Section 3: Healthcare is safe for every person, every time

Governance Systems

The NHS Scotland Quality Strategy was published in May 2010. NHS Fife has an agreed direction of how to meet the strategy objectives, and, locally, the context is set by requirements to meet the challenges of:

- Ensuring and enhancing the quality of care provided
- Supporting the efficiency agenda

A Quality and Safety Framework – “Making it easier to do the right thing” - is evolving locally, the purpose of which is to provide understanding and linkage between these two key agendas and reflect the landscape within which we operate.

NHS Fife has developed a Quality Delivery Plan which was reviewed during 2012/13. This is an overarching document covering all aspects of Quality and Clinical Governance in NHS Fife. Quality and Clinical Governance are interlinked and the delivery is through quality improvement and quality assurance as part of a continuous cycle. This cycle is supported locally by:

- Quality Improvement Hub and Clinical Governance Team
- Clinical Governance (Assurance) by the Quality Safety and Governance Group and Clinical Governance Groups and Committees

The Quality Delivery Plan describes five workstreams within NHS Fife (Assurance, Measurement, Leadership, Building Capability and Building Capacity) which will create the infrastructure to support the delivery of the quality strategy.

The NHS Fife model for Clinical Governance is well developed and embedded and designed to support Clinical Governance activities. There are also a number of related governance strategies (e.g. Risk Management) which are separate to this plan but which should be considered in conjunction with it.

Scottish Patient Safety Programme

In 2009, the Scottish Patient Safety Programme (SPSP) was established with an overall aim of reducing hospital mortality by 15% by 2012. The next phase of the SPSP has two aims:

- Reduction in hospital mortality by 20% by December 2015
- 95% of people experiencing care will be free from avoidable harm

The NHS Fife Hospital Standardised Mortality Rate (HSMR) decreased by 13.8% between the quarter ending December 2007 and the quarter ending...
March 2013, against an all-Scotland reduction of 11.6%.

NHS Fife is currently embedding a new process to evaluate, monitor and further improve hospital mortality. This aims to review all deaths (excluding hospice deaths) that occur within Victoria Hospital Kirkcaldy on a weekly basis. A steering group has been established to lead and direct the review, which includes reviewing and analysing the data gathered, developing themes of causes and proposed improvements, and establishing a monthly report to provide feedback which will be shared widely within the organisation.

An internal mortality report complements the nationally produced HSMR data, and the intention is that these data and analyses will be used locally in a timely way to support informed interventions to reduce mortality in our hospitals.

As part of the next phase of the Acute Adult Safety Programme key essentials have been identified which should be implemented throughout boards. The essentials and Fife performance against these are as follows:

- **Handwashing (General Ward)** – 28 wards reporting, 16 with sustained compliance of 95% +/- 5%
- **Leadership Walkrounds** – weekly walkrounds well embedded across acute services and CHPs
- **Surgical Pause and Brief** – sustained compliance in theatres of 95% +/- 5 (18 theatres across acute sites, and now implemented into endoscopy suites)
- **Safety Brief (General Ward)** – 24 wards reporting, 13 wards with sustained compliance of 95% +/- 5%
- **Intensive Care Daily Goals** – measuring within critical care areas, to be strengthened by implementation of the critical care indicators in Scotland
- **VAP Bundle** – sustained compliance of 95% +/- across all areas
- **Early Warning Score** – 3 measures, 22 wards reporting, 15 with sustained 95% compliance +/-5%
- **CVC Insertion - sustained compliance of 95% +/- across all areas**
- **CVC Maintenance** – 2 areas sustaining compliance with 95% +/- 5%
- **PVC Bundle** – 23 wards reporting, 13 having sustained compliance 95% +/- 5%

In addition there is a focus to deliver improvements nationally and locally relating to the priorities of Sepsis and VTE and currently NHS Fife are at the following stages to support this:

- **Sepsis** – currently still in testing phase; A&E is compliant with 5 of 7
measures, and AU1 is compliant with 7 of 7 measures

- VTE in Testing in AU1 – 82% compliance for July

To further embed and improve the compliance with the identified essentials and priorities, monthly meetings have been established with Clinical Nurse Managers to discuss the data and improvements required. This is supported by the Patient Safety Programme Manager.

Work is underway locally to drive improvements on the recently launched new indicator of harm free care, which includes tackling specific harms (Falls with Harm, Pressure Ulcers, Cardiac Arrest and Catheter Associated Urinary Tract Infection - CAUTI). NHS Fife are assisting Scottish Government as a pilot site to determine how the data will be gathered, recorded and aggregated to provide the measure of harm free care.

The Acute Adult Safety Programme has always been the main focus of the patient safety work however this has now been extended to Primary Care, Mental Health, Paediatrics and Maternity.

**Reducing Harm Action Plan**

NHS Fife had a formal mortality review of Q1 2012 and Q1 2010. As a result of that review an Action Plan was developed which has clear identified themes. This document is referred to as the “NHS Fife Reducing Harm Action Plan” and encompasses key actions identified from adverse events, mortality reviews, and Ombudsmen reports, and serves to ensure widespread sharing and learning within NHS Fife. This plan is developing and a tracker is in place to enable ease of monitoring of progress against key actions.

The document is beginning to connect several groups and work across NHS Fife in relation to improving safety, reducing harm and mortality. The Quality Safety and Governance Group monitor the plan, track progress against actions and oversee implementation of the identified improvements.

**Adverse Events**

NHS Fife has revised guidance and a policy for managing Adverse Events. This has been operational across the organisation since 3rd June, and its purpose is to provide transparency within the organization of reported incidents which have been graded as Major or Extreme. This raises awareness to any potential linkages between a patient’s outcome of experience and care to any incidents reported. It also ensures a timely response to the event and that identified improvements are identified and implemented as a result and, when appropriate, that learning can be spread throughout the organisation.

There is currently an Oversight Group meeting fortnightly, consisting of senior members of the organisation. The purpose of this group is to oversee and support the implementation of the new process, provide leadership and
facilitate the learning and sharing of information as appropriate across the organisation. The new process for managing adverse events is supported by administration staff and the Risk Management team, as well as managerial and clinical staff. This group ensures links with the Reducing Harm Action Plan and weekly mortality review to ensure key action points are captured and learning is taken in to the organisation.

Reports and updates are provided to the NHS Fife Clinical Governance Committee.

NHS Fife has developed a tracker which is used by the Oversight Group to ensure there is adherence to the new policy and guidance, to provide a view of numbers of major and extreme incidents reported and to track the progress of any Significant Adverse Event Reviews (SAER) which occur.

Future developments for further consideration will be to look at feedback and reports to Directorates, which will summarise key information from incident reporting and details of any incidents being managed within the process; weekly mortality review and actions within the Reducing Harm Action Plan.

The DATIX Risk Management module was upgraded in July to support the improvements required to manage adverse events. NHS Fife has moved to reporting of incidents via Datix web, which has seen an improvement in the timeous reporting of incidents.

**Healthcare Environment Inspectorate (HEI)**

An unannounced HEI inspection was conducted at Queen Margaret Hospital in November 2012. The report described knowledgeable and confident staff working hard to improve quality standards and the patient experience, but there are always areas for improvement and these were captured on a detailed Action Plan addressing four Requirements and seven Recommendations.

All elements of the Action Plan were completed by May and this was reported back to the Inspectorate.

**Healthcare Associated Infection (HAI)**

**T11 KPM1: Further reduce healthcare associated infections so that by 2012/13 NHS Boards’ *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days**

*For the year ending March, the infection rate in NHS Fife was 0.52.*

NHS Fife failed to reduce its infection rate to the required level at the target end point. The number of cases in 2012-13 increased by over 25% from its 2011-12 level, although an increased proportion of cases were community-acquired.

Health Protection Scotland (HPS) have reviewed our performance and
protective measures, and are providing continuing support in identifying further SAB reduction initiatives and in taking forward a joint action plan to implement them.

**T11 KPM2: Further reduce healthcare associated infections so that by 2012/13 NHS Boards’ rate of *Clostridium difficile* infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days**

*For the year ending March, the infection rate in NHS Fife was 0.34.*

Although the infection rate for 2012-13 was higher than that for 2011-12 (an increase of 13 cases), this was still significantly under the end target. Strict control and monitoring of antibiotic prescribing, and increased breadth and depth of staff education have been major contributory factors.