



## Greater Glasgow and Clyde NHS Board

### Board Meeting

June 2011

Board Paper No. 11/22

Dr Brian Cowan, Board Medical Director  
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### 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 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.

#### Key Progress Points

a) NHS Greater Glasgow and Clyde is currently at level 3 on the national assessment scale. We believe we have met the conditions for level 3.5 and continue to seek clarity from the National SPSP team on this issue. As the Board is aware we have demonstrated sustained reliability in a pilot population for all elements in the programme and the spread of these tested and reliable care processes is underway. However, the contract for technical partners (Institute for Healthcare Improvement) has elapsed and whilst it is being reappointed there is limited potential for the review process to endorse a changed assessment level.

b) We have completed the induction programme so that all identified relevant acute inpatient areas are now engaged in instigating at least one work-stream from the core programme. There are currently with 280 clinical teams from wards, theatres, critical care and high dependency now contributing to the national safety programme in the core programme related to adult care. There is in addition a maturing paediatric programme well underway and detailed development planning of an SPSP style programme for Primary Care has commenced

- c) There are two reliability of care points highlighted for note in this report;
- 87% of the peri-operative theatre teams have displayed the desired level of short term reliability in their Surgical Pause process, of these 68% have displayed this process being sustained in the longer term.

## EMBARGOED UNTIL DATE OF MEETING.

- 6 of 7 ITU units have achieved the desired compliance levels in ITU Glucose Management and Ventilator Associated Pneumonia Prevention care bundles.

d) The major challenge for the Board over the next two years is spreading the reliable practices to all applicable clinical teams. A risk assessment of SPSP aims and requirements to be met by December 2012 has been concluded and is currently being review by ASD leadership.

e) There was an SPSP Faculty Site visit on the 8<sup>th</sup> of June, hosted at the Glasgow Royal Infirmary. The visit provides an opportunity for national support staff and leads from other Board's to explore the progress being made in our implementation programme. Local Clinical Leads from each work stream took part in active discussions with the visitors. The overall feedback from the visiting team was very positive, with a strong message encouraging GG&C to more effectively share our quality improvement experience with other parts of NHS Scotland. A detailed feedback report is due at the end of June that will allow more specific consideration of any adjustments to the current implementation plan.

f) The action plan for improving the Hospital Standardised Mortality Ratio (HSMR) data for the combined adult services at Royal Alexandra Hospital (RAH) and Vale of Leven Hospital (VoL) is still progressing. There is a lag in the data so we cannot yet explore the impact of the improvements. However the following outline is from the most recently released data set.

The national SPSP aim is 15% reduction by the end of the first five year phase at December 2012. These results, given we are more than half way through the programme, suggest the trend of reduction may not be rapid enough to realise this aim. We do not have an overall trend line for the Board but observe one GG&C hospital, Victoria Infirmary, whose trend line has passed the 15% reduction aim and two other hospitals approaching this target.

g) The Board is in discussion over the benefit versus cost implications of continuing the Global Trigger Tool as the validated measure of adverse event rate with the National Coordinating Team. A topic also explored during the recent SPSP site visit. We have explored a number of improvements in operating this tool but are finding it increasingly challenging to justify its ongoing use, especially in light of other, better performing tools.