



Clinical Standards for Neurosurgical Services in Scotland

Review of National Standard 10
Quality of Care - Evidence Based
Criteria 10.2 & 10.3

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Introduction

The Managed Service Network for Neurosurgery (MSN) published Clinical Standards for Neurosurgical Services in Scotland in 2010¹. The Standards Development Group devised 12 standards to provide neurosurgical units with a national framework for the level of service provision that should be achieved within the specialty of neurosurgery in all four centres.

It is the remit of the MSN to audit these standards to ensure that service provision meets or exceeds the standard. In the event that standards are not met, the MSN liaises with the provider board in question and requests that appropriate action is taken at a local level. The MSN selects given standards to audit each year; this year, Standard 10: *Quality of Care – evidence based* has been audited. Standard 10 states: *Modern clinical practice should be based on the best available evidence and should adapt and improve over time as new evidence emerges.*

The results of the audit of adult morbidity and mortality (M&M) meetings (criterion 10.2) and participation in national audit (criterion 10.3) are provided in this report.

Criteria to be audited:

Criterion 10.2: Regular mortality and morbidity (M&M) meetings will take place and clinical staff will have sufficient time to prepare for and attend these meetings.

Criterion 10.3: Where there are national programmes for audit, all centres will participate.

The 12 Clinical Standards were audited in full in 2010 to 2012 and the results were published in 2013². In relation to Standard 10 the findings *at that time* were:

- Criterion 10.2 – the review panel recommended that, in addition to reviewing mortality cases, neurosurgical teams should review morbidity incidents.
- Criterion 10.3 - it was noted that there were few national audits relating to neurosurgical conditions, however the neurosurgical units in Scotland participated in those which were taking place.

Method

In each of the four neurosurgical centres the MSN Audit Facilitator met with the Lead for Neurosurgical M&M meetings and with a member of the neurosurgical team who would be able to assist in completing the proformas for Criterion 10.2 and 10.3 respectively.

A Neurosurgical National Standard proforma was completed for each of the criteria (see appendices 1 and 2). The information from each of the four centres was collated and national performance against these standards was assessed.

Each centre retained their own data, therefore should any member of the neurosurgical team wish to review any of the data, this can be carried out at a local level with their Audit Facilitator.

Results

Criterion 10.2: Regular mortality and morbidity (M&M) meetings will take place and clinical staff will have sufficient time to prepare for and attend these meetings.

The questions asked were derived from practice guidance on M&M meetings published by Healthcare Improvement Scotland³.

1. Is there a dedicated person responsible for arranging the meeting?

All four centres have a dedicated person responsible for arranging the meeting.

2. How frequently are M&M meetings held?

Greater Glasgow and Clyde (GG&C) and Lothian hold monthly meetings. Tayside holds monthly meetings excluding July and August. Grampian holds bi-monthly meetings.

3. Is a record of attendance completed at each M&M meeting?

A record of attendance is completed (and retained) at each M&M meeting by Lothian, Tayside and Grampian. There is no record of attendance documented in GG&C.

4. Which disciplines attend the M&M meeting?

The question asks which disciplines *attend* but it should be noted that the table below shows which disciplines are *invited*.

Disciplines <i>invited</i>	Grampian	Tayside	Lothian	GG&C
Medical Staff	✓	✓	✓	✓
Nursing Staff	✓	✓	✓	û
Physiotherapy	✓	✓	✓	û
Speech & Language	✓	û	û	û
Occupational Therapy	✓	û*	û	û
Neuropsychology	û	✓	û	û
Pharmacy	✓	✓	û	û

* Occupational Therapy is represented by Physiotherapy in Tayside

5. Is there protected time to allow staff to attend the M&M meeting?

All centres agreed there is protected time in place to allow staff to attend the meeting.

6. Are any or all of the following recorded at the M&M meeting? Minutes, List of Actions and Learning Points

All centres confirmed that minutes, a list of actions and learning points are recorded at the meetings.

7. Are any or all of the following circulated after the M&M meeting? Minutes, List of Actions and Learning Points

- **Grampian and Tayside**
A list of actions and learning points is circulated following the M&M meetings.
- **GG&C and Lothian**
A list of actions and learning points **is not** circulated following the M&M meetings.

8. Who is on the circulation list to receive a record of the outcomes from the M&M meeting?

- **Grampian and Tayside**
All of those invited to the meeting receive a record of the outcomes.
- **Lothian**
Outcomes are not circulated, however a request for access for the minutes can be made directly to the Chair.
- **GG&C**
No circulation list is held and no outcomes are circulated.

9. Is a trend analysis maintained of issues identified at the M&M meeting?

- **Grampian and GG&C**
No trend of issues identified at the M&M meetings is maintained.
- **Lothian and Tayside**
A trend analysis of issues identified at the M&M meetings is maintained.

