NHS
Greater Glasgow and Clyde

Clinical Governance Annual Report

APRIL 2021 – MARCH 2022

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1 Introduction

1.1 What is this report for?

Each year the Board provides an annual report describing its clinical governance arrangements and the progress it has made in improving safe, effective and person-centred care.

This report presents a small selection of the activities and interventions, so is illustrative rather than comprehensive. It is important to note that there is substantially more activity at clinician, team and service level arising from the shared commitment to provide high quality of care.

2 Clinical Governance Arrangements

2.1 Clinical Governance in NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde's purpose is:

To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service.

The current healthcare governance arrangements consist of a Clinical and Care Governance Committee which is a standing sub-committee of the main Board and is led by Non-Executive Board members who take an overview of healthcare quality and clinical

governance. The role of the non-executive Board members is to seek assurance that NHSGGC have formal arrangements that work effectively to safeguard patients and to continually improve the quality of care we provide.

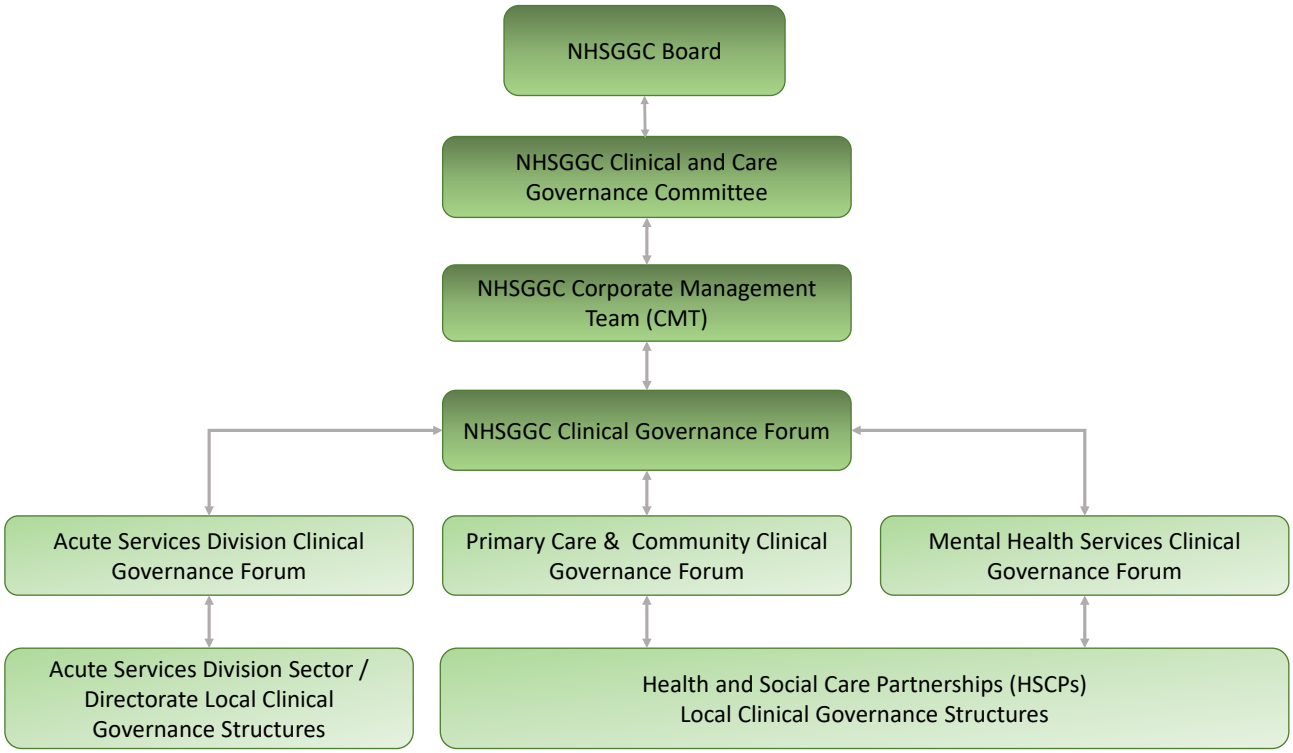


Figure 2.1 – Clinical Governance Structure

The Board Medical Director is the Executive Lead for Clinical Governance and the Board Nurse Director is the Executive Lead for Healthcare Quality Strategy.

The Clinical and Care Governance Committee and Board Clinical Governance Forum receives reports from the key service areas as well as a range of thematic reports on issues relating to clinical safety, clinical effectiveness and person-centred care which includes feedback and complaints and the wider patient and carer experience perspective. In addition, individually commissioned reports and local service updates are also considered as part of the broader assessment of the effectiveness of the arrangements.

Health and Social Care Partnerships (HSCPs), Acute Sectors and Directorates have their own Quality and Clinical Governance Forums, which are in turn linked with other groups at specialty and sub-specialty level. This broad network provides significant opportunity for local teams and managers to contribute to the agenda.

2.2 The Board Clinical Governance Forum

The agenda of the Board Clinical Governance Forum contains a set of regularly reviewed topics and responds to specific items of interest. In the last year the items which were routinely discussed as part of the meetings were:

- Clinical Risk Management
- Public Protection

- Prison Healthcare
- Clinical Guidelines
- Safe, Effective, Person Centred Care
- Scottish National Audit Programme (SNAP)
- Hospital Standardised Mortality Ratio (HSMR)
- Mental Health
- Acute Services
- Primary Care and Community
- Pharmacy Prescribing and Support Unit – Including Area Drugs & Therapeutics Committee, Controlled Drug Governance
- Unscheduled Care Redesign
- Research & Innovation
- Infection Prevention and Control

2.3 Clinical Governance - COVID-19

Meetings of the Board, Acute, Mental Health and, Primary and Community Care Clinical Governance Groups have been maintained during 2021-2022. Services continue to experience medical/nursing staffing and service pressures across both inpatient and community settings due to both vacancies and the impact of COVID-19 on clinical demand and staff absences. COVID-19 has undoubtedly had an impact on a number of key areas in relation to clinical governance and these are described within the body of this report. Despite the challenges, this reports also includes a range of successes over the past 12 months.

3 Key messages

Safe Care

- The usual clinical risk management arrangements were maintained throughout the period from April 2021 to March 2022.
- A standard approach has been implemented across NHSGGC to quality assure significant adverse event reports.
- In 2021/22, NHSGGC saw a rise in the number of SAERs awaiting a commissioning decision. There has also been an overall increase in the delays to both commissioning and concluding SAERs. Work is underway to review and reduce SAER delays across NHSGGC through the use of the Datix dashboard, improvement plans and increasing the number of staff trained in Root Cause Analysis (RCA).
- There were 23 incidents where Duty of Candour applied. Full compliance was achieved for all concluded duty of candour incidents.
- A review and consultation of the NHSGGC Duty of Candour Policy was concluded and the revised policy was implemented in October 2021. 129 staff within NHSGGC have completed the NES Duty of Candour Course between April 2021 and March 2022.
- A review and consultation of the NHSGGC Consent Policy on Healthcare Assessment, Care & Treatment was concluded and the revised policy was implemented in October 2021.
- Datix is the NHSGGC integrated incident, risk management and patient safety system. The support and maintenance contract with Datix has been renewed until May 2023 while a full procurement exercise is undertaken to purchase a replacement system.

Effective Care

- Quality Improvement programmes across Acute Services, Mental Health and Primary Care were remobilised through the period April 2021 to March 2022. The key focus was to develop the infrastructure and engage with clinical and managerial leads with regards priorities for quality improvement.
- NHSGGC Quality Improvement Capability Plan 2021-23 was approved by the Healthcare Quality Strategy Oversight Group in October 2021. As part of the delivery of the plan, over 1000 staff across NHSGGC completed the Quality Improvement Fundamentals Learnpro module since its launch in February 2021. 14 cohorts of the Scottish Improvement Foundation Skills (SIFS) virtual quality improvement training was delivered to 173 staff across NHSGGC. 5 successful NHSGGC candidates secured a place on the National Scottish Quality & Safety Fellowship Programme.
- NHSGGC maintains a framework for the development, review and approval of clinical guidelines. One of the areas for development was the move for clinical guidelines to be accessible on the Right Decision Platform, this work has now been concluded. The platform has been developed and launched to provide a central repository to

access all NHSGGC clinical guidelines, and is intended as a reference source for clinical staff.

- Processes to develop and review clinical guidelines remain in place. As a result of specific challenges related to COVID-19 and the recovery period, the number of breached guidelines has increased, these are guidelines which have gone beyond an agreed date without review. As at 31st March 2021, there were 773 clinical guidelines on the platform, 69% of which are within their review date. Actions have already been put in place to reduce the number of breached guidelines (warning banners on the guidelines themselves; revised escalation process; support to lead authors/ governance groups) and the year ahead work will be taken forward to review and improve the processes for review of clinical guidelines, with the aim of reducing the number of breached guidelines to below 5%.
- NHSGGC Framework for Addressing Clinical Quality Publications was reviewed, approved and republished in November 2021.

Person-Centred Care

- A Visiting Review Team was established to ensure a consistent and robust approach to all visiting reviews during COVID-19 and provide strategic oversight and governance of the decision-making process.
- All hospital visiting guidance in NHSGGC during COVID-19 has been developed with the intention to support the local application of national guidance from Scottish Government for hospital visiting and alignment to The Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control (IPC) Addendum to underpin the importance of the key principles of person-centred visiting (PCV) whilst balancing the risks proportionately with the rights, wellbeing and safety of all concerned at its heart.
- To enhance compliance with information governance and data protection guidance NHS Near Me (Attend Anywhere) has been adopted as the tool, of choice for Person Centred Virtual Visiting (PCVV) for patients and family members to stay connected with those who mattered most to them.
- Extensive engagement undertaken to listen and learn from experiences of patients, their families, carers, and staff. This has informed the development of NHSGGC core principles for person-centred care planning which are now being used to inform the design of our testing and development stage of this work objective.

4 Safe care

4.1 Summary of Key Achievements

Safe care: Key Achievements 2021-22

- Review and internal and external consultation of the NHSGGC Duty of Candour Policy which was published in October 2021.
- Review and consultation of Consent Policy on Healthcare Assessment, Care & Treatment which was published in October 2021
- Acute Services Division Significant Adverse Event Review Quality Assurance process developed and group established to ensure a standard quality of reporting on SAERs throughout NHSGGC
- Datix dashboards to support staff in managing their adverse events has been developed and are accessible to all users.

4.2 Introduction to Clinical Risk Management in NHSGGC

For the majority of patients requiring healthcare, NHSGGC provides high quality healthcare that is person-centred, effective and safe. In line with the experience of all healthcare systems across the world, on occasion patients will suffer harm whilst being cared for. NHSGGC seeks to minimise the frequency and degree of such instances of patient harm through an approach collectively described as clinical risk management.

"**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, 2019).

Healthcare Improvement Scotland National Framework for Adverse Events describes a six-stage process of adverse event management:

1. Risk assessment and prevention
2. Identification and immediate actions following an adverse event, including consideration of duty of candour
3. Initial reporting and notification
4. Assessment and categorisation, including consideration of duty of candour
5. Review and analysis
6. Improvement planning and monitoring

In NHSGGC, clinical incident reports are recorded 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 Adverse Events (SAE). Each SAE Review (SAER) is tracked from the initial report through a managed process to confirmation that any resulting actions are complete.

4.3 Review of the Policy and Procedure Duty of Candour Compliance

The Board maintains a policy on Duty of Candour which is informed by the requirements set out in The Duty of Candour procedure, and regulations in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill (2016) implemented in April 2018.

NHSGGC Duty of Candour Policy was reviewed in 2021 and the following changes came into effect from October 2021:

- Change of language from patient safety event to unintended/unexpected incident.
- Link to Scottish Government guidance providing advice on different reporting procedures for health and social work.
- Healthcare Improvement Scotland examples provided.
- A scope section was added in line with policy development framework.

A recommendation in the Queen Elizabeth University Hospitals/NHS Greater Glasgow and Clyde Oversight Board was made in relation to Duty of Candour. Specific work was undertaken with the Infection Control and Prevention Team to develop an agreed process for the consideration of duty of candour within an incident management process. Following testing an agreed process was developed and is included within the Infection Prevention & Control Team (IPCT) Incident Management Process Framework.

4.4 Review of Consent Policy on Healthcare Assessment, Care & Treatment

The NHSGGC Consent Policy on Healthcare Assessment, Care & Treatment is intended to protect the rights of patients and ensure good clinical practice is followed to confirm shared decision making for healthcare interventions. By doing so, patients will receive the treatments and care of most benefit to them personally.

The policy and the two associated LearnPro modules were reviewed in 2021. The following changes came into effect from October 2021.

- Updated to reflect changes in practice such as remote consultations
- Policy review reflected General Medical Council (GMC) Guidance and the Seven Principles of consent and decision making from GMC Guidance.
- Format was amended to ensure adherence to NHSGGC Policy Development Guidance
- Realistic Medicine principles were included such as adding BRAN questions cards from Realistic Medicine Chief Medical Officer Report 2020. BRAN questions help patients make an informed choice about their test and treatment options. The questions are:
    - What are the Benefits?
    - What are the Risks?
    - What are the Alternatives?
    - What if I do Nothing?
- The language changed from ‘good practice’ to ‘must’ for obtaining written consent in specific circumstances listed in the policy.

