

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Medical Director
Nurse Director

21 February 2017

Paper No: 17/06

Clinical & Care Governance: Overview Report

Recommendation:-

The NHS Board is asked to:

- Note the key messages,
- Advise on areas where further assurance may be required.

Purpose of Paper:-

This report has been developed to provide a short, illustrative summary of clinical governance as a basis for assurance for the key oversight groups. It should be noted there is a large range of more detailed reports being reviewed in the local clinical governance forums.

Key Issues to be considered:-

There are brief updates on the operation of:

- Clinical Risk Management (including insights from recent cross-service reports)
- Clinical Effectiveness (including confirmation of the management of a range of publications)
- Person Centred Care (including major themes from service user feedback)
- Activities aimed at developing clinical governance (including priorities for next year).

Any Patient Safety /Patient Experience Issues

Parts of this report relates to the clinical safety, describing the approach to improving safety, and to patient experience, describing some current feedback mechanisms.

Any Financial Implications from this Paper

None specified

Any Staffing Implications from this Paper

None specified

Any Equality Implications from this Paper

None specified

Any Health Inequalities Implications from this Paper

None specified

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

None specified

Highlight the Corporate Plan priorities to which your paper relates

The high level aim:

- improving quality, efficiency and effectiveness

And the supporting objective

- making further reductions in avoidable harm and in hospital acquired infection.

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Greater Glasgow and Clyde NHS Board

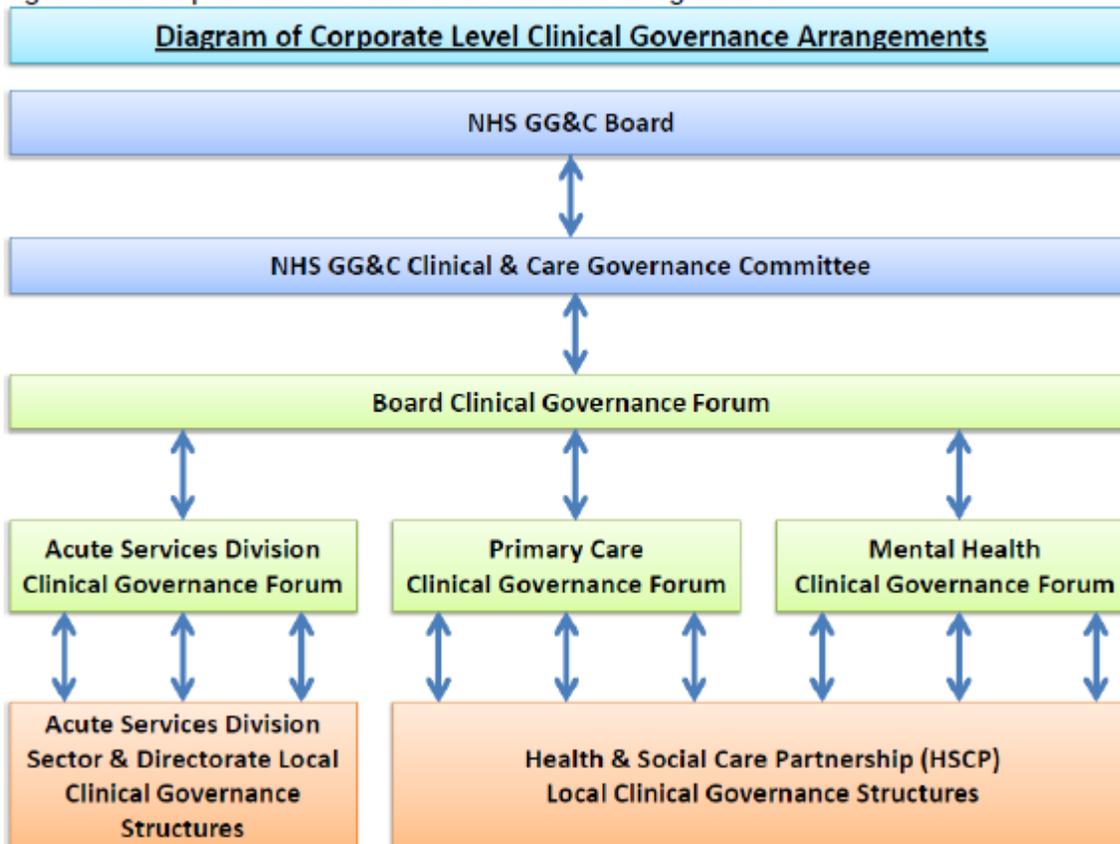
Paper 17/06

CLINICAL AND CARE GOVERNANCE: OVERVIEW REPORT (up to December 2016)