10. How are service improvement steps recorded and/or reported following the M&M meeting?

- **Grampian**
A letter will be sent to the appropriate body highlighting any issues which need to be addressed.
- **Tayside**
An individual will be allocated responsibility for any action points and this will be followed up at the next meeting. If required, team member's write Standard Operating Procedures to ensure learning is disseminated to the wider team.
- **Lothian**
All steps will be recorded in the minutes held by the Chair and all actions allocated to a specific individual who will update the group on progress of the action at the next meeting. Any decisions pertaining to a change in practice are made at the meeting.
- **GG&C**
Any service improvement issues will be documented and sent in writing to the relevant personnel.

Criterion 10.3: Where there are national programmes for audit, all centres will participate.

1. Which national audits does your unit participate in?

National Audit	Grampian	Tayside	Lothian	GGC
MSN ARCO	ü	ü	ü	ü
MSN CAPNA	ü	ü	ü	ü
SANON	ü	ü	ü	ü
SBNS National Audit Programme	ü	ü	ü	ü
Skull Based Registry	ü	ü	ü	ü
UK and Ireland National SAH	ü	ü	ü	ü
UK Shunt Registry	ü	ü	ü	ü

2. How is national audit data used?

- **Grampian**
The neurosurgery team receives reports from national audits they have participated in.
- **Tayside**
All publications that include data from NHS Tayside are discussed at the Clinical Effectiveness half-day meeting. Discussion focuses on how Tayside is delivering its services in comparison with services provided in other boards. A course of action will be established if any concerns are raised.
- **Lothian**
All national data received is discussed within the team and used for learning and service improvement.
- **GG&C**
The unit currently participate in SANON.

3. Which local audits does your unit participate in?

- **Grampian**
The unit is currently participating in a Metastatic Spinal Cord Compression audit. They also take part in other local audits as available including previous audits of: Operation Notes, Pre-Assessment, Patient Flow and Turnaround Times for Oncology Specimens.
- **Tayside**
Local audits in Theatre Usage, Dashboard, Discovery Impact Huddle and Neurosurgical Ward Note Keeping are carried out in a continuous cycle at the beginning and end of each 4 month rotation of Foundation Year doctors (FYs).

- **Lothian**
Theatre Usage, Ward-based audits carried out by nursing staff e.g. hand hygiene, Observations Audit, Infection Control. The Registrars and FYs carry out a continuous cycle of audit on a plethora of topics to ensure best care and service improvement
- **GG&C**
Each FY2 doctor is responsible for an audit study, the results of which are presented every three months.

4. How is local audit data used?

- **Grampian**
Data from local audits is presented at departmental meetings.
- **Tayside**
Information gathered from local audits is used in training sessions for the FY doctors and Specialist Trainees. Results are also considered by the ward staff, if there is indication of a fall in standards, the charge nurse will initiate training. Additionally, information obtained from audits is used to ensure the service is working at capacity and to monitor areas where improvement is required.
- **Lothian**
Local audit data is used in training sessions for the FYs and Registrars and to ensure that the department is maximising the service provided. Nursing staff act on data from ward based audits, initiating training if required.
- **GG&C**
Presentations of audit results are used as a teaching tool. If a problem is identified, an improvement plan is initiated. Re-audit is performed to complete the audit cycle and ensure service improvement has occurred.

Conclusions

In Standard 10, criteria 10.2 states that *Regular mortality and morbidity (M&M) meetings will take place and clinical staff will have sufficient time to prepare for and attend these meetings*

Results from this audit of adult M&M meetings indicate that three out of the four centres are achieving this criterion. Although GC&C meets criterion 10.2 in relation to mortality, morbidity is not currently discussed. As the criterion states that both mortality and morbidity meetings should take place regularly, GC&C will fail to meet Standard 10, criterion 10.2 until morbidity is added to the agenda for discussion. The integration of standard morbidity metrics into the M&M process will be a focus for clinical teams working with the MSN over the course of the next year.

It was positive to note that all four centres have a dedicated consultant who is responsible for organising the M&M meetings. All centres held meetings at least once every 2 months, with protected time in place for staff to prepare and attend. Minutes, a list of actions and learning points were reported as being recorded in all four units, however these are not circulated in Lothian or GG&C. Improvements could be made to the M&M process in Lothian and GG&C e.g. the current practice of allocating trainees to specific consultants to prepare case presentations can result in delays in reviewing deaths if either party is absent at a given M&M meeting. The opportunity for timely reporting is lost.

