

Clinical Governance Update

Recommendation:-

The NHS Board is asked to:

- note the initial consideration of the impact of the national review report on SPSP,
- note the current activities that align with the report,
- note the ongoing monitoring of national developments,
- note the activity in local processes to inform and adapt the safety programme.

Purpose of Paper:-

This update report is focussed on a national review of the Scottish Patient Safety Programme (SPSP) published by Healthcare Improvement Scotland (HIS).

Key Issues to be considered:-

The national review report signals a potential shift in the way HIS will operate the national support for SPSP. This is still to be more formally developed and agreed through the national governance structures. The Head of Clinical Governance will ensure that NHS GG&C staff continue to contribute to and monitor national progress on behalf of NHS GG&C to ensure this continues to be the case.

NHS GG&C has already anticipated some changes and is well placed to continue to be a leading participant in the developing national programme. There are specific priorities informing the Acute Adult programme in place for this year. The locally set priorities align with those suggested in the national report. The creation of specific Board priorities has supported progress but is being subjected to a more in-depth review to identify how we achieve greater scale of implementation. NHS GG&C is contributing to plan for greater levels of small scale pilot testing. The Board Clinical Governance Forum will ensure we influence and respond to further changes arising from the report.

Any Patient Safety /Patient Experience Issues

Yes.

Parts of this report relates to the clinical safety, describing the approach to improving safety through SPSP.

Any Financial Implications from this Paper

None specified

Any Staffing Implications from this Paper

None specified

Any Equality Implications from this Paper

None specified

Any Health Inequalities Implications from this Paper

None specified

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

None specified

Highlight the Corporate Plan priorities to which your paper relates

The high level aim

- improving quality, efficiency and effectiveness and the supporting objective
 - making further reductions in avoidable harm and in hospital acquired infection;

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Greater Glasgow and Clyde NHS Board

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Clinical Governance Update

1. Background

The Health Act 1999 requires that NHSGGC; “put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals.”

This update report is focussed on a national review of the Scottish Patient Safety Programme (SPSP) published by Healthcare Improvement Scotland (HIS).

2. Patient Safety Programme

Healthcare Improvement Scotland (HIS) is a national agency with responsibility for the quality of healthcare. They provide a number of functions which include:

- provision of evidence through national clinical standards or guidance,
- support to quality improvement programmes,
- the deliver scrutiny.

They are one of the lead agencies for the national oversight of the Scottish Patient Safety Programme (SPSP).

Earlier this summer HIS concluded a review of the Acute Adult and Primary Care work-streams of SPSP which also provided a broader reflection on other programme areas. The review report is available via the following link and sets out the key findings, with recommendations, in relation to both programme content and future delivery models.

(Web link

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/20160613%20SPSP90DayProcessFinalReport%20v%203%200.pdf>)

NHS GG&C staff contributed their knowledge and experiences to the review process. The report is still being subjected to planning discussions at a national level but we have been considering the report and debating its impact with HIS and colleagues from across Scotland.

The general conclusion is that “SPSP has enabled significant reductions in the harm experienced by those using healthcare services” In recognising the need to build on the work to date and apply the learning Scotland has gained HIS describe a few design principles for the next phase of SPSP. A number of the recommendations are specifically for HIS relating to programme alignment and to help position the programmes within the integrated service contexts in HSCPs. However there are a few notable recommendations from the report we have considered locally. These are;

1. To realign efforts around the focus on the three most common safety themes
 - a. prevention, recognition and response to deterioration
 - b. medicines, and
 - c. system enablers for safety.

2. The shift from national priority setting to building an approach in which HIS would ask NHS boards to identify their specific priority areas
3. To commission new work on a smaller scale through specific pilot sites to undertake prototyping work.

