

Greater Glasgow and Clyde NHS Board

Board Meeting
August 2013

Board Paper No. 13/34

Board Medical Director
Head of Clinical Governance

Scottish Patient Safety Programme Update

1. Summary of Actions for Board Members

Members are asked to:

- Review and comment on the ongoing progress achieved by NHS GG&C in implementing the Scottish Patient Safety Programme.

2. Primary Care Safety Programme

Background

Beginning in November 2011 we have been working in 11 self selected practices and 11 district nursing teams testing care bundles on the following clinical processes:-

- Medicines Reconciliation
- DMARDs (Disease Modifying Anti Rheumatic Drugs)
- LVSD (i.e. heart failure)
- Prevention of Pressure Ulcers in the Community (District Nurses)
- Insulin Administration in the Community (District Nursing)

The Scottish Government then announced the formal launch of SPSP Primary Care Programme commencing in April 2013 with an overall aim *“To reduce the number of patient safety incidents to people from healthcare delivered in any primary care setting”*. *“All NHS territorial boards and 95% of primary care clinical teams will be developing their safety culture and achieving reliability in 3 high-risk areas by 2016”*.

The programme launch attended by key staff from our board took place on 14 and 15 March 2013 with the aims of learning about

- the aims and objectives of SPSP-PC;
- tools and resources to support implementation of the Programme;
- methodology and the national collaborative network;

and

- planning for local collaborative and next step for boards;
- share resources, challenges and learning.

Board Programme Outline for 2013/14 and Update

GP Contract Negotiations 2013/14

As part of negotiations for this year, it has been agreed that all practices in Scotland will be invited to take part in SPSP activity. This will take the form of 11 QOF points to look specifically at:

- Safety climate survey within clinical teams
- Using the trigger tool to identify previously undetected evidence of patient safety incidents and identify learning from them

There has been an NHS GG&C Polypharmacy LES (2013/15) developed in response to CEL 36 (2012) regarding polypharmacy and quality, safe and effective use of long term medication. A medicines reconciliation component has been built into this LES using the bundle approach and measurement by reporting monthly compliance. 252 practices are participating in the LES in our Board.

The first medication reconciliation data submission was on the 30th June 2013 and the number and quality of returns received was noted to be good. Monthly data submissions will follow and progress will be reported in future reports.

Core Programme (Small Scale Testing)

In addition to the above and in keeping with our earlier approach we plan to continue testing during 2013/14 and have sought expressions of interest from G.Ps to undertake work in the following areas:-

- DMARD (Disease Modifying Anti Rheumatic Drugs)
- Outpatient Communication,
- Results Handling
- Medication Reconciliation

In addition participating practices have been asked to identify one local safety concern of choice and must involve patients in the work to ensure that the person centeredness aspect is incorporated into the work of the programme, linking with the Person Centred Health & Care Programme Manager.

This further testing phase will support the development of the care bundles for inclusion in the wider programme going forward in 2014-16.

A Service Level Agreement has been drafted and will be completed by participating practices. To date 18 practices have expressed interest in the core programme with a closing date of 16 August 2013.

Community Nursing

Further work is being undertaken in the wider implementation and spread of the bundle approach in Community Nursing for pressure ulcer prevention. Subsequent further key areas for improvement have been identified in reducing catheter associated infections (CAUTI), Falls prevention and nutritional screening. Plans are being put in place to development and test work in these areas in 2013 working with small teams to develop the prototype for spread in 2014/15.

Training

Polypharmacy LES (2013/14)

Training has been delivered to G.Ps (by Rachel Bruce, Lead Clinical Pharmacist) incorporating programme outline, the Model for Improvement, medication

reconciliation care bundle and data collection. Seven evening events were run over a period from March to May 2013 with 800 Practice staff attending.

In addition a Local Medical Council (LMC) Event included a short session on Trigger Tool and a Team Safety Climate Survey with 350 G.Ps attending plus 40 Sessional G.Ps. (The Trigger Tool is an case note audit process designed to find examples where the care plan has not progressed as expected)

Trigger Tool/Safety Climate Survey Training

Training on Trigger Tool, Staff Climate Survey and the Model for Improvement is scheduled to run from May to September 2013. The training delivered by NES has been undertaken at Protected Team Learning Events and other forums.