A record of attendance is a fundamental requirement at the M&M meeting yet a register is not maintained in GG&C. The record of attendance demonstrates clinicians' participation in what is an essential component in the governance process and furthermore provides evidence of the meeting having taken place. It would be appropriate if GG&C were to adhere to best practice (as is the case in the other three units) and maintain a record of attendance at the M&M meetings.

Both Grampian and Tayside can provide evidence a multidisciplinary approach with regards to who is invited to, *and attends*, the M&M meetings. This is an area for improvement in Lothian and GG&C. It should be noted that a long standing invitation to attend a M&M meeting does not constitute a welcome to a collaborative meeting where the review of patient care is multidisciplinary and multi-specialty in nature.

In order to adhere to best practice³, GG&C and Lothian should circulate action points and learning points arising from the M&M meetings. Circulation of actions and/or learning points which are already being recorded in all centres, would result in clarification of what was discussed at the M&M meeting, as well as acting as a learning tool and would inform individuals who were unable to attend the meeting. Lastly, a trend analysis of issues identified at the meeting should be maintained in both Grampian and GG&C to identify if recurring problems are indicative of underlying issues.

Criterion 10.3 states: *Where there are national programmes for audit, all centres will participate.*

It was noted that GG&C's response to this question was that the only national audit the unit participated in was SANON. They do however participate in national audits co-ordinated by the MSN such as CAPNA (Clinical Audit of Paediatric Neurosurgical Activity)⁴ and ARCO (Annual Review of Consultant Outcomes)⁵. More encouragingly, all four centres participated in local audits and appeared to use the data from these audits as a key teaching tool.

The audit of two criteria of Standard 10 has shown shortcomings in two centres: Lothian and GG&C. Overall, criterion 10.2 in relation to M&M meetings is met, however there is room for improvement in the M&M process in Lothian and in particular, in GG&C.

In relation to criterion 10.3, the apparent lack of participation in national audit in GG&C appears at odds with the other three centres.

The MSN has a remit to ensure that the four regional services work to a standard that ensures the provision of a safe, national neurosurgical service. To that end, we have offered the services of the MSN Audit Facilitators to support clinical teams to undertake improvement work with their M&M processes. In Grampian and Tayside the MSN team has been involved in the M&M process for some time and this has resulted in a more robust governance system that addresses morbidity as well as mortality. Work has begun with the clinical team in Lothian but has yet to start in GG&C where, it would appear, the need is greatest.

References

1. Neurosurgery Managed Service Network. (2010). *Clinical standards for Neurosurgical services in Scotland*. Standards Development Group, September 2010.
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2. MSN Annual Report 2013
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3. Draft Practice Guide for Morbidity and Mortality Meetings. November 2016. Healthcare Improvement Scotland.
https://ihub.scot/media/2953/20171128-mortality-and-morbidity-reviews_comms.pdf
4. Clinical Audit of Paediatric Neurosurgical Activity
<https://www.msn-neuro.com/projects/past-national-audit-of-paediatric-services/>
5. Annual Review of Consultant Outcomes
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Appendix 1 Standard 10.2 – Criterion 10.2 Proforma

Neurosurgical National Standard 10 – Criterion 10.2: Morbidity and Mortality meetings

Regular mortality and morbidity (M&M) meetings will take place and clinical staff will have sufficient time to prepare for and attend these meetings.

Centre:					
1	Is there a dedicated person responsible for arranging the M&M meeting?				
2	How frequently are M&M meetings held?				
3	Is a record of attendance completed at each M&M meeting?				
4	Which disciplines attend the M&M meeting:				
	Medical Staff (Consultants, ST, FY etc)		Physiotherapy		SALT
	Nursing Staff (including ANP, Charge nurse, staff nurse etc)		Occupational Therapy		Neuropsychology
	Pharmacy		<i>Other:</i>		
5	Is there protected time to allow staff to attend the M&M meeting?				
6	Are any or all of the following <i>documented</i> at the M&M meeting?				
	Minutes		List of actions		Learning points
7	Are any or all of the following <i>circulated</i> after the M&M meeting?				
	<i>Minutes</i>		<i>List of actions</i>		<i>Learning points</i>
8	Who is on the circulation list to receive a record of the outcomes from the M&M meeting? (List by profession)				
9	Is a trend analysis maintained of issues identified at the M&M meeting?				
10	How are service improvement steps recorded and/or reported following the M&M meeting?				

Appendix 2 Standard 10 – Criteria 10.3 Proforma

Neurosurgical National Standard 10 – Criterion 10.3: National Audit

Where there are national programmes for audit, all centres will participate

Centre:

National Audit

1. Which national audits does your unit **participate** in?

2. How is national audit **data used** in your unit?

Local Audit

3. Which local audits does your unit **participate** in?

4. How is local audit **data used** in your unit?