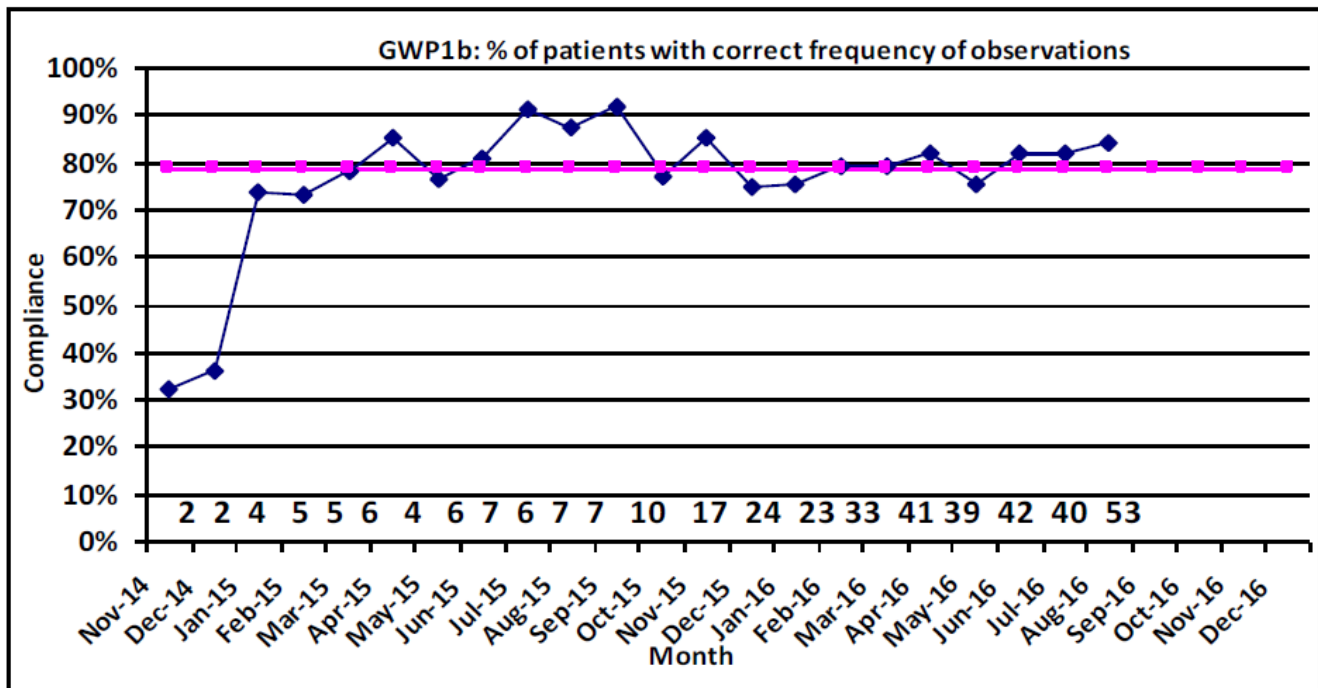
NHS GG&C has already moved its safety programme approach to identify specific priority areas. The Medical Director initiated a process in 2015 to confirm and define the high priority safety themes. These were

- Improving care of patients at risk of deterioration
- Improving medicines safety and medicines reconciliation.

It is helpful these are consistent with the findings of the HIS report.

As well as confirming these safety programmes as the key priorities for NHS GG&C a small set of local implementation objectives was developed to reinforce each priority. As we approach the mid-year point for 2016-17 there has been reflection on the benefit of this new process of prioritisation. In general it has been successful in boosting the scale of activity. It is also observe that some teams have achieved the required level of reliability in their clinical processes. In the following chart we can see the significant rise in active teams submitting data across 2016 to the current figure of 53. We have also observed that there is a relatively good aggregate reliability given the number of new additions from the time we began to frame the objective.

Chart One: Number of active teams and aggregate level of reliability for correct frequency of observation (An appropriate frequency of observation limits the potential for undetected deterioration)



However as we consider the other local programme objectives it is clear we continue to experience challenges in achieving results at the hoped for scale. The Acute Services Division Clinical Governance

Forum is changing its normal meeting process to dedicate the November meeting to an in-depth review of the collective learning on improving the quality of care for deteriorating patients. This review will more fully assess the results to date, explore what enables local success, discuss how we work at scale and consolidate learning into further actions. Alongside this local consideration we have been in discussion with HIS and other Boards on running large scale programmes so intend to link our findings into the national debate.

