Scottish Patient Safety Programme Update

1.	Summary of Actions for Board Members

This paper provides an update on the Scottish Patient Safety Programme (SPSP) for Mental Health and the work being progressed in our board.

The NHS GG&C Board is asked to:

- note the progress made by NHSGG&C Mental Health services in implementing the Scottish Patient Safety Programme.

2.	INTRODUCTION

Phase One (Pilot 2012/13) of the Mental Health Programme was a voluntary commitment from NHS GG&C in which we supported small scale process improvement to introduce and test the methods in mental health settings. Initially we committed two pilot wards to test one of the nationally described workstreams, which related to Risk Assessment and Safety Planning.

Phase Two of the programme from October 2013 onwards introduced mandatory expectations and, building on our initial pilots, has seen an increase in the number of wards involved. Thirteen clinical teams are now participating in Phase Two of the programme. The wards involved have representation from each in-patient sector in the board and include a cluster of wards in Gartnavel Royal Hospital site.

| 3.	THE WORKSTREAMS

There are five national workstreams:-

- Risk Assessment & Safety Planning
- Safe & Effective Person Centred Communication at Key Transition
- Safe & Effective Medicines Management
- Restraint and Seclusion
- Leadership & Culture

The first four relate to clinical practice and the main focus will be risk assessment and safety planning. However we have negotiated that at least one team will focus on each of the four clinical workstreams so we have a suitable scope of pilot work underway. The leadership and culture workstream

applies to all plots and extends to infrastructure in services e.g. safety walk-rounds.

Work is already well underway on Safe & Medication Management and local safety issues have been identified that will be addressed as part of the board programme. Priority areas are being selected and these are likely to be framed around improvement in Clozapine management, reliable error free prescribing and reliable prescribing and administration for as required medications.

The chart below illustrates an example of work on medicines reconciliation in the Langhill Clinic and Larkfield ward 4 in Inverclyde. Data has been collected for 60 weeks.
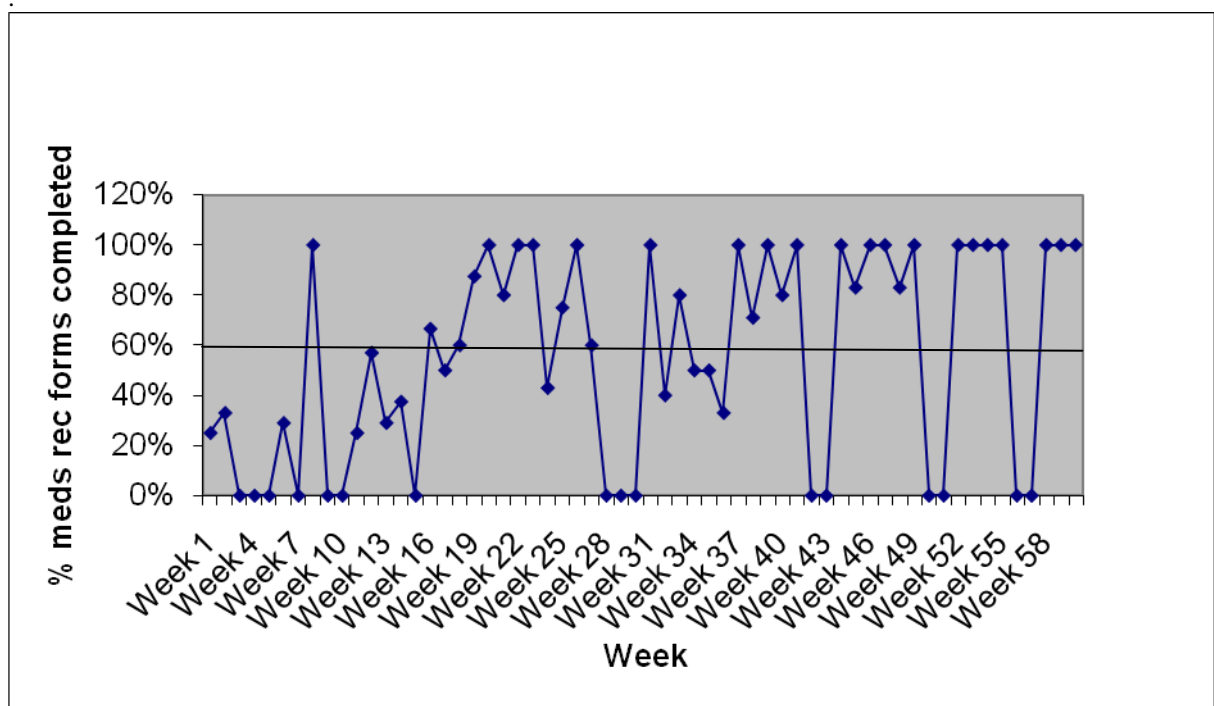
On the chart the data point showing a 0% value indicates either no admissions took place or data being unavailable due to the absence of the clinical pharmacist who is collecting data. Ignoring those data points the data from week 40 onwards compliance with the process is running at 96%, above the targeted reliability.

