

ANNEX 4

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Green – On target

Amber – Delayed, but expected to recover in-year

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LANARKSHIRE NHS BOARD**QUARTERLY PERFORMANCE REPORT - PERIOD TO 30 JUNE 2010****SUBJECT: SCOTTISH PATIENT SAFETY PROGRAMME****LEAD: ALISON GRAHAM**

Key Action Area / Topic	Status	Commentary
Critical Care Work stream:		
Ventilator Associated Pneumonia (VAP)	Green	Compliance with bundle at goal in all units. Variation remains with ALOS on mechanical ventilation – all sites. Reintubation rates are fairly stable. <i>Nil VAPs Wishaw 10 months, with nil 5 months Monklands and 6 months Hairmyres - individual isolated prior to these timescales.</i>
Central Line Insertion Bundle/ Central Venous Catheter Maintenance Bundle (HPS)	Green	Implemented in all three critical care units, and being spread to theatres and renal. Central Line insertion bundle at, or above, target in all three units. All units at target with maintenance bundle. <i>NO central line infections at Hairmyres since November 2008 and over same time period, only three isolated central line infections at Monklands and two isolated infections at Wishaw.</i>
Glucose Control	Green	In place across all three critical care areas. All units within goal of 95% compliance
Hand Hygiene	Green	Excellent compliance and innovation noted with corresponding low infection rates
Peripheral Vascular Catheter (PVC)	Green	At or near goal in all three critical care units. <i>No ICU acquired SABs at Monklands since May 2008 with last isolated case having been transferred into unit (and nil since June 2009 Hairmyres, with last isolated case at Wishaw in January 2010.</i>
Multidisciplinary rounds and Daily Goals	Amber	Compliance with MDT rounds challenging because senior staff consider it essential to have nurse in charge of the unit there as opposed to nurse at the bedside.

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General Ward Work stream:			
Early Warning Scoring System (EWS)	Green	Compliance remains excellent.	<i>Variation in relation to crash call rates and this indistinct correlation remains under review.</i>
Hand Hygiene Bundle	Green	Excellent progress and compliance at Monklands and Wishaw and continuing spread within Hairmyres. Now demonstrating maternity on Extranet and also reaching goal. Staff hand hygiene compliance % prominently displayed beside hand gel outside all clinical departments to drive improvement.	<i>CDI results remain excellent.</i>
Safety Briefings	Green	All sites at target These are now being used as a main vehicle for the review of run charts and actions as well as other core questions and topics. Impressive MDT working in areas. Now cascading theme of the week for vital quality related information in addition to brief – an excellent communication opportunity	
Situation Assess (SBAR)	Background Recommend	Green for use, but Amber for reporting	SBAR is used as a communication tool regarding ill or deteriorating patients and this is the measure we report on the Extranet. Reporting has been challenging as SBAR is now incorporated into the 'way we do things' within NHS Lanarkshire e.g. our culture - now features on much of our documentation. Incorporating SBAR into safety brief for ill or deteriorating patients.
Rapid Response	Green	Hospital Emergency Care Teams (HECT) in place.	<i>Reduction in calls to HECT on all sites, especially Monklands.</i>
Peripheral Vascular Bundle	Green	Making good progress with the spread of PVC bundle	<i>Excellent SAB results at Monklands and only very small numbers now at Wishaw and Hairmyres</i>

