

## Greater Glasgow and Clyde NHS Board

### Board Meeting

October 2014

Board Paper No. 14/51

Medical Director

### Scottish Patient Safety Programme Update

#### 1. Background

The Scottish Patient Safety Programme (SPSP) is one of the family of national improvement programmes, developed over recent years in relation to the national Healthcare Quality Strategy. These programmes draw on improvement methods advocated by the Institute for Healthcare Improvement. SPSP now contains a number of distinctly identified programmes as follows:

- Acute Adult Care
- Primary Care
- Mental Health
- MCQIC (incorporating Paediatrics, Maternal Care & Neonates)

#### 2. Purpose of Paper

This paper provides an update on the Scottish Patient Safety Programme (SPSP) for Mental Health, SPSP Primary Care and the work being progressed in our board.

The Board of NHS GG&C is asked to:

- note the progress made by NHSGG&C Mental Health services in implementing the Scottish Patient Safety Programme,
- note the progress made by NHSGG&C Primary Care services in implementing the Scottish Patient Safety Programme.

#### 3. Introduction to Mental Health SPSP implementation

The Scottish Patient Safety Programme – Mental Health aims to systematically reduce harm experienced by people receiving care from mental health services in Scotland, by supporting clinical staff to test, gather real-time data and reliably implement interventions, before spreading across the NHS board area. The work is being delivered through a four year programme, running from September 2012 to September 2016. This report provides an update on progress in implementing the Programme in NHS GG&C.

#### 3b. Progress to date

The Scottish Patient Safety Programme – Mental Health began with Phase One in August 2012 with pilot wards testing work on risk assessment and safety planning. Phase 2 developed from September 2013 and introduced a mandatory Programme for Adult Mental Health and Forensic In Patients. The Programme excludes inpatient units caring for people with dementia and also excludes older adult functional illness units.

In NHS GG&C two wards were involved in the pilot work. This has now extended to fourteen wards in Phase 2 with more wards showing interest in becoming involved.

Within the programme five national work streams have been identified, namely

- Risk Assessment and Safety Planning
- Safe and Effective Person Centred Communication at Key Transition
- Safe and Effective Medicines Management
- Restraint and Seclusion
- Leadership and Culture

Work is progressing in all work streams within NHS GG&C as follows:

#### **Risk Assessment and Safety Planning**

Twelve wards within NHS GG&C are testing in the risk assessment and safety planning work stream. A risk assessment bundle has been developed and tested in the pilot wards and is now being tested in the other wards. NHS GG&C is represented on a national Risk Assessment and Safety Planning advisory group.

#### **Safe and Effective Person Centred Communication at Key Transition**

Bundles are being developed in transitions for Admissions and Discharges. One ward is testing in this work stream.

#### **Safe and Effective Medicines Management**

Four wards are testing on medicines reconciliation with improvements in compliance with the process being identified. In this work stream five wards are also testing an 'as required' bundle and one ward testing a Clozapine admissions bundle. A national group has been formed to advise this work stream and NHS GG&C is represented on this group.

#### **Restraint and Seclusion**

The two IPCU wards are currently testing the restraint and seclusion bundle. A national group has also been set up to look at this work stream and has been working on definitions around restraint and seclusion. NHS GG&C has representation on this group.

#### **Leadership and Culture**

The leadership and culture work stream applies to all wards involved in the programme. The elements of the leadership and culture work stream are:

- Staff Safety Climate Tool
- Patient Safety Climate Tool
- Leadership Walk rounds

#### **Staff Safety Climate Tool**

Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiative. The Institute for Healthcare Improvement (IHI) Safety Climate Survey

is being used for this purpose in this Programme. The climate tool is repeated after a year to establish whether there are changes in perceptions of staff.

Most participating wards have now completed the survey with over 300 surveys completed, collated and analysed in NHS GG&C. Wards use the collated results to discuss perceptions of safety in the ward and identify areas for improvement.

### **Patient Safety Climate Tool**

A Patient Safety Climate Tool has been developed by mental health service users and carers, and the SPSP Mental Health Teams across NHS Boards have supported the implementation and delivery of the Patient Safety Climate Tool (PSCT). The tool is designed to enquire about environmental, relational, medical and personal safety. As part of the programme all boards are expected to use the PSCT to ask patients what they feel about the safety of the ward they are in.

In NHS GG&C, Glasgow Mental Health Network have been working with ward staff and Clinical Governance Support Unit staff to administer the tool and collate the results. To date over 110 surveys have been completed in NHS GG&C. Results of the surveys are fed back to the ward staff in order to identify areas where improvements can be made. In addition themes are being identified in order to share learning throughout the service.

### **Leadership Walk Rounds**

Using learning from Leadership Walk rounds in Acute SPSP Programmes, Leadership Walk rounds have been adapted for use in Mental Health Services. In an attempt to assure staff of the 'two way' nature of the walk rounds, these have been named Safety Conversations in NHS GG&C. To date two of these Safety Conversations have taken place and these were found to be extremely useful for all concerned. Safety Conversations for all the other SPSP wards are now being planned.

### **Input at National Level**

In addition to all the work taking place within NHS GG&C, many staff have played key roles in the development of the Programme at a national level. This has included membership of the National Delivery Group; piloting and developing the Patient Safety Climate Tool; presenting and facilitating at National Learning Events and leading on developing guidance for Mental Health Safety Walkrounds. NHS GG&C are represented on all five Workstream Development Delivery Subgroups.

## **3c. Measurement & Reporting**

### **Mental Health Outcome Measures**

A national measurement plan has been developed that involves all participating wards to collect monthly outcome and balancing measures that are submitted to HIS. Retrospective data was also collected.

Mental Health Outcome Measures are:

- *Rate of violence and aggression per ward*
- *Percentage of patients engaged in violent and aggressive behaviour*
- *Rate of patients being restrained per ward*
- *Percentage of patients being restrained per ward*
- *Percentage of patients who experience one or more episodes of seclusion*
- *Percentage of patients who experience self harm*
- *Days between inpatient suicide*
- *Percentage of patients who have emergency detention or use of nurse holding power*

Challenges around definitions, sources and collection tools have been experienced throughout the Programme. Clinical Governance Support Unit staff are working with Clinical Leads and Ward staff to ensure the data collected is robust and is able to be used to identify local and Board wide improvements and identify issues.

### **Leadership Reports**

All Boards submit Leadership Reports to the national team at HIS (Healthcare Improvement Scotland) every two months updating on progress within the Board.

## **3d. Infrastructure & Support**

### **Team Site**

A team site has been set up for the programme that is a repository for templates, excel spreadsheets, data and information related to the programme. Participating wards have access and are encouraged to post all programme related information on the site. Good practice can also be shared on the site. Information is drawn from the team site for Board and HIS reporting.

### **Improvement Support**

Improvement Support staff have been aligned to SPSP wards from Clinical Governance Support Unit. CGSU Staff make regular visits to the teams to provide guidance and practical support in data collection, interpretation of data and Quality Improvement coaching. Teams are encouraged to join monthly webex calls and populate the team site with new ideas to share learning within and across boards.

### **Clinical Lead Posts**

Two Clinical Leads (Consultant Psychiatrist) have been made available for 1 session each per week to support the Programme. The Clinical Leads work with SPSP wards to identify areas for improvement, assist wards in problem solving within all the work streams and develop quality improvement skills for clinical staff.

### **Resource to Wards**

A small amount of funding has been made available for 12 months to participating wards to allow a member of the ward improvement team to dedicate approximately 2 days a month working on elements of the programme. There are plans to further develop the skills of these staff in improvement methods.

### **Sector SPSP Groups**

Sector SPSP Groups have been set up in each area by Heads of Mental Health to help support their staff in this work. Clinical Leads and CGSU staff attend these meetings with Ward staff and Ward Management to help shape the work and ensure learning is spread to all wards in their area in a coordinated way.

### **Newsletter**

Two editions have been issued to keep the participating teams updated with the various strands of the programme and to share good practice throughout the Board.

## **3e. Learning Collaborative**

### **HIS Visits**

Healthcare Improvement Scotland periodically visit Boards to gather understanding of progress and learning points to be shared across NHS Scotland. The first site visit took place on 13 December 2013. A further visit is currently being planned with the National Team.

### **Local Learning Sessions**

In addition to local learning sessions, area learning sessions have been organised to bring staff from SPSP wards together to share learning and resources. In addition a 'themed' session was recently held on Risk Assessment and Safety Planning. This event was well attended and staff found it a very useful way of expanding their knowledge and skills in the Programme and share experience and learning. Further sessions are being planned.

### **National Learning Sessions/Regional Learning Sessions**

In addition to National Learning Sessions, Regional Learning Sessions have now been introduced bringing NHS Boards together. NHS GG&C staff have participated in all sessions and have been enthusiastic in sharing their experience with other Boards.

## **3f. CHALLENGES**

As with all major change programmes there are many challenges. Some of the identified challenges of the SPSP Mental Health Programme are as follows:

**Data Collection** – The need to collect data in each clinical setting can often be previewed as a burden. Data aggregation for national reporting a major challenge in the Programme as data is extracted from several different systems manually to collect the outcome data. In addition excel spreadsheets have had to be set up for all testing. Data quality has also been identified as an area of concern and work is ongoing to ensure data collected is robust and fit for purpose.

**Scale** – As the work has grown from two pilot wards to 14 wards issues have been encountered in providing support to the wards and in managing coordination of work. In addition other wards have expressed interest in taking part in the work. Whilst this is encouraging it also adds to the challenges in managing the work.

**Commitment** – As with all Change Programmes, there is a process of managing interest and commitment that can be a challenge.

**Quality Improvement Capacity and Capability** – As the Model for Improvement Methodology is a relatively new way of working for many staff, coaching has been required in order to support staff make the transition. Currently only small numbers of staff in each ward have been involved in this work and this continues to be developed.

**Competing Priorities** – Ward staff report many clinical demands and competing organisational priorities which can result in limited focus on this work in some areas.

## **3g. NEXT STEPS**

Despite the challenges noted above, SPSP Mental Health work has continued to grow and develop within NHS GG&C. A great deal of enthusiasm and hard work has been invested by all concerned in order to improve patient safety and reduce harm for NHS GG&C patients.

Further testing will continue in all work streams with work extending to Crisis Teams and a work stream on Sexual Harm in Mental Health over the next year. The success of the Programme will depend upon gradual, sustainable and incremental development of improvement work leading to greater patient safety.

#### 4a. Introduction to SPSP Primary Care

The SPSP Primary Care Programme was launched in April 2013 with the overall aim “To reduce the number of patient safety incidents to people from healthcare delivered in any primary care setting”. All NHS boards and 95% of primary care clinical teams were tasked with developing their safety culture and achieving reliability in 3 high-risk areas by 2016.

This report provides an update on progress in the Programme in NHS GG&C.

#### 4b. Progress to date

NHS GG&C commenced testing work in 2011 with 11 general practices and 6 district nursing teams as part of locally established work. This work was built on to evolve into the current work being done as part of SPSP-PC Programme in the Board.

There are now 21 practices and 9 district nursing teams working on the Programme.

In addition an NHS GG&C Polypharmacy Local Enhanced Service (2014/15) has been developed regarding polypharmacy and quality, safe and effective use of long term medication. A medicines reconciliation component has been built into this Local Enhanced Service (LES) using the bundle approach and measurement by reporting monthly compliance. 252 practices participate in the LES in NHS GG&C.

##### General Practice

As part of negotiations for GP Contract 2014/15 all practices in Scotland were invited to take part in SPSP activity. This takes the form of 11 QOF points to look specifically at:

- Safety climate survey within clinical teams
- Using the trigger tool to identify previously undetected evidence of patient safety incidents and identify learning from them

##### Safety Climate Survey

The safety climate survey (Safequest) is a tool used within the SPSP programme to assess staff perceptions of safety within practices and involves all members of the practice team, clinical and non clinical. The tool is completed online and an anonymised, individual practice report is produced. Practices then discuss the results of the survey at a team meeting and focus on identifying areas for potential improvements in patient safety. GP Practices then complete a Safety Climate Practice Reflection Sheet to summarise their practice discussions and record their action plans.