4.   LEADERSHIP & CULTURE

4.1   Staff Safety Climate Tool
Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiative. The Institute for Healthcare Improvement (IHI) Safety Climate Survey is being used for this purpose. The climate tool will be repeated after a year to establish whether there are changes in perceptions of staff.

Most participating wards have now completed the survey. Data has been analysed and returned to the ward teams for discussion and areas for improvement to be actioned.

4.2 **Patient Safety Climate Tool**
As part of the programme all boards are expected to use the Patient Safety Climate Tool to ask patients what they feel about the safety of the ward they are in.

Each ward participating in the programme will use the Patient Safety Climate Tool that will enable people to share the way they feel about their experiences that forms a powerful message that helps us to:

- understand complex experiences
- take another look at clinical practice and interactions
- provides concrete real examples that cannot be disputed
- develop a service that is more responsive to the experiences of those who give and receive the service
- recognise and reinforce good practice

The Mental Health Network is administering the tool in the wards bringing an independent perspective to the process, but supported by the Clinical Governance Support Unit. The Network produces a report on the findings that is fed back to the ward team. The on-going testing of the tool is monitored and supported by a member of the clinical team and clinical governance staff.

The patient climate tool has been undertaken in three wards with the remaining wards scheduled to complete by March 2014.

The wards will use the data to facilitate discuss with the team and patients acknowledging existing good practice and actioning areas for improvement.

4.3 **Leadership Walk Rounds**
Guidance has been drafted for the safety walk rounds and plans are being put in place to test the approach in a mental health setting. A schedule of visits for the *"Safety Dialogues"* is being drawn up with the first taking place in March 2014.

5. MEASUREMENT AND REPORTING

5.1 **Mental Health Outcome Measures**
A national measurement plan has been developed that involves all participating wards to collect monthly outcome and balancing measures that are submitted to HIS. A years worth of retrospective data is also collected.

Mental Health Outcome Measures are:

- *Rate of violence and aggression per ward*
- *Percentage of patients engaged in violent and aggressive behaviour*
- *Rate of patients being restrained per ward*
- *Percentage of patients being restrained per ward*
- *Parentage of patients who experience one or more episodes of seclusion*
- *Percentage of patients who experience self harm*
- *Days between inpatient suicide*
- *Percentage of patients who have emergency detention or use of nurse holding power*

Work is underway to improve the reliability of Datix data with the new teams with a timescale to begin to submit data to the national team in February/March 2014.

5.2 **Board Quarterly Progress Reports**
A quarterly progress report is being produced for HIS to include a summary of ongoing tests of change and accompanying data that is shared through Knowledge Network site.

6. INFRASTRUCTURE AND SUPPORT

6.1 **Team Site**
A team site has been set up for the programme that is a repository for templates, excel spreadsheets, data and information related to the programme. Participating wards have access and are encouraged to post all programme related information on the site. Good practice can also be shared on the site. Information is drawn from the team site for board and HIS reporting.

6.2 **Improvement Support**
Improvement Support staff have been aligned to wards and make regularly visits to the teams to provide guidance and practical support to help them implement various elements of the programme. Teams are encouraged to join monthly webex calls and populate the team site with new ideas to share learning within and across boards.

6.3 **Clinical Lead Post**
An additional Clinical Lead (Consultant Psychiatrist) has been appointed (1 session per week) to support the programme.