4.5 Quality Assurance of Significant Adverse Event Review Reports

NHSGGC have quality assurance groups in place to review completed SAER reports to ensure they meet SAER policy requirements. These divisional groups review all SAERs to ensure a standard quality of reporting across NHSGGC. The members communicate with commissioners (management teams) of the reviews to provide guidance and support to improve the quality of the SAER reports.

4.6 Significant Adverse Event Reviews (SAERs)

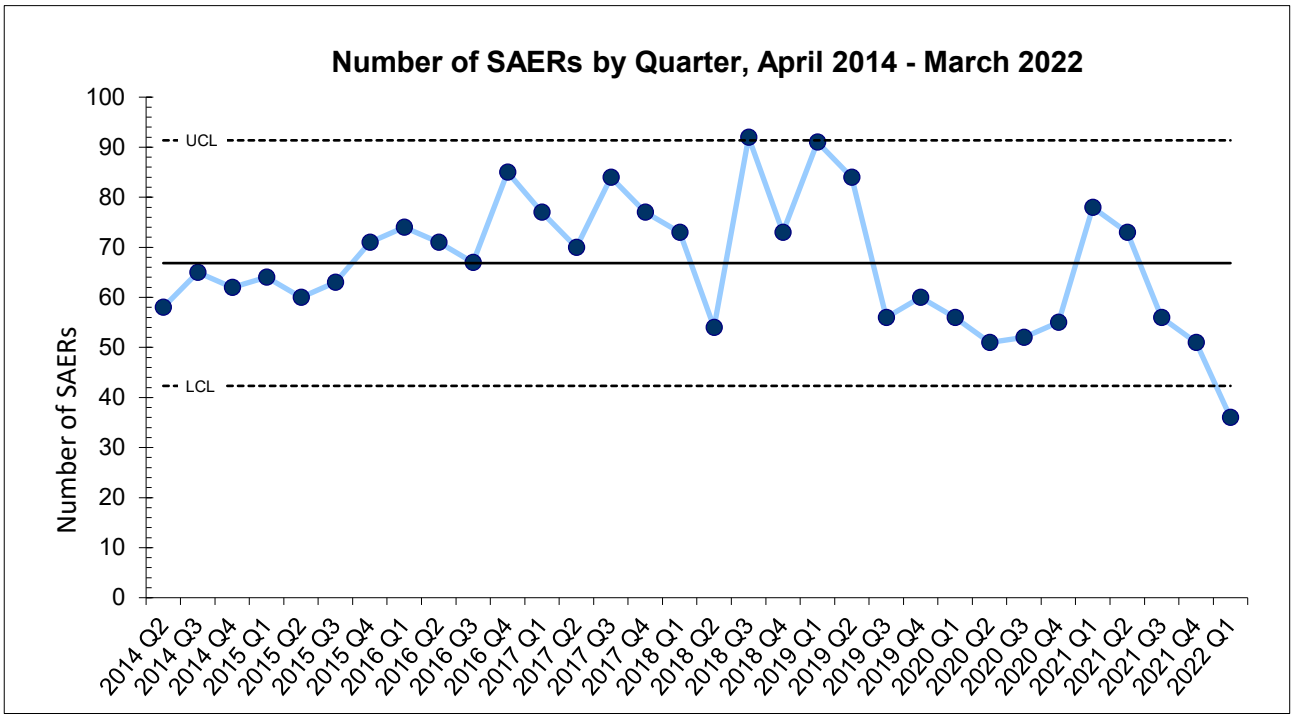
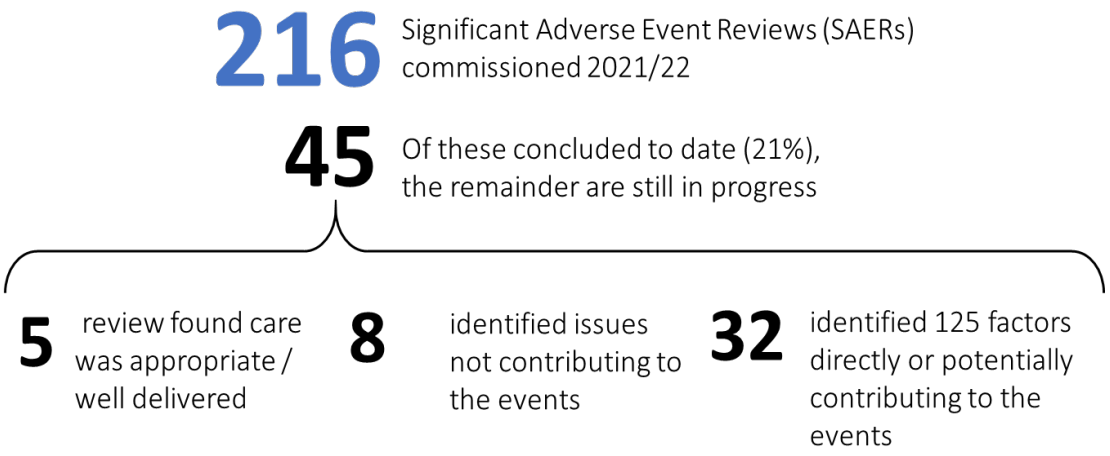


Figure 4.1 – Number of Significant Adverse Event Reviews per quarter from 2014 to 2022

Figure 4.1 shows the number of SAERs from April 2014 to March 2022. There were 216 clinical incidents that triggered SAER with an incident date occurring between April 2021 and March 2022. This is an increase of 9 from the previous year. There are 108 incidents awaiting a decision on whether to commission a SAER with an incident date in Q1 2022 therefore the number of SAERs commissioned may rise.

In 2021/22, NHSGGC saw a rise in the number of SAERs awaiting a commissioning decision. There has also been an overall increase in the delays to both commissioning and concluding SAERs, the reasons for which are multifactorial, with COVID-19 undoubtedly having an impact. Work is underway to review and reduce SAER delays across NHSGGC through the use of the Datix dashboard, improvement plans and increasing the number of staff trained in Root Cause Analysis (RCA).

The following graphic summarises the progress of SAERs to date.



4.7 Contributory factors and thematic analysis from SAERs

Contributory factors are those factors which affect the performance of individuals whose actions may have an effect on the delivery of safe and effective care to patients and hence the likelihood of Care Delivery Problems (CDP) or Service Delivery Problems (SDP) occurring.

Contributory factors and themes from closed SAERs are reported and a summary of the top 12 most common contributory factors is provided in Figure 4.2

Figure 4.2 – Top 12 SAE Contributory Factors 2021-22

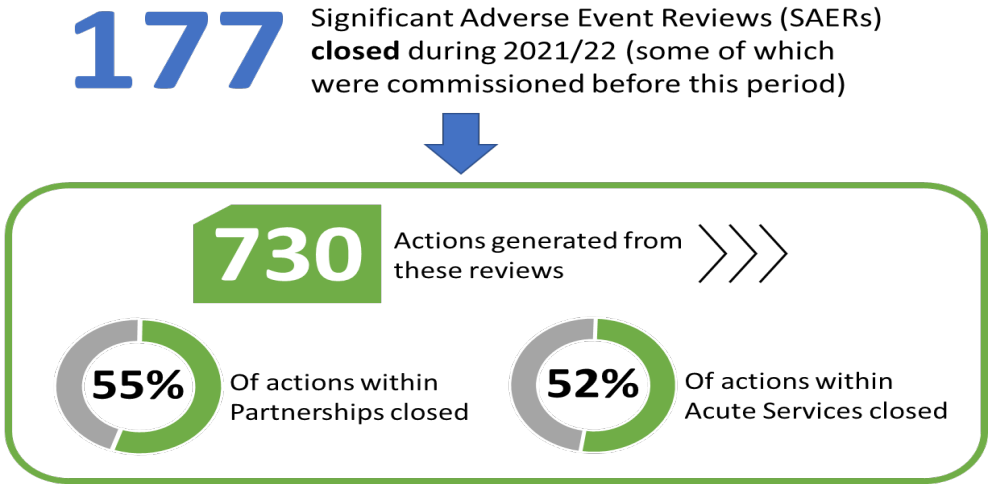
The most common factors are consistent with those identified in 2020/21 these are

- Communication failure with other staff within the Team / Social / Communication domain

- Communication issues can be found throughout a typical timeline for a SAER. Typical places of increased risk are at the interfaces between services, such as at referrals and handovers.
- Care planning can be found in a number of SAERs where risks may be identified but there can be a deficiency in person-centred care plans.

- Guidance Not Followed within the Task domain
  - In many cases guidance not followed is seen alongside individual factors concerning knowledge, training and understanding, and new/unfamiliar tasks. The prevalence of this factor may relate in part to the deployment of staff into areas where they do not normally work. It is also seen alongside factors related to staffing and workload, where elements of guidance have been missed.

4.8 Recommendations from SAERs



Services across NHSGGC have a responsibility to develop action plans considering any recommendations from all SAE reports. A completed action plan should be recorded on the electronic reporting system. Services must ensure a robust process is in place to monitor completion of actions including updating of the electronic reporting system on completion of all actions.

A selection of completed actions from key recommendations from closed SAERs are;

- A scribe sheet was developed for resuscitation trolleys to allow identification of concerns during a crash call to be identified and resolved quickly. This was in response to an event where a patient was given the incorrect drug during a cardiac arrest call. The patient was not harmed as a result of the event.
- Local improvements have been implemented within the Public Dental Service after an event. Contributory factors identified include poor clinical handover, a lack of confidence in challenging the treatment plan provided by a senior member of staff, and limited access to clinical notes. The first improvement is an update to the

induction for Core Trainee Dentists. The induction process now includes difficult discussions with senior staff, as well as guidance on the Duty of Candour process. The second improvement relates to dentists' preparation and communication prior to treating a patient. This includes allocating adequate time to review clinical records prior to treatment and providing a full handover if another dentist is asked to provide care to a patient they have not seen previously.

- As a result of a fall, bedrail guidance in use across Acute Services was adapted and implemented across community services.
- Board-wide actions have been implemented relating to the care of children with complex needs. These improvements include:
    - Lead Health Professional (LHP) introduced to co-ordinate healthcare plans and contribute to multi-agency process (e.g. Child Protection), where required.
    - Children's Health Services Complex Care Management Protocol introduced which includes the use of Team Around the Child (TAC) meetings across all areas of Health.
    - Assessment of Care toolkit implemented for all agencies to help assess and support families where neglect is a concern.
    - Child protection discussion and the use of significant events within a child's chronology is now a standard practice within supervision and caseload management for Allied Health Professionals (AHPs).
    - The 'Was Not Brought' Policy was developed and implemented which replaced the 'Unseen Child/Young Person' Policy. The purpose of the Was Not Brought (WNB) Policy is to provide guidance to clinical staff dealing with situations whereby children and young people are repeatedly not brought to clinic appointments.
- A Standard Operating Procedure for signing off blood results in the Emergency Department has been written and instituted within the department in the South Sector after a patient was discharged with a raised troponin.
- A brief checklist tool has been developed by Critical Care that allows clinicians regardless of background or experience to make informed safe decisions regarding placement of patients' by taking into consideration levels of physiological support as well as isolation requirements.

4.9 Duty of Candour

The Statutory Duty of Candour provisions of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm). The Statutory Duty of Candour (DoC) legislation became active from the 1st April 2018. The Statutory organisational Duty of Candour has been developed to be in close alignment with the requirements of the professional duties of candour.

Duty of Candour means that every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family)
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short- and long-term effects of what has happened.

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

The legislation requires that NHSGGC must also publish a Duty of Candour annual report.

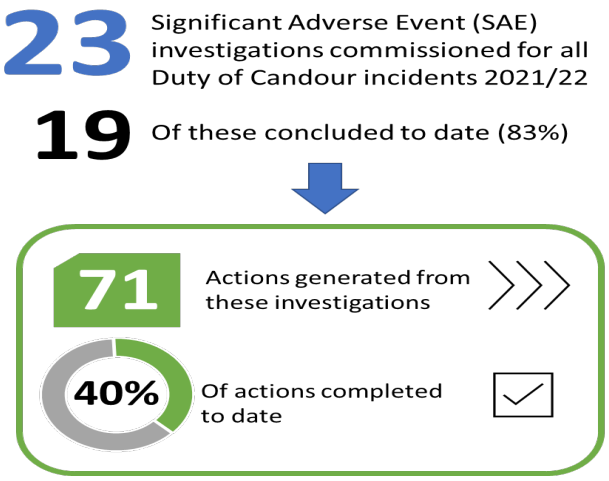
There were 23 incidents which occurred between 1 April 2021 and 31 March 2022 where the Duty of Candour applied. These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition. There are a further 3 events identified as duty of candour through the complaints process which are being investigated.

Table 4.1 summarises the outcome of the duty of candour incidents that occurred.