Introduction

The Health Act 1999 requires that NHSGGC; “put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals.” NHSGGC must satisfy this duty of quality through maintenance of dedicated arrangements, which includes effective collaboration with partner organisations. The Clinical Governance arrangements within the Board (outlined in figure one) have been set up to meet the Boards statutory “Duty of Quality”.

Figure one: Corporate Level Clinical Governance Arrangements



This report has been developed to provide a short, illustrative summary of clinical governance for the key oversight groups. It is structured around the main domains of clinical quality and governance, set out in NHS Scotland National Quality Strategy, as follows:

1. Clinical Safety
2. Clinical Effectiveness
3. Person Centred Care
4. Clinical Governance system and leadership, including
 - Developing Capability for Quality Improvement
 - Information and IT for clinical governance

It should be noted there is a large range of more detailed reports being reviewed in the local clinical governance forums. This report is limited to a description of key points on progress and challenges arising from the more extensive activities across the clinical governance arrangements. As part of corporate assurance for clinical governance a version of this report is initially considered at the meetings of the Board Clinical Governance Forum. A developed version is then provided to each of the quarterly meetings of the Clinical and Care Governance Committee.

The Board of NHS GG&C is asked to;

- Note the key messages,
- Advise on areas where further assurance may be required.

1. Clinical Safety

“Clinical risk management specifically is concerned with improving the quality and safety of healthcare services by identifying the circumstances and opportunities that put patients at risk of harm and then acting to prevent or control those risks”. (World Health Organisation Patient Safety Guide)

The following simple four-step process is commonly used to manage clinical risks:

1. Recognise and report adverse events leading to patient harm;
2. Review events (using Root Cause Analysis) to identify how harm could be prevented;
3. Implement changes that can improve that safety of clinical care;
4. Monitor the progress in reducing clinical risk.

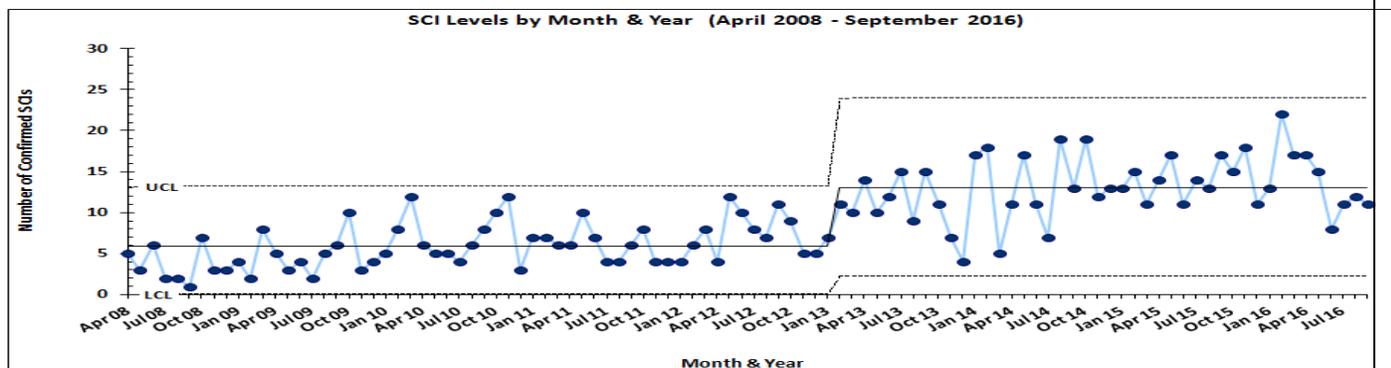
In NHS GG&C clinical incident reports are made through an electronic system (Datix). There is a tiered approach to incident review with the most robust investigation undertaken for events falling within the definition of Significant Clinical Incidents. Each (SCI) investigation is tracked from the initial report through a managed process to confirmation that any resulting actions are complete.

