EMBARGOED UNTIL DATE OF MEETING.

Greater Glasgow and Clyde NHS Board

Board Meeting

February 2011 **Board Paper No. 11/01**

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 ongoing 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 (SPSP) will contribute to this aim.
Our SPSP aim is to achieve full implementation of the core programme in NHS GG&C Acute Services Division 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

a. Implementation Progress

The previous report on SPSP implementation confirmed to the Board that NHS Greater Glasgow and Clyde had achieved level 3 on the national assessment scale. We believe we have now met the conditions for the next point on the assessment scale, level 3.5, and are asking the National SPSP team and IHI advisors to review and confirm the local assessment.

Level 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.

As a Board we maintained an operational definition of 6 consecutive data points at a 95% median for all work-stream elements as indicative of sustained change so this means we already have sustained improvement data for all work-stream elements in pilot populations.

In relation to spread beyond our pilot populations we now have 246 active frontline clinical teams within the Scottish Patient Safety Programme in NHS Greater Glasgow and Clyde which demonstrates spread of the core

programme work into 85% of the total target areas (and will secure 100% involvement by spring). Furthermore a number of teams are being activated into multiple work-streams, for instance the programme's General Ward Care work-stream is now being implemented to all surgical ward areas, who previously commenced the peri-operative work-stream

b. Quality Improvement Capability

The implementation of SPSP has been associated with education and training on improvement methods that is now being linked to broader strategies to improve organisational capability linked to the national Healthcare Quality strategy.

The Board provides a range of internal opportunities and participates in those more formal arrangements supported from the national team. For instance we have two staff on the Scottish Improvement Advisor Course, which aims to produce expert level knowledge. We have three graduates and two staff in the current cohort of the SPSP Fellowship – aimed at creating clinical leadership for quality improvement. We have a large number of staff who have received repeated development through the series of national conference events and action learning set. In addition there are two more recent initiatives aimed at improving capability to note.

"Boards on Board" was a two day event for senior leadership and Board members, from all Scottish NHS Boards, to review national and international experience of governance and quality improvement knowledge. Thirteen staff from NHS GG&C attended, including the Chairman and Chief Executive, and the associated discussion suggested it was a very informative and thought provoking experience that will help our local debate on governance arrangements.

NHS Education Scotland (NES) has a national role in providing both strategy and educational practice to develop capability across the NHS workforce. One area of ongoing concern had been the development of education content and processes for operational managers, clinical leaders and support staff in middle management positions. We have recently entered into a collaborative project with NES that seeks to provide a fuller response to these concerns. This project is being taken forward in conjunction with Organisational Development and is linked to Acute Service Division OD group to ensure integration with other improvement development such as LEAN based service redesigns.

Challenges

a. Hospital Standardised Mortality Ratio

The Board's plan for improving the HSMR indicator levels at Royal Alexandra Hospital/Vale of Leven has now been shared, for external critical review, with colleagues in NHS QIS.

As the Board is aware ISD guidance confirms that even where a hospital has a high HSMR this does not necessarily mean that there are problems with the quality or safety of patient care at the hospital. 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. 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.

The NHS QIS review panel suggested some areas for further consideration and asked for an update by 25th February however the general tone was supportive with the key finding as follows;

"On the basis of the information you provided, the Review Group was satisfied that NHS Greater Glasgow & Clyde is taking the HSMR analyses seriously, and the group commended the approach that is being taken locally to respond to these data. If the actions you reported are followed through, and any concerns identified in the course of doing so are addressed, then the Review Group considers that this will constitute an appropriate and proportionate response to the HSMR data. "

b. Programme spread

Aim: All relevant acute inpatient areas undertaking programme work by March 2011.

Although great progress toward the implementation aim has been achieved some issues have been identified as hindering the spread of the programme work and consequently delaying full realisation of all acute inpatient areas active in the programme by March 2011. In particular the continuing Acute Services Division process of managing service change from Stobhill Hospital to the Glasgow Royal infirmary indicates that a number of previously identified areas will be disrupted with frontline teams being reorganized.