

Greater Glasgow and Clyde NHS Board

Board Meeting

20 December 2011

Board Paper No. 11/54

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

Core Programme in Acute Services Division

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. The HSMR data showed that for the combined adult services at Royal Alexandra Hospital (RAH) and Vale of Leven Hospital (VoL) was not showing improvement in its HSMR when compared to other Acute Hospitals in NHS Scotland. A hospital based approach and improvement plan was set up to review and accelerate the improvement. Here

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we can see in the most recent release of the HSMR data that the initial focus of the plan and the improvement work appears to be showing an encouraging impact. Though we understand there remains a possibility this arises from systemic variation the most recent quarter was reported at 0.95, and the lowest observed quarterly HSMR since recording began in 2006. The most recent version of the improvement plan has been shared with Healthcare Improvement Scotland but we are awaiting feedback of their views on our progress. Two of our Acute Hospitals are currently reporting reductions in HSMR that are beyond the 15% reduction target maintained by the national programme.

Overall progress in Acute Services Division continues to be positively regarded by the national team as illustrated through a number of recent informal reviews. There do remain challenges but the Division is about to complete another major risk assessment of full completion against the overall programme timeline. However as is illustrated in the largest spread challenge given the number of general wards, this workstream has made good progress in the six months from march to September 2011.

General Ward Workstream

Practice Element	Reliable at March 2011 (as % of target)	Reliable at September 2011 (as % of target)
Early Warning Scoring Charts	15%	42%
Peripheral Vascular Cannula (PVC) management	13%	34%
Safety Briefings	7%	35%
SBAR (is a structured urgent clinical communication)	1%	31%

Primary Care Patient Safety Programme in NHS GG&C

Since the last report to the Board on SPSP implementation we have a launched a local programme in Primary Care. A Board Learning Event was held on 27 October 2011 for participating practices and teams to build capability engage and motivate local clinical leaders. The event provided the opportunity for around 70 staff to develop the skills and knowledge about patient safety and the improvement tools they will use to help them deliver the programme.

The programme is being coordinated through the Patient Safety in Primary Care Steering Group chaired by Dr Paul Ryan, Clinical Director, North East Sector. Links have been made to the national team and to NHS Education Scotland for important support but the major drive for the programme is coming internally, drawing particularly from the experience in Acute care.

Proposed Areas of Focus in Local Programme

Topic selection for the programme has come from in part the national programme but mainly from local areas of concern. The table below describes five proposed areas of focus for the programme.

Topic	Description
DMARDS (Disease Modifying Anti Rheumatic Drugs)	Implement reliable systems for the prescribing, management and monitoring of patients with high risk drugs.
LVSD (Left Ventricular Systolic Dysfunction)	To ensure that patients are receiving reliable high quality care in order to reduce morbidity, mortality and hospital admission due to heart failure.
Medication Reconciliation at	To developing reliable systems for Medication

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Discharge	Reconciliation at discharge from hospital.
Tissue Viability: Pressure Ulcers	To reduce the harm caused by pressure ulcers.
Insulin Management	Implement reliable systems for the prescribing, management and monitoring of patients with high risk drugs.