

Greater Glasgow and Clyde NHS Board

Board Meeting

October 2011

Board Paper No. 11/44

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 Aim 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 achieve implementation of Paediatric SPSP meeting the national medium term goals by March 2012.

We will also develop and fully describe SPSP style improvement programmes in Primary Care, Mental Health services and Obstetrics in 2011/2012.

REVISED AT SEPTEMBER 2011

A revised aim statement was presented to and endorsed by the Board's Quality and Performance Committee at its recent meeting in September 2011.

**This report is prepared as an update on SPSP, reflecting activity within NHS Greater Glasgow and Clyde during July and August 2011, based on team contact and data submitted up to the mid-August 2011.*

Core Programme in Acute Services Division

The national programme incorporates a major learning collaborative, including a series of national two day conferences. Learning Session 8, on 3rd and 4th October was attended by many NHS GG&C staff and our progress was well represented in the feedback from the main speakers in both the plenary and workshop

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sessions. One of the positive themes referenced was how Scotland is sharing their experience with other countries and the following visit to NHS GG&C was singled out for praise.

The GG&C SPSP team were delighted to recently welcome a visit from our Swedish colleagues of Kalmar County. A strategic quality improvement team, headed up by the County's Chief Medical Officer, were visitors to Scotland to understand and learn from SPSP. We were asked to provide a local perspective and set up a great opportunity for our teams at the Glasgow Royal Infirmary to share their learning and our insights in quality improvement on the clinical care. The National Clinical Lead for Quality in NHS Scotland, Dr Jason Leitch, offered the following feedback. "At dinner with the Swedish visitors last night they expressed genuine astonishment at what they had seen in Glasgow Royal Infirmary. I had provided a high level perspective in the morning and asked them to check it against the reality in the afternoon visit. They reported their experience was beyond what they expected from my description. They were particularly impressed by the medical leadership for medicines reconciliation in acute medicine and the transparency of the improvement data displayed in the clinical areas. Please pass on my gratitude to all involved in the programme in NHS Greater Glasgow and Clyde".

One of the major challenges is the spread of Medicines Reconciliation across all ASD Directorates. Each Directorate has created individual short term roll out objectives. This will see the Board broaden the existing successful work on admission but importantly extending the improvement activity to ensure it occurs across the full in-patient journey. The spread plan is supported by on going work within the Making the Most of Your Own Medicines (MMYM) initiative; and publication of a guidance paper detailing key practice elements of the Medicines Reconciliation process, testing of use of the new NHS GG&C prescription chart and ongoing work to embed automated process in clinical information systems.

The operation of the Global Trigger Tool within GG&C has been a well reported challenge from the beginning of the programme. After completing a large scale internal assessment we are currently reviewing this with the national team to identify a jointly endorsed way forward.

The clinical teams are engaged with the SPSP support team via various networks and are maintaining a high level of interaction with the current engagement level at 90% for all teams. In addition 80% of all expected data measures are being submitted within timescales.

Paediatric SPSP in NHS GG&C

There are currently five active pilot teams at present who have been working on the programme for over a year now. They are working on reliable processes across general ward, critical care and peri-operative care, and all are submitting improvement data to the national database.

The national programme has set short and medium term aims to be achieved into March 2012 in relation to Children's Early Warning Score charting, Peripheral Vascular Catheters, urgent clinical communications and critical care. Some of the process reliability aims have already been achieved through the work of the pilot teams and discussions are underway to support wider spread of the necessary for achievement of the medium term aims. The Leaders from Women's and Children's Directorate are actively involved in discussions at a national level on aim setting beyond March 2012.

Notable pilot team achievements:

- All three Paediatric ward teams are now displaying sustained improvement in the use of the Paediatric Early Warning Scoring System (PEWS) in their areas and in the use of the safety briefing processes.
- The Ward 15 team at RAH have shown improvement in their PVC care with sustained 95% compliance achieved.
- All teams displaying reliability in hand hygiene practices
- The PICU team have achieved 129 days without a central line blood stream infection.