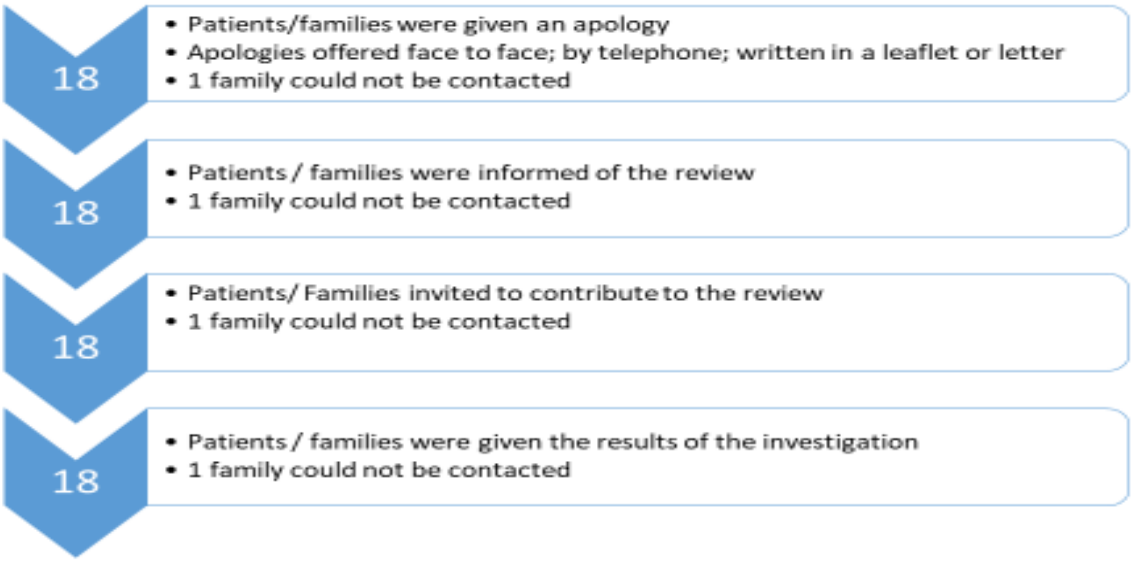
Outcome of unexpected or unintended incident	Number of times this happened
A person died	6
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	1
A person's treatment increased	12
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual function was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	2
A person needed health treatment in order to prevent them dying	2
A person needed treatment in order to prevent other injuries as listed above	0
Total	**23**

Table 4.1 – Outcomes of incidents where the Duty of Candour applied 2021-22

This summarises the progress of SAE investigations for Duty of Candour incidents to date.



Full compliance was achieved for all concluded duty of candour incidents.



4.10 Duty of Candour Update from 2020/21

The 2020/21 Duty of Candour annual report, reported 42 incidents within the reporting period that triggered Duty of Candour. At the time of writing the report 20 of these incidents had been closed. Since the report was published a further 14 incidents have been closed.

- 2 concluded that Duty of Candour should not be triggered.
- 4 was that a person died
- 8 patient's their treatment increased.

Full compliance was achieved for the remaining 12 incidents.

4.11 Training

Root Cause Analysis is a structured investigation that aims to identify the true cause(s) of a problem, and the actions necessary to eliminate it. Training is provided to staff across NHSGGC to support them when reviewing and investigating SAERs.

110 staff have been trained in Root Cause Analysis between July 2021 and April 2022. Training was paused during Autumn 2021 due to pressures within clinical services. There are 4 more cohorts planned for 2022.

To support NHSGGC staff to understand the Duty of Candour legislation and to ensure providers are open and transparent with people who use services, NHS Education Scotland developed an online course which is available through Learnpro. 129 staff within NHSGGC have completed the NES Duty of Candour Course between April 2021 and March 2022.

4.12 Datix

Datix is a web-based risk management system widely used across NHSGGC to record adverse events, complaints and legal claims. The system ensures the Board are compliant with relevant legislation and satisfies our legal obligation to ensure the safety of our staff. The risk management system also helps to improve patient safety, through effective reporting, management and review.

Datix allows incidents to be reported in real time, and is open to all staff via Staffnet. The reporting form is styled in a manner to make it easy to use with many of the options based on drop down tables. Help and support is available from the Datix support team.

4.12.1 End User Support

The Datix support team responded to 5.5k support requests from staff over the last year. These vary in nature and include setting up new user accounts, providing information & training, creating reports and providing data to fulfil Freedom of Information requests.

4.12.2 Contract Renewal and Procurement

The support and maintenance contract with Datix has been renewed until May 2023. As the current software is approaching the end of its contract, a full procurement exercise is underway to purchase a replacement system.

4.12.3 Dashboards

A suite of dashboards to support staff in managing their adverse events and SAEs has been developed and is accessible to all users. The dashboards are designed to bring every user a live and easy to access overview of what is going on in their area. It displays a selection of reports which have been created and selected to provide relevant information. The new dashboards are available for all incident reviewers and approvers, one that displays information on all overdue incidents, one that displays information relating to health and safety incidents and one that displays information relating to clinical incidents.

4.12.4 Data Quality Improvement

Work commenced in 2021 on the Datix system to improve the quality and accuracy of patient demographic information stored on the system. When complete this will enable more accurate reporting at patient level for clinical risk teams and services.

4.12.5 Assurance Reporting

Following recommendations in the Queen Elizabeth University Hospitals/Royal Hospital for Children Oversight Report, a set of Key Performance Indicators (KPI) were developed.

The datix indicators report on risk categories and classifications to see if the right codes are being used when incidents are being reported. Reports are presented at the Datix Governance Committee to agree key themes, learning and key messages, and key areas for support or action within governance structures.

4.13 Next Steps

Safe care: Next steps 2022/23

- Review of the SAER Toolkit in preperation for the review of the SAE Policy in 2023.
- Support clinical services to reduce delays in SAER commissioning and time taken for review using QI methodology
- Design a dataset on Datix to help Morbidity and Mortality (M&M) leads to run their M&M meetings.
- One of the key objectives will be the procurement process and implementation of the NHSGGC Incident, Risk Management & Patient Safety Reporting System.

5 Effective Care

5.1 Summary of Key Achievements

Effective care: Key Achievements 2021/22

- NHSGGC Quality Improvement Capability Plan 2021-23 approved at Healthcare Quality Strategy Oversight Group in October 2021
- Over 1000 staff across NHSGGC completed the Quality Improvement Fundamentals Learnpro module since its launch in February 2021
- 14 cohorts of the Scottish Improvement Foundation Skills (SIFS) virtual quality improvement training delivered to 173 staff across NHSGGC.
- 5 successful NHSGGC candidates secured a place on the National Scottish Quality & Safety Fellowship Programme.

5.2 Quality Improvement Programmes

Quality Improvement programmes aim to improve the safety and reliability of care within the healthcare setting. These programmes of work align to Board and national priority areas which are detailed below.

Following the temporary suspension of these programmes both nationally and locally in 2020 due to COVID-19, work began in 2021 to engage with the Acute, Mental Health and Primary Care Divisional Clinical Governance chairs to refresh and remobilise the improvement programmes.

5.2.1 Scottish Patient Safety Acute Adult Programme

Healthcare Improvement Scotland (HIS) launched the Scottish Patient Safety Programme (SPSP) Acute Adult Collaborative on the 22nd September 2021. The collaborative has two main areas of focus;

- early recognition and timely intervention for deteriorating patients
- reducing inpatient falls

5.2.1.1 SPSP Deteriorating Patient

The NHSGGC Deteriorating Patient Steering Group was convened in January 2022, co-chaired by the programme Medical Lead and Nursing Lead. This group will create the vision and set the strategic direction for the Deteriorating Patient Programme within the Board. The focus of the steering group has been to develop the infrastructure of the programme in preparation for working with clinical teams. Key achievements have included the development of a measurement plan, evaluation strategy and logic model, a resource pack for the participating teams and developing links with other key departments and programmes of work.

The next step in the development of the programme is to engage with Sector/Directorate

senior management teams to identify clinical teams to participate in the programme. This started in April 2022 and initially will focus on two hospital sites within the Board; Queen Elizabeth University Hospitals (QEUH) and Royal Alexandra Hospital (RAH).

The outcome measure for the Deteriorating Patient programme is a reduction in the Cardiac Arrest rate. Quarterly data submissions to Healthcare Improvement Scotland (HIS) commenced in November 2021. Figure 5.1 details the Cardiac Arrest rate for NHSGGC up to March 2022 and demonstrated that NHSGGC has a stable Cardiac Arrest rate with a median of 2.1 cardiac arrests per 1,000 discharges.

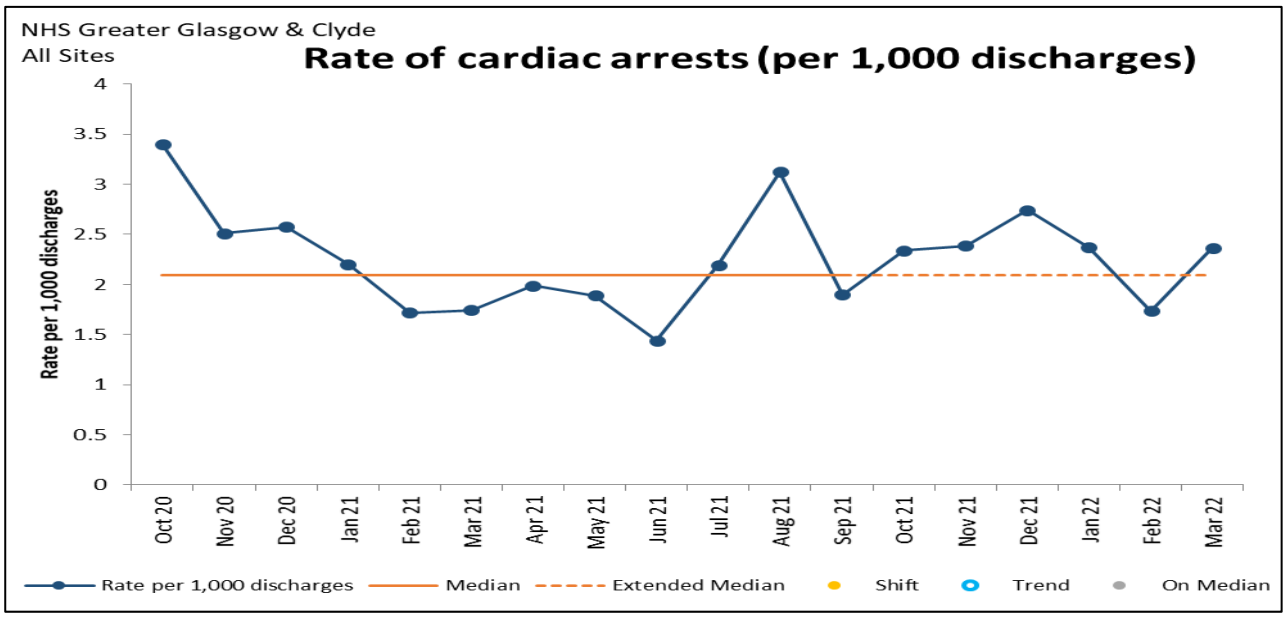


Figure 5.1: NHSGGC Rate of Cardiac Arrests per 1,000 discharges

A data dashboard has been developed for cardiac arrest data and is accessible for clinical and managerial teams.

5.2.1.2 SPSP Falls

NHSGGC Falls Prevention and Management Steering Group was convened in 2021 and has oversight of falls prevention work across the organisation. An Acute Falls Improvement Group, which will be the Steering Group for the falls programme was set up in May 2022.

The key areas of work that the Acute Falls Improvement Group are focusing on initially are around the definitions of Falls and Falls with Harm, developing a measurement plan and identifying areas to engage with to test changes.

The outcome measures for the Falls programme are:

1. a reduction in the Inpatient Falls rate.
2. a reduction in the Inpatient Falls with Harm rate.

Quarterly data submissions to Healthcare Improvement Scotland (HIS) commenced in November 2021. Figure 5.2 details the Inpatient Falls per 1,000 Occupied Bed Days for

NHSGGC up to March 2022 and demonstrated that NHSGGC has a stable Inpatient Falls rate with a median of 8 falls per 1,000 occupied bed days. The focus of the falls improvement programme will be to reduce the inpatient falls rate and inpatient falls with harm rate.

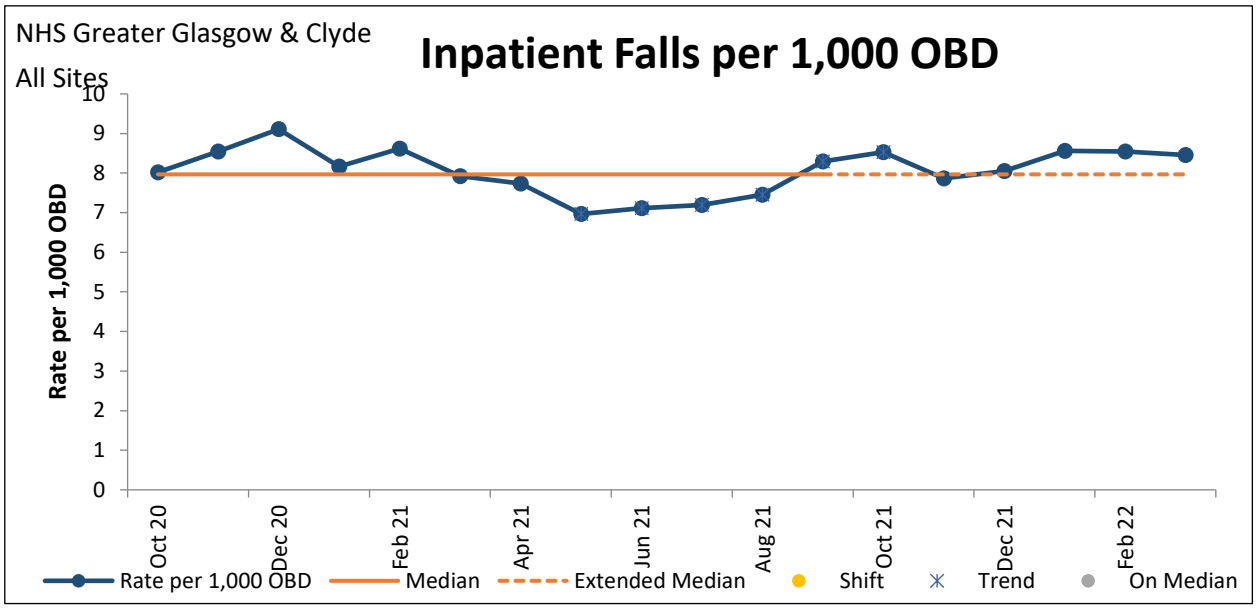


Figure 5.2: NHSGGC Inpatient Falls per 1,000 Occupied Bed Days

Figure 5.3 details the Inpatient Falls with Harm per 1,000 Occupied Bed Days for NHSGGC up to March 2022 and demonstrated that NHSGGC has a stable Inpatient Falls with Harm rate with a median of 0.16 falls with harm per 1,000 occupied bed days.

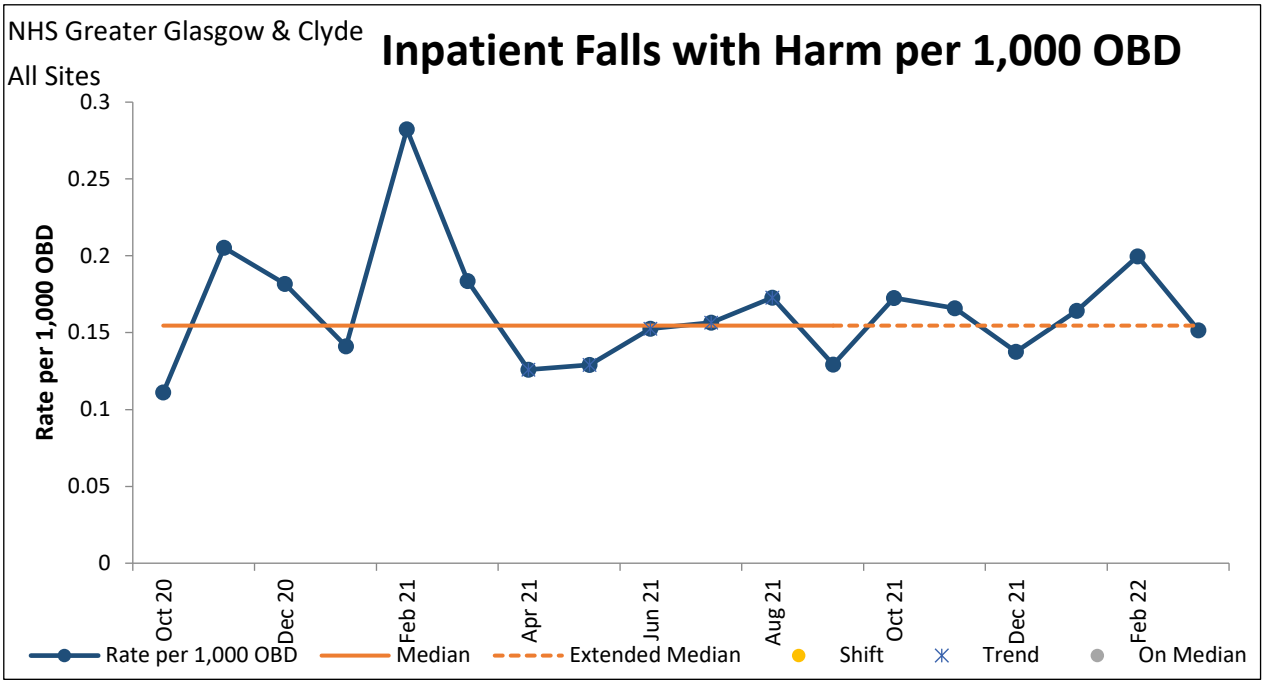


Figure 5.3: NHSGGC Inpatient Falls with Harm per 1,000 Occupied Bed Days

5.2.2 SPSP Maternity & Children Quality Improvement Collaborative (MCQIC)

Two of the SPSP programmes, Maternity and Neonates, are measuring and reporting on their key safety priority areas and regular monthly reports on progress are reviewed by the Chief Midwife/Chief Nurse and are tabled at the local Quality Improvement Groups. The Paediatrics Programme is being reviewed nationally and is expected to launch later in 2022.

Healthcare Improvement Scotland arranged a virtual site visit with NHSGGC in May 2022 to agree future plans for the programme. The national priorities for the two programmes were discussed at the meeting and are detailed below. NHSGGC will agree their key priorities based on the national priorities.

Maternity Programme

- Stillbirth
- Post-Partum Haemorrhage
- Preterm Perinatal Wellbeing
- Caesarean Section

Neonatal Programme

- Neonatal Mortality
- Term Admissions
- Preterm Perinatal Wellbeing
- Bronchopulmonary Dysplasia
- Neurological Injury

5.2.3 SPSP Mental Health Quality Improvement Programme

Healthcare Improvement Scotland launched a new national SPSP Mental Health Improvement Collaborative on the 26th April 2022. The collaborative focuses on three main areas:

- Observation to Intervention
- Restraint
- Seclusion

There are two NHSGGC Adult Mental Health wards participating in this collaborative, Elgin Ward in Stobhill Hospital and the Intensive Psychiatric Care Unit (IPCU) in Leverndale Hospital.

An SPSP Mental Health Short-Life Working Group has been established to work with the two ward teams to develop the improvement programme and share learning. This group will report into the Mental Health Quality Improvement Group.

The Mental Health Quality Improvement Group was re-established and had an initial meeting in April 2022. The key focus for the group will be:

- NHSGGC Mental Health QI Programme including the Scottish Patient Safety Programme
- Accreditation for Inpatient Mental Health Services (AIMS) Programme
- Actions/Themes from Significant Adverse Events Review (SAER) recommendations
- Coordination of local QI projects across Mental Health Services

The group will meet bi-monthly and will report to the Mental Health Services Clinical Governance Group.

5.2.4 Primary Care Quality Improvement Programme

In response to the COVID-19 pandemic, the national Scottish Patient Safety Programme for Primary Care worked with stakeholders to refocus and redesign their improvement support offer.

The aim of the national offer was to support primary care services to build resilience and deliver high quality care by:

- supporting general practice to implement safe and effective processes for Care Navigation
- supporting general practice to implement Acute and Serial Prescribing safely and efficiently
- enabling improvements in Anticipatory Care Planning (ACP)
- supporting implementation and progress of GP Cluster Working in Scotland, and
- developing the Primary Care Learning System.

The NHSGGC Primary Care Quality Improvement Group was re-established in March 2022. The key focus for the group will be to:

- Scoping the support needs of GP cluster's key priorities.
- Understand key themes and areas of quality improvement both at practitioner and organisational level.
- Provide a broad understanding of the network of learning and support resources available.
- Encourage and enhance the inclusion of a multidisciplinary approach across all areas of quality improvement in primary care.
- Increase opportunities to share learning from quality improvement.
- Streamline approaches and coordination of quality improvement intelligence.

16 GP Practices participated in the Scottish Patient Safety Programme Acute Prescribing Learning Network which focused on what good acute prescribing would look like. A range of tools and resources were developed and tested as part of the improvement work and the output will be an Acute Prescribing Toolkit which is expected to be available later in 2022.

5.3 Quality Improvement Capability

The NHSGGC Quality Improvement Capability Plan 2021-23 was approved at the Healthcare Quality Strategy Oversight Group in October 2021. This plan provides direction on how to build the capacity and capability of staff in NHSGGC to use quality improvement methods to deliver high quality health and social care.

The first step in the plan is to build an organisational map of existing quality improvement skills. Alongside this there will be a local training needs analysis carried out to support each Sector, Directorate and HSCP to develop a local QI Capability action plan, through their Quality Improvement Groups. This work was started in February 2022 and the initial testing of the training needs analysis and maturity assessment is expected to be completed by July 2022. Following this, work will begin to link in to QI Leads across the organisation to support the development of the local QI Capability action plans.

The QI Capability Plan includes how NHSGGC will support the delivery of Quality Improvement capability building through QI education programmes. It will also provide ongoing coaching support to delegates as they undertake their own projects within their own working environments.

Using a combination of locally delivered training and national quality improvement programmes, the number of NHSGGC staff trained at lead-level QI is shown in Table 5.1

Type of Training	Number of current staff
Scottish Quality and Safety Fellowship	34
Scottish Improvement Leaders (ScIL) / Improvement Advisors (IA)	55
Scottish Coaching & Leadership for Improvement Programme (SCLIP)	85

Table 5.1: NHSGGC staff trained through QI programmes

5.3.1 NHSGGC Quality Improvement Training

5.3.1.1 Quality Improvement Fundamentals

A Learnpro Module was developed in 2021 to support NHSGGC staff to understand Quality Improvement. The module aims to provide awareness and basic understanding of the importance, methods and successes of Quality Improvement within NHSGGC.

The module – **GGC Course 109 Quality Improvement Fundamentals** – was added to the Learnpro platform in February 2021 followed by informal awareness raising. This was followed by a formal launch which took place in March 2022. By the end of March 2022, 1044 staff had completed the module. The numbers completing the module per month are displayed in Figure 5.4.

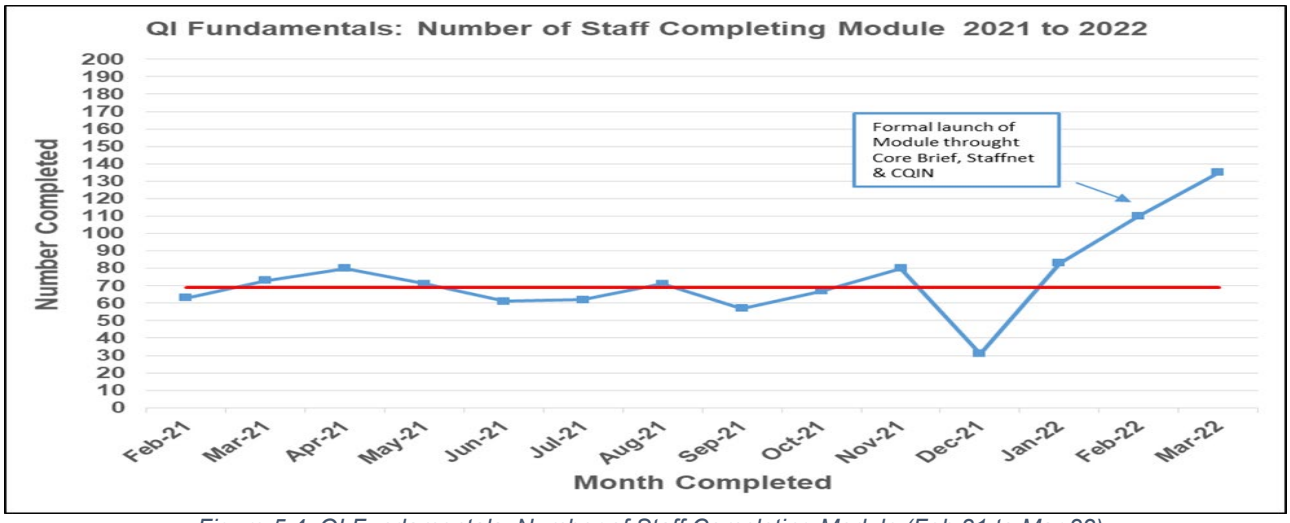
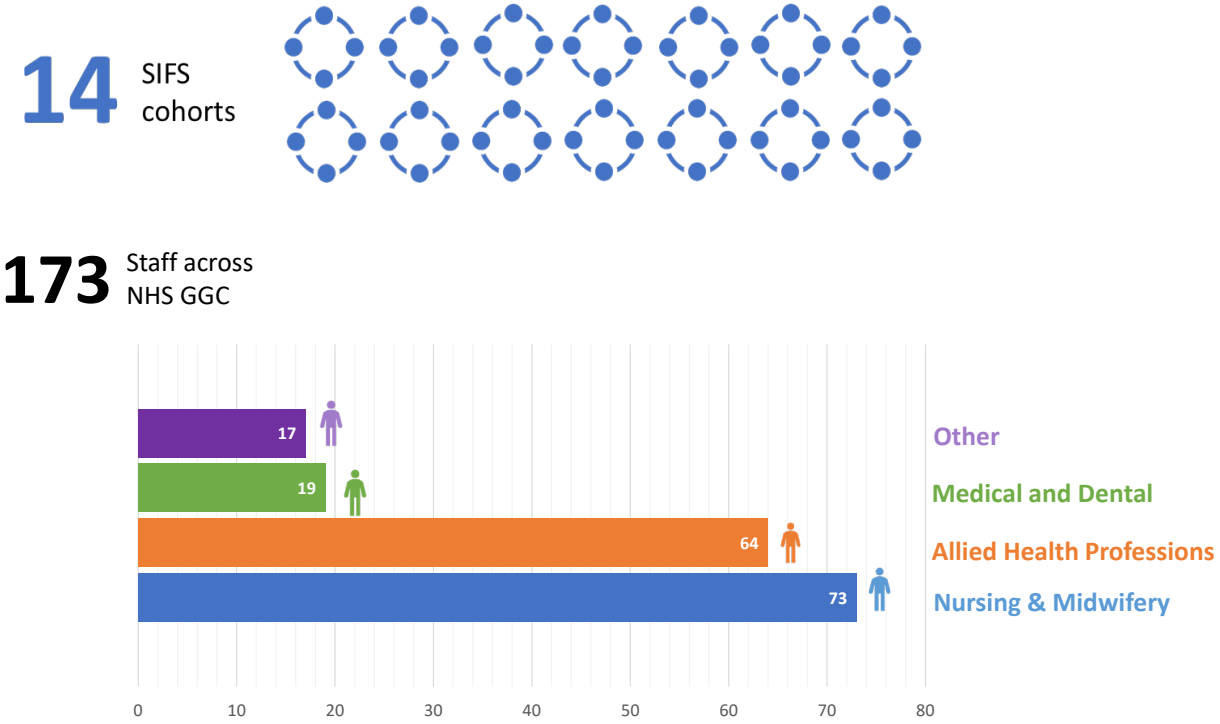


Figure 5.4: QI Fundamentals: Number of Staff Completing Module (Feb 21 to Mar 22)

5.3.1.2 Scottish Improvement Foundation Skills

NHSGGC currently provides structured QI training through the Scottish Improvement Foundation Skills (SIFS) programme. This was developed by NHS Education Scotland and endorsed for local delivery by NHS Boards. The programme is delivered virtually through Microsoft Teams to cohorts of 10-15 staff. Delegates are supported to develop the skills, knowledge, and confidence to participate as members of QI teams and contribute to testing, measuring and reporting on changes made in their local clinical settings.

