

Meeting of:
Lanarkshire NHS Board
May 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

2.1 NHS Scotland Quality Strategy

The NHS Quality strategy was launched by the Cabinet Secretary for Health and Wellbeing in NHS Lanarkshire on 10th May 2010. It is expected that this will have a direct and positive impact on the quality goals through the improvements it will support in ensuring everyone in Scotland can expect to live longer healthier lives; to participate more productively both economically and socially, and through the increased effectiveness and efficiency of the NHS.

The aim is for everyone in Scotland to work together to ensure better health and higher quality healthcare services which are flexible and reactive to each individual circumstance.

- ***Caring and compassionate staff and services***
- ***Clear communication and explanation about conditions and treatment***
- ***Effective collaboration between clinicians, patients and others***
- ***A clean care environment***
- ***Continuity of care***
- ***Clinical excellence***

To do this, we will require to continue to pursue our health improving activities and ensure that quality is viewed as integrated as possible and not stand alone initiatives. This is seen at a national level with NHSScotland in partnership with other bodies through the implementation of our health improvement strategies, including Equally Well. There is a requirement to support the shift in culture to one which is person-centred and focussed on clinical excellence and patient safety, supported by an optimum balance between continuous improvement and performance management. In order to achieve this, NHS Scotland has set out a number of key drivers and priority areas for action. The 'driver Diagram' below begins the process of implementation by agreeing the specific interventions required to make progress in each of these areas.

KEY DRIVERS

QUALITY AMBITIONS

PRIORITY AREAS FOR ACTION

IMPROVEMENT INTERVENTIONS

Person-centred

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making

1. Improve and embed patient-reported outcomes and experience across all NHSScotland services
2. Support staff, patients and carers to create partnerships which result in shared decision-making
3. Inform and support people to manage and maintain their health, and to manage ill-health

- Implementation of the new self management strategy;
- Implementation of the Patient Rights (Scotland) Bill in 2011;
- Action in response to the first results of the Better Together Patient Experience surveys;
- Collection of appropriate data to measure patient reported outcomes (PROMS);
- Shared decision-making defined, supported and measured;
- Implement action of the CARE approach in primary and community care;
- Building on the principles of QoF to maximise quality in the other contractor areas;
- Enhanced management of falls, pressure area prevention and nutrition;
- Improve resources to support better health literacy;
- Develop evidenced interventions for support improved person-centredness;
- Develop a programme of action to ensure that peoples' equality needs are gathered, shared and responded to across health services by Summer 2011; and
- Introduce interventions to improve staff experience.

Safe

There will be no avoidable injury or harm to people from healthcare, advice or support they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times

1. Secure the improvements which have been delivered through the success of the Scottish Patient Safety Programme, and roll out across other areas of NHSScotland activity
2. Support integrated programme of action to reduce occurrence of Healthcare Associated Infection (HAI)

- Accelerate roll out of the Scottish Patient Safety Programme in acute care, reducing hospital mortality and harm;
- Implement patient safety programmes for primary care and mental health;
- Accelerate medicines reconciliation across all transitions of care;
- Ensure synergy with the work of the HAI taskforce to secure further reductions in infection; and
- Extend the Electronic Care Summary and make widely available.

Effective

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

1. Ensure continuity in all care pathways through implementation of long-term conditions action plan and other key opportunities
2. Apply information from quality data to drive consistently better care across NHSScotland
3. Increase focus on preventative and anticipatory care and intervention

- Preventative and anticipatory approaches, building on and extending initiatives such as Keep Well/Well North, alcohol brief interventions and smoking cessation;
- Implement the Long-term Conditions Action Plan;
- Initiating a process of refreshing the suite of care pathways in close collaboration between secondary and primary care prioritisation;
- Introduce and share Anticipatory Care Plans for 5 per cent of the population most at risk of hospital admission;
- Implement the major national strategies: Better Cancer Care, Mental Health Primary Care, Heart Disease and Stroke, Dementia and Living and Dying Well;
- Establish the appropriate healthcare skills and roles required to deliver high quality healthcare, and, through the use of the NHSScotland Career Framework and local/national workforce planning, establish plans to reshape the workforce accordingly;
- Ensure all our GP enhanced services are fit for the purposes of this strategy;
- Implement the Strategic Options framework for emergency response in remote and rural areas;
- Leading Better Care Implemented across all Boards by December 2010;
- Implement the Releasing Time to Care approach across acute and community teams in all Boards; and
- Ensure high-impact Efficiency and Productivity approaches are implemented reliably - (e.g. disinvestment, reduce harmful and wasteful variation (GP referrals, hospital length of stay, prescribing etc)).

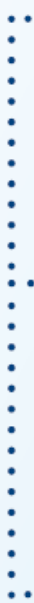
Quality Infrastructure

Create the necessary governance and delivery structures across NHSScotland so that the interventions we pursue are clearly and appropriately integrated, aligned and managed

1. Develop Quality Measures Framework (QMF) to drive and monitor progress
2. Develop information to provide rapid feedback for NHS Boards to identify and tackle risk. Boards to consider Quality at every meeting
3. Establish appropriate governance arrangements

- Establish Quality Ambitions by May 2010;
- 2011/12 HEAT targets aligned with Quality Strategy by October 2010;
- Quality Measurement Framework underpinning Quality Ambitions with related high-level outcome indicators agreed by October 2010 - including 'early alert' Quality scorecard;
- Establish governance responsibilities and procedures to support quality, and minimise risks;
- Ensure that national and local audit programmes support the development of appropriate indicators of quality, rigorous peer review and local action to address inappropriate variations in care;
- Develop, support and make best use of the skills, knowledge accountability and professional leadership of our staff to provide assurance of care quality at all levels; and
- Develop the Quality Improvement Hub, reflecting a new partnership for improvement between NHS National Services Scotland (NSS), NHS Quality Improvement Scotland (QIS), NHS Health Scotland, NHS National Education for Scotland (NES), and the Scottish Government Health Directorates Improvement and Support Team (IST).

World leader in Healthcare Quality

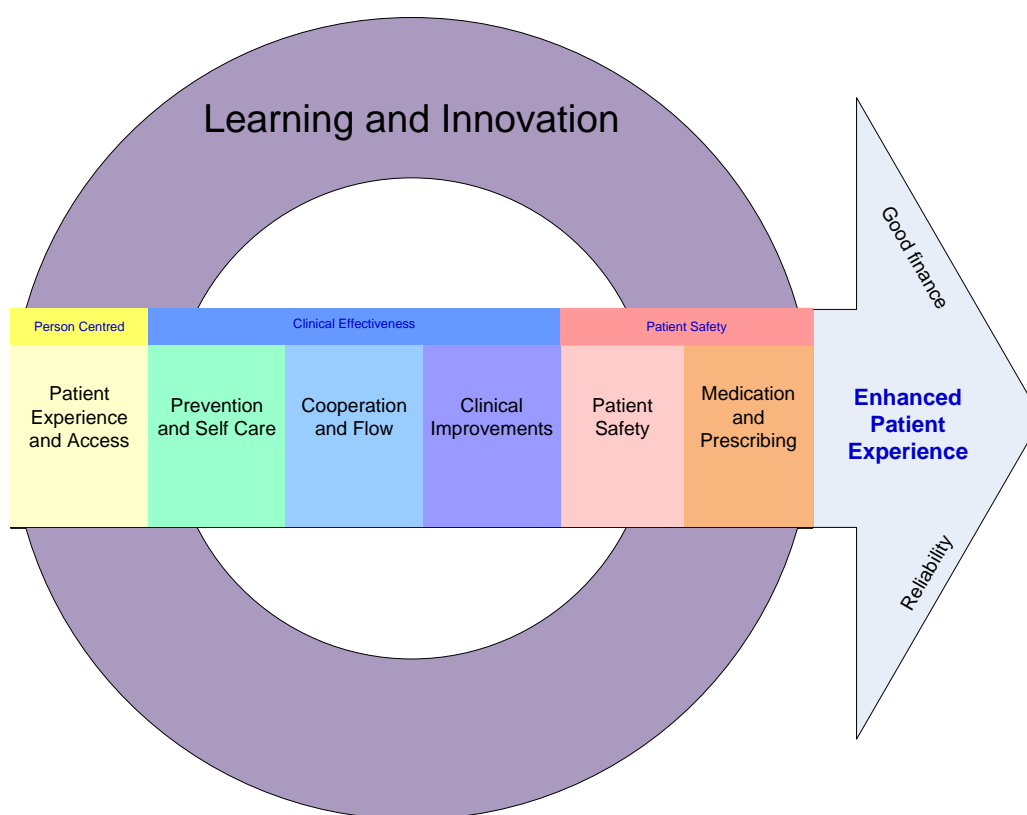


2.2 NHS Lanarkshire Quality Model and Quality Commitments

In 2009 NHS Lanarkshire reviewed its strategy on Clinical Governance and developed "Strengthening Quality in Lanarkshire". This was widely consulted on and ratified by Lanarkshire NHS Board in March 2009. The strategy will be reviewed in 2012.

As part of the first stage of implementation of national Quality Strategy each health board was requested to set out high level Quality Commitments for 2010/11. These were submitted for NHS Lanarkshire and form the basis of Strengthening Quality Work Programme for 2010/11.

NHS Lanarkshire has developed a Quality Model to support these commitments. This provides a framework for the quality commitments / priorities for 2010/11. The priorities are informed by quality initiatives and priorities already in place.



NHS Lanarkshire has agreed the following Board level Quality Commitments / Priorities for 2010/11. These have been set against the national Quality Ambitions.

Quality Ambition: Person Centred

Access and Patient Experience

- Respond to Better Together national surveys
- Implement ward based patient experience surveys
- Provision of patient information
- HEAT access targets

Quality Ambition: Clinical Effectiveness

Preventative and Self Care

- Reduce variation on falls care across NHS Lanarkshire
- Extension of Anticipatory Care Plans

Cooperation and Flow

- Continued implementation of Lean, patient flows and clinical systems improvement
- Continued implementation of ICPs (e.g. mental health)

Clinical Improvements

- Provide a framework for speciality and department clinical governance groups
- Prepare for and learn from inspections and reviews including benchmarking

Quality Ambition: Patient Safety

Patient Safety

- Continued implementation and extension of Scottish Patient Safety Programme
- Continued decreases in rates of Health Associated Infections

Medication and Prescribing

- Quality gains in prescribing (e.g. reduce prescribing errors)

Quality Infrastructure

Learning and Innovation

- Continue to review and strengthen clinical governance arrangements and improve mechanisms for closing the loop of learning from critical incident reviews, complaints, external reviews (e.g. Mid Staffordshire) etc
- Improve reporting arrangements (implement ward based information across a range of quality measures including workforce, scope extending this to community teams and implement and develop a quality report for Lanarkshire NHS Board)
- Move to develop a NHS Lanarkshire approach to quality (training, tools, measures) by closer working of current quality initiatives, spreading Lean training and develop a Quality Improvement Clinical Network

2.3 Corporate Policies

The new managed system for corporate policies will be launched on FirstPort on Monday 24th May 2010. The new site will make it easier for staff to find existing policies and develop new ones. It will also help prevent issues such as policies being produced in different formats. The new template will help to identify the owner and endorsing body for each policy, when it is due for review and will identify within each policy how it is to be implemented, monitored and reviewed.

2.4 NHS Quality Improvement Scotland Activity

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

NHS QIS Standards

Chronic Obstructive Pulmonary Disease (COPD) Standards

Following extensive multi-professional and public involvement NHS QIS finalised and published the COPD standards in March 2010 along with the associated evaluation tool (formerly known as the self-assessment) and guidance notes. While QIS remain committed to the peer process to assess, measure and report Board's performance they are progressing towards a risk based approach.

QIS are currently working to develop implementation projects which will help embed the national standards at a local level. They are developing implementation projects in consultation with NHS board's and further information will be provided during the summer.

Draft standards for HIV Services

NHS QIS are currently developing draft standards for HIV Services in Scotland.

NHS QIS Peer Review Visits

Anaesthesia Follow-up Review

NHS QIS carried out a table-top follow-up review of the Anaesthesia Services on 16th February. The draft report has been received for accuracy checks and the final local report will be published on the NHS QIS website.

Best Practice Statements

The following best practice statements were circulated for information and distribution:

- Home Oxygen Therapy for Children being cared for in the Community
- Skincare of Patients Receiving Radiotherapy

National Patient Safety Programme (NPSA)

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

- National Framework for the reporting and Learning from Serious Incidents requiring Investigation
- NPSA/2010/RRR010: Early detection of complications after gastrostomy
- NPSA/2010/PSA001 – Safer use of intravenous gentamicin in neonates
- NPSA/2010/RRR011 – Checking Pregnancy before Surgery

3. UPDATE ON RESEARCH AND DEVELOPMENT (R&D)

A number of formal R&D Policies and Standard Operating Procedures have been developed and ratified at the second meeting of the R&D Committee in April 2010. These include core R&D policies; Costing of Commercial and Non-Commercial Clinical Trials, Public Involvement in Research and Dissemination of Research Findings, Human Resources R&D guidance including Research Passports, Good Clinical Practice (GCP) Training for Clinical Trials. The implementation of these policies by the R&D Department through 2010 will provide a sound basis for the proper conduct of clinical trials in line the CSO Research Governance Framework, and associated statutory requirements.

Additionally, a significant amount of preparatory work is being carried out for the Statutory GCP Inspection of Clinical Trials. The inspection, which will be carried out by the Medicines and Healthcare Products Regulatory Agency (MHRA), will take place on 9th and 10th June. The findings of the inspection will have a significant bearing on the workplan for the R&D Department going forward.

The new R&D Committee has met on two occasions. The main focus of the second meeting as described above, was on discussing and agreeing key R&D policies, reviewing the ongoing arrangements for the MHRA GCP Inspection in June, and discussing the R&D Self Assessment submission to the CSO against the national Research Governance Standards. The R&D Committee will adopt the findings of the GCP Inspection, and the feedback it receives from the CSO in developing its research strategy.

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 is demonstrated using SBAR format, outlining key areas of improvement in process and outcome measures.

5. CONTENT/SUMMARY OF KEY ISSUES

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.

This is being demonstrated across all work streams. All bundles and processes continue to be tested, implemented and spread as appropriate. These are targeted according to need for improvement. Compliance monitoring is undertaken using run charts to demonstrate same or deviance from this. Improvements are noted in pilot populations (using run chart rules) and/or outcome measures for all five work streams.

6. TIMELINES FOR SPSP IMPLEMENTATION

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. While behind the national trajectory, this still puts NHS Lanarkshire on par with other best performing NHS Boards.

Some examples of sustained improvement within the General Ward work stream are contained within appendix 1: (similar examples are available for the critical care and peri operative work streams as contained in appendix 2)

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	Not yet agreed by IHI, despite sustained improvement noted
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	Not yet demonstrating sustained improvement in medicines workstream

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, this is entered at the clinical coalface and reports are received directly. However, we have listened to the staff and also taken account of the NHS Scotland Quality Strategy whose direction is to ensure integration of major quality initiatives. With this in mind, our strategic aim is to ensure that data is collected and submitted in one way at the clinical coalface e.g. via internally developed applications (databases) which are geared towards a particular work stream. 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.

In keeping with our intention to ensure a system that promotes integration of quality initiatives, significant work continues regarding our new Quality Improvement web Portal (QIP) 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. (IHI Faculty visited NHS Lanarkshire in March 2010 and reported that our data management systems are possibly the most advanced in NHS Scotland) This portal will 'front end' SPSP and other quality initiatives so that staff do not face numerous ways of data maintenance. Testing has begun and the web portal has begun to be demonstrated.

Excellent progress is being made in data management.

9. PROGRESS WITHIN WORK STREAMS

9.1 Critical Care

SITUATION:

Critical Care

All relevant SPSP measures have been implemented in the three acute hospital adult critical care units. Measures such as Central Line Insertion Bundle are being spread into appropriate areas such as theatres, HDU and renal.

BACKGROUND:

Critical care have excellent ownership and this is driving their improvements and progress with the implementation of care bundles, and outcomes as noted in infection rate reductions.

Within Critical Care, shifts in positive outcomes have resulted in infections being exceptions and consequently these are 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. CL 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>
Ventilator Associated Pneumonia (VAP)	Sustaining	Compliance with bundle at goal in all units. Variation remains with ALOS on mechanical ventilation – all sites. Reintubation rates fairly stable. <i>No VAPs this month. Nil VAPs Wishaw for 7 months, with individual isolated cases at other sites.</i>
Glucose Control	Sustaining	All at goal.
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. <i>No SABs at Monklands since May 2008 and nil since June 2009 Hairmyres, with last isolated case at Wishaw in January 2010.</i>
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
Multidisciplinary Rounds	Spread Planned	Compliance with MDT rounds challenging as senior staff consider it essential to have nurse in charge of the unit there as opposed to nurse at the bedside.
Central Venous Catheter Maintenance Bundle (HPS)	Spreading	Excellent compliance on all three units and being spread to renal and HDU as relevant <i>Infection rates excellent as per Central line bundle above</i>

RECOMMENDATION:

Critical care has embraced SPSP and continues to make excellent progress across a range of measures in all three units.

Each these three units have 0.5 WTE surveillance nursing staff who have been key to embedding SPSP improvement methodology and measuring compliance and success, as well as supporting spread into areas such as theatres, HD Units and renal, where work is still ongoing. This funding is non recurring and is due to end in June 2010. As these staff are essential to ensure the ongoing success of the programme and maintain and continue improvements such as reduction in ALOS at Wishaw, significant reduction in infection rates there will be a risk to the programme within this area if funding is not extended.

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, data also includes renal. NHS Lanarkshire has begun to report data separately for maternity and will do the same for renal. Both will continue to be reported under the general ward section, albeit separately.

BACKGROUND:

The General Ward work stream makes excellent 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. We continue to integrate, wherever possible, all of our quality programmes. We are making excellent progress with ward safety briefings in **all** relevant areas, 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, run charts are displayed showing outcome data. Safety briefs include the review of this data and determine actions to drive improvement.

General Ward Summary highlights

Component	Status	Change
Early Warning Scoring System	Existed Pre-Collaborative	Compliance remains excellent. <i>Variation in relation to crash call rates and this indistinct correlation remains under review</i>
Hand Hygiene Bundle	Spreading	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, rise at Wishaw decreasing in latest weekly data and still to be reported next month on Extranet.</i>
Rapid Response	Existed Pre-Collaborative	Hospital Emergency Care Teams (HECT) in place. <i>Reduction in calls to HECT on all sites, especially Monklands.</i>
Peripheral Vascular Bundle	Spreading – on hold	Making good progress with the spread of PVC bundle <i>Excellent SAB results at Monklands with Wishaw and Hairmyres variable.</i>
Safety Briefings	Spreading	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.
SBAR	Spreading	SBAR is used as a communication tool with HECT regarding ill or deteriorating patients and this is the measure we will begin to 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.

RECOMMENDATION:

Given the size of this work stream they are making fantastic progress and patient safety is at the forefront of their daily work. 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 begin to work more closely with Medicines and peri operative work streams.

9.3 Peri operative

SITUATION:

Peri operative

BACKGROUND:

Again, very good progress being made in this workstream and much of the patient safety work is now how they do their daily business. Especially successful has been the surgical pause. Surgical Pause is conducted in every theatre. This is also occurring in some cases during day surgery or 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 now being made regarding surgical brief.

