Greater Glasgow and Clyde NHS Board

Board Meeting

20 October 2009 **Board Paper No. 09/ 49**

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Scottish Patient Safety Programme Update

Recommendation:

Members are asked to:

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

1. Introduction

Safeguarding patients receiving care is a key strategic priority for NHSGG&C. As part of the way NHS GG&C will demonstrate this commitment it is participating in the Scottish Patient Safety Programme (SPSP).

The NHS GG&C aim is:
To generate understanding of SPSP quality improvement methods amongst clinical staff and that they then demonstrate application of knowledge by creating reliable processes for at least one of the relevant clinical work-stream packages, and all relevant elements from other work-stream packages, in all clinical wards in NHS GG&C Acute Services Division by the end of 2012. Approved at ASD SMG February 2009

The SPSP approach focuses on improving safety by increasing the reliability of healthcare processes in Acute care. This is achieved by front line teams testing and establishing more consistent application of clinical or communication processes. The success of this activity is monitored through a measurement framework and supported by a visible commitment to safety from organisational leadership. This is linked to an overarching set of improvement aims which are currently stated as follows;

- Mortality: 15% reduction
- Adverse Events: 30% reduction

- Ventilator Associated Pneumonia: Reduction
- Central Line Bloodstream Infection: Reduction
- Blood Sugars w/in Range (ITU/HDU): 80% or > w/in range

- MRSA Bloodstream Infection: 50% reduction
- Crash Calls: 30% reduction
- Harm from Anti-coagulation: 50% reduction in ADEs
- Surgical Site Infections: 50% reduction (clean)

2. Key Points for attention

2.1 Progress against SPSP assessment scale

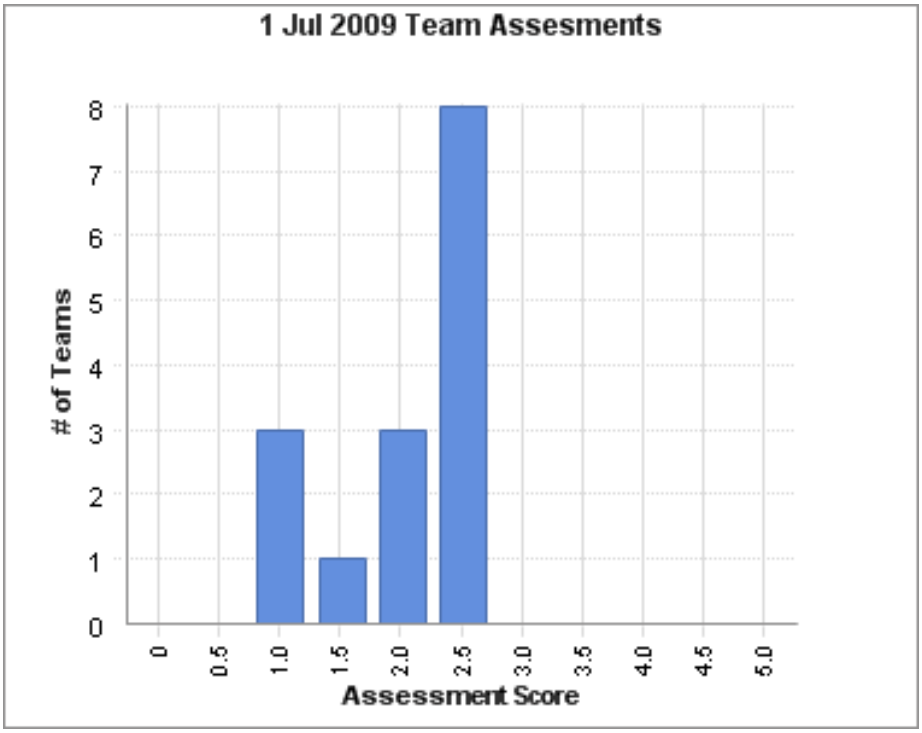
The NHS GG&C progress is currently assessed as level 2.5 by the national SPSP team. The Boards progress against this timescale and the predicted trajectory for future milestones is outlined in the table below.

Score	Definition	SPSP target dates	NHS GG&C dates (Actual/ predicted)
0.5	Pre-work completed by due date and pilot populations and teams have been identified for all five work streams.	Jan 08	Met - on timescale
1.0	Testing in all work streams is underway. Measurement system is being developed and at least half of the process and outcome measures are being collected and reported on the Extranet	Apr 08	Met - August 2008
1.5	Results on all outcome measures are being reported on the Extranet. In addition, all process measures relevant to the work currently underway are being reported on the Extranet. Improvement noted in process measures in pilot populations in at least two work streams. Initial plans for spread within each hospital are being developed.	July 08	Met – December 2009
2.0	Improvement noted (using run chart rules) in process and/or outcome measures for pilot populations in three or more work streams.	Jan 09	Met Jan 2009
2.5	Improvement noted (using run chart rules) in process and/or outcome measures for pilot populations in all five work streams.	Apr 09	Met July 2009
3.0	All key changes in all five work streams have been implemented in the pilot populations. Sustained improvement noted (using run chart rules) in process and outcome measures in one to three pilot populations.	Jul 09	Predicted July 2010
3.5	Sustained improvement (three months without sliding backwards) is noted in process and outcome measures for pilot populations in all five work streams. Spread (including testing, training, communication, etc.) of all key changes is underway beyond the pilot populations.	Jan 10	Predicted August 2010
4.0	Spread (including testing, training, communication, etc.) of all key changes has been achieved in one to three (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas	Jan 11	Predicted June 2011
4.5	Spread (including testing, training, communication, etc.) of all key changes has been achieved in all (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas.	Jan 12	Predicted January 2012