6.4 **Resource to Wards**
A small amount of funding is available for 12 months to participating wards to allow a member of the improvement team to dedicate approximately 2 days a month working on elements of the programme. There are plans to further develop the skills of these staff in improvement methods.

6.5 **Newsletter**
The first edition has been issued to keep the participating teams updated with the various strands of the programme and to share good practice.

7. HIS SITE VISIT

The first site visit took place on 13 December 2013. The purpose of the visit was to obtain an overview on Phase 2 of the programme and to discuss progress made. Areas were highlighted that are strengths, also areas for development for the delivery of the programme were discussed. As a result HIS agreed to fund and support the second local learning session in March 2014.

Site visits will continue to be a minimum of two per year though dates for 2014 have still to be scheduled.

8. LEARNING SESSIONS

8.1 **Local Learning Session 1**
The launch of Phase Two of the programme took place at a local learning session (full day) on 3 October 2013, in the Mercure Glasgow City Hotel. The learning session was specifically for NHSGG&C staff with 60 delegates attending. The session was supported by HIS in addition to funding of the event. The aims of the session were to engage and motivate teams to think about harm in mental health and imagine a better system. To develop the skills and knowledge of the teams about patient's safety and the improvement tools they will use to help them deliver the programme.

It was acknowledged that the event was beneficial for engagement, spreading knowledge and understanding of the Programme and generating ideas for tests of change to take work forward in GG&C.

8.2 **Local Learning Session 2**
A second half day event is scheduled for 6 March 2014 where teams will come back together to discuss and share progress that they have made. A workshop on the use of data and measurement for improvement is planned.

8.3 **National Learning Session 4**
The fourth National Learning Session will be held on 19 March 2014**.** Thirty five places have been allocated to our board. Participating teams have been invited to register for the one day event. Learning Session 4 will have a focus on spread, sustainability and collaborative working.

As with previous learning sessions, boards will be asked to display a storyboard to share progress and examples of good practice that have been happening in wards participating in the programme.

9. SUMMARY

Early work in the two pilot wards is being sustained and developed whilst rolling out to 11 new wards in phase 2 of the programme.

Phase 2 will look to consolidate and support existing good practice around improvement and harm reduction, support data collection and measurement and will look to test all five workstreams with new and existing teams.

The success of the programme will depend upon gradual sustainable and incremental development of improvement work leading to greater patient safety.

Appendix One
Scottish Patient Safety Programme: Glossary of Terms

SPSP	Scottish Patient Safety Programme
SPSP-MH	Scottish Patient Safety Programme – Mental Health
SPSP – PC	Scottish Patient Safety Programme – Primary Care
SPSPP	Scottish Patient Safety Paediatric Programme
CVC	Central Venous Catheter
CAUTI	Catheter Associated Urinary Tract Infection
DMARDs	Disease Modifying Anti Rheumatic Drugs
EWS	Early Warning Scoring
HAI	Healthcare Associated Infection
HDU	High Dependency Unit
HIS	Healthcare Improvement Scotland
HSMR	Hospital Standardised Mortality Ratio
IHI	Institute for Healthcare Improvement
ITU	Intensive Care Unit
ISD	Information Services Division
LES	Local Enhanced Service
LVSD	Left Ventricular Systolic Dysfunction (heart failure)
MCQIC	Maternal Quality Care Improvement Collaborative
MDT	Multi Disciplinary Team
NEWS	National Early Warning Scoring
PDSA	Plan, Do, Study, Act (small scale, rapid, reflective tests used to try out ideas for improvement)
PVC	Peripheral Venous Cannula
QOF	Quality Outcomes Framework

SBAR	Situation, Background, Assessment, Recommendation (a structured method for communicating critical information that requires immediate attention and action; can also be used effectively to enhance handovers between shifts or between staff in the same or different clinical areas.
SMR	Standardised Mortality Ratio
SSI	Surgical Site Infection
SUM	Safer Use of Medicines
Surgical Briefing	A pre-operative list briefing designed to ensure entire team understand expectations for the list and each procedure.
Surgical Pause	A pre-operative pause as an opportunity to cover surgical checklist and act as final reminder of items that must be completed prior to commencement of the operation.
Trigger Tool	A case note audit process designed to find examples where the care plan has not progressed as expected
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism