Greater Glasgow and Clyde NHS Board

Board Meeting

February 2016 **Board Paper No. 16/01**

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. Overview of SPSP reporting for Acute Adult Programme

The Scottish Patient Safety Programme was initiated in 2008 within clinical settings in acute adult hospitals. The second phase of the Acute Adult Care programme concluded in December 2015. In preparation for this landmark Healthcare Improvement Scotland (HIS) commenced a review process with suggestions of a major refresh of SPSP envisaged.

In the Autumn, during the early engagement of this review, HIS indicated a potential shift in focus to ensure greater local selection of priorities. This was viewed as helpful to our own position which increasingly recognised the need for greater local definition of aims and requirements along with a need for increasing self reliance in generating expertise and knowledge to augment progress.

We have not yet been advised by HIS on the shape of the new programme however the recent publication of the Local Delivery Plan (LDP), by Scottish Government Health Directorate, makes reference to an earlier communication from HIS indicating the nine priorities of care will remain the national focus. We are awaiting formal communication from HIS to clarify whether the communication in the LDP will be superseded by new guidance.

HIS have maintained requirements for data submission, which now occurs on a quarterly basis, from the Boards to the national programme. Within NHS GG&C the acute adult data set is reviewed and approved for release by the Acute Services Clinical Governance Forum. In the most recent submission NHS GG&C have continued to meet all of the national reporting requirements, based on the HIS recommendation that an outcome measure and at least 1 process measure for each core workstream is submitted. However the future reporting requirement and schedule has still to be communicated by HIS.

Although there may be a hiatus in the national measurement plan, at a local level there remains an ongoing need for visibility and governance. As such, and as part of the revision to processes following organisational change in 2015, three reporting mechanisms have been set up to help this governance to take place:

- Safety Programme Divisional Update report - produced quarterly (and will be aligned with the national measurement plan once published)
- Safety Programme Sector / Directorate report – produced quarterly
- Safety Programme workstream review meetings – take place monthly in a monthly schedule so each workstream is reviewed quarterly

SGHD guidance in 2008 emphasised the need for Board level governance of SPSP and since that time progress reports have been submitted to each meeting of the Board. This was supplemented by further reports to firstly the Quality and Performance Committee (then Acute Services Committee), which also extended to include the other programmes (Mental Health, Primary Care and MCQIC). This meant that there are corporate reports on SPSP being generated every month.

As we continue to redesign clinical governance programmes following the organisational review, we have also reflected that there needs to be more visibility of other quality improvement programmes not driven by the SPSP priorities. The Medical Director and Nursing Director are currently taking forward a process of setting out an NHS GG&C safety programme. This will draw on learning from SPSP and will seek to adopt its requirements and support structures within a locally defined quality improvement programme. As part of this process we are proposing to overhaul the corporate reporting format and are due to test proposals with a representative group of NonExecutive Directors in February with the intention of presenting a new clinical governance report to the April meeting of the Board.

3. Deteriorating Patient Workstream Update

The improvement in systems and processes of care for patients at risk of acute deterioration has recently been confirmed as one of the key clinical safety priorities for the NHS GGC quality programme. It is also one of the workstreams in SPSP Acute Adult Care programme.

The national aim of the workstream is that 95% of people with physiological deterioration in acute care will have a structured plan and response; that this will lead to a 50 % reduction in CPR attempts (defined as resuscitation with chest compressions and/or artificial respirations) and a reduction of inappropriate interventions in general ward settings. The outcome measure associated with this work stream is the Cardiac arrest count or rate. The process measures associated with this work stream are:

- Percent compliance with Early Warning Score (EWS) assessment – correct frequency of observations (goal – process reliability at 95% or greater)
- Structured response count: the number of structured responses undertaken by the clinical team each month (see table below for description of structured response)
- Percent Compliance with Structured Response (goal – process reliability at 95% or greater)
- Percent compliance with structured review (goal – process reliability at 95% or greater)

STRUCTURED RESPONSE
A structured response has occurred when: 1) Nurse in charge informed; 2) Screened for SEPSIS; 3) Appropriate care givers have met and discussed plan; *4) ePCS/Ekis reviewed (acute admission wards only)*; 5) Documentation of active problems, working diagnosis, management plan and review time; 6) Frequency of observations reviewed and documented; 7) Escalation ceiling recorded;

8) Early referral to higher level of care considered and documented; 9) DNACPR considered and completed it appropriate.
STRUCTURED REVIEW
A structured review has occurred when: 1) Risk of deterioration is reviewed and documented; 2) Limited reversibility assessed (e.g. with a structured tool such as Supportive & Palliative Care Indicators Tool (SPICT™)); 3) Management plan reviewed and updated; 4) Anticipatory care plan considered; 5) DNACPR reviewed and updated; 6) Communication with patient and family on management plan

The number of wards expected to become involved in the programme is currently estimated as 165 wards. The acute sectors have been resetting their implementation plans to increase the number of clinical teams involved. However these plans have been based on targeting those wards in which cardiac arrests occur most frequently. The total number of teams involved may still be small but this selection approach maximizes the clinical benefits to patients. Most recently Regional Services have confirmed the that the deteriorating patients programme will be spread across all wards at the Beatson, and the South sector has confirmed a further 6 wards in the QUEH, and DME beds at the Victoria and Gartnavel, and all wards at the RAH are now active in the programme. This has contributed to a sharp rise in the numbers involved from 20 teams in mid December to 39 teams considered to be currently active in the programme.

To augment the rate spread of good practice the Acute Services Clinical Governance Forum commissioned presentations from two clinical services with the most significant progress. The clinical leads for the work at the Royal Alexandra Hospital (RAH) and the Beatson West of Scotland Cancer Centre provided detailed description of what has worked at the recent forum meeting.

Dr Iain Keith, from RAH, shared descriptions of a range of changes including prompted recording of the structured response using stickers in the case notes, engaging the clinical team in quality huddles, clinical education and reinforcing local ownership and responsibility for the clinical process. He also reported that as reliability of the clinical process improved they have observed a decrease in admissions to the High Dependency Unit.

Dr Janet Graham, from Beatson, shared descriptions of work to standardise treatment escalation plans, improve recording of the Early Warning Score, improve clinical escalation when patient's risk of deterioration increases, improve visibility and communication through the use of ward boards and an increased frequency of consultant handovers.

The clinical leads both highlighted the importance and challenge of engaging the clinical community in the improvement work, ensuring there is time and support for staff working on tests of change and the aspirations for integration of the clinical work flow into the electronic systems.

3. Conclusion

The Board of NHS GG&C is asked to

- Note that we are awaiting formal communication from HIS on the next phase of SPSP
- Note the ambition to set local clinical quality improvement programmes, which is informed by SPSP
- Note the aim of revising the corporate reporting arrangements towards a clinical governance report being presented to the April meeting of the NHS Board.
- Note the update on the services sharing what has worked to improve care in the Deteriorating Patient Workstream

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