Greater Glasgow and Clyde NHS Board

Board Meeting

August 2010 **Board Paper No. 10/32**

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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)

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. Key Points for attention

2.1 Reliability in pilot teams

The Board's Programme management is maintaining an ongoing assessing as to whether it meets the following indicator of progress; That we have achieved a reliable level of sustained implementation of all the key changes for each of the five work streams in a pilot population. Reliable is defined as six consecutive data points that are showing process is complete on more than 90% of occasions observed.

In the General Ward work-stream we have now confirmed that three teams have completed reliable implementation in all five of the elements in their work-stream.

In the Critical Care team work-stream a pilot team has completed reliable implementation in all eight of the elements in their work-stream. This team has also shown improvement in related outcome measures and begun implementation of elements from other work streams e.g. safety briefs (from general ward) thought to contribute to patient safety in the their ITU.

In the Peri-operative work-stream we are seeing pilot teams who are completing reliable implementation in the theatres but finding measurement of the patient pathway processes linked through wards more challenging. We have just revised again the measurement arrangements for the one final element (beta-blockade) still to show reliable levels but note the team are indicating good confidence that the basic process is well established and maintained.

In the Medicines Management work-stream we have completed in-depth analysis of the new medicines reconciliation with the team at Glasgow Royal Infirmary. In addition to developing the process the have thoroughly planned the induction of the new junior doctor rotation. The team are predicting reliability will emerge following the new intake of junior doctors in early August.

2.2 Spread plan

As a result of the specific support needs to that the theatre teams have required we have adjusted the count to include these more distinctly which means that this year 120 new teams became involved in the programme. Although this is level of support is a challenge, ASD have been mindful of the programme end in December 2012 and asked to review the adequacy of this volume against the milestones and objectives in the programme.

The Board has supported creation of Paediatric work-stream in Women and Children's Services. NHS GG&C staff have been heavily involved in supporting the national team in setting out the proposed aims, goals and measures for implementation of a Paediatric Patient Safety Programme, which was launched at a national event at the end of June 2010. We are also working with services on the development of a small scale local Mental Health programme, supporting implementation of a heart failure bundle and supporting infection control staff working on a national development programme.

2.3 Other Issues

The Hospital Standardised Mortality Ratio was released to the public in June with a number of inquiries made to the Board related to our own experience, with some interest on data for RAH. We continue to work with ISD in determining the necessary additional analysis for more confident interpretation.

After further work with the staff completing the review of records as part of the Global Trigger Tool we noted a slight increase in detection rates at two locations. However the overall picture remains a challenge as detection rates continue to be below the levels expected by the national SPSP team.

Enhancing the capability of staff through education and support to apply improvement methods is an integral part of the programme. There are a number of staff development opportunities to highlight. We have a Consultant currently working with Institute for Healthcare Improvement through a Health Foundation Fellowship. In the SPSP Fellowship programme we have two Consultants as Fellows from cohort one and one Consultant from cohort two, with at least two further staff invited for interview as part of cohort three. Two staff have places at the national Improvement Advisor course run by NHS NES in partnership with Institute for Healthcare Improvement and NHS GG&C staff have been asked to provide educational input to the forthcoming Improvement Science in Action Course.

3. Discussion

There is a sizeable challenge in realising the spread of the full set of improved practices in every work-stream into every clinical team and to achieve the overarching improvement aims. Progress against the national trajectory remains fixed at 2.5 in the scale. This behind expected delivery but in line with other Boards (only one team has progressed to level three) and we continue to satisfy the national SPSP team's expectations.

However the recent signs of progress in SPSP implementation have been encouraging and a number of observations inform this view. A small but increasing number of teams are reaching a point of completion for the full set of requirements in their work-stream. We are also seeing teams now beginning to take on elements from other work-streams that are relevant to supporting improved safety in their patients. We are observing that the rate of progress in a proportion of teams in the later phase of the programme is faster. Finally we are observing spread and adoption of good practice from the SPSP experience through more traditional routes of policy, practice development and clinical audit.

4. Key Actions

Actions	**Responsible**	**Aim to Complete**
Engage with ASD Directors to review in year spread plan and ensure that it is adequate progress against programme end dates and aims.	HoCG	September 2010
Update: Report to go to August meeting of ASD Cg Forum for review		
Progress identified improvements in GTT process that will produce 100% increase in detected adverse event levels by July 2010	HoCG	September 2010
Update: A number of bias problems have been rectified, routine feedback on GTT to reviewers and services now in place. A working session with reviewers identified some areas of interpretation that should lead to slightly improved detection levels.		