Most CH(c)Ps have completed the training and the remaining two have this programmed for August and September 2013. To date approximately 404 G.Ps and Practice Managers have attended training.

Local Learning Session

A local learning session is planned for 10 October 2013 for core programme participants (part of the SLA) to learning more about the programme and the work they will be supporting, the tools and resources to support implementation and the methodology.

Investment

Investment (Quest fund) has been secured to support the programme going forward in the next 12 months and will include the appointment of a G.P Clinical Lead (2 sessions per week) and Practice Development Post to support the Community Nursing Programme.

National Learning Events

The next national learning event, Learning Session 2, will take place on 5th and 6th November 2013. Work continues to populate our knowledge pages on the shared website to ensure our learning is visible to other Boards.

Health Improvement Scotland (HIS) Site Visit

A site visit from Health Improvement Scotland is scheduled to take place on 3 September 2013. The purpose of this visit is to engage with the host board around the work they have been progressing to date and offer support in areas which have been identified as a challenge. Key aims and objectives include:-

- Meet key members of the Primary Care team in NHS Greater Glasgow and Clyde
- Establish progress to date
- Discuss local successes and challenges
- Agree on an action plan for future activities

An agenda for the visit and attendance has been agreed. The first part of the visit involves an update from our Board on progress made.

2. Reliable care process for patients at risk of sepsis

The initial aim of a reduction in Mortality from Sepsis by 10% is currently being debated nationally as the date to support this outcome measure is unobtainable through current coding and national data collection processes. The proposed aim for the Acute Division is to obtain process reliability for the Sepsis 6 Bundle in the NHS GG&C pilot population by December 2013.

Recruitment of clinical teams and spread is being modelled in a phased approach as follows

- Phase 1 - 4 Pilot Teams of which all teams are currently submitting data, and on track to achieve the aim of reliable, sustainable processes by December 13.
- Phase 2 - 11 areas who are currently forming teams, testing change and gathering baseline data.
- Phase 3 – Teams are being recruited and will be identified on the basis of areas making the highest volume of requests for Blood Culture.
- All Sepsis 6 Clinical Team leads have been invited to upcoming National Learning event for the Acute Adult Programme in August.

Key headlines on progress include

- The implementation of the GG&C Early Warning System (NEWS) is now complete as of July. This standardized tool is key to consistent identification of patients with possible Sepsis.
- Dr Ian Keith and the Acute Medical Unit have developed the first reliable process for Sepsis 6 with Dr Keith now involved in spreading their reliable process to other clinical areas.

3. Reliable care process for patients at risk of venous thromboembolism (VTE)

This area of work is looking at the assessment of patients and concurrent administration of interventions to prevent venous thromboembolism (VTE) in patients being admitted for acute inpatient care.

The VTE workstream is still at the testing stage, and as yet do not have a reliable process design for broader implementation. Initially 10 pilot wards were nominated to develop processes around the VTE bundle. The teams have been actively contributing to the local shared learning collaborative and some teams now have data showing processes capable of meeting requirements but not yet quite consistently enough to meet definition of reliability. In addition we have now recruited extra teams so have reached a total of 28 wards who are active in the workstream.

5. Developing Improvement Capability

The National SPSP Programme for Acute Adults is holding another learning session on 28th and 29th August. We are currently identifying staff who can benefit or contribute to the learning collaborative to represent the Board at the event, including a small group who are leading workshops. An important area we are trying to understand more fully is the national strategy for key themes of falls, tissue viability and catheter associated urinary tract infections (CAUTI). The National SPSP Programme has been working up an intention to integrate these into a form of national safety index. However as this work is ongoing there is uncertainty as to how responsibilities for improvement will integrate with the existing governance arrangements in the Board that are in place for each key theme.

The annual recruitment to the SPSP Fellowship has now moved to the short listing and interview stage. Six clinical staff from NHS GG&C have been supported in applying for this important development opportunity.