



## Greater Glasgow and Clyde NHS Board

### Board Meeting

April 2012

Board Paper No. 12/12

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. Purpose of the paper

##### NHS Greater Glasgow and Clyde Aim statement

The overall NHS GG&C aim is to ensure the care we provide to every patient is safe and reliable and the local implementation of the Scottish Patient Safety Programme (SPSP) will contribute to this aim.

Our SPSP aim is to achieve full implementation of the core programme in NHS GG&C Acute Services Division by the end of Dec 2012. (The core programme includes improved staff capability in all wards, creation of reliable processes for every relevant element in every ward.)

We will achieve implementation of Paediatric SPSP meeting the national medium term goals by March 2012.

We will also develop and fully describe SPSP style improvement programmes in Primary Care, Mental Health services and Obstetrics in 2011/2012.

In this report we wished to provide a fuller update on how the programme is evolving beyond the initial focus on Acute Adult In-patient care across other services of NHS GG&C. There is therefore only a brief outline of the core programme and more detail on other developing areas.

#### 3. Progress & Developments

##### 3.a) SPSP Core Programme in acute adult services

The Acute Services Division has already demonstrated reliability in twenty five distinct measures of clinical and communication process in pilot teams. The last two years has seen the programme focus on spreading the reliable models of practice to all relevant clinical areas. Our level of progress continues to be positively regarded by the national teams. We do however periodically assess the

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degree of spread likely to be completed by the end of 2012. The current review is still to be completed and reported to Acute Services Division but it appears we have improved the position in the last four months with eleven of eighteen elements now likely to reach greater than 90% spread. It is important to note the scale of this achievement but also to reflect on sustaining our focus, especially as we consider new developments

### 3. b) SPSP Paediatric Programme

The paediatric programme held a national learning event in February which was well attended by staff from NHS GG&C with good representation across all four work streams. NHS GG&C staff were also heavily involved in supporting the event with four staff facilitating work shops on the day. The programme aims were a major focus of the event in reviewing current progress with the importance of data and measurement being reinforced and all boards encouraged to submit onto the Extranet.

The pilot wards have achieved all aims in relation to the Paediatric Early Warning Score (PEWS) demonstrating sustained reliable use of this tool, with one ward doing so for almost 9 months to date. The PEWS tool is used throughout paediatric services and the SPSP measurement is now being extended to all wards to enhance local monitoring of this observation system. Critical Care have made great progress with aims in relation to Central Venous Catheter insertion and maintenance achieving both short term aims with reliability demonstrated in both insertion and maintenance; the teams focus is now on maintaining this excellent work. Further local discussion is required on spread of this into ward areas to support the national aim in relation to this work.

There is a Critical Care aim in relation to Ventilator Acquired Pneumonia for implementation by September 2011. The adult VAP bundle was not fit for paediatrics and has required ongoing discussion and review within the critical care community to agree the approach. This has affected the ability to achieve the national aim however the unit have undertaken excellent work in preparing for this including design and manufacturing of a wedge to support the patient elevated position and development of a DVD to support education. The team are about to commence testing in this final critical care bundle area and are confident of the approach and keen to share the work they have developed nationally.

Discussions are ongoing at a national level in relation to the programme aim for reduction in adverse events and the methodology for measuring this. Initial thinking had been to apply the paediatric trigger tool developed by Great Ormond Street in an approach similar to adults. However, this has not been successful to date with boards reporting issues in application of the tool which has prompted development of a structured case note review tool which is currently being tested by all boards. This tool has been developed to support local teams to identify avoidable harm using case note review and initial testing has been positive though further discussion is needed to refine the supporting measurement plan. In relation to the aim of adverse events, the national team are working towards a paediatric harm index based on the model observed in Cincinnati and GG&C have expressed support for this and interest in testing the model.

Dr Beattie, AMD of W&C Directorate has recently taken over as co-chair of the national paediatric Advisory Group which reports into the national Safe Ambitions Steering Group.

### 3.c) SPSP Sepsis and Venous Thromboembolism (VTE) programmes: site visit to GG&C

The initiation of two new programmes was reported in the last Board report. Since then the national support team have undertaken a visit to the Board to review our initial progress. The visit was well received with all of those involved feeling encouraged by the initial progress and exchanging improvement ideas for local testing and in planning the programme. The national team will provide an overview report that will be built into our local planning process but this is still to be provided. We also noted that a number of our staff have been asked to present their learning to the next national

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Sepsis/VTE collaborative meeting in June and that the Board Medical Director has been asked to present at the plenary session for this event.

### 3.d) SPSP Heart Failure Bundle Implementation

- **Aim:** NHS GG&C will, by 2012, contribute to an overall national reduction in length of stay, readmission and mortality for patients admitted to hospital, with a primary diagnosis of Heart Failure (HF) secondary to Left Ventricular Systolic Dysfunction confirmed by echocardiogram.
- **Secondary Driver:** NHSGG&C will deliver reliable, evidence-based care for patients with heart failure secondary to LVSD.

This will be achieved by delivery of the Scottish Patient Safety Programme Cardiac Congestive Heart Failure Care Bundle:

1. Expert review during admission
2. Evidence based drugs prescribed during in-patient stay
3. Referral to specialist Heart Failure Nurse service before or at time of discharge

The implementation is supported through the Cardiology Managed Clinical Network Committee; Congestive Heart Failure Sub Group. There are five active pilot sites with one further one being set up. The teams are testing checklists that will underpin the reliable demonstration of clinical practice. Alongside this testing is work to set up measurement systems, though a few teams are running into problems of low volume that can undermine the diagnostic quality of the measurement system.

### 3.e) Local Primary Care Programme

This section provides an update on recent progress made in the local Patient Safety in Primary Care Programme and the active work streams (with update); some are in developmental stage whilst others have progressed to testing work.

- **DMARDS** (Disease Modifying Anti Rheumatic Drugs)

**Aim:** Implementation of reliable systems for the prescribing, management and monitoring of patients with high risk drugs.

Fortnightly data collection continues producing regular data that is beginning to show some improvement in reliability. The care bundle has been adapted to reflect the voluntary ban on 10mg methotrexate. G.P practices continue to be enthusiastic in their participation of this care bundle.

- **Prevention of Pressure Ulcers**

**Aim:** To reduce the number of health care associated pressure ulcers by 50% by December 2013

Work continues to the point where active data is being generated with teams being supported to use the data to improve. Tests of change are being undertaken to improve compliance and reliability of the process and further work on person centeredness and involvement is being explored. District Nurses in East Dunbartonshire CHP have now joined the programme and will be part of the Prevention of Pressure Ulcer and Insulin Administration work streams.

Progress reports continue to be provided to the Partnership Tissue Viability Group to ensure a co-ordinated response in Partnerships; this group has links to the overall Board Tissue Viability structure ensuring links to Acute Division work on this area are in place.

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- **Medicines Reconciliation**

**Aim:** To develop reliable systems for medication reconciliation on discharge from hospital

Data collection began in November and continues to be collected to improve the reliability of the process. A test of change has led to the development of a template to support the work. Practices are being encouraged to return their PDSA's and remain enthusiastic in their participation of this care bundle.

- **LVSD (Left Ventricular Systolic Dysfunction)**

**Aim:** Ensure that patients are receiving reliable high quality care in order to reduce morbidity, mortality and hospital admissions

Following a review of the register, data collection has commenced though on testing one of the measures was thought not to be clinical relevant. This has been fed back to the national team.

- **Insulin Administration**

**Aim:** To reduce the number of insulin administration errors

The care bundle has been further refined and tested to the point where data is being generated. Data collection and tests of change will continue to create reliability in the process.

- **Continuing to Build Capability in Primary Care**

Preparations are being made for the second board learning event to be held on 19 April 2012 which will feature the experiences of programme participants providing examples of practical application and learning from each of the themes and teams. There will also be opportunities for participants to build knowledge on the methods with a focus on process design, data handling and tests of change.

Three members of the Clinical Governance Support Unit recently attended the Improvement Science in Action Programme led by Healthcare Improvement Scotland. The training has contributed to building capability to support the programme.

A National Patient Safety in Primary Care Capacity Building Learning Event took place on 29 March 2012. The aims of the event were to introduce staff to the emerging Patient Safety in Primary Care Programme, build capacity in the tools and methodologies being tested, to provide more information about the work streams, approaches and tools and to outline what this will mean for NHS boards and GP practices. Invitations to attend the event were extended to participating General Practices, District Nurses, Patient Safety Steering Group and Directors.

### 3.f) Safety Improvement in Mental Health

Phase One of the programme in mental health is voluntary and its purpose is to develop and test the interventions that will shape the national programme planned for launch in May 2013.

The themes in phase one of the programme will include:

- Reliable implementation of risk assessment and effective risk management approaches
- Reliable implementation of processes to enable effective communication at key transition points
- The appropriate use of seclusion and restraint
- Safer medicines management including medication reconciliation and reducing adverse medication events

Mental Health leads have formally expressed interest in joining phase one of the programme and are represented on the national group responsible for taking the programme forward. Work is being progressed in mental health to put an infrastructure in place to support the programme on the presumption we are included in Phase One.

## **4. Key Points**

In summary:

- Acute Adult in patient SPSP implementation is progressing well with reliability demonstrated in 25 areas and current predications show that in 11 out of 18 key areas we will achieve greater than 90% spread of this work. Assessment of this position is ongoing at present
- Paediatric Programme has made good progress in relation to the national short terms aims
- Sepsis and VTE programmes have been launched with plans presented to the national team at a site visit as to how this work will be progressed in NHS GG&C, feedback on the day was positive and the formal report is awaited
- Testing of the Cardiac Congestive Heart Failure Care Bundle continues
- The Primary Care programme has several active areas with some supporting developmental work of a bundle for change and others testing implementation of agreed care bundles
- Mental Health have expressed an interest in supporting Phase One of the national programme to develop the interventions and a support structure is being developed