

Greater Glasgow and Clyde NHS Board

Board Meeting
April 2013

Board Paper No. 13/11

Board Medical Director
Head of Clinical Governance

Scottish Patient Safety Programme Update

1. Summary of Actions for Board Members

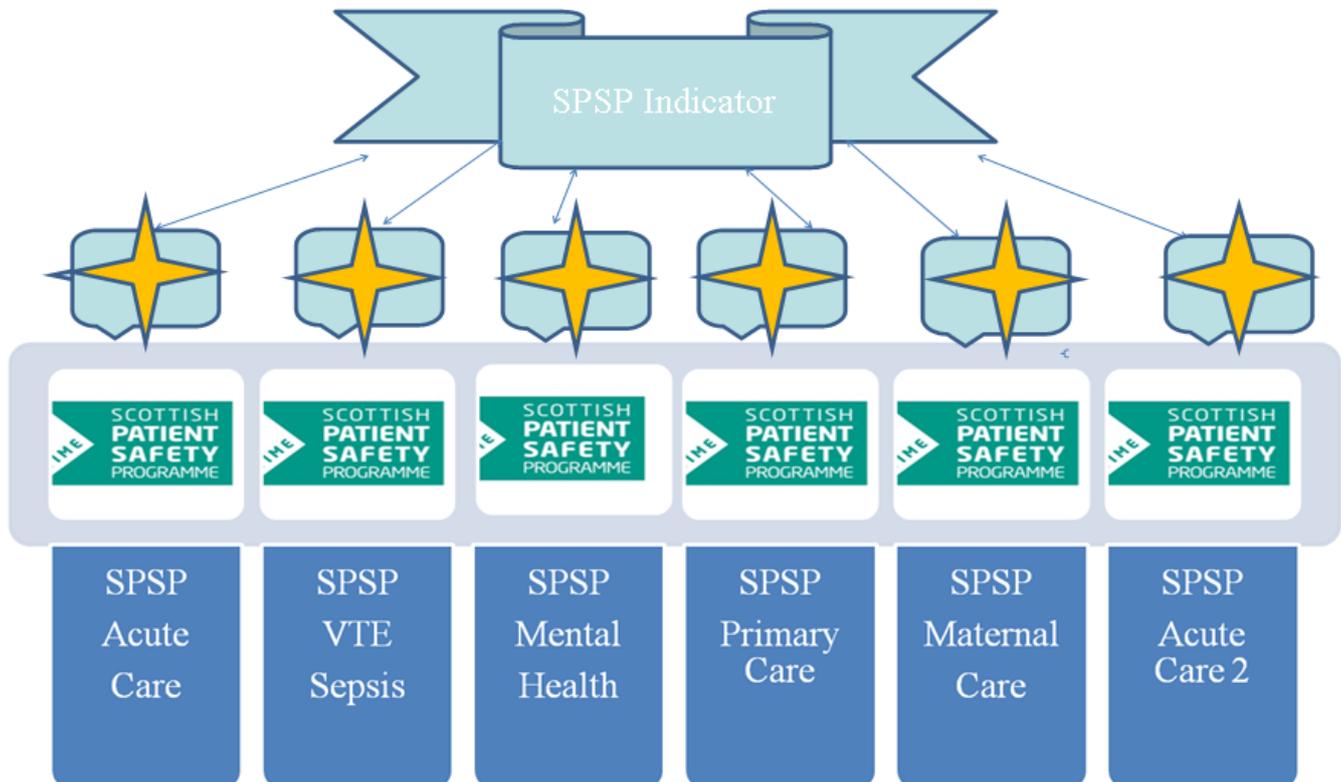
Members are asked to:

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

2. Programme overview

At a recent communication event with Board leads for the Scottish Patient Safety Programme (SPSP) the Director of Evidence & Improvement from Healthcare Improvement Scotland shared the following diagrammatic representation of the extending family of SPSP:

THE SAFETY PORTFOLIO



The intention is to build outcome based measure(s) that will indicate the progress in improving the safety of the NHS in Scotland, the SPSP Indicator. Below this is the family of programmes, each expected to make a contribution to creating a safer NHS.

The Acute Care Programme was the initial focus of SPSP and the mainstay of reporting to the Board over the last years. The various Board leads were not receptive to the idea that there would be Acute Care 2, recognising any new work should be seen as a continuation of the existing programme rather than branded distinctly. So this label may disappear in future communications.

The latest member of the family is Maternal Care Quality Improvement Collaborative, known affectionately as McQIC. It is an umbrella term that contains the established paediatric programme, neonatal programme and a recently established maternal care programme. This report is focused on the recent national Learning Session and update on the approach to programme implementation and progress.

3. Maternal Care Quality Improvement Collaborative

3.1 Launch of Maternal Care Quality Improvement Collaborative

The Maternal Quality Care Improvement Collaborative (MCQIC) was launched on the 7th and 8th March. As noted this umbrella term takes in the already established Paediatric programme which continues implementation and had a site visit to review progress on the 2nd April; feedback on the day was positive and a formal report is awaited. At this event the Paediatric Serious Harm Index was presented though the overall aim remains unclear and we have feedback on this via the site visit and are aware it is being discussed at the National Action group this month at which we will contribute further. It was also noted at the event that a change package is in development for neonates, it is anticipated this will be available along with a measurement strategy in the summer. Meantime existing work in neonates on venflons, central lines and gentamicin continues.

3.2 Maternity Care

The launch event provided details of the aims and focus of work for the maternity stream of the collaborative which are:

- To reduce the number of avoidable adverse events in woman and babies by 30% by 2015, and
- To increase the percentage of woman satisfied with their experience of maternity care to >95% by 2015

There are 6 sub-aims as follows:

- Reduce the avoidable proportion of stillbirths and neonatal mortality by 15%
- Reduce severe Post Partum Haemorrhage by 30%
- Reduce the incident of non medically indicated elective deliveries prior to 39 weeks gestation by 30%
- Offer all women CO monitoring at the booking appointment for antenatal care
- Refer 90% of women who have raised CO levels of who are smokers to smoking cessation services
- Provide a tailored package of care to all women who continue to smoke during pregnancy

3.3 Summary of current position

- National funding has been provided to support allocation of a maternity champion on each site; these posts are in place on each site working 2 days per week to support MCQIC activities.
- One of our 3 champions, Gillian Burdge at RAH, has been selected to join a national team visit to New Orleans to take part in IHI Perinatal discussions.
- There has been some pre-work undertaken involving case note reviews to gather baseline data and this was used to inform the story board at the launch event.
- There are monthly Webex calls scheduled for the maternity champions with the national team; and it is anticipated that there will be a site visit in the future as implementation progresses.

3.4 Ongoing Implementation

The Clinical Governance Support Unit is working with Women & Children's Directorate to develop an implementation plan to outline the arrangements to support delivery of the change package and aims across the three sites. This will detail the roles of the maternity champions, links to the CGSU support team and reporting requirements both internally in GG&C and nationally.