5.0 .	Spread has been achieved in all five (breadth) work streams with 100% penetration (depth) into the applicable clinical areas and has been sustained (no backward slipping in the outcome measures) for a minimum of three months.	Dec 12	Predicted December 2012

We are developing a full assessment against the conditions for level three. However initial discussions suggest that a strict interpretation may mean that this is not secured for sometime, due to challenges around medicines reconciliation and limited data quality associated with outcome measures. It is predicted that NHS GG&C will then remain behind the trajectory until the final year. So far the feedback from the SPSP national team and SGHD confirms they remain satisfied with our ongoing progress and performance.

The following graph shows the distribution of NHS Board assessments up to the reporting period of mid-August 2009. We can see that although we remain behind the trajectory described in the assessment scale our progress is in line with other leading boards in Scotland.



2.2 Data picture and the Measurement strategy

The team at the RAH ITU have been first in NHS GG&C to secure performance in line with one of the national aims and exceeded the target of 300 days without a central line bloodstream infection. The Board is asked to note the achievement of this significant milestone.

The ability to show reducition in mortality in line with national aim has been hampered by the lack of a suitable measure. The joint work between ISD and SPSP to produce a Hospital Standardised Mortality Ratio (HSMR) for Scottish hospitals is likely to result in routine production of data to each board in the near future. We understand that the data set will be provided through the national SPSP conference in November and it is anticipated should be more routinely provided thereafter.

The ability to show reduction in adverse events remains problematic. This measure is assessed using the technique described as the Global Trigger Tool. In spite of developing a number of tests of the approach and working with SPSP on training we continue to have detection rates that are below the expected range. The median detection rate for all NHS boards remains at or below the expected range.

The SPSP national team identified that we have now secured improvement in 75% of the measures required in the measurement strategy. The full deployment of the measurement strategy is being maintained for phase one teams but continues to be a challenge for phase two teams. A gap analysis has been completed and programme staff are linking to teams and their managers to resolve the issues with the aim that this is completed no later than November.

2.3 Progress in Phase 1 Front Line Pilot Teams

The phase one General Ward pilot teams have implemented all key changes and data indicates high levels of process reliability in place for work-stream elements. The final development was broadening the use of SBAR structure in urgent clinical communication to focus on exchanges between nurses and doctors. There is still testing of the measurement of the quality of the exchange but the structured communication process is reported as in place.

The phase one Critical Care pilot teams have implemented all key changes. These teams have been very successful and have demonstrated high reliability in process linked to improvement in outcome measures.

The phase one Peri-Operative pilot teams have implemented all key changes and data suggests high levels of process reliability in place for work-stream elements. There are however as yet unresolved issues with measurement around beta-blockade which is being subject to ongoing testing. Feedback form teams confirmed that testing is on measurement challenges not on clinical process development.

The phase one Medicines Management pilot teams are continuing to focus on improving safety in anticoagulant medication but will now begin to focus on reconciliation through the patient journey as reconciliation at admission has been moved into acute medical receiving wards.

2.4 Spread plan

An increased number of phase three teams have begun working after completing the preparatory work of identifying members and attending training. We have now confirmed that 40 teams have formally commenced and will continue to work through the process of finalising start dates with the others. It is excepted that the target of sixty teams commencing in 2009 will be confirmed by the end of October. It is the plan to begin planning with Acute Services Division on identifying and training for teams commencing in 2010, for which the target is an additional 90 teams working in the programme.

The spread plan focuses on the core programme but it should also be noted that work is well advanced in developing SPSP work-streams within paediatric settings, with staff attending a national workshop on 9th November.

2.5 Learning collaborative

The fifth national event for the SPSP will take place on Monday 16 and Tuesday 17 November 2009 in the SECC. Experience of preceding national events has been evaluated and agreement established that we target new teams (i.e. phase three) or new team members to LS5.

The national team will be conducting an inspection visit on 4th November where they will meet with programme staff, leadership and also visit teams at Southern General Hospital and Victoria Infirmary.

We understand that one member of NHS GG&C staff has been successful in their application to the next cohort of the SPSP Fellowship.

2.6 Leadership

A test of Directorate based implementation group meetings is being conducted over October and December. Surgery & Anaesthetics Directorate will host two such meetings to assess their benefit as compared to the current format of the Divisional level implementation group meetings.

The Cabinet Secretary's visit to GRI ICU, as part of National Patient Safety Month, was positively received by the visitors and local staff but unfortunately did not appear to have a large media impact.