



Greater Glasgow and Clyde NHS Board

Board Meeting

December 2010

Board Paper No. 10/56

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

NHS Greater Glasgow and Clyde Target statement

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.

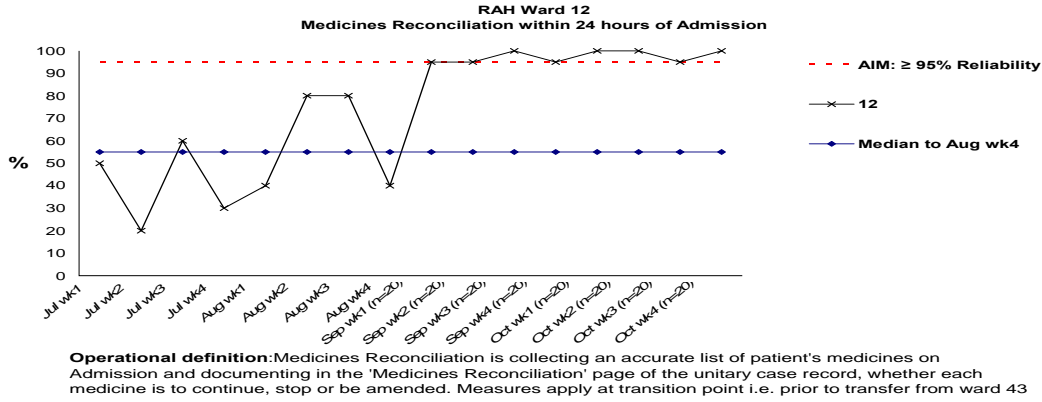
Our SPSP aim is to achieve full implementation of the core programme in ASD by the end of Dec 2012. (The core programme includes improved staff capability in all wards, creation of reliable processes for every relevant element in every ward.)

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.

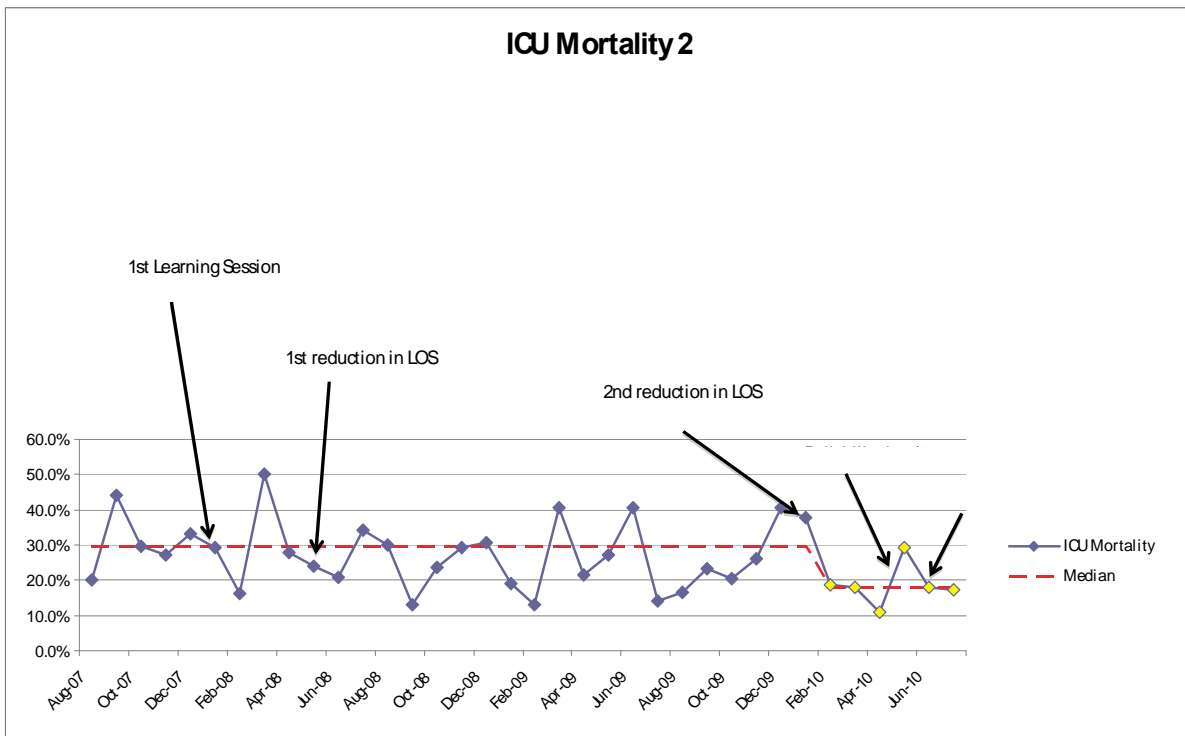
Successes

- The SPSP national team have confirmed that NHS Greater Glasgow and Clyde has achieved level 3 on the national assessment scale.
- After experiencing prolonged challenges in creating reliable medicine reconciliation prototypes a second team, this time at ward 12 in the Royal Alexandra Hospital, has achieved a sustained level of reliability in their medicine reconciliation process at admission.

EMBARGOED UNTIL DATE OF MEETING.



- The RAH ITU has recently presented data showing a downward shift in their average length of stay and inpatient mortality (see following chart). The RAH ITU team are the first ITU to have successfully introduced and sustained all the Critical Care core bundles. *While this is encouraging the support team feel it needs to be further investigated to understand the full reasons for and effect of this development.* The Associate Medical Director of Surgery and Anaesthetics Directorate has requested a joint meeting to further investigate the reasons for this with a view to sharing lessons learned .



Escalation Issues

The following challenges are currently being pursued through the Acute Services Division Clinical Governance Forum:

- The most recent release of the Hospital Standardised Mortality Ratio has reinforced ongoing work in an Acute hospital service. (see detail below)

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- NHS Greater Glasgow and Clyde measures adverse events using the Global Trigger Tool (GTT) review process, as part of SPSP. We have been experiencing ongoing challenges with generating adequate detection rates and are now experiencing problems with retention of reviewers. The Global Trigger Tool continues to falter in a number of sites due to the time constraints on the staff undertaking the reviews.
- The Congestive Heart Failure workstream was launched earlier this year but after initial review work and experience of early implementation the support to the programme extension is to be considered more fully.

SPSP Quality Improvement Capability

Learning session 7 took place on the 16th and 17th of November with the first day as special interest streams and new recruits. The second day was aimed at established teams. The two days were attended by around 150 NHSGG&C staff. Two new topics were discussed, tissue viability and Venous Thrombo-Embolism. Progress on Paediatric programme and the start up for mental health and primary care programmes was also positive.

Two board employees have been given SPSP fellowship places. Ann McLinton, Practice Education Facilitator at the Beatson Oncology Centre and Dr. Dhullipala Anand, Consultant Neonatologist at Yorkhill RHSC have both begun their fellowship course.

Improvement Advisor Course – This 10 month intensive course started in November and the Board has two staff in the first National cohort.

HSMR at Royal Alexandra Hospital/Vale of Leven

The Information Services Division (ISD) has developed the Hospital Standardised Mortality Ratio (HSMR) as part of the quality improvement framework linked to the Scottish Patient Safety Programme. As part of the SPSP aims the Board is expected to generate a 15% reduction in HSMR by December 2012.

During the most recent production of the HSMR the ratio for the combined adult services at Royal Alexandra Hospital (RAH) and Vale of Leven Hospital (VoL) has been flagged up, when compared to other Acute Hospitals in NHS Scotland, as having a HSMR that was not showing improvement in line with the expected aim.

It is recognised that where a hospital has a high HSMR then this does not necessarily mean that there are problems with the quality or safety of patient care at the hospital. However, we are using the HSMR as a starting point to explore areas of potential variation, worthy of further consideration, and to identify if any improvements might be possible or required. It is our intention to use the experience of this deeper exploration of care systems in the RAH/VoL to support both local improvement and the application of lessons in our other Acute hospitals.

It is also recognised that there are multiple factors and significant complexity when considering how hospital systems can contribute to a high HSMR. We therefore created an extensive and detailed action plan. As part of the follow-up this is being shared, for external critical review, with colleagues in NHS QIS.

The Medical Director is the Executive lead for this Action Plan.

The Action Plan will be maintained by the Head of Clinical Governance

The Action Plan will be routinely reported to a range of groups but the governance of the Action Plan will be set with the ASD Clinical Governance Forum.

Responsibility for leading specific action areas is embedded in the plan.