From January 2021 through to March 2022, 14 cohorts totalling 173 staff across NHSGGC had completed the SIFS programme.



5.3.1.3 Scottish Coaching & Leadership for Improvement Programme (SCLIP)

The Scottish Coaching and Leading for Improvement Programme (SCLIP) is a Quality Improvement learning programme. The target audience for the programme is core managers who are responsible for coaching and leading their teams to improve their services and helping embed improvement strategies within their organisation. The aim of the SCLIP programme is to develop individuals who will coach and facilitate teams to deliver improvement and to support achievement of improvement strategies within their organisation.

The last local NHSGGC-delivered cohort of SCLIP was completed in March 2020 and all further plans were put on hold due to COVID-19. A planned cohort in 2021 was put on hold due to service pressures. Planning is underway for a new cohort of SCLIP to start in November 2022.

5.3.2 Return of Investment

A Return of Investment process is being implemented for all staff completing both the SIFS programme and SCLIP to formally evaluate these programmes. This process will be using Kirkpatrick's 4 level model:

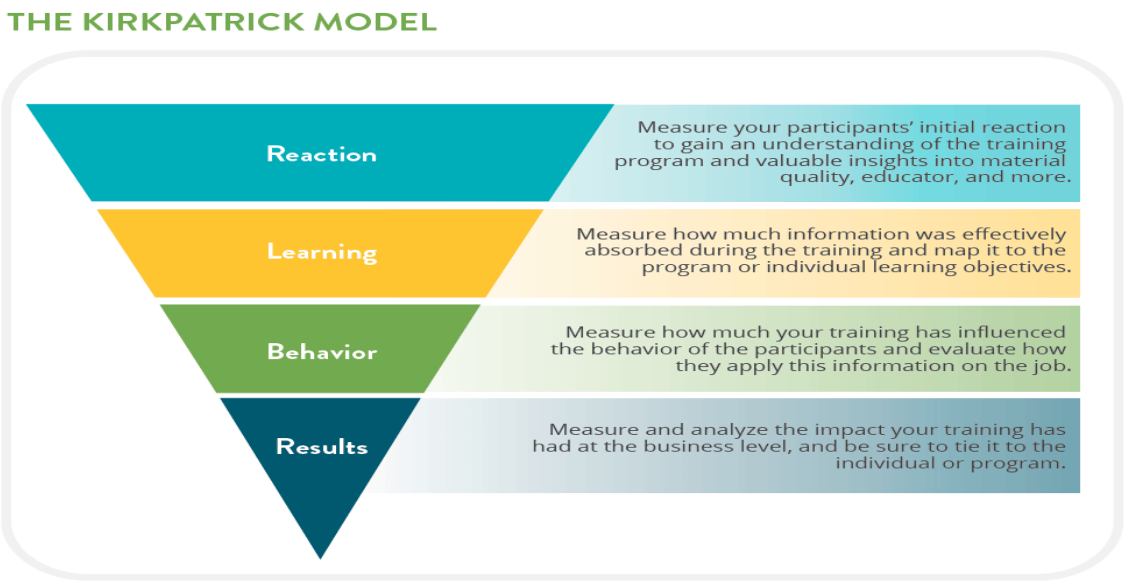


Figure 5.5 – Kirkpatrick's 4-level model used for return of investment process

Reaction

96% of delegates who completed the programme stated they would apply their learning to their role

95% of delegates who completed the programme agreed that the programme content provided them with knowledge and skills to be able to make changes to their day to day work

Learning

Completing the SIFS programme has consistently increased delegate knowledge around the 15 key improvement skills from Score 2 (I know what it is) to Score 5 (I can adapt and explain)

Behaviour

Some feedback from delegates around what they do differently following completion of the programme:

"I don't jump in and try to make a change to how we work, assuming I know what the solution is. I step back first and work out what the problem is that we are supposedly trying to fix. i.e. no longer putting the cart before the horse"

"Completely changed the way I approach change, even on the smallest levels"

"More conscious when trying to make improvements to measure change and not just make the change"

Results

Measuring the impact of the training on the organisation requires short semi-structured interviews to take place. This process was tested out with six delegates who had completed a cohort in 2021.

Of the six delegates who agreed to be interviewed.

- 5/6 completed their projects
- 5/5 completed projects resulted in demonstrable improvements
- 4/5 presented the results of their projects

Some examples of positive impacts of the projects completed:

- A more positive experience for the patient being seen by someone who specialises in their condition earlier in the patient pathway
- Patients receive information which they can view at a convenient time and share with their families, carers and friends
- Less appointments …. which saves the patients time and inconvenience , saves clinician time and saves on resources like clinic spaces

5.3.3 National Quality Improvement Training

NHS Education Scotland (NES) recruited for a new national cohort of the Scottish Quality and Safety Fellowship. From NHSGGC, there were 12 applications submitted from Medical staff, Nursing & Midwifery, AHPs and Management. Following the shortlisting and interview phase, there were five successful applicants for this programme.

Recruitment for two national cohorts of the Scottish Improvement Leader (ScIL) concluded in October 2021. The Scottish Improvement Leader (ScIL) programme enables individuals to design, develop and lead improvement projects. It emphasises the importance of understanding people and relationships in change and how to lead and influence for improvement. There were 22 staff across NHSGGC who successful secured places on the cohorts 36 and 37 of ScIL. These cohorts started in January 2022 and are due to complete in November 2022.

5.4 Learning, Evaluation and Networking

Learning, Evaluation and Networking as a broad theme has continued to be a key area of work.

An evaluation toolkit has been developed which is designed to be an easy to use resource to help staff understand the successes and learning opportunities in their projects and programmes of work. The toolkit has been published and is being tested in specific evaluation projects before an official launch, accompanied by communications promoting the importance of evaluation.

Good evaluation goes hand in hand with robust networks to help share learning and aid the spread of improvement. Work is ongoing to improve and strengthen our current networks, and to use technology to help widen the scope of opportunities available for networking.

5.5 Spotlight on Innovation and Improvement

The following is a summary of some examples of quality improvement projects and innovations which were completed during the course of 2021-2022.

Spotlight on Innovation and Improvement

Mental Health

Suicide Risk and Design Standards Group

The Suicide Risk and Design Standards Group has oversight of the ligature risk reduction agenda within NHS GG&C, with a Project Manager supporting modifications in both Acute and Mental Health services to reduce ligature risks. The programme of work undertaken by the group includes:

- Joint working between Acute and Mental Health services to produce a Self-harm Ligature environmental risk assessment.
- Development of a new policy: Suicide Reduction and the Management of Ligature Risks.
- Development of a ligature awareness learn-pro module.
- A self-harm environmental checklist to identify high risk areas across the service.
- Development of a procurement catalogue to ensure a standardised approach with fixtures, fittings and estates.
- Reinvigorating the use of Safety Action Notices for Mental Health Services.

Clinical Risk Reference Panel

The assessment and management of the risks that patients pose to themselves and others is a key component of mental health care. In most cases, risk is managed effectively by individual practitioners or teams on a day-to-day basis, using evidence-based guidance. However, in some circumstances evaluating risk and suitability of care environment may be challenging due to the complexity of the condition. These challenges can be particularly relevant in the care of individuals with personality disorder. A Short Life Working Group proposed the development of a panel of expert clinicians to convene a Clinical Risk Reference Panel (CRRP) to assist with decision-making regarding these more complex patients.

The CRRP will give clinicians an opportunity to discuss complex cases or issues of concern around an individual case in a non-judgemental and constructive manner with a particular emphasis on clinical risk formulation, management and mitigation. The panel will be able to provide expertise, advice and support in the management of complex and exceptional cases

where risk of harm is significant and will have representation from a range of relevant mental health professional groups, social work and management.

Renfrewshire Community Development Services (CDS)

Renfrewshire Mental Health Community Development Services (CDS) provides group-work provision to two CMHTs and a Primary Care Team (Doing Well) in Adult Mental Health for Renfrewshire patients. As in many services, the face-to-face groups were suspended due to COVID-19 restrictions and consequently waiting lists for group-work developed. To meet this demand and ensure access to group-work services during lockdown, Occupational Therapy within CDS created 4 new patient activity groups, 3 of which were delivered via digital platforms.

The groups were evaluated and feedback from users was very positive. Occupational Therapy plan to deliver a Recovery through Activity (RTA) digital group over 6-8 sessions and a Confidence Building 6-week group. Once the restrictions are eased, these group will continue to be delivered both face-to-face and virtually.

Adult Mental Health Forum

MHS Clinical Governance Group is supporting the development of an Adult Mental Health Forum replicating the Dementia Forum as a tool for sharing best practice across all services. The proposal is the Forum would meet quarterly and invite speakers and teams involved in improvement or who are demonstrator sites to present, share information and provide updates.

Digital Healthcare Highlights

Significant progress in this area during the reporting period is as follows:

- Development and imminent launch of a supported mental health self-management App within the Right Decision System
- Consultant Connect: to facilitate access to Mental Health Assessment Units
- Ongoing blended approach to assessment and delivery of care within Primary and Secondary care, including Attend Anywhere and phone consultations
- c-CBT and remote Psychological Group Programme- facilitated by the use of MS Teams Groups and VR Bridge
- Further development of Microstrategy Dashboards (which supported contingency measures for CMHTs during peaks in the pandemic)
- TRAK care developments in Mental Health, allowing for more flexibility and cross covering across sectors
- Additional anticipated Recovery work including:
    - Netcall Hub: currently 2 pilot tests
    - Remote monitoring in inpatient settings: upcoming Innovation Challenge.

Acute Services

Treatment Escalation Plans

A focussed quality improvement project aiming to improve the content of TEP (treatment escalation plans) in the event of an acute deterioration was undertaken at Glasgow Royal Infirmary. After several cycles of intervention (increasing visibility of local escalation guidance, standardising location of TEP form, building a TEP pause into weekly MDT, ANP as local champion) the proportion of patients with a TEP increased from 40% to 85%, and those TEP with clear instruction on repatriation increased from 0% to 75% between June 2021 and May 2022.

Innovation and Improvement highlights

- Increase in day case mastectomy from 13% to 52%. Almost all patients discharged on 23hr pathway, even after complex procedures.
- Successful implementation of robotic surgery in GRI. Full utilisation, low morbidity and significant reduction in stay compared with both open and laparoscopic approach.
- Day surgery orthopaedic pathway recognised, winning best paper at the recent British Association of Day Surgery
- GRI orthopaedics awarded national 1st place by Quality Improvement Scotland Hip fracture standards based on performance against national picture.
- Dental "pods" now in situ at the Glasgow Dental Hospital. These support remobilisation of services and safely mitigate the threat of airborne pathogens during aerosol generating dental procedures. This is a small part of ongoing works to improve ventilation across all areas of the aging site.