Peri operative Summary highlights

Component	Status	Change
Surgical Brief	Implementing	Making progress given slow start.
Antibiotic Prophylaxis	Spreading	Excellent progress, slight dip at Wishaw.
Skin preparation/Hair Clipping	Sustaining	100% compliance. Fully spread and no razors available.
Normothermia	Spreading	Compliance near / at target at three sites
DVT Prophylaxis	Spreading	All sites sustaining target.
Beta Blockers	Testing	Compliance variable, although Monklands demonstrating sustained improvement.
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 there is excellent leadership and 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. We have recently identified 2 Medical Consultant champions and will approach a third to have one per each acute site. Opportunities

such as working with LEAN at Monklands ERU to improve medicines reconciliation was very helpful, although there are still challenges getting this process right and reliable and above 70%. 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. 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

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.
FMEA	Implementing	Repeat / recalculated FMEA at Wishaw demonstrating improvement with a decrease of 46% and 30% at Monklands
Anticoagulation	Spread planned	Progress good re anticoagulant management and INR results are excellent and are being sustained

RECOMENDATION

Further work is required to ensure reliability in medicines reconciliation. This is mainly due to being seen as a pharmacy issue. Tests of change are ongoing and new initiatives being tested (chart above). Focusing on using safety brief to drive ownership and improvement

9.5 LEADERSHIP

Thirty executive leadership walk rounds have been undertaken to date. These are being seen as very successful with excellent representation from Executive and Non Executive Directors. Walk rounds are scheduled at two per month for this calendar year. 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.

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:-

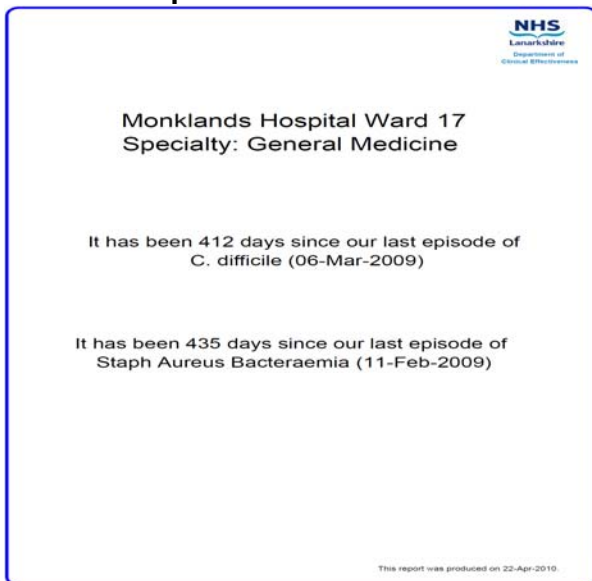
- SPSP on First Port
- Awareness and engagement events, which have seen excellent attendance
- Pulse – regular features
- Public website – SPSP banner
- Surgical pause DVD
- Computer wallpaper.

11. FACULTY VISIT

This took place on 24th March 2010 and was a good opportunity for us to demonstrate our progress and to learn from the visiting faculty firsthand. The comments received were extremely positive. During this visit, one of our clinical areas was unsure of the date of the last SAB, given their infrequency in that area. We have now moved to report ‘days since last SAB and CDI’ and this

information is available for every relevant clinical department. These are now displayed beside the other outcome run charts and the SPSP Quality Progress Boards.

Actual example following retrieval from MILAN and now displayed in all wards and relevant departments.



12. CONCLUSIONS AND NEXT STEPS

NHS Lanarkshire continues to progress very well with the programme. However, there are still 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. As described earlier, 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. This builds strong foundations for the quality strategy implementation and monitoring via the web portal. NHS Lanarkshire has received numerous visits from other NHS Boards regarding both programme and data management.

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.

13. FURTHER INFORMATION

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

Dr Alison Graham, Medical Director, 01698 206318, or

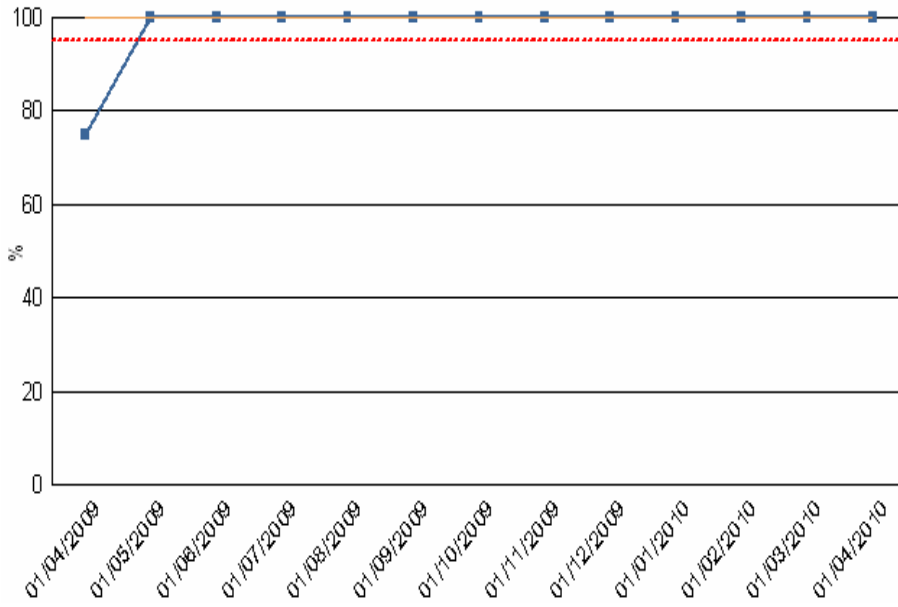
Diane Campbell (for update on Scottish Patient Safety Programme), Patient Safety Manager, 01698 258784