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Medicines management:		
Medication Reconciliation	Amber	Medicines reconciliation still challenging as there is an over reliance on Pharmacy. SPSP clinical facilitators are assisting with education re same. Improvement noted at Monklands and Hairmyres A & E departments and receiving units and in Monklands in Medical receiving and ITU. Excellent leadership from our executive sponsor for this work stream and high profile campaign to be undertaken
Anticoagulation; Failure Mode Event Analysis (FMEA)	Green	Excellent results. Repeat / recalculated FMEA at Wishaw and Monklands demonstrating improvement with a decrease of 46% and 30% respectively. INR results excellent.
Peri operative Work stream:		
Surgical Pause	Green	All theatres. Excellent progress and sustaining same.
Skin preparation / hair clipping	Green	100% compliance. All clippers now removed and pre operative advice given at pre assessment.
Antibiotic prophylaxis	Green	Excellent progress, slight dip below target at Monklands, otherwise at target compliance near / at target at three sites
Beta blockers	Amber	Compliance variable and dip at Wishaw Potential recording issue. Monklands demonstrating sustained improvement
Normothermia	Green	Compliance near / at target at three sites
Surgical brief	Amber, moving to green	Making progress given slow start. Great dialogue about this and beginning to get surgeon buy in. Now beginning to test debrief.
Deep Venous Thrombosis (DVT) prophylaxis; beta blockers	Green	All sites at target.
Leadership	Green	Thirty three executive walk rounds have taken place so far. These are scheduled at two per month and are being seen as very successful with good representation from Executive and Non Executive Directors.

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		Emerging themes remain HAI, storage, clinical environment and small equipment issues. Data is being entered to demonstrate actions completed on an ongoing basis now. However, % of actionable items remains challenging to track and maintain. Very good relationships with PSSD to resolve Estates issues.
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General Comment:

The Scottish Patient Safety Programme (SPSP) continues to make very good progress within NHS Lanarkshire and a self assessment score of 3 has been achieved, which demonstrates improvement noted (using run chart rules) in process and / or outcome measures for pilot populations in **all** 5 work streams. This score means that Lanarkshire was the second NHS Board in Scotland to achieve a score of 3, with the first NHS Board having previously been involved in the Safer Patient Initiative. The clinical staff involved have done an excellent job and are to be congratulated for their determination and commitment to improve and sustain the success we have achieved with our clinical outcomes. Some of this success is seen in relation to the reduction of Healthcare Associated Infections, where the SPSP methodology has been vital in ensuring spread and sustainability. Another example of success is the reduction in ALOS at Wishaw Adult Critical Care Unit.

Areas categorised as amber identify that reliability in process and / or outcome measures has not yet been achieved. Fixed term (part time) SPSP Clinical Facilitators progress ongoing coordination of education and testing to ensure reliability, sustainability and ongoing spread. The funding of these facilitators is not permanent and it would be extremely challenging to maintain the momentum of the programme and its ongoing spread without these staff.

Data Management is a real strength within NHS Lanarkshire. We have had numerous visits from other NHS Boards to demonstrate how we manage our data and more recently we have been visited and consulted with in relation to the SPSP Extranet replacement. Within NHS Lanarkshire, our current system, which is built using a Sequel (SQL) server - a relational database, has been improved by the development of a web based portal. This portal has enabled us to take the strategic view of beginning to integrate data management for our major quality initiatives. Stage 1 has included the inclusion of SPSP, Clinical Quality Indicators, Healthcare Associated Infection and Better Together. This fits very neatly with *NHS Scotland's Quality Strategy, Quality Ambition 3* which aims to provide appropriate treatment at the right time to those who need it and eradicate harmful variation. The strategy states that a key delivery mechanism will be to '*apply information from quality data to drive consistently better care..*' The new web based Healthcare Quality Improvement Portal is being implemented on a staged basis commencing mid August 2010 at Monklands Hospital. It will then be spread to other inpatient sites on an incremental basis.

As a next stage, SPSP is spreading into paediatrics, with the executive Sponsor and Clinical Lead identified. A local launch event will be undertaken and the executive sponsor has been extremely helpful in this regard. There has also been a move by NHS QIS to begin to test CHD Heart Failure Bundles however, further discussion is

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required in relation to this. Caution will be required in terms of capacity and capability as the programme extends.

FURTHER DETAILS:

Full report available from / at:	NHS Lanarkshire Health and Clinical Governance Steering Committee. IHI Extranet.
Managed by:	Clinical Governance and Risk Management
Governance Committee:	Health and Clinical Governance Steering Committee

July 2010