



Greater Glasgow and Clyde NHS Board

Board Meeting

August 2011

Board Paper No. 11/33

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 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 Points of Note

SPSP National Team Review Visit

On 8th June 2011 a team from Healthcare Improvement Scotland visited Glasgow Royal Infirmary to review the progress being made in implementing the core programme in adult acute services. A draft report has been received and is currently being reviewed for key learning. However the general impression from the team was that they viewed current progress positively. The following table contains the summary extracted from a report to the SPSP Acute Adult Action Group on the visits.

Mortality Reduction and Rescue Strategies

NHS Greater Glasgow & Clyde staff have been reviewing multiple data sources, linking the use of SASM and HSMR data to internal structured case reviews, to identify potential improvement options. An action plan is being implemented in the hospital showing least improvement in HSMR, which will inform improvement activities in all acute services. The NHS board have already implemented peri-arrest resuscitation teams and have additionally reviewed other NHS board's rescue models, particularly through interactive inquiry with colleagues in NHS Ayrshire and Arran.

Adverse Events

To reduce incidences of adverse events, NHS Greater Glasgow & Clyde are actively looking for harm in many different ways, for example through adverse events, case note reviews, and mortality reviews. There are also many examples of good practice relating to system analysis which should be shared widely in the SPSP programme.

Leadership

Senior leadership are committed to delivering the SPSP aims and are working to make patient safety part of a bigger quality and improvement agenda within NHS Greater Glasgow & Clyde.

Other Key Themes

NHS Greater Glasgow & Clyde have many examples of great internal sharing processes, with data and systems well-connected amongst local teams and workstream leads.

Progress against national trajectory

The Board has previously noted the difference of opinion over our progress against the national trajectory. We have just completed an in-depth report, providing examples of teams evidencing reliable process. This reconfirms that we can demonstrate sustained reliability in a pilot population for all elements in the programme and the spread of these tested, reliable care processes is well underway. There are thirty five currently applicable measures and we have separately supplied charts of team based reliability for all thirty five, along with our spread plan update. We await the feedback with interest.

Developing capability

One of the key educational programmes, the SPSP Scottish Fellowship, has been keenly supported by the Board and we have been successful in securing places for NHS GG&C staff in each of the three cohorts. The application period for the fourth cohort has just been closed and we are delighted that six staff submitted. This is largest number so far so we are again hopeful of success.

Other key points

- Great progress had been made in our ITU teams with all 7 now achieving reliability in glucose control. Overall 44% of sustained reliability aims for ITU core care bundles across all locations have been met, with a further 20% displaying the required level of data reliability.

EMBARGOED UNTIL DATE OF MEETING.

- A Central Venous Catheter policy group has now been created to take accelerate the standardisation and improvement of central line care within Greater Glasgow and Clyde.
- Service redesign has affected data submission and reliability of processes in some areas. An adjustment to new environments and new staff in teams has caused some dips in reliability for a few areas but testing & adaptation to these changes has been established.
- The Board has committed to working with NHS Lanarkshire in developing and deploying a web based data collection portal that will improve the efficiency of data submission and analysis.