The tool compares practice results against other Scottish practices. It also presents comparisons between clinical and non-clinical staff, and management and non-management within practices. The report also tracks practice results. Each time the survey is completed, the practice can see whether there has been a change in the perception of safety culture within the practice. The Safety Climate Online Survey has been developed by NHS Education for Scotland (NES).

The following table shows the NHS GG&C results as a whole compared to the national picture. NHS GGC results compare very favourably having exceeded the national results in all categories.

Health Board	Workload	Communication	Leadership	Teamwork	Systems
Greater Glasgow and Clyde	4.81	5.11	5.95	5.71	5.65
National	<b>4.69</b>	<b>4.91</b>	<b>5.87</b>	<b>5.57</b>	<b>5.54</b>

In NHS GG&C 93% of practices completed reflection sheets following their surveys. The results of these were overall very positive and practices reported that they had found the process helpful in identifying areas for improvement within the practice.

(Report available at <http://www.knowledge.scot.nhs.uk/spsp-pc/health-boards/nhs-greater-glasgow-and-clyde.aspx>)

### **Trigger Tool**

A trigger tool is a simple checklist for a number of selected 'triggers' A reviewer looks for these triggers when screening medical records for high risk patients. The trigger tool facilitates the structured, focused review of a sample of medical records by primary care clinicians. The trigger tool highlights areas for improvement – which should always improve patient safety.

NHS Education Scotland analysed the trigger tool information for NHS GG&C and the following are the main findings:

- 229 of the 262 practices (87.4%) in NHS GGC reviewed 11 508 electronic patient records and returned a total of 462 Trigger Review Summary Reports (TRSR).
- A total of 1636 Patient Safety Incidents (PSIs) were recorded, with a mean of 3.6 PSIs/TRSR (range 0-6) in NHS GGC. The vast majority of reviewers were able to find and record previously undetected PSIs. A substantial minority of these were judged to have resulted in at least moderate harm and to have been preventable, or potentially preventable.
- A taxonomy with three levels was developed to describe the many contributory factors underpinning PSIs. The largest proportion of PSIs was associated with 'medication' related factors

Overall the report produced by NHS Education Scotland concluded that there was potential value to improve care quality and safety by the trigger tool work. (Report available at <http://www.knowledge.scot.nhs.uk/spsp-pc/health-boards/nhs-greater-glasgow-and-clyde.aspx>)

### **Polypharmacy LES 2013/14**

In NHS GG&C 252 practices participated in the Polypharmacy LES during 2013/14 of which the national SPSP-PC medicines reconciliation formed part of the LES. This work demonstrated improvements in care bundle compliance from 80% at the beginning of the work to 90% by March 2014 and resulted in 30,894 patients receiving a face to face Polypharmacy medication review. Compliance with the care bundle to date for 2014/2015 is 92%. Analysis of 217 practice reflection sheets showed practices have viewed the medicines reconciliation workstream very positively with 82% reporting they felt it improved patient safety and 80% reporting it had improved practice processes.

### **Core Programme (Small Scale Testing)**

In addition to the above, testing has continued in the following areas:-

#### **DMARDs** (Disease modifying anti-rheumatic drugs)

NHSGG&C currently have 5 pilot practices using the below care bundle approach with the following drugs. Sulphasalazine was the only drug that practices were given the option to include/exclude from the bundle process.

- Penicillamine
- Methotrexate (oral & parenteral)
- Sodium Aurothiomalate (IM)

- Leflunomide
- Azathioprine
- Sulphasalazine (4 out of 5 have chosen to include Sulphasalazine)

The pilot practices have managed the above drugs throughout the pilot year and improvements have been seen in

- Tighter prescribing methods, particularly around methotrexate
- Identifying patients and using alerts systems
- Recall processes amended to support drug testing frequency
- Reassurance that robust processes are already in place
- Increase amount of time allocation has been positive
- Improved questioning about drug side effects
- This process supported the GP consultation

### **Outpatient Communication,**

Four practices initially tested a bundle around systematic processes for managing written communication in order to deliver safe and reliable care. Two of the four practices reported that they did not find this work useful and have since moved to the results handling work stream. One practice continues with the work stream.

### **Results Handling**

Across NHS Greater Glasgow and Clyde 10 practices are piloting the results handling bundle. For every full blood count (FBC), urea and electrolytes (U&Es) and liver function tests (LFTs) laboratory blood test set ordered; compliance with the agreed bundle was measured. Compliance rate has shown a steady improvement from 60% to 89%. Work continues in this work stream and pilot practices have reported that this work has led to valuable discussion about communication of results. Challenges identified include interface communication with laboratories.

### **Medication Reconciliation –**

The medication reconciliation testing this year has an expanded focus with 3 key areas of work. This involves working jointly with the Rehabilitation and Assessment Directorate/Care of Elderly wards at Glasgow Royal Infirmary to:

1. Measure practice processes using the standard national care bundle for high risk elderly patients discharged from Rehabilitation and Assessment Directorate/ Care of Elderly wards.
2. Measure secondary care compliance with meds rec on discharge as specified in the CMO letter (2013) 18
3. Patient experience – patient questionnaire sent to appropriate discharged patients from the RAD/CoE wards on their experience on how they were informed about their medications in secondary and primary care.

Although work is still at an early stage of piloting and numbers are low, the following findings are noted:

GP practices: overall compliance with process is around 80% with individual elements between 85 and 100%. Pilot practices have reported improvements.

DME wards: results mirror those measured in primary care with individual elements of the bundle at 80% or higher.

Patient questionnaire returns are currently too low to yield meaningful results.



In addition participating practices have been asked to identify one local safety concern of choice and must involve patients in the work to ensure that the person centeredness aspect is incorporated into the work of the programme. This further testing phase will support the development of the care bundles for inclusion in the wider programme going forward in 2014-16.

### **Community Nursing**

Further work is being undertaken in the wider implementation and spread of the bundle approach in Community Nursing with areas identified for improvement to Patient Safety which include Falls, CAUTI (Catheter acquired urinary tract infections), MUST (Malnutrition Universal Screening Tool) and the continuation of the prevention of Pressure Ulcer work. Work has commenced with district nurses to develop each of the work streams and test the prototypes with the teams to develop reliable models of care that can be spread across the system. To date work the work has focussed on Pressure Ulcers and MUST as follows:

### **Pressure Ulcer Prevention**

District Nursing team in NHS GGC have been participating in the SPSP Pressure Ulcer workstream for approximately 18 months. All teams are now achieving 100% compliance with the identified bundle. Work has now been progressed, working with Information Services, to adapt the Clinical Nursing Information System (CNIS) to allow outcome data to be extracted from the CNIS, reducing time spent on input for district nurses and enabling management reporting. This will also enable district nurses to use the data more effectively to identify areas for improvement in their own caseloads.

### **MUST**

NICE predicts that effectively addressing malnutrition will be the fourth largest cost saving area for the NHS in the United Kingdom. The research evidence demonstrates that groups of patients at risk of malnutrition may have chronic disease such as COPD or diabetes, chronic progressive diseases e.g. Parkinson's disease, motor neurone disease (MND), debility e.g. frail, depression, elderly, or acute illness e.g. nausea, infections, social issues e.g. housebound, poor support (Elia and Russell in BAPEN 2009).

MUST is a 5 step screening tool that can be used across care settings to identify adults who are malnourished or at risk of malnutrition. Within this work stream a bundle has been developed and is being tested in five district nursing teams. Teams have received training on the methodology being used (Model for Improvement) and data collection has begun.

### **Falls and CAUTI**

Scoping work has begun in looking to identify areas within falls work to be focused on. This work will continue over the next six months. Work on CAUTI (catheter acquired urinary tract infections) is also planned as part of the SPSP work but as yet this has not commenced as discussions are ongoing about the area of focus.

## **4c. Measurement and Reporting**

To date data has been collated at Board level and used for identifying improvements. A draft Measurement Plan has now been developed by HIS (Healthcare Improvement Scotland) to include safety culture measures, outcome measures, balancing measures and process measures.

Work is also progressing on how the data is collected, collated and used for improvements at local and national level.

#### 4d. Learning Collaborative

Healthcare Improvement Scotland (HIS) will be visiting NHS GG&C in October 2014 to discuss progress within the Programme.

