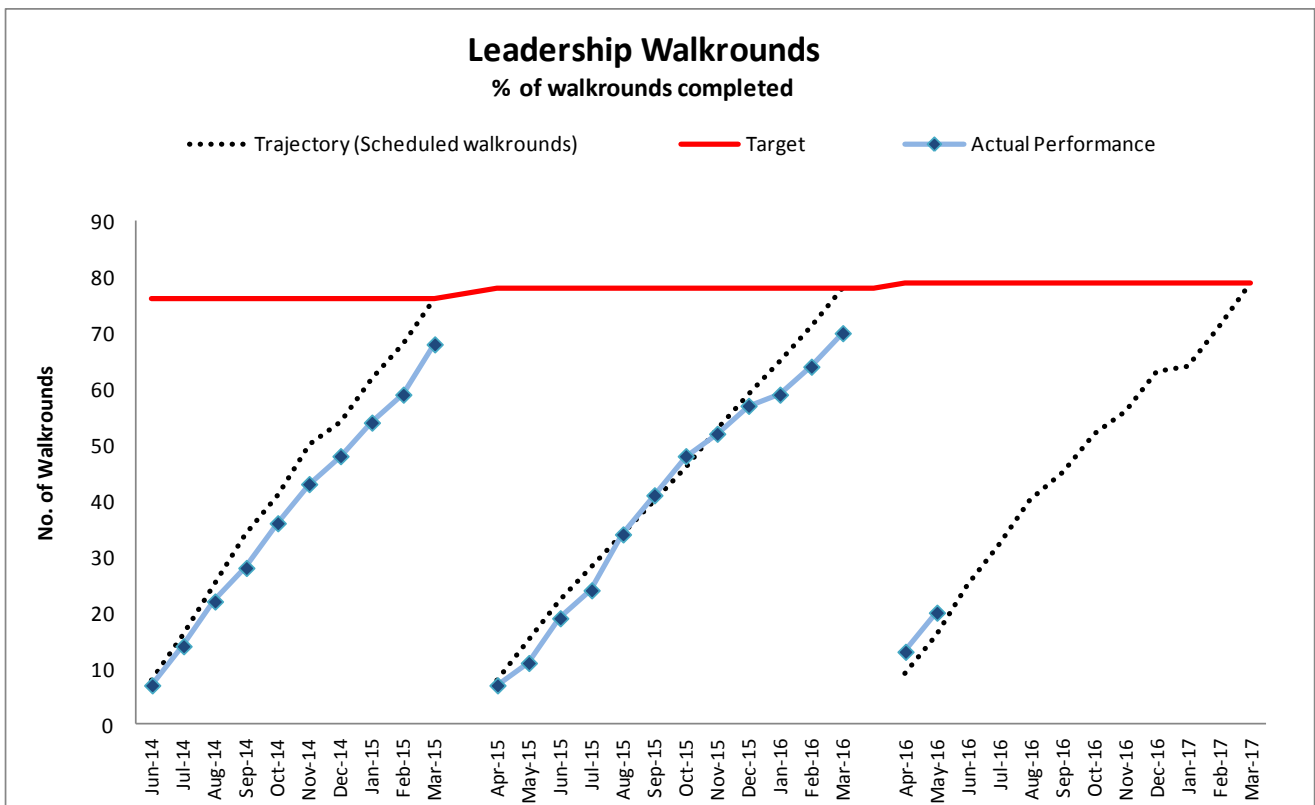


There has been a positive shift in performance over the last 6 weeks indicating improvement against this measure which was difficult to see in the daily analysis.

A copy of the Safety Measurement & Monitoring dashboard is attached as Appendix which provides an indication of performance against the remaining OPAH measures reported on a daily basis.

Executive Walkabouts

The programme of Leadership Walk-rounds and inspections is established with new dates programmed for the year ahead



This chart shows that performance continues to be below trajectory but has improved in August 2015

Sensitivity to Operations - Is care safe today?

Each morning a Hospital Safety Brief continues to be held in order to 'Look Back' to review safety, quality and patient flow for the past 24 hours and to 'Look Ahead' to anticipate, predict and plan for safety, quality and patient flow for the next 24 hours.

