

ANNEX 3

Blue – Completed as planned in 2009/10
 Green – On target (planned timescale beyond 2009/10)
 Amber – Delayed (planned timescale beyond 2009/10)
 Red – Not completed as planned in 2009/10

LANARKSHIRE NHS BOARD**QUARTERLY PERFORMANCE REPORT - PERIOD TO 31 March 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 improving and at goal in all three sites. Variation with ALOS on mechanical ventilation – all sites. No VAPs at Wishaw for past 7 months with only intermittent individual cases at the other two sites.
Central Line Insertion Bundle/ Central Venous Catheter Maintenance Bundle (HPS)	Green	Implemented in all three critical care units, and spreading to theatres and renal. Excellent compliance in all three units with insertion and maintenance bundles. No central line infections at Hairmyres since November 2008, with isolated individual cases on the other two sites.
Glucose Control	Green	In place across all three critical care areas. All units within goal of 95% compliance and maintaining same.
Hand Hygiene	Green	Excellent compliance with corresponding low infection rates.
Peripheral Vascular Catheter (PVC)	Green	At goal in all three critical care units. No SABs at Monklands since May 2008, nil at Hairmyres since June 2009, and only isolated cases at Wishaw.
Multidisciplinary rounds and Daily Goals	Amber	Compliance variable due to local definition of MDT as requiring nurse in charge of the unit attendance.
General Ward Work stream:		
Early Warning Scoring System (EWS)	Green	Excellent compliance (>95%) with EWS across all three hospitals, though indistinct relationship with crash call rates and review continues.
Hand Hygiene Bundle	Green	Excellent progress and compliance at

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Safety Briefings	Green	Monklands and Wishaw, spreading within Hairmyres. Staff Hand Hygiene results displayed outside all wards and relevant departments. Very good progress with Maternity service.
Situation Assess (SBAR)	Background Recommend	Amber (moving towards green)
Rapid Response	Green	SBAR is used as a communication tool with HECT regarding ill or deteriorating patients and in the way we do things. Reporting has been challenging as we are incorporating into everyday business.
Peripheral Vascular Bundle	Green	Hospital Emergency Care Teams (HECT) in place.
	Amber (moving towards green)	Excellent compliance and reduction in SABs. Spreading within Hairmyres.
Medicines management:		
Medication Reconciliation	Amber	Medicines reconciliation still challenging as there is an over reliance on Pharmacy. Work ongoing re tests of change and requirement for medical ownership.
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. Staff see value in 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 and sustained improvement in all three sites. At / or near target on all three sites.
Normothermia	Green	Compliance near / at target at three sites

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Surgical brief	Amber	Making good progress despite slow start.
Deep Venous Thrombosis (DVT) prophylaxis; beta blockers	Green	All sites at or near target.
Leadership	Green	Twenty eight executive leadership walk rounds have been undertaken to date. These are being themed to assist organisational learning

General Comment:

The Scottish Patient Safety Programme (SPSP) continues to make very good progress within NHS Lanarkshire and a self assessment score of 2.5 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. NHS Lanarkshire remains on par with other best performing NHS Boards. Success continues in relation to the reduction of Healthcare Associated Infections, where the SPSP methodology has been vital in ensuring spread and sustainability. Other areas of success are the reduction (in some instances) of average length of stay; and the huge success in the safety briefs that are being conducted in all wards and departments on a daily basis. It is of note that success has relied on all staff working together to achieve this.

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.

Data Management is a real strength within NHS Lanarkshire. The walk round database, data collection, data management and reporting systems have been demonstrated at an NHS Scotland event and at an IHI event in America. In addition, a web based SPSP portal is being developed and will be tested in May 2010. This will also be added to include, for example, Leading Better Care (CQI), Ward environmental audits, Better Together.

Next stages are that the programme is due to extend into paediatrics. There has also been a move by NHS QIS to begin to test CHD Heart Failure Bundles. Furthermore, it is intended that the programme will include tissue viability and primary care. 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

March 2010

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