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

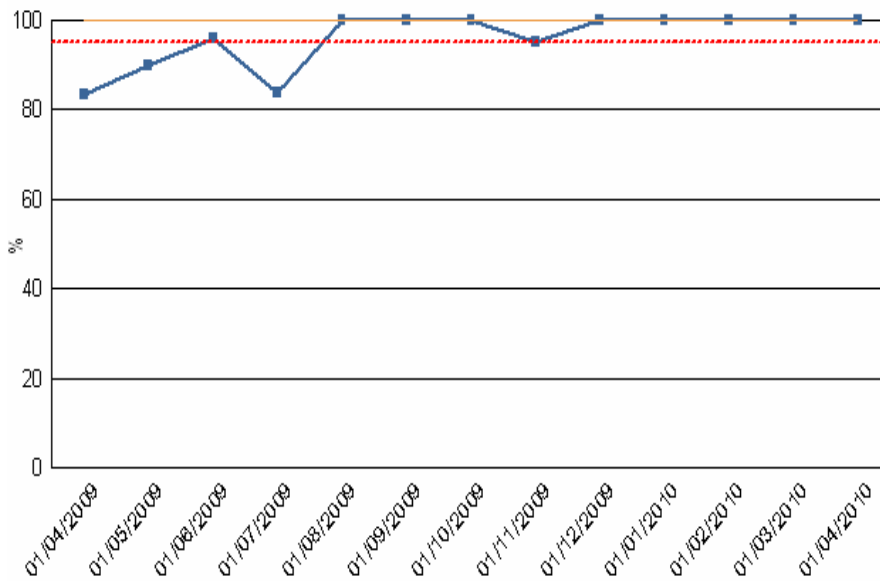
Raymond Hamill (for update on Research and Development), Corporate Research and Development Manager, 01236 712460

18th May 2010

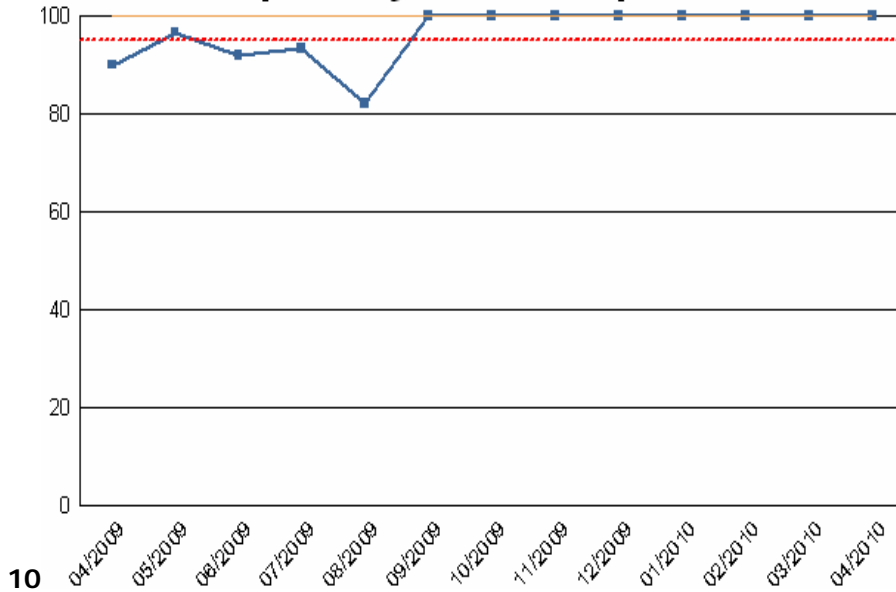
GWP1 (% compliance with EWS) Hairmyres Ward 13