We have added Pressure Ulcer escalation to the brief with staff identifying if they have any patients in their areas with Pressure Ulcers grade two or above. This is then followed up by our Clinical Improvement Facilitators or Clinical Nurse Managers who ensure plans are in place and are being effective or whether a clinical review is required.

Anticipation and preparedness - Will care be safe in the future?

Older People in Acute Hospitals (OPAH)

As reported in May NHS Borders invited Healthcare Improvement Scotland (HIS) to undertake a proactive inspection of Older Peoples in Acute Hospitals. This inspection consisted of 2 elements including an unannounced OPAH inspection which took place between Tuesday 12 and Thursday 14 April, looking at standards of care against the 11 outcome areas within the Care of Older People Acute Care (2002) standards. In addition HIS held a review visit on the 26 April to discuss with a range of staff NHS Borders approach to learning from feedback and complaints, adverse events and from Borders cases investigated by the Scottish Public Sector Ombudsman. During the review visit on the 26 April the HIS team met with frontline staff including Senior Charge Nurse, Nursing and Medical Leads to discuss how they learn from feedback and events in their own areas, how they share this with their staff and what improvements have been made as a result.

In the post inspection feedback session the Inspectors specifically thanked all the staff for welcoming and accommodating this inspection and highlighted that all staff have shown

compassion, dignity and respect throughout this inspection. 25 Actions were identified and have been completed following the verbal feedback with and 9 further actions developed with expected completion by September 2016.

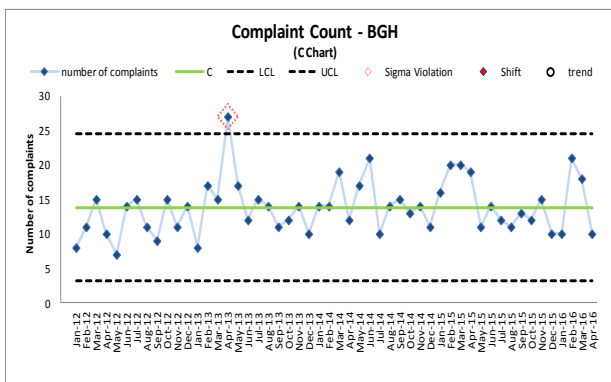
We received the Embargoed Report on Wednesday 29 June and have returned comments in relation to content and factual accuracy on Friday 1 July. We await further comment from NHS Healthcare Improvement Scotland.

Integration and learning - Are we responding and improving?

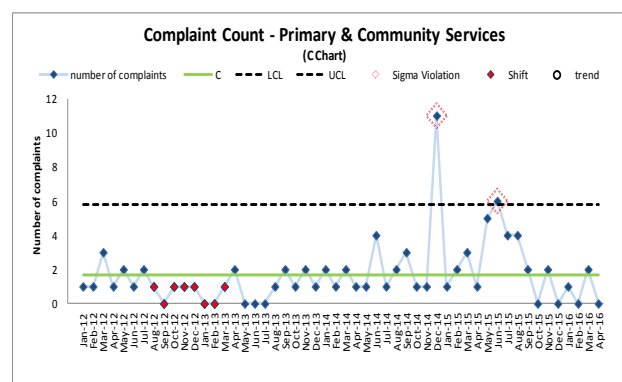
Complaints

Our last report highlighted the new complaint handling introduced from 1 November 2015 with an ongoing focus on local resolution and remediation, while aiming to reduce formal complaints.

This new approach continues to be monitored by both Clinical Governance Groups on a monthly basis.



This chart shows normal variation



This chart shows there have been 2 sigma violations in Dec 14 & Jun 15

Recommendation

The Board Clinical Governance Committee is asked to note the report and the assurance that robust governance systems are in place across Primary, Community and Acute Services.

Policy/Strategy Implications	There are no policy implications for the Clinical Governance Committee
Consultation with Professional Committees	Items have been discussed at BGH & PACS Clinical Governance Groups, with updates given to the PACS Clinical Board
Risk Assessment	There are no risk assessment implications for the Clinical Governance Committee
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None

Author(s)

Name	Designation
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Safety Measurement & Monitoring dashboard



Safety Measurement
& Monitoring Weekly |

When you open the dashboard if you click on the word “Reliability” you will be taken to the page containing the OPAH measures and then you can navigate to the individual charts by clicking on the grey globe next to the measure name.