

## Greater Glasgow and Clyde NHS Board

### Board Meeting

February 2010

Board Paper No. 10/ 01

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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 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. Reflections on Progress against the high level measures

The measurement framework operates at different levels, seeking to create connections between a focus on reliable clinical processes and their subsequent impact on outcomes. As we see reliability (i.e. six continuous months at level of 95% {+or- 5%}) being exhibited in the vast majority of

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process measures for pilot sites we are increasingly reviewing the outcome measures, in part to identify what else the programme should do to generate the targeted improvements.

<b>Aim</b>	<b>Comment</b>
• <u>Mortality: 15% reduction</u>	The relevant measure (Hospital Standardised Mortality Rate) has only just become available. There is no GG&C Hospital that is an outlier but there is variation on performance at each site. This is being analysed by ASD but requires further detail to be provided from ISD.
• <u>Adverse Events: 30% reduction</u>	This measure is generated through use of the Global Trigger Tool. To date the detection levels have been very low across Scotland. However in GG&C we recently reviewed the complete process and identified a number of deficiencies in how we are applying the case review. An action plan is currently being applied to improve our detection levels.
• Ventilator Associated Pneumonia: Reduction	Two ITUs have exceeded the target of 300 days with no cases VAP
• Central Line Bloodstream Infection: Reduction	One ITU has exceeded the target of 300 days with no cases of Central Line Bloodstream infection
• Blood Sugars w/in Range (ITU/HDU): 80% or > w/in range	Three ITUs have maintained the proportion of patient blood sugars in range at the aimed level
• MRSA Bloodstream Infection: 50% reduction	Not yet observable from available data set
• Crash Calls: 30% reduction	Not yet observable as there are significant problems with collecting the relevant data set for crash calls. It is too early to expect a small number of pilot sites to impact on this measure but there are other interventions that should have but again their positive impact is being masked.
• Harm from Anti-coagulation: 50% reduction in ADEs	No longer applicable – data collection process was not sustainable and switched off by the national SPSP team.
• Surgical Site Infections: 50% reduction (clean)	Not yet achieved

### **3. Key Points for attention**

#### **3.1 Reliability in pilot teams**

In the General Ward work-stream pilot team has completed reliable implementation in four out of five of the elements in their work-stream (an improvement of one element from last report).

In the Critical Care team work-stream a pilot team has completed reliable implementation in five out of eight of the elements in their work-stream (an improvement of one element from last report).

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In the Peri-operative work-stream a pilot team has completed reliable implementation in four of seven elements in their work stream (same as previous report).

In the medicines management work-stream two teams have reported a 20% improvement in the risk rating of the medicine management process for anticoagulants.

Overall improvement, using run chart rules, has been observed in over three quarters of the measures across all work streams.

**3.2 Spread plan**

The spread target for 2010 established by ASD is for 90 new ward teams formally commencing in the programme during 2009. The process of working with each Directorate, to agree the next wards for inclusion and how best to undertake their preparation for launch, is now underway. Initial indications confirm the target should be achieved. However the main concern is in maintaining an adequate support structure. An initial proposal to redirect existing clinical governance resource is being worked through with ASD Directorates with the expectation this is in place to initiate education and awareness for new teams in April.

An implementation plan for the Paediatric work-stream in Women and Children's Services is now almost complete and linking in to the national support arrangements. Clarity over local leadership roles and providing additional education for pilot teams is currently being resolved but there is significant staff interest and enthusiasm. The development of a local Mental Health programme continues to progress steadily and a number of staff are attending a training event in mid-February.

**3. Key Progress Points for Next Period**

<b><u>Actions</u></b>	<b><u>Responsible</u></b>	<b><u>Aim to Complete</u></b>
Engage with Directorates to establish identity of wards to commence in programme in 2010 (NB Phase four target is 90 additional wards)	HoCG	February 2010
<i>Update: Progressing well, initial indications of exceeding target are positive</i>		
Identify resource model to support implementation of phase four of the programme	Medical Director	February 2010
<i>Update: Outline proposal developed and being reviewed with ASD</i>		
Complete a full review of GTT process	HoCG	February 2010
<i>Update: Completed, review completed and identified number of concerns that will be addressed over next three months</i>		
Revise reporting formats, ensuring they create visibility of issues and progress for individual Directorates	HoCG	February 2010
<i>Update: Tests of overall format have been applied over last few months and well received by internal and external reviewers. Concerns about visibility in specific services have been identified and are being addressed.</i>		