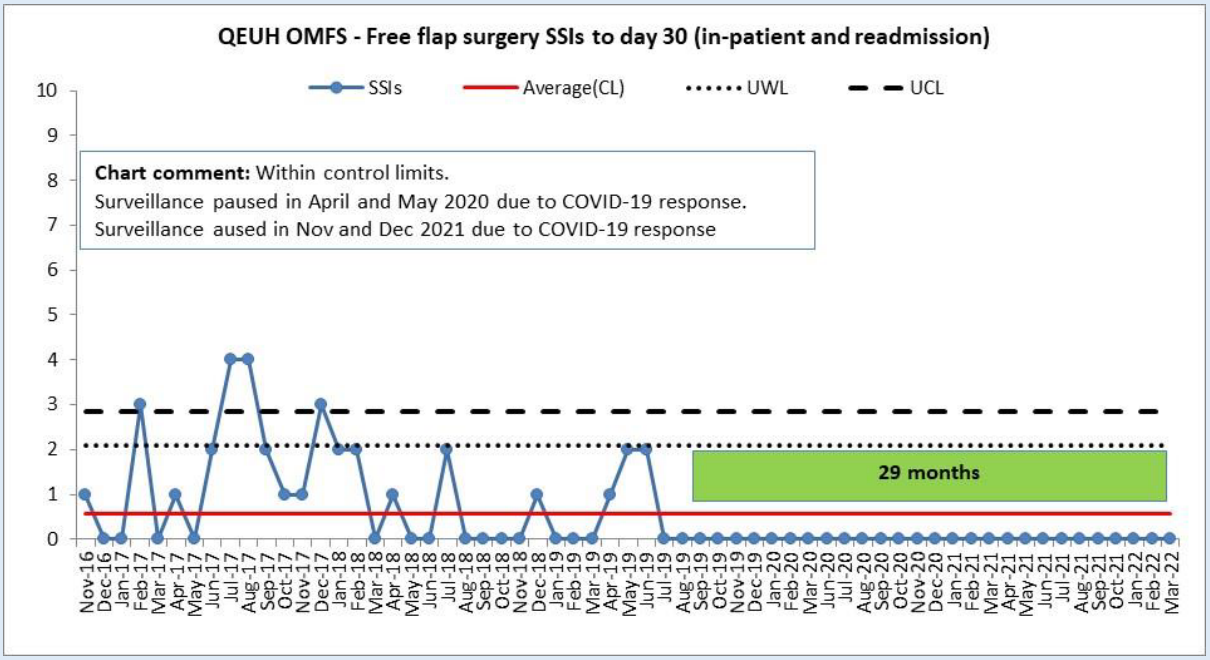
Surgical Site Infection (SSI) Surveillance

Surveillance of Cranial and Spinal Neurosurgical procedures commenced in July 2016, followed by surveillance in Major Free Flap Surgery in Oral Maxillofacial Surgery (OMFS) in November 2016. This includes in-patient surveillance and readmission to Day 30 post-surgery and is collected in line with the International Centre for Disease Control and Prevention (CDC) criteria. SSI surveillance of these procedures is not undertaken elsewhere in Scotland and is therefore unable to be benchmarked nationally. Multidisciplinary collaboration between Medical, Nursing, Microbiology and Infection Control Surveillance teams has been integral in the success of the surveillance programme to date.

The Surgical Site Surveillance Committee was established primarily to review trends and patterns; provide guidance and direction, discuss and action adverse trends, escalate matters of concern and bring rigour and discipline.

In the last year there have been:-

- Cranial - there were 476 procedures carried out with 13 SSI's. Cumulative SSI rate is 2.2%
- Spinal - there were 500 procedures with 18 SSI's. Cumulative SSI rate is 3.1%
- For OMFS fee flap cases there have been 91 procedures and 0 SSI. OMFS have sustained the position of zero SSI's for 29 months.



Primary Care and Community

HIS Acute Prescribing network

The Primary Care Improvement Portfolio from Healthcare Improvement Scotland (HIS) have set up an Acute Prescribing Learning Network. 16 practices from NHSGGC have signed up which have been split into two teams. There are 7 practices in the Glasgow City team and 9 practices from other HSCP areas in the second team. The project runs up until June 2022 with learning disseminated thereafter. Participating GP practices and pharmacy teams will be supported to:

- share how they have made improvements to acute prescribing
- identify and test change ideas to improve processes
- develop protocols for the management of acute prescriptions
- evaluate the impact of the improvement work and develop a toolkit of resources.

It is anticipated that this Acute Prescribing (AP) Learning Network will ensure processes are in place so acute prescriptions can be dealt with by the most appropriate member of the pharmacy team in a timely, safe and efficient way. It will support the development and extension of MDT practice and pharmacy roles, and release GP time to focus on their expert medical generalist role.

COVID-19 Community Pathway – Community Assessment Centres (CAC)

In 2020 Boards were asked to set up Covid pathways to assess and manage patients with COVID-19 in the community. This was a key early measure to help manage Covid, with a vital role in maintaining patients in the community and keeping vulnerable patients safe and example of collaborative working and cooperation across all parts of our Health and Social Care system. From the outset the Hub and CACs worked flexibly, adapting to frequent changes in guidance, staffing and the prevalence of Covid. The people who made this happen included those in clinical and administrative roles, eHealth, pharmacy, transport, estates and facilities, cleaning, communications and many more.

At its peak, the pathway was operating across 7 sites, the hub at Cardonald and the admin hub at Smithhills with staff from every HSCP involved in supporting the pathway. The hubs and sites at Barr Street, Linwood, Renton and Clydebank have been in place for the full two years. In that time, around 40,000 patients have been assessed in the CACs with over 110,000 managed through the Hub, and over 6,000 Home Visits by the Home Visiting team and many more throughout the Out of Hours period. The Covid community pathway closed on Friday 25th March 2022 after almost 2 years of highly successful work developing an entirely new service. Patients with COVID in the

community are now managed according to updated Scottish Government IPC guidance applicable to respiratory infections.

Scottish Ambulance Service (SAS) Incident Learning

In February 2021 NHSGGC Primary Care & Community Clinical Governance Forum and SAS launched a pilot feedback system for GPs to report perceived problems and incidents directly to SAS. SAS logs feedback on their incident reporting system (DATIX) and the incident is reviewed by the appropriate department/region with feedback given directly back to the reporter. Since launch, 6 incidents have been shared, investigated and outcomes fed back to the reporting clinician/team. Themes emerging include delayed response times, communication and clinical assessment. The feedback from SAS has been that the GP practice reporting process has been valuable and is leading to improvements and learning. Proposed next steps include a request for a two way reporting/alerting system for SAS crews to highlight issues or concerns related to NHS GGC/HSCP community or primary care services

Out-of-date Cervical Smear Pot Incidents

Around 60 incidents a year are reported across NHSGGC relating to out of date smear pots. This leads to women having to undergo an avoidable repeat cervical smear and wasted nursing appointments. The Associate Clinical Director in Renfrewshire HSCP identified a range of issues with the pots including the format of the date (year/month/day), lack of prominence or specific mention of expiry date. The supplier/manufacturer was contacted and they advised date formats have been changed to meet international standards. They are aware of that this is not used everywhere and they have therefore added a date key code on the pot, but it is not very clear and not aligned to the date. They have no plans to amend the labelling.

Reminders have been sent to everyone who takes smears to note the date and how it is labelled. The issue was raised at the national adverse events network and reported to the Incident Reporting and Investigation Centre who have now opened an investigation. They have notified Medicines and Healthcare products Regulatory Agency (MHRA) and will advise the outcome of their investigation.

Care Opinion launch in East Renfrewshire

Following the recent launch in 2020 there have been 11 stories submitted for East Renfrewshire HSCP to respond to on Care Opinion, these stories have been viewed 1,389 times. There is a Care Opinion Implementation Group to oversee progress and ensure the training, communication and learning from Care Opinion is progressed in the HSCP.

Augmenting current front door frailty pathway at QEUH

Dr Lara Mitchell and the Frailty Team

Background

Integration and coordination across primary and secondary care improves care of the older adult. Older adults who are identified as frail and have a comprehensive geriatric assessment (CGA) are more likely to be living independently at home in six months.

Aim

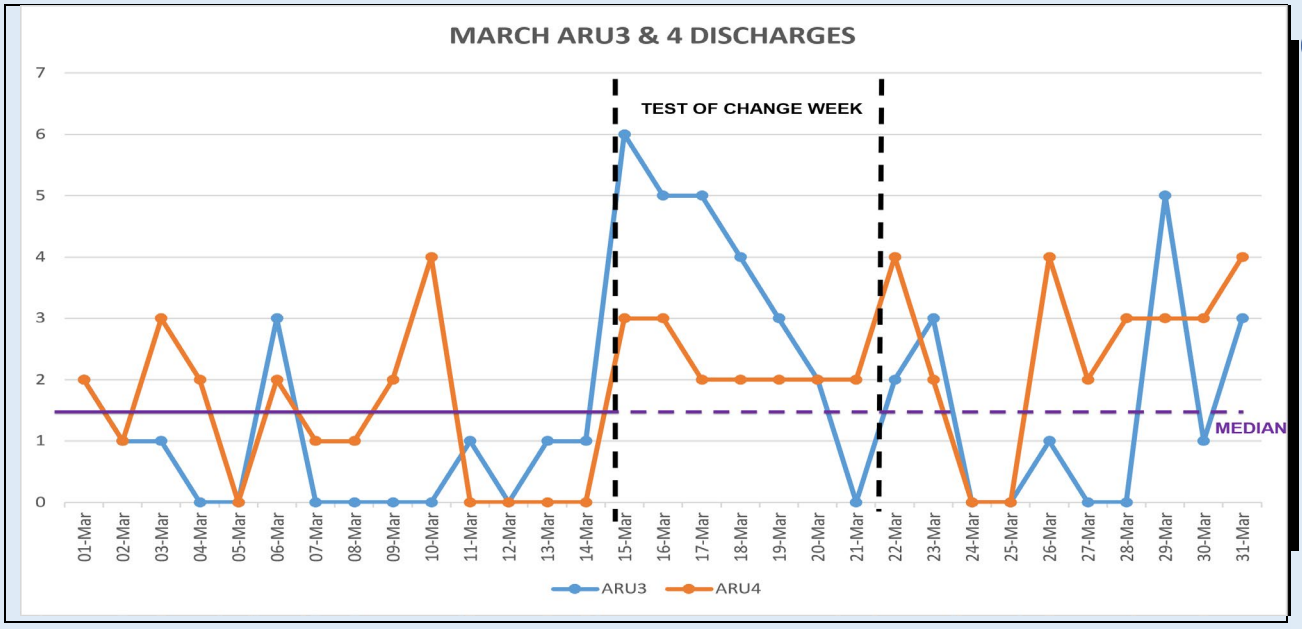
1. Increase the number of frail older adults being discharged home from unscheduled care from a baseline of 15% to 25%
2. Increase proportion of patients discharged < 48 hours

Our Frailty team was enhanced by:

- Changing shift pattern (12 hour shifts) of key members of multidisciplinary team (AHP and specialist nurses)
- Development of new pathways including: reviews in ED; new ambulatory care pathway; consultant connect calls and rapid access clinic slots
- Additional pharmacy, mental health and social work presence
- Maximising expertise and capacity across the whole system – including 3rd Sector

Results

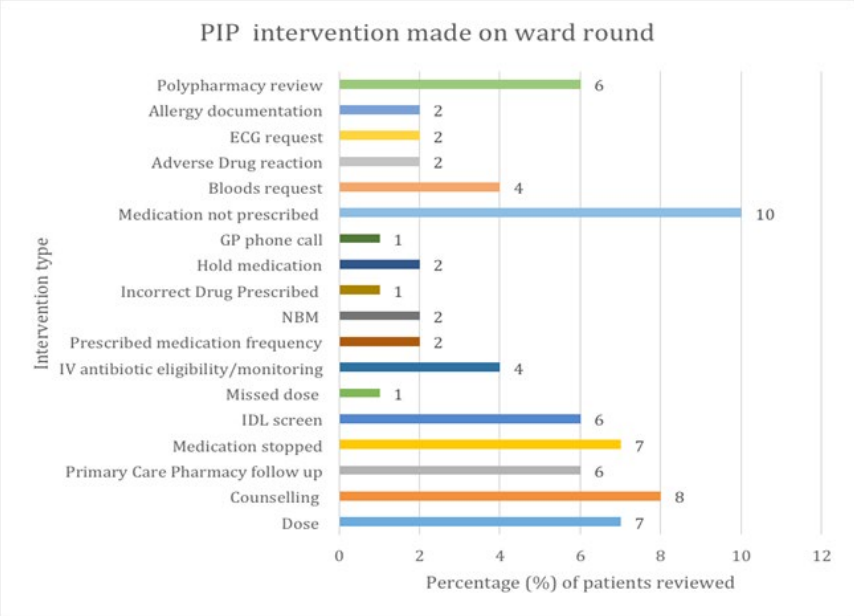
1. Increased the proportion of unscheduled care discharges to 30%



2. Increased the number of patients discharged <48 hours to **33%**

3. New pathways developed
   - 2 ambulatory care patients assessed
   - 20 assessed in Emergency Department
   - 6 rapid access clinic slots
   - Increased consultant connect calls

4. Key members included in the team
   - 2 mental health reviews
   - 15 social work assessments
   - 1 intermediate care discharge
   - 17 IDLS completed before 12pm
   - 26 Pharmacy (PIP) assessments



5. Patient Feedback

"My care was perfect, it was like a ribbon. When I needed something it was there. Wonderful staff friendly and caring"

6. Staff Feedback

Person centred care, improved team working, tried new pathways, maximised skills, stronger together

Conclusion

By working as a multiagency team with a common purpose we delivered person centred care, developed new pathways and increased discharges of frail older adult from unscheduled care.

HEPMA Benefits Realisation: Missed Doses, Medication Interactions and Allergy Alerts

Dr Samantha Coulter (Clinical Teaching Fellow) and Nicole Paterson (HEPMA Nurse Educator)

Introduction

Hospital Electronic Prescribing and Medicines Administration (HEPMA) was introduced to NHSGGC in 2020. The Full Business Case identified a number of anticipated benefits including safety and quality improvements, efficiencies and cost savings. This work assesses whether some of these benefits have been realised.

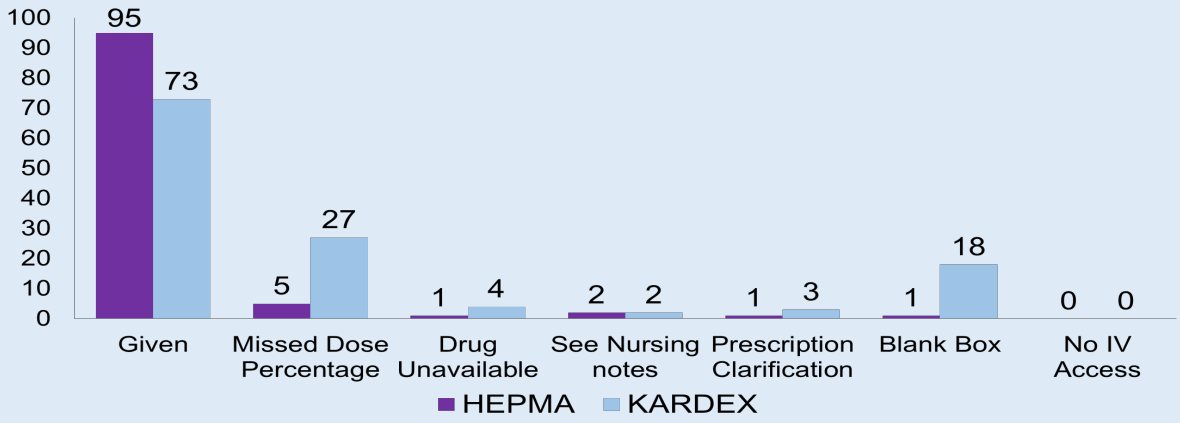
- HEPMA is an electronic prescribing system replacing paper Kardexes within NHS GGC.
- HEPMA is currently live in all adult acute inpatient areas within NHSGGC and roll out is continuing to mental health and paediatric sites.
- The HEPMA Full Business Case outlined various benefits identified by a multidisciplinary group of clinicians and affiliated specialties. The key benefit themes include better health, better care, better value and better workforce.
- The HEPMA Programme Board identified 4 priority areas to be optimised as benefit realisation work; missed doses, allergy alerts and overrides, IV antimicrobials and low value/non-formulary medicines.
- This work focuses on missed doses and allergy alerts and overrides.

Missed Doses

- An audit of paper prescription 'Kardexes' on surgical and medical wards was undertaken to review the number of missed doses. This was then compared to a HEPMA report of the number of missed doses in wards of the same speciality at a site live with HEPMA.
- The categories that were included as a missed dose are seen below:
    - Drug Unavailable
    - No IV Access
    - See Nursing Notes
    - Doctor Clarification required
    - Unsigned or blank box

Results

HEPMA has reduced the number of missed doses. **27% of medication doses were missed prior to HEPMA compared to only 5% missed doses on HEPMA**

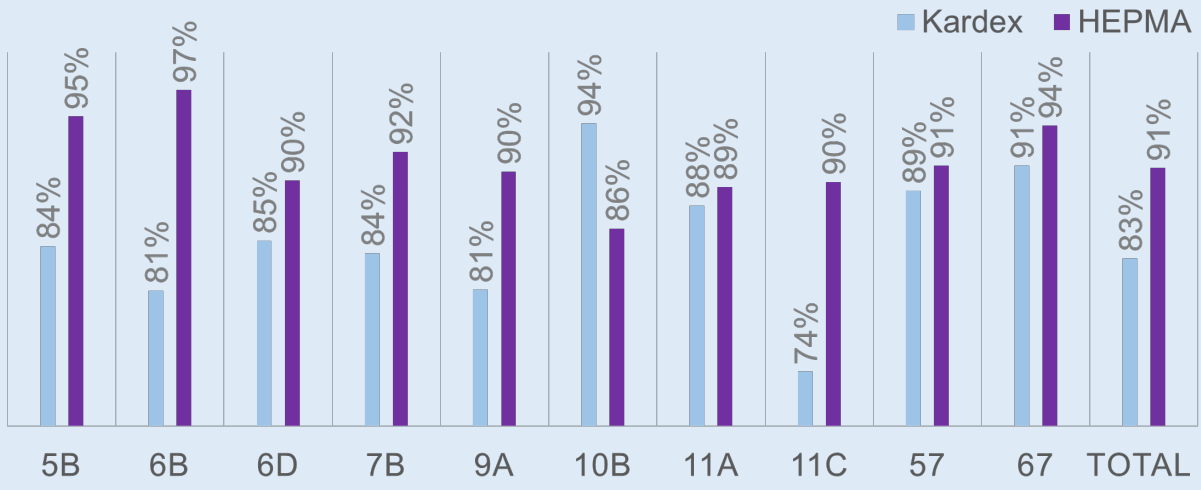


Allergy Alerts

- When a patient is first admitted on HEPMA, prescribers must input an allergy status before they can add medications.
- Prescribers can select “Allergy status undetermined”. For the purpose of this audit, this option is taken to mean that an allergy status has not been recorded.
- The allergy status of discharged patients at multiple wards in the QEUH (Queen Elizabeth University Hospital) in October 2020 and 2021 were reviewed to compare the recording of allergy status on Kardex vs HEPMA.

Results

- Allergy status recording has improved since the introduction of HEPMA to NHSGGC. The chart below shows the percentage of recorded allergy statuses on Kardex vs HEPMA.
- **83% of allergy status recording was completed on a Kardex compared to 91% on HEPMA**
- HEPMA then retains the recorded allergy throughout subsequent admissions.

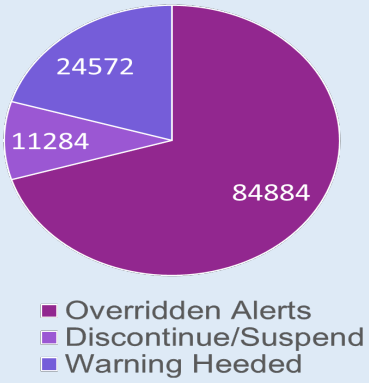


Medication Interactions

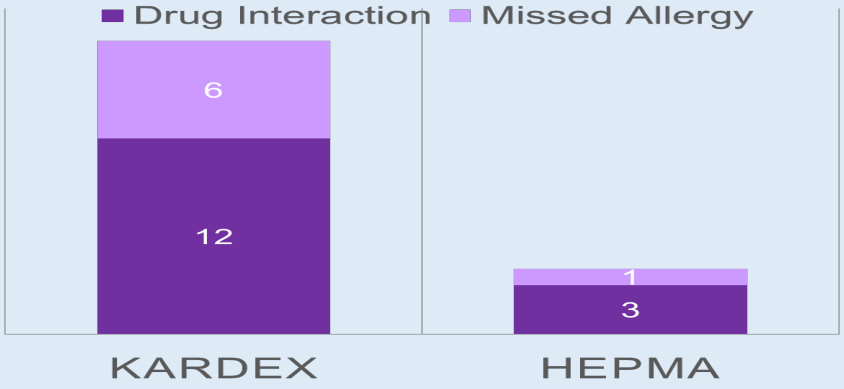
- HEPMA alerts users to interacting medicines through decision support. The user can decide to override the alert, discontinue or suspend the interacting medication or they can change their prescribing decision and cancel the alert
- HEPMA reports the latter as “warning heeded”. This was compared to the total number of alerts HEPMA produced.
- Datix submissions related to allergies and drug interactions were audited pre- and post-HEPMA for a 6 month period at the QEUH. This looked at the number of missed allergies and interactions reported prior to the implementation of HEPMA, and whether HEPMA had any benefit on reducing this.

Results

- Total alerts produced by HEPMA and shown to the users in February 2022: **120,470**
- Warning Heeded: 24,572 (20%)
- **1 in 5 alerts result in a clinician changing their prescribing decision.**



Allergy interactions reported by Datix: 6 prior vs **1 after the introduction of HEPMA**
Drug interaction reported by Datix: 12 prior vs **3 after the introduction of HEPMA**



Conclusion

These benefits show an improvement in the 4 key themes identified by the HEPMA Full Business Case: better care, better workforce, better value and better health. HEPMA benefits patients by reducing the number of missed doses and medication interactions due to the alert system. This engages users as they can easily see when medications are due and also educates users on medication interactions and easily alerts them to patient allergies. These objectives reduce the possibility of patient harm and prolonged hospitals stays.

5.6 Next Steps

Effective care: Next steps 2022/23

- Progress the Quality Improvement Programmes for Deteriorating Patient, Falls, MCQIC, Mental Health and Primary Care by engaging with clinical and management teams and identify teams to start testing and measuring change ideas to reduce harm and improve the experience of patients.
- Plan and deliver eight new cohorts of the Scottish Improvement Foundation Skills programme by March 2023.
- Plan and deliver NHSGGC cohort of the Scottish Coaching and Leading for Improvement Programme (SCLIP).
- Continued testing and development of the evaluation toolkit within NHSGGC

6 Assurance

6.1 Summary of key achievements

Assurance: Key Achievements 2021/22

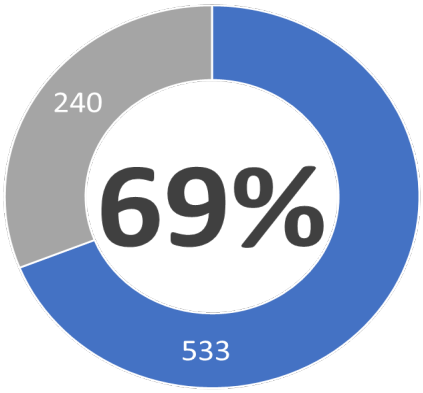
- In 2021/22 NHSGGC clinical guidelines were moved to the Right Decision Service platform. The platform has been developed to provide a central repository to access all NHSGGC clinical guidelines, and is intended as a reference source for clinical staff.
- Robust processes are in place for responding to the Scottish National Audit Programme (SNAP), and excellent engagement and response from clinical teams to the annual SNAP governance process.
- NHSGGC New Interventional Procedures Policy was reviwed, approved and republished in February 2022.
- NHSGGC Framework for Addressing Clinical Quality Publications was reviewed, approved and republished in November 2021.

6.2 Clinical Guidelines

Clinical guidelines are systematically developed statements designed to assist clinicians and patient decisions about appropriate health care for specific clinical circumstances. Guidelines should be based on evidence, combined with local knowledge to ensure that they are appropriate for local conditions.

NHSGGC Clinical Guideline Framework was published in April 2012 and has been regularly reviewed and updated. In 2022, guidelines were moved to the Right Decision Service Platform. This publicly available platform makes guidelines much more accessible to clinicians by enabling access from a much wider range of devices; allowing easy navigation to the specific information they need; and ensures the processes and framework that we use to develop and review clinical guidelines is fully transparent.

Processes to develop and review clinical guidelines remain in place. As a result of specific challenges related to COVID-19 and the recovery period, the number of breached guidelines has increased, these are guidelines which have gone beyond an agreed date without review. As at 31st March 2021, there were 773 clinical guidelines on the platform, 69% of which are within their review date. Actions have already been put in place to reduce the number of breached guidelines (warning banners on the guidelines themselves; revised escalation process; support to lead authors/ governance groups) and this year work will be taken forward to review and improve the processes for review of clinical guidelines, with the aim of reducing the number of breached guidelines to below 5%.



OF CLINICAL GUIDELINES REMAINED CURRENT AND VALID AS AT 31ST MARCH 2022

6.3 Clinical Quality Publications

NHSGGC have defined Clinical Quality Publications (CQPs) as documents which seek to inform and assure clinical practice and processes, such as national standards and guidance, evidence-based guidelines, and identified national audit and benchmarking reports.

NHSGGC Framework for Addressing Clinical Quality Publications aims to ensure that relevant publications are reviewed within the Board, and any actions considered. This framework was reviewed, endorsed and republished in November 2021.

- National guidance documents - produced by the Scottish Intercollegiate Guidelines Network (SIGN) and the National Institute for Clinical Excellence (NICE)
- National Standards - produced by Healthcare Improvement Scotland (HIS)
- Interventional Procedure Guidance (IPG) – produced by NICE
- Agreed Clinical Quality Publications (national and benchmarking reports containing NHSGGC data) - published via an established list of bodies

The number of publications impact assessed in line with the Framework has decreased since 2020/2021, from 63 to 35 clinical quality publications. Table 6.1 details the type of publications identified for 2021-22.

Type of publication	Number of publications
Publications (including audit and benchmarking reports)	25
Scottish Health Technology Group publications	5
SIGN guidelines	3
HIS standards	2
Total	**35**

Table 6.1 – Types of publications identified for 2021-22

As part of the review of CQPs, a red flag can be applied where NHSGGC is considered to be an outlier in a standard, measure or indicator, and where this might constitute a risk, either clinically or to the Board's reputation. A red flag includes:

- an outlier which is >3 Standard Deviations (SD) from the mean
- where there is agreement that an outlier/ outstanding action is considered a clinical risk
- where an outlier/ outstanding action may constitute a risk to the reputation of NHSGGC.

A report on open red flags was expanded this year to provide more oversight and assurance. A high-level summary position for publications, including open red flags, is reported quarterly to the divisional level Clinical Governance Forums to confirm service review and next steps, if required.

6.4 Scottish National Audit Programme (SNAP)

Public Health Scotland (PHS) publish Annual National reports for selected audits/ registers which are part of the Scottish National Audit Programme (SNAP) each year. SNAP aims to ensure consistent delivery of high quality evidence based care across Scotland reducing variation, death and disability; and ensuring patients continue to be supported to maximise their quality of life.