The cross-Board monitoring of clinical risk management is supported by two key reports, one covering the Acute Services Division and one covering Health and Social Care Partnerships. These are produced on a quarterly basis.

Clinical Risk Management (Acute Services Division)

The ASD Clinical Risk Quarterly Report for the period Jul-Sept 2016 was reviewed in full at the December meeting of the ASD CG Forum. Key points included:

- The level of Significant Clinical Incidents (SCIs) reporting has steadily increased over the past years and now appears to have levelled off. Reporting rates are affected by many factors and can be variable, as can be in the next chart monthly levels. A major contributor of the gradual rise is the increased likelihood of clinicians and managers to report events as SCIs. Within the overall picture there are also improvements in the safety of clinical systems where we observe reductions in certain types of events.



- It was noted that the North sector has reported lower than normal numbers of SCIs for the last 2 quarters. A review of reporting data did not identify any explanation of this change. The Chief of Medicine confirmed he is following this up with further inquiries through the clinical leads.
- SCI investigations will often result in an action plan, with actions tracked until they are confirmed as complete. It was noted that the Division has been completing actions at a greater rate. In recognising this improvement it was also emphasised that to maintain this local leads need to ensure action plans continue to be reviewed regularly.
- A key function of the report is to draw out cross-system themes and a range of specific incident types were considered at the meeting to raise clinical risk awareness across services.

Clinical Risk Management (Partnerships)

The Partnerships Clinical Risk Quarterly Report for the period Jul-Sept 2016 was reviewed in full at meetings of Partnership forums and then presented to the December meeting of the Board Clinical Governance Forum. Key points include:

- 75% of actions generated from SCIs investigations taking place since May 2014 are reported as completed.
- Mental Health incidents are the most common SCIs in Partnership settings. This is partly the result of the policy that all suicide events for patients in contact with mental health services are considered to be an SCI.
- When looking specifically at primary care settings the most frequently reported category is 'other incidents' category, which included child protection issues, sudden illnesses and unexpected deaths where patients are found dead at home.
- Cross system learning was identified for Primary Care relating to the recognition of sepsis and potential limitations in the use of diabetic meters. These have been highlighted to every GP practice in NHS GG&C

The Management of Significant Clinical Incidents Policy has been revised and issued as part of a consultation to update the policy. There are some key areas that services were asked to consider further as part of this review; maintaining high quality of investigation reports is a natural focus given our need to identify learning but we should be mindful of the increasing need to share findings with other agencies and patients, ensuring the appropriate scope of investigation to take account of cross system events, to operate effectively in joint settings within HSCPs, and enhancing cross system learning. There has been a significant response, which is currently being considered, and it is expected the new policy will be published in April 2017.

It was noted that the duty of candour regulations are now likely to be published in April 2018. NHS GG&C is setting out its strategic leadership requirements in line with the introductory guidance recently provided by Scottish Government.

The national SPSP conference was held on 29th November 2016. Examples of improvement work from NHS GG&C were referenced on the main stage and staff supported the national conference by presenting and facilitating in the conference breakout sessions.

2. Clinical Effectiveness

There are quarterly Clinical Effectiveness summaries provided for review by the key clinical governance structures. This section covers the reports also considered at the October meeting of the Board Clinical Governance Forum. It reflects three well established organisational processes for

- a) The maintenance of an electronic repository of clinical guidelines,
- b) Consideration of the implication of new national clinical standards or guidelines
- c) A tracking process for a range of national publications reflecting the quality of clinical care which ensures they are fully considered and action are progressed.