GWP1 (% compliance with EWS) Wishaw Ward 17

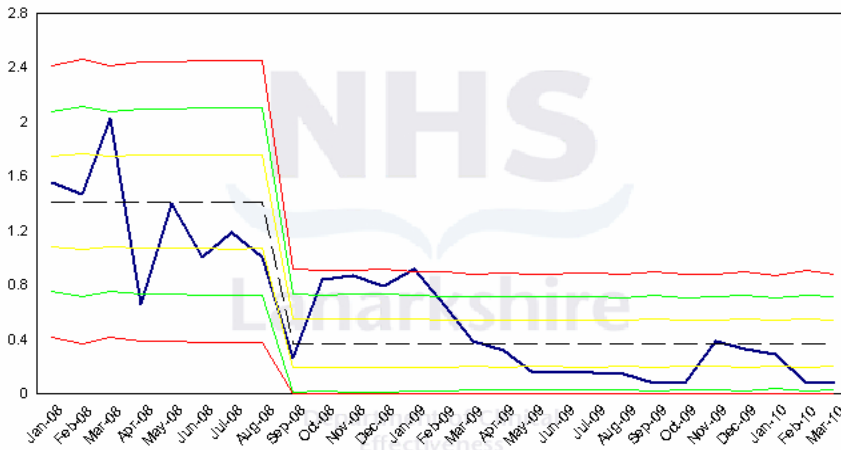


GWP2 (% compliance with respiratory rate) Hairmyres Ward

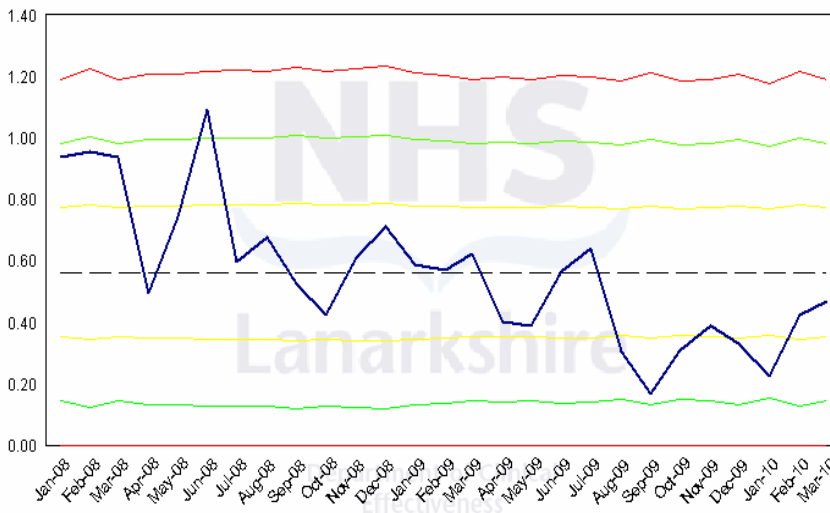


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**Hospital Outcome Examples
GWO4 CDI Disease Monklands**



GWO2 SABs Monklands



Appendix 2

The following tables are highlight examples relevant to each work stream and demonstrate, as possible, the relationship between process and outcome as taken from the 120+ SPSP run chart measures submitted by NHS Lanarkshire to IHI

Table 1: High level Critical Care Measures (Examples)

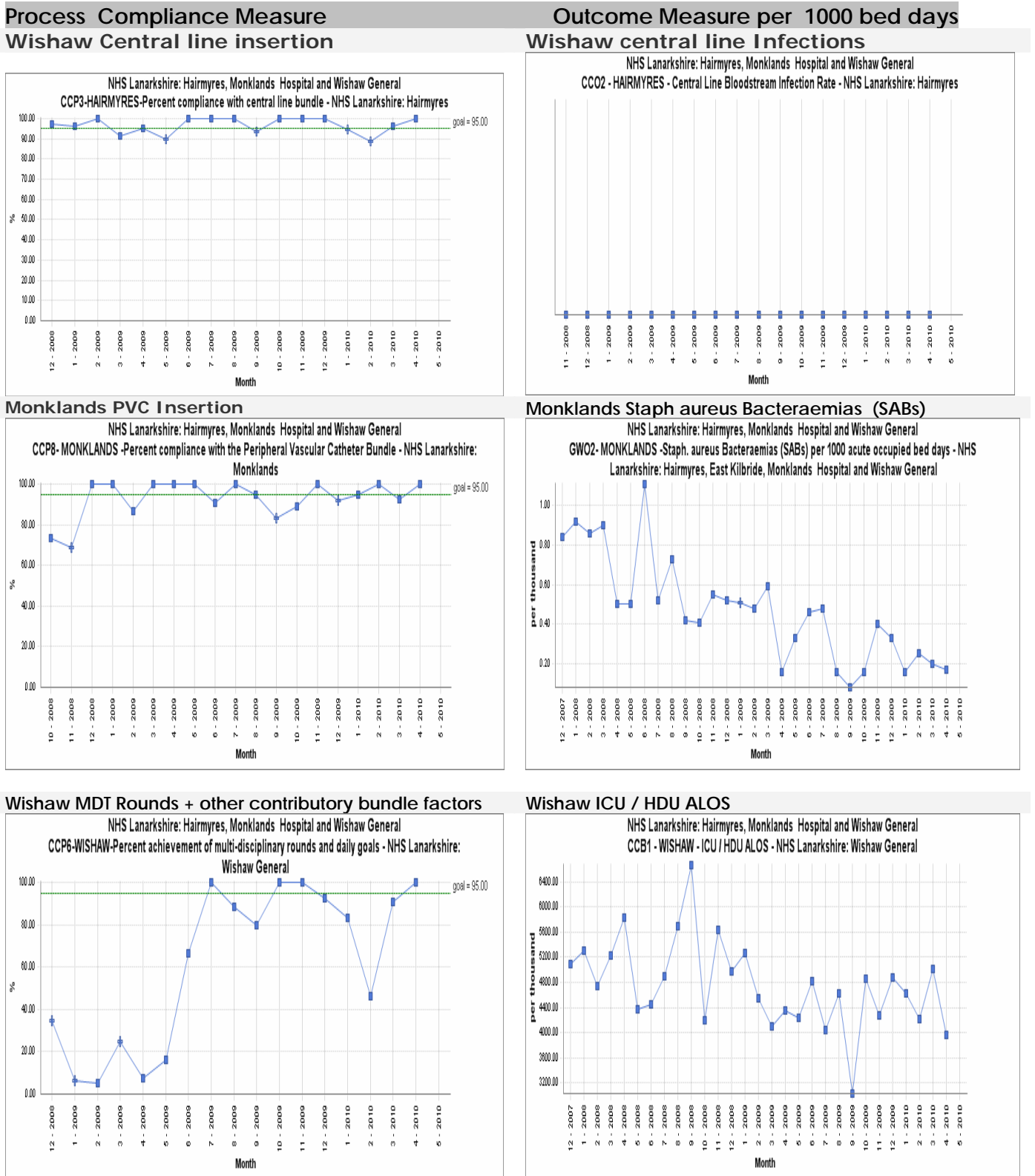
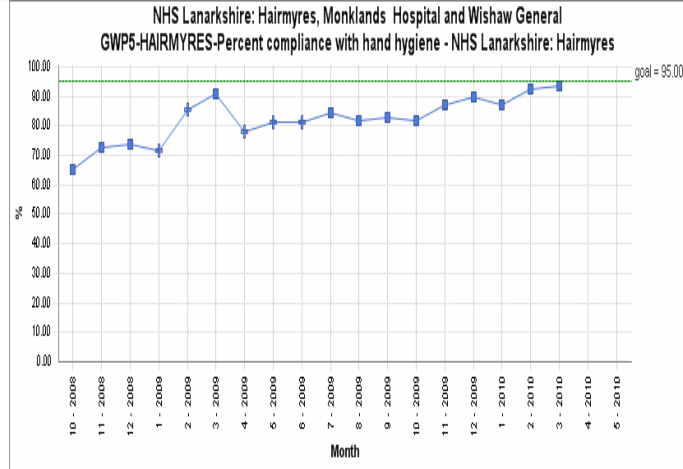


