Greater Glasgow and Clyde NHS Board

Board Meeting

April 2015 **Board Paper No. 15/11**

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 paper sets out a broader description of the clinical processes being developed to operate with higher levels of reliability, the scope of testing work, along with a brief outline of progress and challenges, for each programme.

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.

3a. 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 two pilot wards testing work on risk assessment and safety planning. Phase 2 developed from September 2013 and introduced a 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 fourteen wards are working 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
- 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. Following on from two recent learning sessions, work in this area will lead to the development of a risk assessment bundle that will undergo further testing with a view to a final bundle agreed for roll out in autumn 2015.

Communication at Key Transition
Bundles are being developed in transitions for Admissions and Discharges. Several wards are in various stages of testing in this work stream.

Safe and Effective Medicines Management
There are several interventions currently being tested within this work stream

- Medicines reconciliation in ward 3a at Leverndale and East & North wards at Dykebar.
- The national 'as required' psychotropic bundle is being tested in 6 wards, East & North at Dykebar, Rutherford ward at GRH, ward 4B at Leverndale, Elm ward at Rowanbank and Parkhead ward 1. Progress has been encouraging with improvements seen in the recording of such administrations. The wards are also starting to look at their data with a view to understanding better the variations in patterns of use and to begin to consider how to reduce overall use. Final testing is underway and roll out of the bundle is planned for autumn 2015 being considered.
- A Clozapine Admissions Bundle designed to improve clozapine prescribing on admission is being tested. If successful the hope is to share this with Acute hospitals in order to reduce incidence of avoidable treatment breaks
- A Safer Prescribing Intervention is being tested in Parkhead wards 1 & 3 and McNair ward at GRH. The aim is to ensure ward prescriptions sheets are written to the agreed standard to support safer medicines administration.

Restraint and Seclusion
One ward is currently testing the restraint and seclusion bundle.

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 – These been completed once by 10 wards, twice by 3 wards and three times by one of the pilot wards.
- Patient Safety Climate Tool – The patient survey has been completed once by all 14 wards and repeated by 4 wards.
- Leadership Walk rounds – These have been undertaken in 11 wards and the remaining wards are planned for April and May 2015.

3c. Measurement & Reporting

Mental Health Outcome Measures
SPSP MH Staff within Clinical Governance now have direct access to the bed management information system. This has enabled outcome data to be submitted from all 14 wards in January and March 2015.

Leadership Reports
Leadership reports are being submitted to Healthcare Improvement Scotland on the required bi-monthly basis.

3d. 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 arranged for 17th April 2015.

Local Learning Sessions
Two recent local learning sessions were held bringing all 14 wards together. The first session allowed wards to present their work to date with a closing statement of what action they would take forward when they returned to the ward. Session two allowed the wards to feedback on what they achieved since the last session. Session two also split the group to discuss deliverables for the coming months. Two workstreams were discussed as follows:

Risk Assessment
All 14 wards have participated in testing various risk assessment processes. The learning session allowed staff to share progress and discuss further testing. An agreed bundle will be finalised and ready for roll out in autumn 2015.

PRN Medication
The group discussed the reason for collecting this data. Each ward felt that the work was worthwhile and should be rolled out across all 14 wards in the programme. Prior to rolling this bundle, governance staff agreed to interpret the data. The rate of incidents will be compared to administration of as required medicines data.

National SPSP MH Session
Over 30 staff from NHS Greater Glasgow and Clyde attended this session.

3e. 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:

Scale – Increasing the scale of the programme can dilute the programme support with less coaching available to each ward.

Quality Improvement Capacity and Capability – there has been a number of staff changes in some of the wards, this means developing the knowledge of new staff.

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

Benefits of Standardisation - One of the difficulties of the programme is finding a good balance between local innovation, and the need to benefit from Board-wide standardisation and integration of care. It is anticipated that interventions will be standardised and generalised as innovation is developed.

3f. Successes

Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health visited Rutherford Ward at Gartnavel Royal on 18th March 2015. Rutherford, which provides general psychiatric inpatient care, has seen a number of changes to provide patients with better and safer treatment.

3g. Next Steps

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.

Delivering agreed bundles on risk assessment and as required medication. This work, in turn, will inform on how to progress on agreeing on and finalising interventions in the other workstreams.

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 currently 17 practices and 5 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	**4.69**	**4.91**	**5.87**	**5.57**	**5.54**

As of March 2015, 92% of all NHS GG&C practices have completed the Safety Climate Survey.

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.

The main findings from the analysis carried out by NHS Education Scotland and detailed in October 2014's briefing paper were fed back to General Practice staff by the Board's Medical Director at a recent learning event.

Leadership Walkrounds
As part of scheduled QI (Quality Improvement) visits, specific questions relating to SPSP PC (Climate Survey and Trigger tool) were incorporated into the visits. Results from 28 practice visits are currently being analysed. As QI visits are changing in the near future, discussion is ongoing as to how this aspect of SPSP work can be taken forward.