Key area of work	Summary of current position
NHSGGC Clinical Guideline Framework & Directory	<p>387 clinical guidelines have been posted onto the Clinical Guidelines Electronic Resource Directory since the launch of the system May 2012; this is an increase of 48 since the last report tabled in June 2016.</p> <ul style="list-style-type: none"> • 113 new clinical guidelines. • 82 clinical guidelines migrated from the clinical information site. • 192 migrated from NHSGGC Staffnet Pages. <p>Of the 387 clinical guidelines posted onto the Clinical Guideline Directory:</p> <ul style="list-style-type: none"> • 309 (80%) clinical guidelines are current and valid. • 57 (15%) clinical guidelines are due for review • 21 (5%) clinical guidelines have breached their review date, liaison with authors and approval groups are underway to resolve this. <ul style="list-style-type: none"> • Total No of Hits to Guideline Directory homepage in August 16 = 3981 • Total No of Distinct Users in August 16 = 2000 <p>The top 3 guidelines accessed via the directory in August 16 are:</p>

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Key area of work	Summary of current position		
	No	Guideline Title	No of Times Requested
	1	gentamicin dosing calculator adults.xls	2103
	2	vancomycin dosing calculator, adults.xls	788
	3	empirical antibiotic therapy, infection management, adults.pdf	284
Impact Assessment of National Guidance published up to and including August 2016	<ul style="list-style-type: none"> • 5 NICE Interventional Procedures Guidance (IPG) impact assessments have been impact assessed since the last report and are outlined on Appendix 1, page 3. • There are 12 NICE Interventional Procedures Guidance (IPG) impact assessments in progress. • There are 6 National Guidance impact assessments in progress <ul style="list-style-type: none"> ○ HIS Standards for Complex Nutritional Care ○ HIS Standards for the Management of Hospital Post-Mortem Examinations ○ Scottish Intensive Care Society (SICS) Quality Improvement Group Minimum Standards and Quality Indicators for Critical Care in Scotland ○ SIGN 145: Assessment, Diagnosis and Interventions for Autism Spectrum Disorders (ASD) ○ SIGN 147: Management of Chronic Heart Failure ○ SIGN 148: Acute Coronary Syndrome 		
Tracking Clinical Quality Publications	<p>94 clinical quality publications have been identified for tracking since January 2014</p> <ul style="list-style-type: none"> • 26 publications are currently under review by services (Appendix 2). <ul style="list-style-type: none"> • 19 are still within the 6 month timeline for review and response. • 7 are out with the 6 month time line for review, six of which relate to cancer audit publications. A meeting has been arranged between the Clinical Governance Support Unit and the General Manager for Cancer Services to discuss and agree the corporate assurance process for cancer related publications. <p><u>Reviewed and Closed Clinical Quality Publications</u></p> <p>5 publications has been reviewed and determined as closed since the last report presented in June 2016</p>		

Key area of work	Summary of current position
	<div data-bbox="472 285 1411 520" style="border: 1px solid black; padding: 5px;"> <p>1: Endometrial and Cervical Cancer Key Outcome Measures Clinical Audit Data: 01 January 2014 and 30 September 2014</p> <p>The action plan was completed and submitted to the MCN on 04/07/2016.</p> </div> <div data-bbox="472 579 1411 774" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>2: Breast Cancer Quality Performance Indicators Clinical Audit Data: 01 January 2014 to 31 December 2014</p> <p>The action plan submitted to the MCN on the 31/03/2016.</p> </div> <div data-bbox="472 835 1411 1262" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>SBAR Summaries were discussed at the ASD CG Forum on the 15th August 2016 for the following publications, and are tabled at the Board CG Forum are provided for information and assurance</p> <p>3: MBRRACE-UK Perinatal Mortality Surveillance Report (Including supplementary report published on 1st November 2015)</p> <p>4: Scottish Trauma Audit Group: Audit of Trauma Management in Scotland 2015 Reporting on 2013 – 2014</p> <p>5: Audit of Critical Care in Scotland (2015) Report</p> </div>

3. Person Centred Care

Overview of Feedback

The “Putting Patients First” paper provides summary details of patient feedback provided from August 2016 to September 2016. In line with our requirements under the Patient Rights Act, NHSGGC seeks and welcomes feedback from all patients, carers and other users of our services. There are three centrally supported methods of feedback that complement that gathered by teams or departments locally; these are Universal Feedback, NHSGGC Patient Feedback and Patient Opinion.

Universal Feedback

Universal Feedback is a process to offer every inpatient on a ward a comment card at the point of discharge. It asks patients’ if they would recommend the ward to their families or friends and why they hold this view.

NHSGGC Online Patient Feedback

NHSGGC Online Patient Feedback is hosted on our public website and provides a way for service users, carers and the wider public to share their healthcare experiences with NHSGGC.

Patient Opinion

Patient Opinion is an online, public resource run by an external organization that is designed to allow people to share their experiences of healthcare in a public forum, and to allow an open dialogue with the Health Board. The website can be accessed via the following link: <https://www.patientopinion.org.uk/>.

The following table contains a summary of the comments received via these three methods, broken down as to whether the comment was positive or negative.

Positive/ Negative Feedback by Method and Directorate/Sector

	Patient Opinion		NHSGGC Patient Feedback		Universal Feedback	
	+	-	+	-	+	-
South	15	13	35	31	344	17
North	9	3	18	8	341	35
Clyde	10	5	12	6	582	28
Regional	13	2	7	3	128	3
Obs & Gynae	2	5	9	-	158	11
Paediatrics	3	1	4	7	- *	- *
Facilities	1	5	12	32	- †	- †
Diagnostics	3	1	4	5	- †	- †
TOTAL	56	35	101	92	1553	94

* Paediatrics not currently participating in Universal Feedback

† Universal Feedback is a ward-based measure, however any issues raised which relate to Facilities or Diagnostics are fed back to them via the monthly patient experience service improvement reports. Overall, 89% of the total feedback received in the period August 2016 to September 2016 was positive. There has also been an increase in the proportion of positive feedback from the two online methods, at 51% positive in comparison to 40% positive in the last period.

The Person Centred Health and Care Programme

The Person Centred Health and Care Programme summary report was considered by the Board Clinical Governance Forum at the December 2016 meeting. The report provides an update on key findings from patient feedback and the improvement plans for two parts of the local programme: the Care Experience Improvement work at Langlands Unit, QUEH and the 'Real-Time' Care Experience Pathway Project (which is an externally supported project part funded by Healthcare Improvement Scotland). Although the majority of feedback is positive two themes appear as a consistent challenge across the feedback; patient information and communication.

4. Clinical Governance structure, leadership & developments

The Medical Director commissioned an independent review of clinical governance arrangements by the internal auditors. The fieldwork conducted in spring 2016 identified areas of further improvement which were set out in an action plan. The plan has now been reviewed and confirmed as complete via the clinical governance arrangements. This confirms that the clinical governance structure and policy framework has been fully re-established following on from the organisational changes in mid-2015.

The Clinical Governance Support Unit (CGSU) has reviewed the support and reporting processes for the implementation of the Scottish Patient Safety Programme (SPSP). The SPSP review provided reassurance on consistency of general support to the key priorities. An adjustment to the reporting schedule was agreed. This takes account of the new Clinical and Care Governance Committee's role and a reduction in the frequency of reports being provided to Healthcare Improvement Scotland.

There is an engagement process with key internal stakeholder to explore the further development of clinical governance and clinical quality improvement. A launch event enabled almost sixty leaders, including Chief Executive, HSCP Chief Officers, Acute Service Directors and many clinical leads, to consider a set of priority action areas for the forthcoming years. The initial reaction from participants was positive. An analysis of feedback has been developed, and is being subjected to further consultation, with the expectation an action plan will be agreed for the forthcoming year 2017/2018. Areas where there was greatest consensus were as follows:

1. We should make better real time use of clinical data to enable clinical quality management and evidence based decision making.
2. We should coordinate plan to develop and deploy the existing quality improvement expertise more effectively.
3. We should think and cooperate more systemically, to reflect how patients experience quality across care pathways

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To support the greater use of data for clinical quality management a number of Board staff recently met with ISD to review national databases. There is a shared interest in developing these products (most notably NSS Discovery) to support local quality improvement and management. The meeting identified a number of actions for ISD to facilitate easier access and better presentation of data. The Deputy Medical Director is leading a process to exploit the benefits of the ISD products as part of Boards eHealth strategy.