

Greater Glasgow and Clyde NHS Board

Board Meeting

June 2010

Board Paper No. 10/19

Dr Brian Cowan, Board Medical Director
Andy Crawford, Head of Clinical Governance

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)

The overall NHS GG&C aim is to ensure the care we provide to every patient is safe and reliable and the local implementation of the Scottish Patient Safety programme will contribute to this aim.

Our SPSP aim is to achieve full implementation of the core programme in ASD by the end of Dec 2012. (The core programme includes improved staff capability in all wards, creation of reliable processes for every relevant element in every ward.)

We will also develop and fully describe SPSP style improvement programmes in Paediatrics and Mental Health services in 2010, then in Primary Care and Obstetrics in 2011.

2. Board Position

National Trajectory

NHS GG&C are currently at level 2.5 against the national trajectory. This is in line with most other Scottish Boards but behind the expected level, though only one board has achieved level three (NHS Tayside who have been applying method for three years prior to SPSP commencing). Discussion with other Boards indicates they are experiencing similar challenges in satisfying the criteria for level three. The National Steering Group has emphasised to boards to not over-judge progress against this trajectory in local evaluations as the main aims remain spread of process reliability with associated improvements in patient safety aims.

Level 3 requirements are that:

“All key changes in all five work streams have been implemented in the pilot populations. Sustained improvement¹ noted (using run chart rules) in related process and outcome measures in one to three pilot populations”.

Assessment of conditions being met:

Work-stream	Implementation complete	Further support actions
Critical Care	RAH ITU closest to completion with 7 of 8 elements showing sustained process reliability. Hand hygiene system has last four observations in 95% range, so two more required for completion. Related outcomes for central infection, VAP and 80% blood sugars in range all showing sustained improvement.	Nil required
General Ward	One ward (linked to GGH/WIG) appears to have reached full implementation of all elements but is being assessed in depth in early June. There are no related outcome measures which are available and directly related to processes in this ward.	Nil required
Peri-Operative	GRI pilot theatres have shown sequences of at least six data points within required range to demonstrate reliability for all elements in work stream. There are no related outcome	Nil required

	measures which are available and connected to processes in this theatre.	
Medicines Management	A process map for medicine reconciliation completed and assessment of wards being progressed. Indicates two areas have made good progress in completing implementation of key changes. Measurement system being accelerated so that weekly sampling of 20 records will take place to demonstrate reliability achieved.	Directorate management team are pursuing a set of supporting actions.
Leadership	All elements in the leadership action plan have been met. Walk-rounds are continuing but problems with data flow on actions being completed in time being addressed.	Directorate teams working to provide clearer feedback on actions identified and completed in agreed timescales.

We have already achieved part of the level three requirements of Sustained improvement noted (using run chart rules) in related process and outcome measures in one to three pilot populations

The specific action to achieve level three assessment is resolution of key change implementation in medicines reconciliation. This has been fully assessed and is currently being addressed by the EC&MS Directorate and the SPSP support staff.

Spread

The spread target for 2010 established by ASD is for 90 new ward teams formally commencing in the programme during 2009. We have now confirmed that 120 teams are committing to the programme this year and although this only includes 71 ward teams there are in addition 49 theatre teams. The Medical Director has approved initial development of the support structure to sustain this large increase.

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 with GG&C staff attending a national launch event in June.

Infection control staff have also been involved in a national development programme, supported by QIS, which aims to provide them with the theory and practice of improvement techniques used in SPSP. The Board recently received a visit from QIS leads reviewing how effectively SPSP and infection control have integrated that was positively evaluated.

Learning Collaborative

An important part of the programme is connecting staff to share improvement ideas and practice. This involves a range of national and local opportunities. The sixth national Learning Session occurred in early May. There was more positive feedback from new team members but they also indicated some degree of confusion as there

was no introductory session covering basic ideas and theory. Day two of the national event was viewed as more beneficial and some concern expressed that overall it was perhaps too much to expect two days out for this purpose. We are awaiting feedback from national evaluation but informal discussion indicates that more emphasis on local or regional contact will be required as the number of wards involved continues to expand. There were further staff release problems noted for a number of areas and some staff appeared to attend for only one of the two days.

We have previously noted that other options such as conference calls and implementation group meetings for each work-stream have had variable and declining participation rates. We are still testing the idea of improvement clinics in each hospital to supplement the other forms of contact but staff release from clinical areas continues to compromise their value. As these collective learning opportunities become less well used it places greater priority on the role of SPSP support staff to visit and review teams, identifying and sharing learning.

Measurement

A recent review of the measures reported on Extranet has revealed a set of concerns around data flows. In some areas the expected numbers of observations is lower than expected. This needs to be reviewed further by support team.

In relation to the two overall aims of 15% reduction in Hospital Mortality and 30% reduction Adverse Events we continue to have concerns.

ISD have now been able to resolve the design of a Hospital Standardised Mortality Ratio and has started providing this information to Boards. We have identified that significant supplementary analysis is required to be able to translate the ratio into an informed perspective that may support targeted improvement actions. We are still working through this additional activity with ISD however in response to a FoI request ISD will also begin to publish the data set in June to the public and media.

We also continue to have challenges in using the Global Trigger Tool methods to detect adverse events and consistently detect at levels lower than expected. A number of deficiencies have been identified and corrected but as yet a significant improvement in the detection rate has not been observed.

The HSMR and Adverse Events detected through the Global Trigger Tool have been reviewed by the Clinical governance Committee at its recent meeting.

EMBARGOED UNTIL DATE OF MEETING.

Key forthcoming actions

<u>Actions</u>	<u>Responsible</u>	<u>Aim to Complete</u>
Engage with Directorates to confirm and sign off participating wards (NB Phase four target is 90 additional wards)	HoCG	Early June 2010
<i>Update: Progressing well, indications of reaching target are positive with additional recruitment being progressed to ensure it is met, progress to formal sign off will confirm initial numbers committed.</i>		
Progress the identified improvements in Global Trigger Tool (GTT) process that will produce 100% increase in detected adverse event levels by July 2010	HoCG	July 2010
<i>Update: A number of sampling bias problems have been rectified, improved feedback on GTT to reviewers and services now also in place. A feedback and refresher session for reviewers is planned for May.</i>		
Complete a review measurement data flows from teams to Extranet and resolve limitations	HoCG	August 2010
<i>Update: Problems recognised but fuller analysis of symptoms and causes required, aim to complete this by end of June.</i>		
Completion of additional support arrangements and new team preparation for Phase four	HoCG	June 2010
<i>Update: Agreement on improved support secured and now working to secure staff into roles. Training being provided to enhance team capability and knowledge of improvement methods. Required engagement with new team members is progressing but handicapped by staff release problems so large number of small scale events having to be provided by support team.</i>		