Polypharmacy LES 2014/15
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 originally had 5 pilot practices using the care bundle approach with the following drugs:

- Methotrexate (oral & parentral)
- Penicillamine
- Sodium Aurothiomalate (IM)
- Leflunomide
- Azathioprine
- Sulphasalazine - option to include/exclude form the bundle process

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

Three out of 5 of the original practices continued with the pilot extension, with one additional practice joining from the Outpatient Communication work stream. The support required after initial visits to practices was minimal as practices coping well. Practices have remained motivated throughout this pilot phase to achieve the DMARDS Care Bundle. The original practices have achieved and sustained bundle compliance rates of 80% - 100%.

The practices have embedded new processes into their way of working and this continues to achieve positive results. Successes and challenges of current pilot have helped to shape the development of new DMARDS LES, commencing April 2015. The positive feedback of Patient Safety has prompted non DMARDS practices to get in touch and voluntarily adopt the DMARDS Care Bundle approach.

Outpatient Communication,
Four practices initially tested a bundle around systematic processes for managing written communication in order to deliver safe and reliable care. Subsequently, the practices reported that they did not find this work useful and all have moved to other work streams. The Outpatient Communication work stream has therefore been discontinued.

Results Handling
Across NHS Greater Glasgow and Clyde 8 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 76%. This work stream has been received positively by participating practices, with most reporting improvement to their processes, better communication, and more effective reconciliation of results at practice level. Links with laboratory colleagues have also been made, to improve better understanding – from both sides – of processes and difficulties which can arise .

The work NHS GG& C has done with developing the results handling bundle has greatly informed the development of a national bundle which is ready for roll out as of April 2015, and will be used in a number of practices within the Health Board.

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:

- Measure practice processes using the standard national care bundle for high risk elderly patients discharged from Rehabilitation and Assessment Directorate/ Care of Elderly wards.
- Measure secondary care compliance with meds rec on discharge as specified in the CMO letter (2013) 18
- 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.

GP practices: overall compliance with process has improved from 70% to 90% during 2014. 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 Streening Tool) and the continuation of the prevention of Pressure Ulcer work. To date, 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 work stream for approximately 18 months. All teams are now achieving 100% compliance with the identified bundle and testing of the bundle is now complete. Work will now be progressed via the Clinical Nursing Information System (CNIS) to allow outcome data to be extracted directly using Microstrategy programming. This will reduce time spent on input for district nurses and reports can be generated at practitioner, senior nurse and Head of Service level (commencing May 15).

MUST

The MUST driver diagram aim statement:

- 95% of › 18 year old adults admitted to district nurse services will have evidence based, effective, person centred MUST assessment by December 2014

- 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 is established. Across the five teams, results have been varied but has progressed well and coped with the restructuring of the district nurse service in some of these areas. Small tests of change have been successfully implemented by some teams. Data collection using a share site helped enable staff to engage with the work, when teams were spread across the health board area. It is envisaged that the same approach used with Pressure Ulcer Prevention will be adopted with MUST, to ensure continued measurement via CNIS systems and microstrategy programming.

Falls and CAUTI

Scoping work has begun, looking to identify areas within falls work to be focused on and creation of a suitable care bundle. This will continue into the 2015/16 programme of work. Work on CAUTI

(catheter acquired urinary tract infections) is also planned as part of the SPSP work but as yet this has not commenced.

NHS GG&C are at the forefront of developing care bundles within Community Nursing and HIS (Healthcare Improvement Scotland) are taking a keen interest in this work.

4c. Measurement and Reporting

To date data has been collated at Board level and used for identifying improvements. A Measurement Plan has now been developed by HIS to include safety culture measures, outcome measures, balancing measures and process measures. NHS GG&C will commence reporting this data to HIS as of April 2015.

4d. Learning Collaborative

A third local learning session was held in February 2015 and was well attended by practice and community nursing staff. The learning sessions provide a good opportunity to network, share learning and promote 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, in some instances, manual collation of spreadsheets. Sourcing and accessing data to enable Measurement Plan returns to HIS to commence is a work in progress, with some data more readily available than others.

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.

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

4f. Next Steps

Work streams for 2015/16 will be:

- Medicines reconciliation - linking in with mental health services
- Results handling - developing further the work already started and now being progressed nationally
- Asthma - in view of the recent National Report on Asthma Deaths work in asthma is being scoped.
  Sepsis – focussing on Out of Hours service using the NEWS scoring system
- Community Nursing will continue with MUST and PUP reporting, and Falls bundle will be developed

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

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

SBAR	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.
SMR	Standardised Mortality Ratio
SSI	Surgical Site Infection
SUM	Safer Use of Medicines
Surgical Briefing	A pre-operative list briefing designed to ensure entire team understand expectations for the list and each procedure.
Surgical Pause	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.
Trigger Tool	A case note audit process designed to find examples where the care plan has not progressed as expected
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism