

Meeting of:
Lanarkshire NHS Board
24 February 2010

Lanarkshire NHS Board
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SUBJECT: CLINICAL GOVERNANCE

1. PURPOSE

This purpose of this paper is to provide a progress report to Lanarkshire NHS Board on quality assurance, with a focus on the Scottish Patient Safety Programme.

2. MONTHLY REPORT TO THE BOARD ON QUALITY ASSURANCE

A summary of the progress against the Strengthening Quality Work Programme is set out in *Appendix 1*.

NHS Scotland Quality Strategy

A letter from Kevin Woods was received on 9 February 2010 in relation to the implementing the NHS Scotland Quality Strategy. The letter outlined a staged approach with:

- Stage 1 – covering the period February and March 2010 during which Health Boards have been asked to prepare the ground work for the strategy with their staff and with their existing public involvement arrangements. To assist with this the Scottish Government will issue a suite of engagement materials. Quality Champions in each Board area have been identified to support this process.
- Stage 2 – the implementation will commence with the publication of the strategy in April 2010, a media launch and a full implementation plan. At this stage the Scottish Government will set out a number of specific actions for both the Government and NHS Scotland to make early progress on.

NHS Quality Improvement Scotland Activity

The following activity has taken place in relation to QIS peer visits, SIGN guidelines and NPSA alerts.

NHS QIS Peer Review Visits

Food, Fluid and Nutritional Care in Hospitals - The peer review visit was held on 27 and 28 October 2009 and the final report has been received. Improvements have been made across the standards with the following achieved:

Standards	Development	Implementation	Monitoring	Reviewing
1. Policy and strategy		2.5		
2. Assessment, screening and care planning			3	
3. Planning and delivery of food and fluid		2.5		
4. Provision of food and fluid to patients			3	

5. Patient information and communication		2.5		
6. Education and training of staff		2		

Anaesthesia (Follow-up Review) - Following a peer review cycle in 2005, QIS are now conducting follow-up reviews. NHS Lanarkshire's self-assessment and evidence will be forwarded to QIS on 22 January and our submission will be reviewed in a table top exercise on Tuesday, 16 February 2010.

SIGN Guidelines

The following SIGN guidelines have been received and issued for consideration.

SIGN 113	Diagnosis and Pharmacological Management of Parkinson's Disease	8 January 2010
SIGN 114	Non-Pharmaceutical Management of Depression	28 January 2010
SIGN 115	Management of Obesity	24 February 2010

A new process for the consideration of SIGN guidelines is being developed.

National Patient Safety Programme (NPSA)

The following NPSA alerts have been received and circulated; these are advisory for NHS Scotland.

- NPSA/2009/PSA 003 – Being Open: communicating patient safety incidents with patients, their families and carers
- NPSA/2009/PSA 004 – Safer Spinal (Intrathecal), Epidural & Regional Devices
- NPSA/2009/PSA 005 – Safer Lithium Therapy

UPDATE ON SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

4. PURPOSE

The purpose of this report is to provide an update of NHS Lanarkshire's progress in relation to the Scottish Patient Safety Programme (SPSP). The report takes account of the self assessment framework, demonstrating that all key changes have been implemented. Progress will be demonstrated using SBAR format, outlining key areas of improvement in process and outcome measures, while identifying challenges and demonstrating organisational learning.

5. CONTENT/SUMMARY OF KEY ISSUES

Upholding patient safety remains a strategic priority for NHS Lanarkshire and a significant mechanism for delivering this is via the implementation of the SPSP. This report provides an update on compliance with key process indicators and associated clinical outcomes.

The work streams to be reported on are as follows:

- Critical Care
- General Ward
- Medicines Management
- Peri Operative
- Leadership

Success of this activity is monitored through a measurement framework where it is aimed to achieve 95% process reliability.

NHS Lanarkshire continues to make very good progress with the SPSP, with a great deal of recent success within the General Ward work stream. All bundles and processes are being tested, implemented and spread as appropriate. Monitoring is undertaken by using run charts to demonstrate compliance or deviance from this. Improvements are noted in pilot populations (using run chart rules) and/or outcome measures for all five work streams. This is positively impacting upon patient care and organisational effectiveness through, for example, a reduction in infection rates and average length of stay as noted in examples. (*Appendix 2*).

6. TIMELINES FOR SPSP IMPLEMENTATION

Very good progress is being made across all work streams and is being spread across the three acute hospitals, maternity services, attached hospitals and GP hospitals, as appropriate. NHS Lanarkshire now has a self assessment score of 2.5 and is focusing on achieving a score of 3. This puts NHS Lanarkshire on par with other best performing NHS Boards.

7. SPSP TIMELINES

Table 1

Score	Definition	SPSP target dates	NHS Lanarkshire Dates (Actual/ predicted)
2.5	Improvement noted (using run chart rules) in process and/or outcome measures for pilot populations in all five work streams	Apr 09	Met July 09 report
3.0	All key changes in all five work streams have been implemented in the pilot populations. Sustained Improvement noted (using run chart rules) in process and outcome measures in one to three pilot populations	Jul 09	Predicted January report (submitted in February 2010)
3.5.	Sustained improvement (three months without sliding backwards) is noted in process and outcome measures for pilot populations in all five work streams. Spread (including testing, training, communication, etc.) of all key changes is underway beyond the pilot populations	Jan 10	Predicted April 10
4.0	Spread (including testing, training, communication, etc.) of all key changes has been achieved in one to three (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas	Jan 11	To be determined
4.5	Spread (including testing, training, communication, etc.) of all key changes has been achieved in all (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas	Jan 12	To be determined
5.0	Spread has been achieved in all five (breadth) work streams with 100% penetration (depth) into the applicable clinical areas and has been sustained (no backward slipping in the outcome measures) for a minimum of three months	Dec 12	To be determined

8. SPSP MEASURES AND ELECTRONIC REPORTING

Measurement is used to drive improvement by enabling clinicians to determine the direct impact their interventions are having on patient care and outcomes. Currently, we are utilising data reported at ward and department level such as 'Ward Watcher'. However,

our goal has been to ensure that this is reported in the one manner at the clinical coalface e.g. via internally developed applications (databases) which are geared towards a particular work stream, eliminating the need for more onerous spreadsheet methods of data collection, maintenance and reporting. Reporting to front line clinical teams is accomplished via business objects and crystal reports.

Charge nurses and other senior users have access to the intranet and can view any local report on any measure which shows compliance for a ward or department over a particular date range as specified by the user. The senior users disseminate this information to other colleagues if necessary. Data is viewed in run charts to enable real time irregularities or trends to be identified and organisational learning to be conducted. At this stage in the programme, while there are excellent examples of compliance and outcomes, there is also some variance noted in some measures which are not yet demonstrating improvements using statistical process control methodology.

Significant work has begun on a SPSP web based portal which will take the aforementioned reporting to a new level. Early signs are that this significant piece of work is 'cutting edge' and there is already huge interest, even from a national perspective. This will 'front end' SPSP and other quality initiatives so that staff do not face numerous ways of data maintenance. Testing should begin by the end of February 2010, with a view to incremental implementation beginning in March 2010.

Excellent progress is being made in data management.

9. PROGRESS WITHIN WORK STREAMS

Examples of high level data / run charts are contained within *Appendix 2* for all work streams.

9.1 Critical Care

SITUATION:

Critical Care

All relevant SPSP measures have been implemented in all three acute hospital adult critical care units.

BACKGROUND:

Critical care have made excellent progress with the implementation of care bundles, leading to improvements in outcomes as noted in infection rate reductions. It is now considered that infections are exceptions and these are being treated as adverse events and are individually reviewed should these arise.

ASSESSMENT: Critical Care Summary highlights

Component	Status	Change
Central Line Insertion Bundle	Sustaining within Critical Care and Spreading to other areas as relevant	Implemented in all three critical care units and being spread to theatres and renal (the latter at Monklands and based upon NHS Tayside renal bundle) by clinical champions. Excellent compliance in all three units this month with only minimal dips in some units re insertion and maintenance bundles. However all at or adjacent to goal. Only two isolated central line infections (Monklands) since November 2008. Nil on the other two sites. We

		are considering how we test in other areas that may have isolated cases such as general wards.
Ventilator Associated Pneumonia (VAP)	Sustaining	Compliance with bundle at goal in Monklands and Hairmyres with slight dip below goal at Wishaw. Variation with ALOS on mechanical ventilation – all sites. One VAP at Hairmyres and two at Monklands (clinical reasons annotated) No VAPs at Wishaw.
Glucose Control	Sustaining	In place across the three critical care units.
Hand Hygiene	Sustaining	Excellent compliance and innovation noted with corresponding low infection rates.
PVC	Sustaining	At or near goal in all three critical care units. No SABs at Monklands since May 2008 and nil recently on other two units.
Daily Goals	Spreading	Daily goals sheet in place in all three areas and compliance good. However measured along with MDR(CCP5) for run charts. As it is this area that is affecting compliance, it would be helpful if these measure were reported separately.
Multidisciplinary Rounds	Spread Planned	Compliance good at Wishaw. Require to review ways of recording as this being influenced by the lack of attendance of nurse in charge, rather than including nurse at the bedside, who is present.
Central Venous Catheter Maintenance Bundle (HPS)	Spreading	Excellent compliance on all three units and being spread to HDU as relevant. Infection rates excellent as per Central line bundle above.

RECOMMENDATION:

Critical care has embraced SPSP and is making excellent progress across a range of measures in all three units. Champions within the unit are being instrumental in spreading the bundles and SPSP methodology within other relevant areas such as theatres on all three sites and independent HDUs where these exist. This involves testing within individual areas until reliability is achieved. Our next challenge is to capture areas where an intervention such as central line insertion is less routinely undertaken such as general wards.

Perhaps the most challenging aspect of this work stream is to ensure that monitoring is undertaken in the same format in all three areas. An example of this has been in the MDT rounds where these may have been recorded differently in the three sites reflecting in variability in compliance. This area, however, is proving challenging as senior medical staff in two sites consider that the nurse at the bedside is not sufficient and they wish the nurse in charge of the unit to be mandatory.

9.2 General Ward

SITUATION:

General Ward

SPSP is being undertaken in all three acute hospitals and maternity services (the latter as relevant), with some associated (Older Peoples Services) hospitals taking part in relevant aspects of the programme. Currently, the data also includes renal. It is NHS Lanarkshire's intention to separate renal and maternity data, which will, however, continue to be reported under the general ward section, albeit separately.

BACKGROUND:

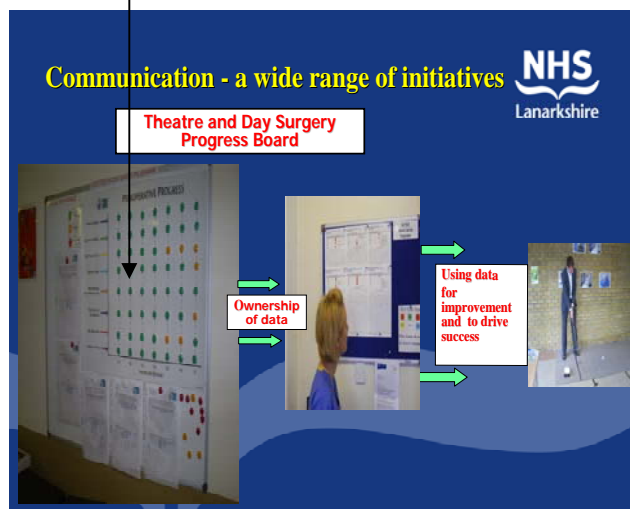
The General Ward work stream is making fantastic progress with increasing bundle compliance and improved clinical outcomes. This has been challenging given the scale of this work stream and improvements are particularly notable in infection rates outcomes and contributing process measures. SBAR is now becoming the 'way we do things' within NHS Lanarkshire and this format is used in our nursing records and for reporting purposes.

All safety briefs are also structured in SBAR format. We have been having great success in integrating all of our quality programmes. Our three part time SPSP Clinical Facilitators who, as well as facilitating all parts of the programme, are working in conjunction with HAI teams to focus on PVC bundle testing, implementation and spread. Work is also ongoing in relation to Clinical Quality Indicators as determined by NHS Scotland Leading Better Care. We are making excellent progress with ward safety briefings in nearly in **all** areas and attached hospitals and maternity services. These are being utilized to focus on all SPSP process and outcome measures and other patient safety issues such as falls, variable dose medications, equipment etc. SPSP Quality Progress Boards are now in place throughout **all** wards and clinical departments within the three acute hospitals. These demonstrate progress in terms of inactive, testing, implementing and sustaining against all aspects of the SPSP. Alongside these, the run charts are displayed and safety briefs include the review of this data and determine actions. To ensure safety briefs are structured, these will be structured as SBAR format. Staff hand hygiene compliance is displayed outside all clinical areas alongside hand gel. The NHS QIS HEI Inspectorate visit on 18th November 2009, identified this clear use of SPSP data as exemplar practice and a picture of a board has been included in the final report. Work continues regarding review of crash call rates and the variability in relationship to Early Warning Score compliance.

EXAMPLES OF WHAT WE ARE DOING TO DRIVE IMPROVEMENT IN NHS LANARKSHIRE

SPSP and integrated quality measures prominently displayed in ALL wards and relevant departments to include critical care, theatres, day surgery, A & E units, etc. These are populated with stickers showing compliance against process measures and have been key in creating 'healthy competition' and driving improvement (spare arrows allow custom measures to be added depending on specialty).


Started like this and evolved as per chart on right



Explanation for members of the Public

Boards as demonstrated above are populated with stickers of dots or stars demonstrating compliance levels. Information below is displayed at the side as an explanation. Please note that this is an excerpt and not the full explanation, which outlines the ethos of what the SPSP is.

SPSP Boards in Wards



- Red means inactive; but do not be concerned as we have over 100 wards and theatres across the remit and the bundles may still need to be introduced or do not apply to your departments needs.
- Yellow stands for Testing: In place and ready to help you get best possible care with ongoing training from SPSP staff, Infection Control colleagues as well as senior and ward members of staff.
- Green is active and running: many wards achieving almost 100%: not just once but on a regular basis and in every case looking for the one and only level up, great people with your welfare in mind!
- ★ Gold star awards signify teams that have not only successfully reached 100% in the objective but sustained it and accepted this bundle as part of best possible care into their daily working routines.

Structuring Safety Briefs

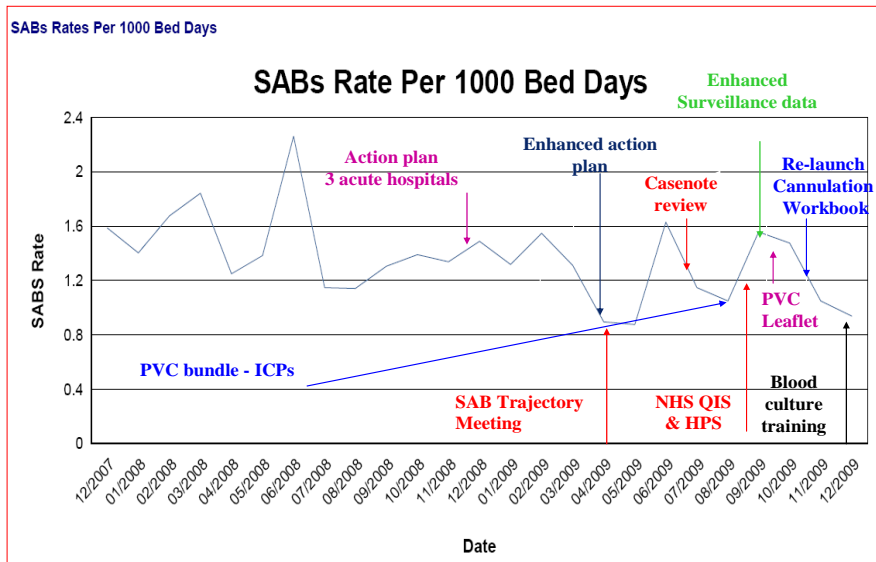
We are now structuring safety briefs in SBAR format as part of our drive to embed into our culture.

SBAR Safety Brief					
	Ward: 40	Date: 2/2/02	Time: 11.00	Sign: cn nobby	PRESENT
S <u>(be concise)</u> <u>SITUATION</u>	B <u>(pertinent & brief)</u> <u>BACKGROUND</u>	A <u>(what is going on?)</u> <u>ASSESSMENT</u>	R <u>(what I want done)</u> <u>RECOMMENDATION</u>		
Medication	Rm 1A + 2C on warfarin Rm 4D on IV vac. Rm 6 on heparin infusion	Ensure INR forms out Ensure blood levels at 14.00 PTT due 18.00	Review INR result Review vac level Review PTT	Doctor to prescribe warfarin Doctor to prescribe vac Hrly pump checks review nomogram to titrate heparin	Sm Hughs Sm Brown Sm White CSW Black CSW Smith CSW Adams AHP Kyle AHP Rowan Dr. Dare Dr. Singh Dr. Fine Domestic Coull Domestic Fell
High Dependency	Rm 6 + 7	Rm 6 on NIV Rm 7 has CVC + peg feed	Hrly obs – ABGS at 14.00 Hrly CVC pressure – Feed recommence at 21.00	Titrate NIV according to ABG 200ml water following feed	
Falls Risk	Rm 5c + 8a	Fall overnight	Risk assess cot sides Doctor to review medication	Cot sides applicable Refer to Physio re aids Night sedation review DATIX Falls risk tool updated	
Infection Control	Rm 6 + 9	Rm 6 – MRSA Rm 9 - neutropaenic	Compliance with Infection manual Notices on door	MRSA swabs today Inform domestics re cleaning	
Other	Rm 6 + 9 require pressure Mattress Learning disability training	Waterlow score 24 – small Break in sacrum rm 6 All staff to attend training sessions	Two hrly turning for patient Training lecture theatre at 2pm and 3pm	Refer to TVN nurse One qual. And 1 CSW to each session	
SPSP	Hand hygiene PVC Safety brief Meds Reconciliation	95% to 100% national target Reduce SABS Risk awareness Patient safety	100% in DEC. Assess daily and document All members of team to attend at 11.00am Ensure all patient own drugs Prescribed within 24 hrs	Sm Hughs to do h/hygiene Audit and enter onto data Base Update night staff re safety brief	

Maria Lamb Clinical Facilitator for Scottish Patient Safety Programme 21/12/2009

Annotating charts and using data to drive improvement (Example provided by Jan Clarkson, Nurse Consultant)

The steps we took to reduce our SABs – key to this was ownership of data. Available to all wards and departments as well as an integrated approach – everyone’s business.



General Ward Summary highlights

Component	Status	Change
Early Warning Scoring System	Existed Pre- Collaborative	Compliance remains excellent although indistinct correlation noted between this and crash call rates. Continues under review and resuscitation committee developing a sample frame to review crash calls.
Hand Hygiene Bundle	Spreading	Excellent progress and compliance at Monklands and Wishaw, Spreading to Hairmyres using improvement methodology of rapid cycle testing and recent results beginning to demonstrate improvement. All staff hand hygiene compliance % being prominently displayed beside hand gel outside all clinical departments to drive improvement. CDI results remain excellent.
Rapid Response	Existed Pre- Collaborative	Hospital Emergency Care Teams (HECT) in place and backdated data submitted to Extranet.
Peripheral Vascular Bundle	Spreading – on hold	Excellent compliance Monklands and corresponding improvement in sustained in SABs at Monklands. Making good progress with the spread of PVC bundle at the other two sites with targeted spread to high risk areas. SABs at Wishaw and Hairmyres variable, with lessons to be learned from enhanced surveillance and Monklands site. SPSP Clinical facilitators working alongside HAI teams with concentrated efforts – see example in annotated chart above.
Safety Briefings	Spreading	Excellent progress across the three sites and maternity services. 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.
SBAR	Spreading	SBAR is used as a communication tool with HECT regarding ill or deteriorating patients and this is the measure we will 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 - not just for the reporting of ill patients, but now features on our nursing documentation, nursing transfer, medical education (DOTS), reporting adverse incidents and for structuring safety briefs. Our next step is to structure the surgical pause in this format and also PDSAs. A formal record of percent trained is available for Monklands and this is being formalised at the other two sites. Data is only including all wards within the three acute hospitals as the total staff including doctors, AHPs, clerical staff is challenging to capture. Our aim is that all of our relevant staff are using SBAR. It is being used by all clinical staff through documentation, etc as mentioned earlier and hence HECT will be reported for Extranet purposes.

RECOMMENDATION:

Given the size of this work stream they are making fantastic progress, but resources in terms of education to support bundle testing has been challenging. The SPSP Clinical Facilitators have begun to make a significant impact and they are working steadily and closely with senior nurses, charge nurses, infection control teams and all relevant clinical staff to progress and embed SPSP. These close working relationships will be reinforced and consolidated, SPSP facilitators will also have to work more closely with medicines and peri operative work streams.

9.3 Peri operative

SITUATION:

Peri operative

BACKGROUND:

Excellent progress being made within this work stream. The use of laminated SPSP posters, displaying compliance results are now in place for the other theatres, which includes day surgery. The Surgical Pause is now being conducted in every theatre, when every member of the team has a short 'time out' to agree that the correct patient receives the correct operation. This is also occurring in some cases during day surgery and before patients are anaesthetised, which gives patients confidence in their immediate and ongoing healthcare. The surgical pause will begin to be structured using the SBAR format. Excellent progress is also being made regarding surgical brief.

Peri operative Summary highlights

Component	Status	Change
Surgical Brief	Implementing	Making progress given slow start, with Monklands demonstrating sustained improvement and improvement at Wishaw.
Antibiotic Prophylaxis	Spreading	Excellent progress, with all sustained improvement in all three sites.
Skin preparation/Hair Clipping	Sustaining	100% compliance. Fully spread and no razors available. Can this measure be removed as fully sustained and embedded?
Normothermia	Spreading	Compliance near / at target at three sites.
DVT Prophylaxis	Spreading	All sites sustaining target.
Beta Blockers	Testing	Monklands and Hairmyres sustained at target with improvement this month at Wishaw.
Blood Glucose (Diabetic Patient's Only)	Spread planned	Undertaken for majority of patients, however, problems continue with emergency admissions.
Surgical Pause	Sustaining	Excellent progress and fully spread.

RECOMMENDATION:

The peri operative work stream are now making very good progress and should the format for general ward reporting be helpful, we will move to replicate for this work stream within the next few months. It would be helpful to this work stream if more of the processes could be linked to outcome measures as this would motivate them to see that the measures they are putting in place are improving clinical outcomes.

9.4 Medicines Management

SITUATION:

Medicines Management

BACKGROUND:

While very good progress is being made within this work stream, this is still our biggest challenge within NHS Lanarkshire. It remains critical that this is seen as everyone's business and not just a pharmacy one. Although at an early stage, NHS Lanarkshire is fortunate to have three SPSP fellows in the next cohort and we are grasping the opportunity to focus on medicines reconciliation at admission and discharge, this will be undertaken initially in relation to insulin. The repeat Warfarin FMEA took place in August at Wishaw General

demonstrating a decrease in risk around Warfarin prescription and administration by 46% and also down by 30% at Monklands in December 2009. An Insulin FMEA meeting has been held with Primary Care to identify the top 6 risks in relation to this, with a view to testing the reduction of risks in one GP practice. SPSP Clinical Facilitators will also assist with the spread of medicines reconciliation at the interface between admission and transfer with discharge processes being tested in 2010. The safety brief is being used as a main driver. This will be reported using SBAR format with clear targets for improvement. Meetings are conducted with Charge Nurses and Nurse Consultant for emergency care to utilize nursing staff, as possible, to drive this process given ongoing challenges with MDT ownership.

Medicines Management Summary highlights

Component	Status	Change
Medication Reconciliation	Spreading	Medicines reconciliation still challenging as there is an over reliance on Pharmacy. However, SPSP clinical facilitators will assist with education re same. Improvement noted at Monklands and Hairmyres A & E departments and receiving units and in Monklands in Medical receiving and ITU. Progress fair at Monklands and Hairmyres, Wishaw was going in the wrong direction because a key member of pharmacy staff on leave (demonstrating not fully embedded anyway). Work will also be ongoing with two of the SPSP fellows.
FMEA	Implementing	Repeat / recalculated FMEA at Wishaw demonstrating improvement with a decrease of 46%.
Anticoagulation	Spread planned	Progress good re anticoagulant management and INR results are excellent and are being sustained.

RECOMENDATION

The peri operative work stream are now making very good progress and should the format for general ward reporting be helpful, we will move to replicate for this work stream within the next few months. It would be helpful to this work stream if more of the processes could be linked to outcome measures as this would motivate them to see that the measures they are putting in place are improving clinical outcomes.

9.5 LEADERSHIP

Twenty six executive leadership walk rounds have been undertaken to date. Walk rounds are scheduled at two per month for this calendar year. Emerging themes remain Healthcare Associated Infection, clinical environment and small equipment issues. Data is being entered to demonstrate actions completed on an ongoing basis now.

Leadership work stream meetings are scheduled to enable direction to be given to the work streams and practice to be shared as relevant.

10. COMMUNICATION

A communication plan has been formed, which focuses on creating a high and sustained profile. Other initiatives include:-

- SPSP on First Port
- Awareness and engagement events, which have seen excellent attendance
- Pulse – regular features

- Public website – SPSP banner
- Surgical pause DVD
- Computer wallpaper.

11. NATIONAL PROGRAMME EVENTS

- IIP conference – NHS Lanarkshire has been asked to present re how we have used the SPSP improvement methodology to reduce infection rates

Building Improvement Capacity and Capability Workshops are scheduled for:

- Wednesday 24 February 2010, Crowne Plaza, Glasgow
- Thursday 25 February 2010, Murrayfield Stadium, Edinburgh

These days are aimed at new staff to the SPSP and will be particularly useful as we continue to spread into other areas throughout the acute hospitals, GP hospitals, and older people's services. Representation has been encouraged from new areas such as Paediatrics, CHD and Primary Care along with Diabetic staff bearing in mind the work with FMEA and medicines reconciliation.

12. SPSP FELLOWSHIPS

SPSP FELLOWSHIPS

NHS Lanarkshire is delighted to have secured a ¼ of the NHS Scotland fellowship places with three of its staff being successful following application and interview for this programme. Staff include: Gregor Smith – Medical Director Primary Care; Sanjiv Chohan – Consultant Anaesthetist and Alexa Wall – Head of Pharmacy. Projects are being formed and progress will be reported accordingly.

13. CONCLUSIONS AND NEXT STEPS

NHS Lanarkshire continues to progress very well with the programme. However, there are challenges in meeting the data management requirements and ongoing programme spread in relation to matters such as PVC bundles and the reduction of SABs. The fixed term release of three senior nurses on a part time basis has enabled spread of the programme to be undertaken as well as ensuring improvement sustainability. There is also a significant commitment to ensure integration of all relevant quality improvement programmes to ensure staff at the clinical frontline do not receive mixed messages and that they are well informed about NHS Lanarkshire's strategic direction, which sets real foundations for the quality strategy implementation. Innovative work is being undertaken particularly in relation to data management and this is shared nationally as appropriate.

The first meeting with Primary Care has taken place to undertake a failure mode effects analysis (FMEA) in relation to identification of the top risk processes associated with insulin management. Multi agency discussion has also commenced to test the feasibility of using the patient safety methodology for child protection purposes.

Work has begun with the relevant stakeholders at a national regarding spread of SPSP into Paediatrics and Coronary Heart Disease. Further detail is awaited regarding bundles and

associated timescales. Consideration will be required about how best this will be achieved within NHS Lanarkshire.

The Board is asked to note the content of the paper, any risks identified, the actions required, and to receive further reports.

14. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:

Dr Alison Graham, Medical Director, 01698 206318, or

Diane Campbell (for update on Scottish Patient Safety Programme), Patient Safety Manager, 01698 258784

Pam Milliken (for update on Clinical Governance Work Programme), Head of Clinical Governance and Risk Management, 01698 245034

16 February 2010

PROGRESS ON THE STRENGTHENING QUALITY IN LANARKSHIRE CLINICAL GOVERNANCE STRATEGY WORK PROGRAMME 2009/10

Actions for 2009/10	Status as at January 2010
1. Patient Safety, including SPSP	
1.1 Develop and commence a spread plan for maternity services. Scope feasibility of introducing SPSP into child protection	<p>Maternity services have joined with the general ward work stream to test and implement relevant elements such as hand hygiene, SBAR and PVC bundle. They are making excellent progress. Maternity are currently being reported as part of the general ward work stream. Data while under this section will begin to be reported separately as will renal, older people's services and mental health as we spread into the latter category.</p> <p>An update has been requested following submission of a written report to the Joint Child Protection Committee. This report focussed on the potential of using SPSP improvement methodology to improve processes in child protection.</p>
1.2 Continued implementation of SPSP (including HAI actions)	Very good progress noted with improved outcomes and corresponding increase in self assessment score to 2.5 achieved, see <i>table 1</i> . NHS Lanarkshire has submitted a self assessment of a 3 and awaits feedback from IHI.
1.3 Undertake test for change in one GP practice of the medicine management component of SPSP, to include insulin management and identification of high risk processes	Insulin FMEA meeting, which identified top 6 risk factors undertaken with Primary Care colleagues with a view to testing in one GP practice. NHS Lanarkshire was fortunate to have secured ¼ of the SPSP Fellowship places. Two of the fellows are focussing on medicines reconciliation in relation to insulin.
1.4 Develop a standard audit for documentation and a reporting tool and commence audit programme in primary care	Test audit completed, link to SPSP case note review. Standard audit being developed within primary care.
2. Patient focussed services	
2.1 Consider PPF membership on Clinical Governance Committee	Clinical Governance Committee has considered patient and public involvement on the Committee and will consider this further in the context of representation at levels within the clinical governance system and having regard to the outcome of work to enhance linkages between the Modernisation Board and clinical governance arrangements.
2.2 Carry out an inpatient experience survey during 2009	In line with Scottish Government Health Directorate requirements, the inpatient experience survey was sent to approximately 2800 people across Lanarkshire in mid-January 2010 by the Board's approved contractor, Quality Health. The survey will close in mid-March 2010 and the results should be available in July 2010.
3. Clinical effectiveness and research	
3.1 Move to integrated clinical effectiveness structure and agree and scope a core audit programme across NHSL	Integrated clinical effectiveness structure in place and an activity survey is being undertaken across acute clinical effectiveness and primary care clinical governance staff to assist informing the work programme for 2010/11.
3.2 Support the monitoring of clinical performance against NHS QIS standards (in 2009/10 CG&RM-	CG&RM review took place on 1 and 2 September 2009. The final report was published on 21 December 2009 on the NHS QIS website. NHSL achieved a score of 9 which is

Actions for 2009/10	Status as at January 2010
improving performance against, Food, Fluid and Nutrition, pre JAG) and Healthcare Environment Inspectorate	<p>in line with the Heat target.</p> <p>The Food, Fluid and Nutrition review took place on 27 and 28 October and the final report has been received. QIS undertaking a retrospective review of the outcomes of reports across Scotland using the revised performance assessment scale.</p> <p>The rescheduled QIS phase 1 JAG assessment visit for NHSL has been scheduled to take place at Hairmyres Hospital on 9 November 2010 and Monklands Hospital on 10 November 2010.</p>
3.3 Scope a process of follow up for HAI Self Assessment, CGRM Self Assessment and HMIE Self Assessment with a view to implementation from April 2010	Progressing this area of work is being reassessed in light of resources available for 2010.
3.4 Develop Research and Development function to enable increased focus on participation in large, non commercial and commercial trials	<p>The R&D Department has initiated the development of a comprehensive suite of Standard Operating Procedures (SOPs). The intention is to develop clear and systematic SOPs covering all processes related to the processing of R&D applications. The aim is to clarify, standardise, and make more efficient, our R&D approval processes. The main outcome of this work will be improved research governance. An additional benefit will be that clear processes will enhance our ability to engage with external organisations undertaking large trials. NHSL has been informed that a Good Clinical Practice (GCP) inspection audit will be taking place by the Medicines and Healthcare Products Regulatory Agency (MHRA) between April and September 2010.</p>
3.5 Improve the Research and Development organisational arrangements to enable a mechanism to influence research topics in line with NHSL priorities	<p>The new R&D Committee had its inaugural meeting on 22 January 2010. The R&D Committee will be a governance groups and the proposal is to have allied to it a R&D Reference Group, the membership of which would include research active clinicians, which would report to the R&D Committee and would inform R&D Strategy for NHS Lanarkshire.</p> <p>A new CSO Research Strategy "Investing in Research, Improving Health" was issued in December 2010. The document sets out the agenda for CSO activity over the next 5 years, centred around 4 key aims: Securing Benefit, Improving Population Health, Valuing and Investing in NHS Research, and Building and Sustaining Skills.</p>
4. Continuous improvement	
4.1 To scope in conjunction with the implementation of Clinical Quality Indicators the development a clinical dashboard approach to support the SCN review	Work is continuing on the development of the web based system which will enable inputting of ward based data and reporting for SPSP and CQIs.
5. Fairness and consistency	
5.1 Scope the opportunity to introduce the Quality Goals as part of mainstream staff training and development with a view to implementation from April 2010	Clinical Governance Steering Group agreed on 21 September 2009 to postpone this action in light of the draft national Strategy on Quality.
5.2 Complete equality and diversity impact assessment for quality of care	Impact assessment completed on Strengthening Quality in Lanarkshire Strategy.

Actions for 2009/10	Status as at January 2010
and clinical governance initiatives	
6. Competence and Continuous Learning	
6.1 Scope the development of a standard audit and reporting tool for compliance with professional registration and mandatory training pan Lanarkshire	To commence.
7. Risk Management	
7.1 Monitor emergence of education/development needs following the launch of the specific RM Guidance, identify with OD suitable programme of learning.	Presentation undertaken at Staff and Organisational Development Group on 22 July 2009 where it was agreed to monitor any emerging training needs (through eKSF and by survey) and to present a follow up paper to the Staff and Organisational Development Group early 2010. Work in progress.
7.2 Review use of existing guidance and further develop guidance to include impact assessment.	Preparatory work underpinned by the Draft National Quality Strategy has commenced – to take to the Risk Management Steering Group in March 2010.
7.3 Following launch of the RM Guidance, review and continuously collate the findings from CIR reports, to inform the RMSG of top 3 breaches of systems, risk assess and discuss solutions and/or actions.	There is an interdependence between operational embedding of processes for grading of incidents through to commissioning and writing of CIR prior to analysis. A retrospective quality review of all high graded incidents is taking place to gain assurance on compliance. The KPI in relation to meetings of risk management groups is also taking place.
8. Governance and Leadership	
8.1 Develop a reporting mechanism for quality of care for the Lanarkshire NHS Board (including tool for early alert of service deterioration)	Actions are being progressed in response to the review of Mid Staffordshire. National guidance on the information required to provide an early alert is pending.
8.2 Develop with the Modernisation structure, a means to share information, best practice and coordinate initiatives and programmes which promote quality of care	<p>The Modernisation Board has considered a modernisation framework document which identifies the links between clinical governance and the modernisation agenda.</p> <p>A Quality Coordinating Group has been established to assist the coordination of the various quality initiatives taking place in Lanarkshire.</p>
8.3 Continue the review and strengthening of clinical governance structures pan Lanarkshire, ensuring shared learning	<p>An annual schedule of reporting for the Clinical Governance Steering Group is in place and ongoing actions are taking place to strengthening clinical governance arrangement.</p> <p>Consideration of a proposed process for MCN quality assurance took place at the Modernisation Board and at the Clinical Governance Steering Group in November 2009.</p>

The following tables are highlight examples taken from the 120+ SPSP run chart measures

Table 1: High level Critical Care Measures (Examples)

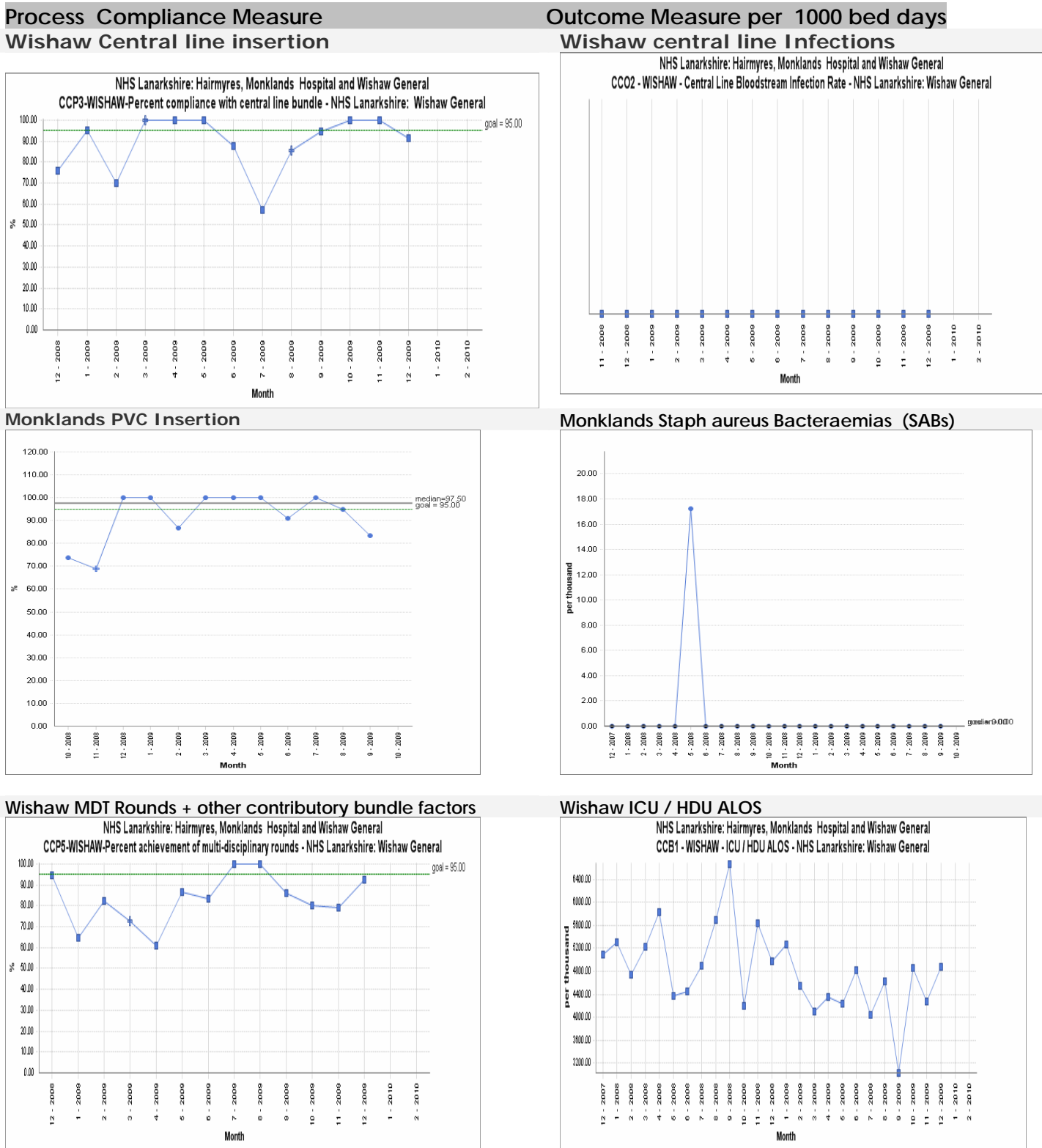
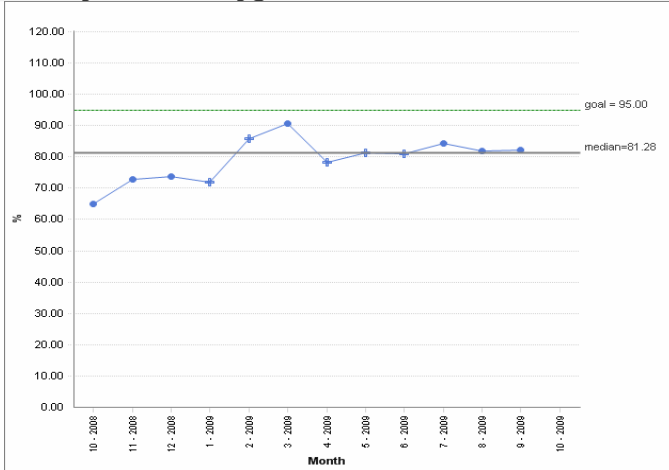


Table 2: High level General Ward Measures

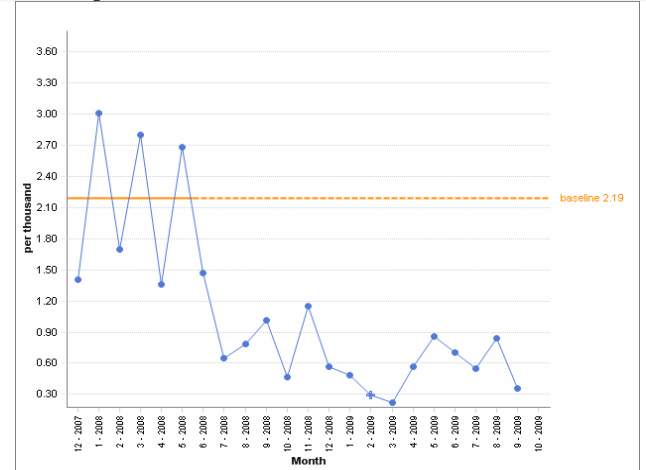
Process Compliance Measure

Hairmyres Hand Hygiene

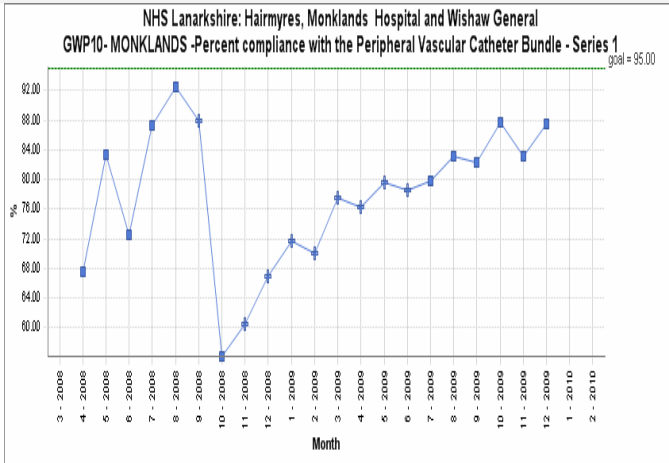


Outcome Measure per 1000 bed days

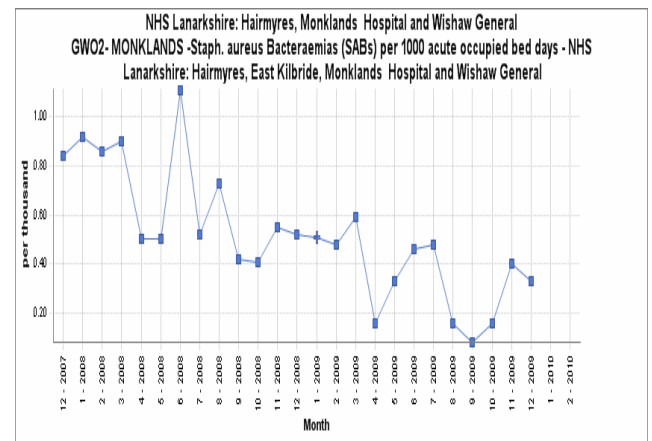
Hairmyres CDI



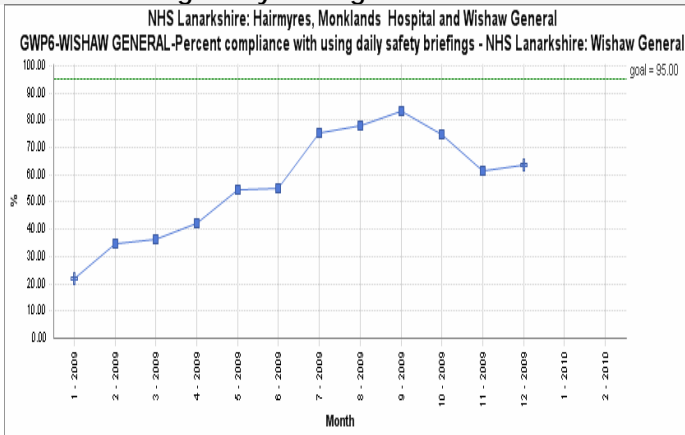
Monklands PVC Insertion



Monklands Staph aureus Bacteraemias (SABs)



Wishaw % using Safety briefings



Safety Briefings are carried out across inpatient areas within the acute and associated hospitals. These are used as a vehicle to drive improvement in all relevant safety and quality outcomes as well as providing an opportunity to communicate key messages to staff. Safety briefings, wherever possible, involve the entire MDT.

Table 3: High level Medicines Measures (not including related outcome measures)

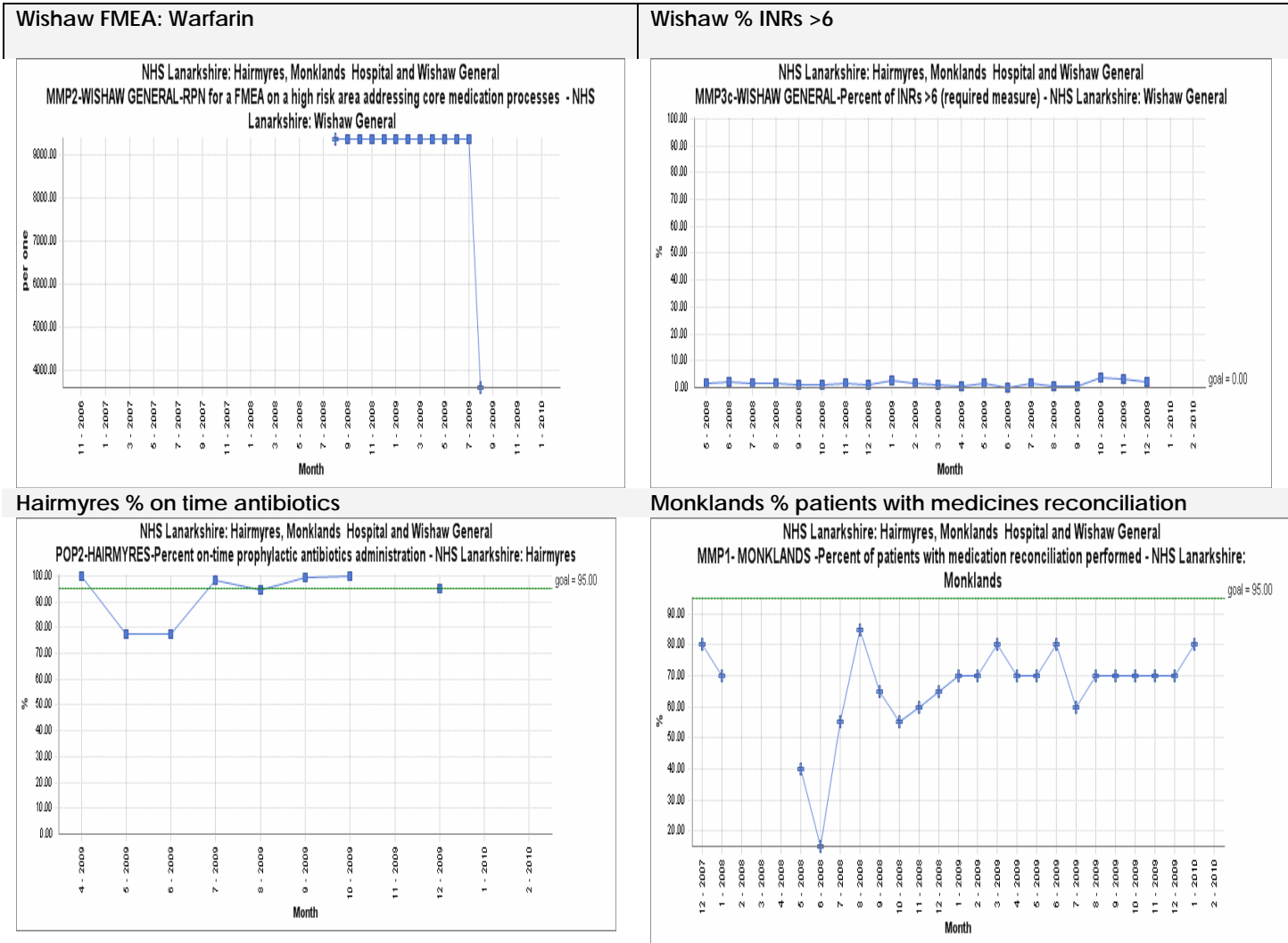
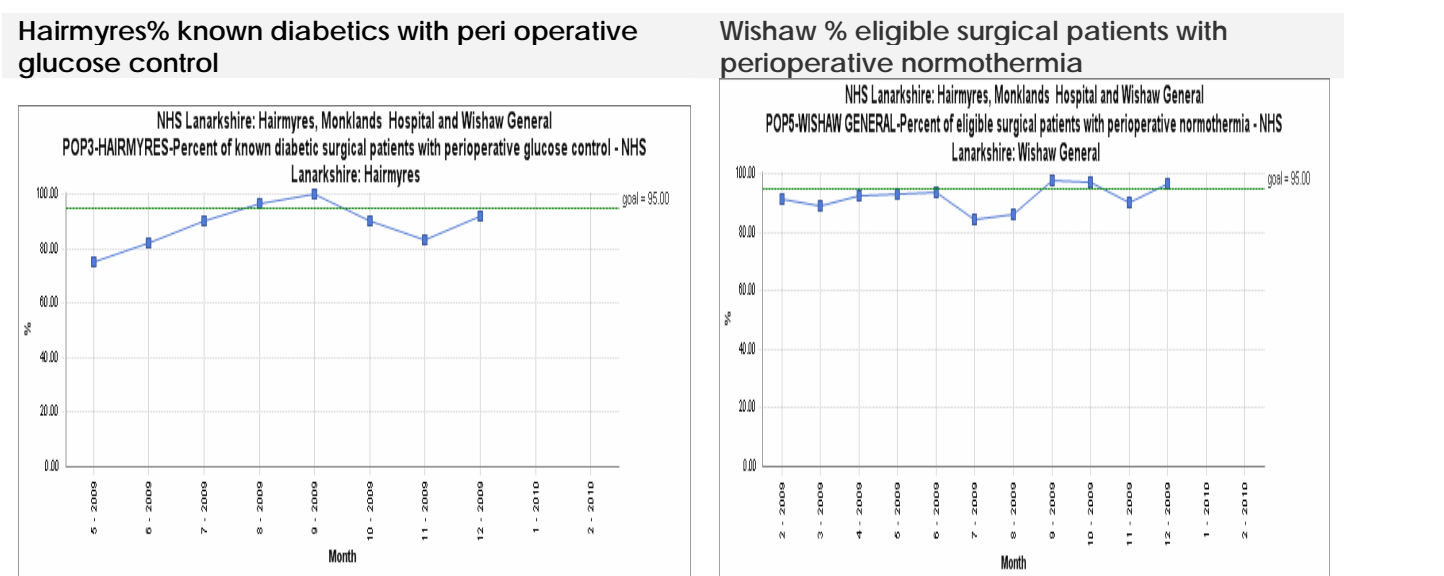


Table 4: High level Perioperative Measures (not including related outcome measures)



Monklands % eligible patients receiving DVT prophylaxis

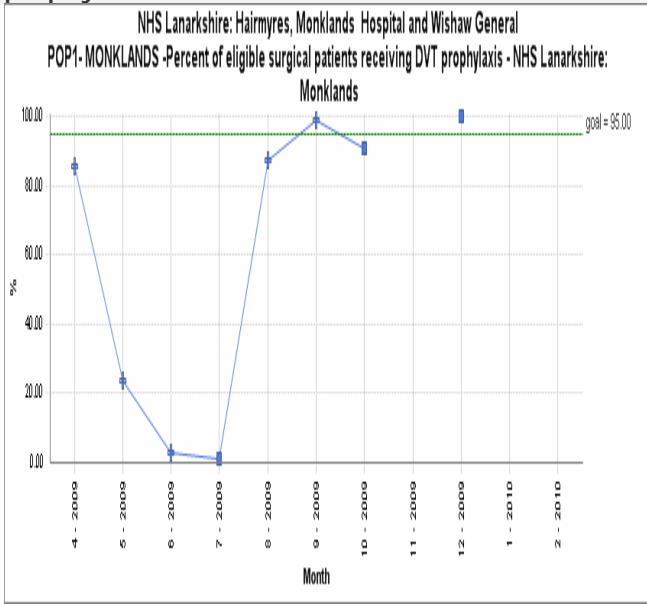


Table 5: High level Leadership Measure (not including related outcome measures)

Total Number of Executive walkrounds