The Board has a good track record in providing sites for successful early prototyping of reliable clinical processes. Across the scope of SPSP NHS GG&C have a number of clinical teams achieving implementation which is recognised to be amongst the best in Scotland. The Board has also been successful in securing nationally sponsored pilots, with two recent examples as follows. East Dunbartonshire HSCP was one of only three locations selected to participate in the next stage of the Reducing Pressure Ulcers in Care Homes Improvement Programme, which is focussed on patients in care home settings and aims to reduce pressure ulcers by develop and test different approaches to existing SPSP Pressure Ulcer improvement activities. NHS GG&C, in partnership with Scottish Ambulance Service, is one of only three pilots appointed to reduce harm from sepsis by improving recognition and timely delivery of evidence-based interventions for patients in primary care.

Within the theme labelled “system enablers for safety” HIS identify that capability of the workforce to use quality improvement methods and approaches effectively is associated as a factor that may drive improvement. *Building Capability to Improve Safety* (The Health Foundation 2014) highlighted that the best approach would be a menu of opportunities for developing capability that can meet the need for the diverse range of skills and expertise required for support.

The Clinical Governance Support Unit have been developing a range of internal training opportunities and supporting staff to apply for places to in the national Quality Improvement (QI) training schemes.

There is a well established introductory one day QI Workshop, which is provided as part of a general schedule and can be used for bespoke delivery for services and staff groups. A total of 416 staff attended 15 QI Workshops held between May 2014 and August 2016. The workshop evaluates very positively and the schedule of dates for 2016 has been fully subscribed for some time. The bespoke delivery includes Pharmacy, Mental Health, Knowledge services, and HSCP staff groups. A Return of Investment Evaluation is currently underway.

A proportion of staff in the workshops are offered an additional opportunity and currently 20% of attendees have been supported through a mentoring model to undertake a workplace project. The intention is to enable staff to reach the level described in the national literature as Quality Improvement Practitioner. This will allow local clinical leads to facilitate more locally directed and led clinical QI activity.

The clinical disciplines are also commissioning development through their leadership structures. A total of 308 registered nurses attended the “Making a Difference Programme” which included a positively evaluated half day session on quality improvement skills. Discussion with the Director for Allied Health Professionals has taken place regarding the development of an AHP Quality Improvement Development Programme

The Leading Quality Improvement programme is derived from evidence that quality improvement requires distinct knowledge, skills and behavioural choices from leaders than may naturally prevail in healthcare. The design is targeted to senior Clinical Leaders, but open to management colleagues. Three workshops have taken place for clinical leaders, with a further event planned for November 16, and again feedback on the value of content is positive. Early discussion on design for a second phase of development has taken place.

The Scottish Quality and Safety Fellowship aims to develop and strengthen clinical leadership and improvement capability in NHSScotland to support the development and delivery of the Scottish Patient Safety Programme (SPSP) as well as contribute to the development of a long-term quality improvement and patient safety culture within NHSScotland. The Fellowship Programme is led by NHS Education for Scotland (NES), in partnership with Healthcare Improvement Scotland and NHSScotland. Recruitment to the ninth

cohort was recently completed and NHS GG&C was delighted to secure five new Fellows in the programme. This is a competitive selection process open to all of NHS Scotland so is a very notable achievement for the staff of NHS GG&C.

3. Conclusion

The national review report signals a potential shift in the way HIS will operate the national support for SPSP. This is still to be more formally developed and agreed through the national governance structures. The Head of Clinical Governance will ensure that NHS GG&C staff continue to contribute to and monitor national progress on behalf of NHS GG&C to ensure this continues to be the case.

NHS GG&C has already anticipated some changes and is well placed to continue to be a leading participant in the developing national programme. There are specific priorities informing the Acute Adult programme in place for this year. The priorities align with those suggested in the national report. The setting of Board priorities has supported progress but is being subjected to a more in-depth review to identify how we achieve greater scale of implementation. NHS GG&C is contributing to plan for greater levels of small scale pilot testing. The Board Clinical Governance Forum will ensure we influence and respond to further changes arising from the report.

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