A further local and national Learning Session was held during the Summer of 2014. These were both well attended by NHS GG&C staff who reported finding the events a useful opportunity to share learning and good practice.

#### 4e. Challenges

Despite excellent progress in the SPSP PC in NHS GG&C there have been and continue to be many challenges. The following briefly describes some of these:

**Data Collection** – The lack of a common I.T. system for collection, analysis and reporting of data has been consistently challenging to staff. The current processes involve manual collation of spreadsheets and have proved very labour intensive. Solutions are being sourced but to date have not been forthcoming.

**Commitment** – As with all Change Programmes, there is a process of managing interest and commitment that can be a challenge.

**Scale** - The size and complexity of the health system in NHS GG&C has proved challenging in the Programme to date and will continue to be an issue in rolling out the work.

**Competing priorities** – Staff involved in the work have described difficulties in focussing on the work due to many other competing priorities and increasing workloads.

**Interface** – Challenges have been reported where work streams rely on interface communication.

#### 4f. Next Steps Challenges

Work continues in all work streams in NHS GG&C and has been extended till end of March 2015.

In addition a new **Pharmacy in Primary Care Collaborative** has commenced and will run for the next two years. NHS GG&C was successful in bidding for this collaborative and is one of the four NHS Boards involved. The aims of this Collaborative are to:

Improve patient safety by strengthening the contribution of pharmacists to:

- Deliver reliable processes for the safe dispensing, monitoring and administering of high risk medications
- Improve the reliability medication reconciliation when patients are discharged from hospital
- Improve the safety culture of pharmacy teams

NHS GG&C will work with 8 Community Pharmacists and 2 GP Practices to take this work forward.

**Appendix One**  
**Scottish Patient Safety Programme: Glossary of Terms**

<b>SPSP</b>	Scottish Patient Safety Programme
<b>SPSP-MH</b>	Scottish Patient Safety Programme – Mental Health
<b>SPSP – PC</b>	Scottish Patient Safety Programme – Primary Care
<b>SPSPP</b>	Scottish Patient Safety Paediatric Programme
<b>CVC</b>	Central Venous Catheter
<b>CAUTI</b>	Catheter Associated Urinary Tract Infection
<b>DMARDs</b>	Disease Modifying Anti Rheumatic Drugs
<b>EWS</b>	Early Warning Scoring
<b>HAI</b>	Healthcare Associated Infection
<b>HDU</b>	High Dependency Unit
<b>HIS</b>	Healthcare Improvement Scotland
<b>HSMR</b>	Hospital Standardised Mortality Ratio
<b>IHI</b>	Institute for Healthcare Improvement
<b>ITU</b>	Intensive Care Unit
<b>ISD</b>	Information Services Division
<b>LES</b>	Local Enhanced Service
<b>LVSD</b>	Left Ventricular Systolic Dysfunction (heart failure)
<b>MCQIC</b>	Maternal Quality Care Improvement Collaborative
<b>MDT</b>	Multi Disciplinary Team
<b>NEWS</b>	National Early Warning Scoring
<b>PDSA</b>	Plan, Do, Study, Act (small scale, rapid, reflective tests used to try out ideas for improvement)
<b>PVC</b>	Peripheral Venous Cannula
<b>QOF</b>	Quality Outcomes Framework

<b>SBAR</b>	Situation, Background, Assessment, Recommendation (a structured method for communicating critical information that requires immediate attention and action; can also be used effectively to enhance handovers between shifts or between staff in the same or different clinical areas.
<b>SMR</b>	Standardised Mortality Ratio
<b>SSI</b>	Surgical Site Infection
<b>SUM</b>	Safer Use of Medicines
<b>Surgical Briefing</b>	A pre-operative list briefing designed to ensure entire team understand expectations for the list and each procedure.
<b>Surgical Pause</b>	A pre-operative pause as an opportunity to cover surgical checklist and act as final reminder of items that must be completed prior to commencement of the operation.
<b>Trigger Tool</b>	A case note audit process designed to find examples where the care plan has not progressed as expected
<b>VAP</b>	Ventilator Associated Pneumonia
<b>VTE</b>	Venous Thromboembolism