NHSGGC has a robust process in place for responding to SNAP. This includes ensuring ongoing data collection and quality assurance, regular review of audit data within the clinical teams, and excellent engagement and response from clinical teams to the annual SNAP governance process, where NHSGGC receives an official alert of any outliers within the national reports and are required to respond

In May 2021, NHSGGC had 5 positive outliers, 4 outliers which required response, 6 issues that required attention, and 1 outlier which had issues with data reporting. All outliers have been reviewed and responded to, and ongoing progress is monitored through the relevant clinical governance forums.

6.5 New Interventional Procedures Policy

An interventional procedure is used for treatment or diagnosis, and involves incision, puncture, entry into a body cavity, electromagnetic or acoustic energy. NHSGGC New Interventional Procedures Policy sets out the approach to be taken in relation to the introduction of new interventional procedures within the Board, and is designed to enable health care professionals to embrace new technologies whilst protecting patients and reducing risk.

This policy was updated in February 2022 following a consultation period. In the course of this review, it was recognised that awareness of the policy and processes could be

strengthened. Specific work will be undertaken in the coming year to raise awareness of the policy and the supporting processes.

6.6 Next Steps

Assurance: Next steps 2022/23

- An improvement project will be taken forward to reduce the number of breached guidelines to below 5%.
- Support the implementation of the NHSGGC New Interventional Procedure Policy.
- Further development work on dashboards and putting in place an infrastructure to allow staff to access these securely.

7 Person-Centred Care

7.1 Summary of Key Achievements

Person-Centred Care: Key Achievements 2021/22

- To provide strategic oversight and governance of the decision-making process for hospital visiting, a Visiting Review Team (VRT) was established to ensure a consistent and robust approach was taken to all visiting reviews.
- Person-centred virtual visiting continues to be embedded in our approach to person-centred visiting.
- Engagement undertaken to listen and learn from experiences of patients, their families, carers, and staff has informed the development of NHSGGC core principles for care planning.
- The Care Experience Improvement Model (CEIM) was remobilised in March 2022 after temporary suspension in response to the Covid-19 pandemic.

7.2 Person-Centred Care

Person-Centred Care aims to provide care that is responsive to individual personal preferences, needs and values and ensure this guides all decisions about care and treatment.

7.3 Person-Centred Visiting

In response to guidance from the Scottish Government to minimise the spread of COVID-19 and to keep patients, families, and staff safe, it has been necessary to temporarily introduce hospital visiting restrictions at various time periods throughout 2021-22.

In all circumstances visiting arrangements are encouraged to be applied using a person-centred approach which is flexible, compassionate, and each patient's needs considered on their own merits. Carers, those providing essential care or emotional support, or spiritual care are not considered to be visitors and continued to be permitted to attend a patient in hospital.

A Visiting Review Team (VRT) was established to ensure a consistent and robust approach was taken to all hospital visiting reviews to ensure:

- Decisions were undertaken as timeously as possible to review the hierarchy of controls around hospital visiting currently in place applying a risk-based approach to proportionately balance the rights, wellbeing, and safety of all concerned.
- Provide strategic oversight and governance of the decision-making process.
- People in hospital were able to get the vital support they need from the people who matter to them, as safely as possible.

- Specific local visiting guidance, risk assessments, internal and external communications and information were updated to align with national guidance and ensure timely communication with patients, families, wider public and staff.
- Review of feedback, concerns and complaints to provide insight into how hospital visiting arrangements were being received by patients, their families and carers and identify indicators of where improvements needed to be concentrated.

The main themes emergent from the feedback, concerns and complaints reviewed include:

- Local application of NHSGGC Visiting Guidance by staff
- Interpretation of Visiting Guidance by patients and family
- Compassionate Visiting Approach

The gradual remobilisation of person-centred visiting is now being guided by the Visiting Review Team and Scottish Government guidance, to ensure family support is welcomed and encouraged, whilst continuing to balance the risks proportionately with the rights, wellbeing, and safety of all concerned at its heart.

7.4 Person-Centred Virtual Visiting

Virtual Visiting continues to be an integral part of our person-centred visiting approach to ensure patients are able to remain in contact with the people who matter to them if they are unable to visit in person due to personal circumstance or for other reasons.

In 2021-22 work focused on the following developments:

- Implementing NHS Near Me (Attend Anywhere) as the preferred approach for facilitating video calls to enhance compliance with information governance and data protection guidance.
- Creating information about the service in alternative languages, thereby supporting those most at risk of isolation in hospital to maintain contact with their families.
- Handover of technical support to the eHealth Proactive Support Team, including the installation of speakers and microphones to carts housing iPads, to enable those who are hard of hearing to benefit from the service.

The following are examples of main themes and experiences shared about PCVV from patients, family, and staff:

Themes observed	*Illustrating excerpt*
Equality and Diversity	***"I am recently completely deaf… [ward staff] arranged to speak to me in a side office with an app that translated speech… I received the most comprehensive information on my mother's care and what to expect when she comes home this for me was invaluable as I live with my mum…they were exceptional every one of them in finding a way for communication for me."***
Benefits of virtual contact with family when unable to visit	***"So grateful for this. Family so stressed as dad has Covid at 90 & mum & sister positive so no-one able to visit. I am a doctor in Australia & family look to me for advice but as unable to get through to ward has been so difficult. Doctor called me directly tonight & updated me & let me speak to dad. Words fail me - so happy for this. Thanks so much arranging this."***

7.5 Care Experience Improvement Model

The main purpose of the Care Experience Improvement Model (CEIM) is to gather care experience feedback in 'real-time' from people receiving care or support close to or during their episode of care for the purposes of reflection, learning, improvement and whenever possible early resolution of individual issues and concerns.

After temporary suspension of the CEIM in response to the COVID-19 pandemic in March 2020 remobilisation of the CEIM began in March 2022 with a cohort of five clinical teams within the Queen Elizabeth University Hospital (QEUH).

7.6 Person-Centred Care Planning

The NHSGGC Healthcare Quality Strategy – Pursuit of Excellence outlines our commitment to enable people to share their personal preferences, needs and wishes about their care and treatment and include these in their care plan, care delivery and in our interactions with them and to involve the people who matter to them in a way that they wish.

In 2021 an engagement exercise was undertaken to listen and learn from experiences of people receiving care in our services, their families, carers, and staff.

The aim of the engagement approach was to:

Aim 1	• Ensure the needs of patients, families, carers and staff are at the centre of the design, testing, implementation, training, and evaluation phases.
Aim 2	• Inform the development of a set of core principles to be applied across NHSGGC to achieve a more consistent approach to care planning.
Aim 3	• Inform the design and format of the plan of care which details what matters to a patient and their personal preferences, needs and wishes for their care and treatment.

The engagement exercise received six hundred and eight-three (683) responses, which included a spread of 47% (318) health and social care workers and 53% (365) patients/family/carers/advocates. This was followed by engagement with an additional forty (40) participants, staff, patients and family at two virtual workshops.

Some examples of feedback from the engagement exercise include the following:

Theme observed (and frequency)	*Illustrating excerpt*
What matters including individual choices and preferences	***"You are now listening to patients and not telling patients. My Care Plan takes into account my life needs as well as my medical and daily care needs."***
Who matters	***"Fully involved at every stage. My mum is currently a resident in a Nursing Home. Fully involved in the placement from sheltered housing, respite, Nursing Home and heavily involved in decisions in the delivery of person-centred care"***

Communication support needs	*"Conversing in language that is easily understood and the use of medical terminology was also fully explained. I felt during my cancer journey that I was listened to, I was supported in my rehabilitation and the staff at every consultation treated me with wonderful dignity and respect. The care I received was exemplary, it was the NHS at its very best, I am forever grateful."*
Setting realistic aims and goals	*"Discussing… from point of assessment what they wish their outcomes/aims/objectives to be. Involving others with patient consent. Being realistic about their goals."*
Multi-professional Approach to care planning	*"I was provided with information following discussion of my case within the multi-disciplinary team, regarding further investigation and the timing of further investigation, prior to commencement of any treatment. I was informed that these decisions were taken and discussed with me to prevent any unnecessary adjuvant treatment, and was asked for my own thoughts and any questions that I may have subsequent to receiving this information."*

The main themes emergent from the engagement exercise have informed the development of NHSGGC core principles for care planning and are now informing the design of our improvement approach and are illustrated in Figure 7.1.

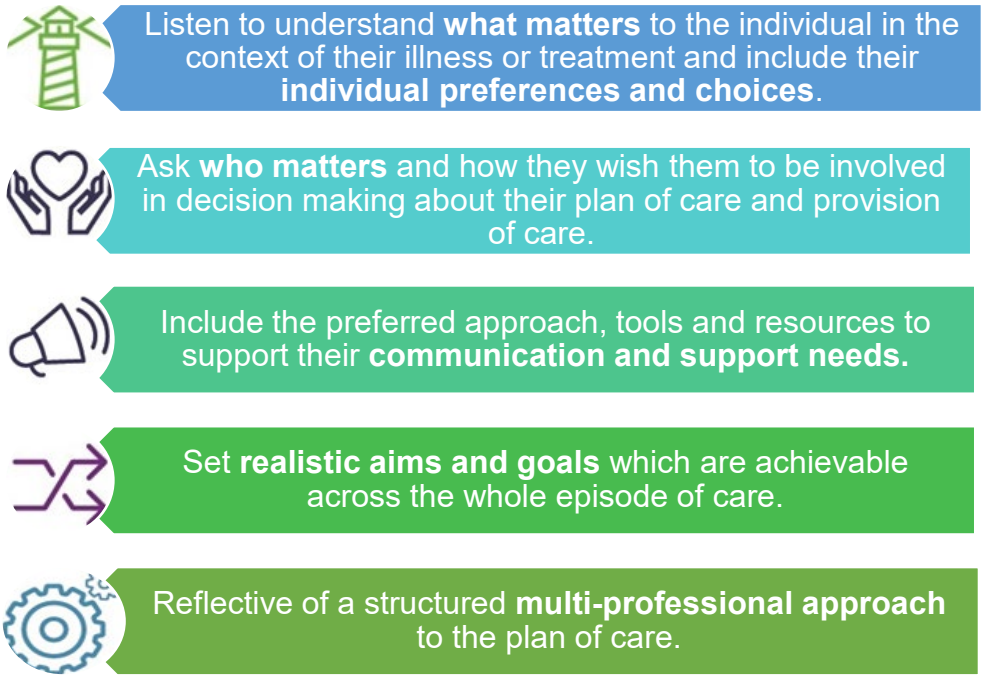


Figure 7.1 - NHSGGC core principles for care planning

Other findings from the engagement which are informing the testing and development phase include:

- A **core skill set** to inform how staff interact with patients and their families to plan care. This will be included in the development of an education and training package to support the rollout of the person-centred care plan.
- A **review of the systems and processes to support care planning** (paper and electronic) to ensure these are fit for purpose. Work is now progressing in collaboration with the eHealth and Corporate Practice Development Team to integrate the person-centred care plan into developments being taken forward to develop a multi-disciplinary electronic patient record.

The person-centred care plan design is now integrated into the Active Clinical Notes Project being progressed by eHealth and the Corporate Practice Development Team on the Trakcare platform to digitalise nursing documentation in the Acute Service. Further development and testing of this being progressed in Summer 2022. This is a multi-phased piece of work which will be further spread once proof of concept has been established.

7.7 What Matters to You Day 2021

What Matters To You? (WMTY) is an international person-centred care movement and is an opportunity for NHSGGC to build on its national and international profile, shining a light on what matters most and demonstrating continued commitment to person centred care.

The scope of NHSGGC's WMTY activity was widened in 2021 to increase involvement from acute wards, Health and Social Care Partnerships, Care Homes and prison health care.

Seven-hundred and forty-eight (748) people shared what mattered to them with NHSGGC social media channels or the CGSU.

All responses received were collated and analysed to understand what mattered to people. Key themes identified included:

- Relationships
- Quality of care
- Wellbeing
- Staff governance

Figure 7.2 - What matters to a resident and her husband in Merino Court Care Home

A report summarising activity and learning from WMTY21 is available from the NHSGGC website.

7.8 Next Steps

Person-Centred Care: Next steps 2022-23

- The gradual remobilisation of person-centred visiting will be guided by the Visiting Review Team and Scottish Government guidance, to ensure family support is welcomed and encouraged, whilst continuing to balance the risks proportionately with the rights, wellbeing, and safety of all concerned at its heart.
- Core principles from the person-centred care planning engagement phase of work will be embedded in the design of the testing and development phase of the Active Clinical Notes Project to digitalise nursing documentation in the Acute Service.
- A CEIM self-assessment tool will be established to assist care teams to assess progress made with each of the standards within the Excellence in Care/Care Assurance Standard for Person-Centred Care and identify gaps where improvement is required.
- A board wide planning group, reporting to the Person-Centred Care Steering Group, will be established to take forward a structured approach to planning and coordinating WMTY Day 2022.

8 Conclusion

As described in the introductory section this report can only provide insight to a small sample of the overall clinical governance related activity within NHSGGC.

From the information provided we have demonstrated the significant commitment of the Board to managing and improving the quality of care we provide, and that the clinical governance structure is well developed.

There remains an ongoing focus in continuously developing processes and systems to ensure robust recognition of issues and taking forward any necessary improvement.