

## Greater Glasgow and Clyde NHS Board

### Board Meeting

August 2012

Board Paper No. 12/33

Board Medical Director  
Head of Clinical Governance

### Scottish Patient Safety Programme Update

#### 1. Summary of Actions for Board Members

Members are asked to:

- Review and comment on the ongoing progress achieved by NHS GG&C in implementing the Scottish Patient Safety Programme

#### 2. Brief Updates

##### Introduction

The Board's aim statement is currently being revised to take account of recent changes in the aims of the national programme. As we head into a new phase of the programme and look across the major areas of development we appear to be seeing a period of transition, with many of the national aims being reviewed and reset in light of experience, added to new areas of development emerging. This report seeks to share some of our perspective as we create this overview and re-specify our collective aims and priorities.

There appears to be a clear pattern in the level of national aim development will often initially underestimate the complexity of local programme implementation. This leads to uncertainty, which makes it difficult to frame our own Board aims in concrete and achievable terms. This in turn creates challenges in reflecting more objectively on our progress. However we acknowledge that the feedback from the national support team continues to be overwhelmingly positive and to confirm they are comfortable with rate of progress in NHS GG&C, and that this is broadly comparable to other Boards.

The scope of the overall programme continues to extend and we have outlined the main clinical improvement themes in chart one below. As we note the scale of activities described in chart one we can begin to also perceive the challenge in capacity and support to sustain the programme in the context of our Board.

##### Acute Core Adult Programme

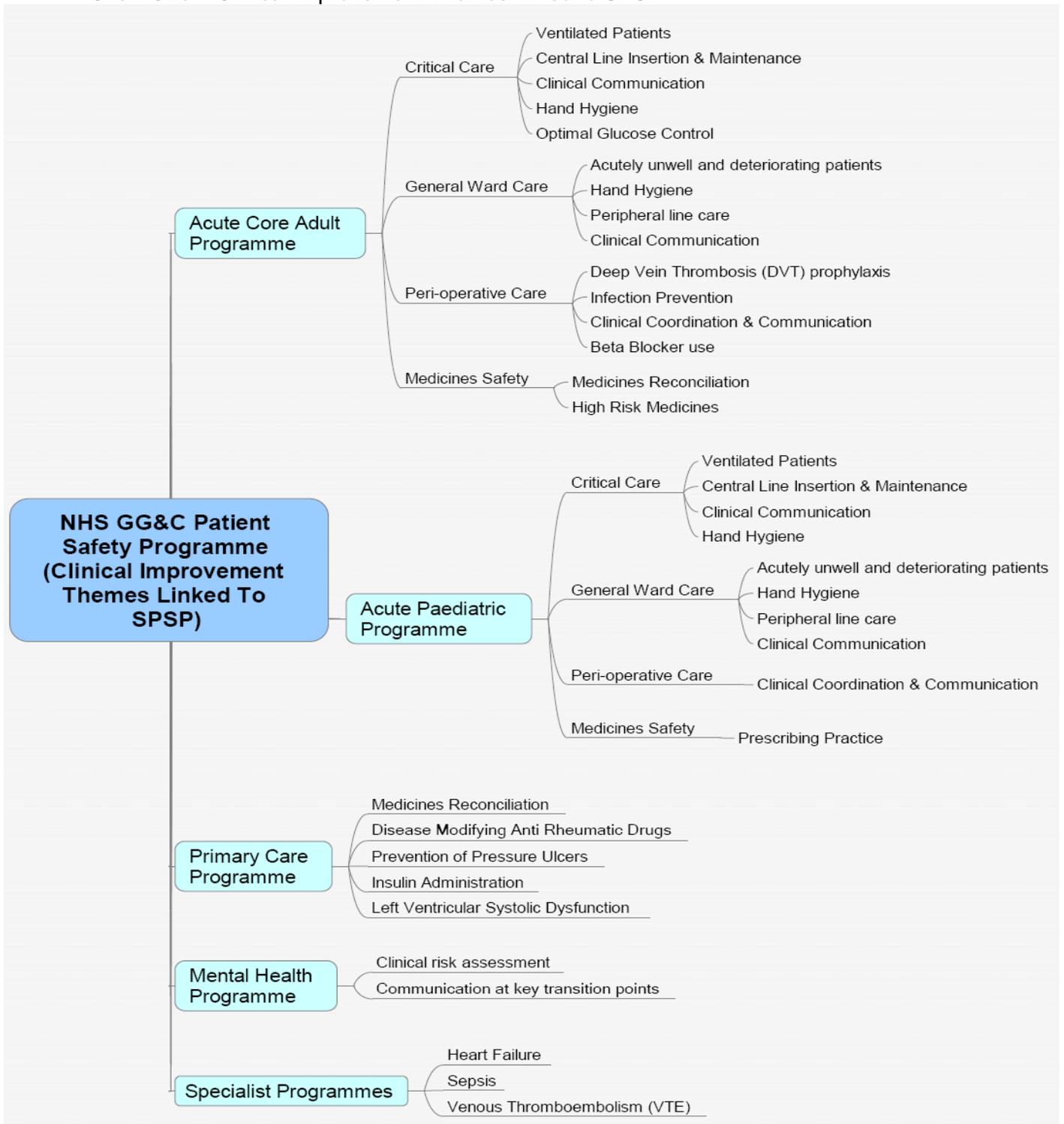
The original set of implementation objectives set out at the launch of the programme has come to be described as the Acute Core Adult Programme. During a recent visit to the Intensive Care Unit at Royal Alexandra Hospital in Paisley the Health Secretary, Nicola Sturgeon, announced that this programme would be formally extended until 2015. In the announcement it was also described that the extended phase would be oriented around two new aims, which are;

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- to ensure that at least 95 per cent of people receiving care do not experience harm – such as infections, falls, blood clots and pressure sores,
- to reduce the Hospital Standardised Mortality Ratio (HSMR) by 20 per cent by 2015.

It is likely that significant nationally led development work will be required to implement the former aim of 95% harm free care. We have for some time been sharing our developing approach to measuring harm related events with Scottish Government Health Directorate and Healthcare Improvement Scotland so we hope as a Board we will be well placed to meet the emerging requirements.

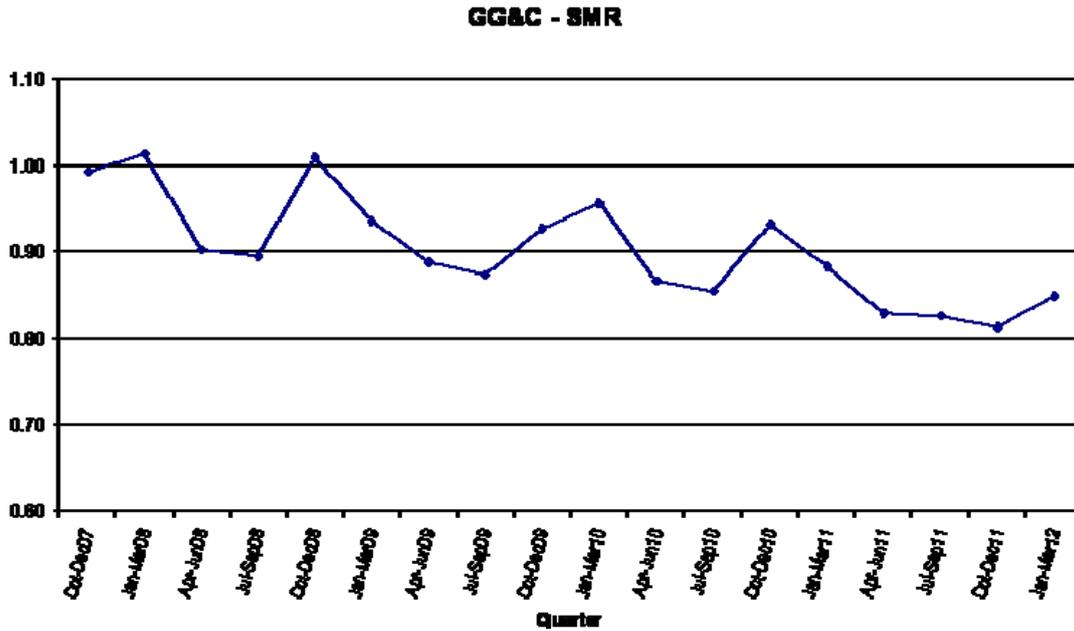
Chart One – Clinical Improvement Themes linked to SPSP



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In considering the latter aim of a 20% reduction in the Hospital Standardised Mortality Ratio (HSMR) by 2015 we have so far made steady progress. At the last release of the HSMR as Board our aggregate reduction in the standardise mortality ratio was 13%. The overall experience from the baseline in 2007/2008 is represented in chart two below. If the downward trend continues at the same rate we are likely to realise the new national aim. However it is expected that each further point reduction will be more difficult to secure so the continued high priority focus on the safety critical clinical pathways will be required.

Chart two – NHS GG&C Standardised Mortality Ratio for Acute Hospitals



**Acute Paediatric Programme**

Previous reports to the Board have confirmed the successful completion of all feasible national objectives up to March 2012. At this time we are still awaiting an updated set of objectives from the national team to reframe our local aims. In their absence we continue to receive positive informal feedback as to our contribution to the national implementation programme.

**Primary Care Programme**

This is a local development that has drawn on the experience of the national pilot collaborative, funded and supported by the Health Foundation and Healthcare Improvement Scotland. The local programme has internal funding support to run to March 2013 after which it is reported a national programme will be established for General Practices. In addition we have locally included district nursing services, who are focussing on preventing pressure ulcers and safe administration of insulin using the improvement methods advocated through the SPSP.

**Mental Health Programme**

The Board has been confirmed as one of the voluntary participants in the national programme being launched at the end of this month. Identification and recruitment of the clinical teams, the programme management supports and links to the national programme have already been established. A two day collaborative conference is planned for 23<sup>rd</sup> and 24<sup>th</sup> August which signals the formal commencement of the programme.

### 3. Breaking news

#### **Maternity Care**

The Scottish Patient Safety Programme (SPSP) is adding a new stream of work to its portfolio which will focus on maternity services. The SPSP Maternity Care Quality Improvement Collaborative is being supported by the Scottish Government and is in its scoping phase. An improvement event is being arranged to provide core quality improvement skills training for maternity professionals, on 26th and 27th September 2012. Selection of attendees from NHS GG&C is underway.