Table 2: High level General Ward Measures

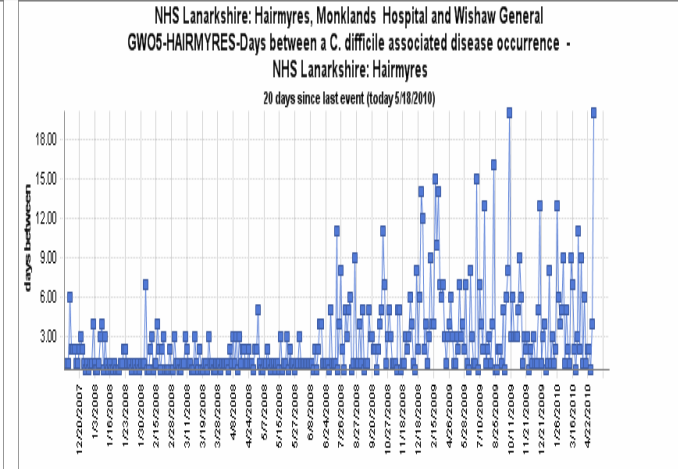
Process Compliance Measure

Hairmyres Hand Hygiene

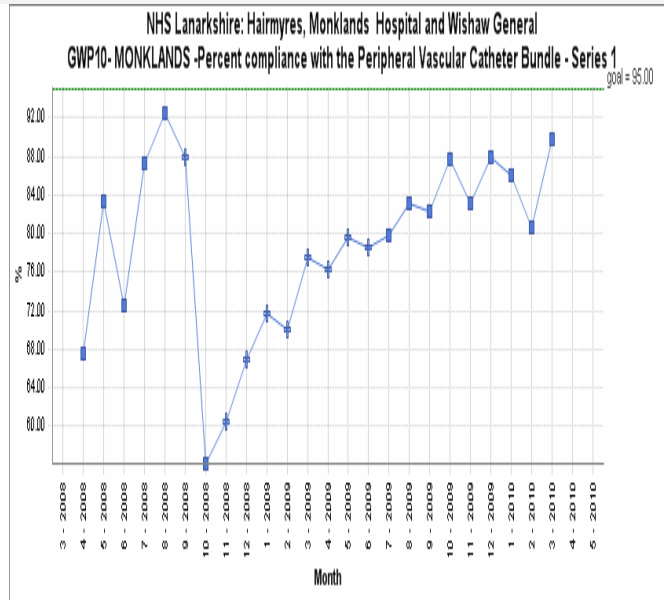


Outcome Measure per 1000 bed days

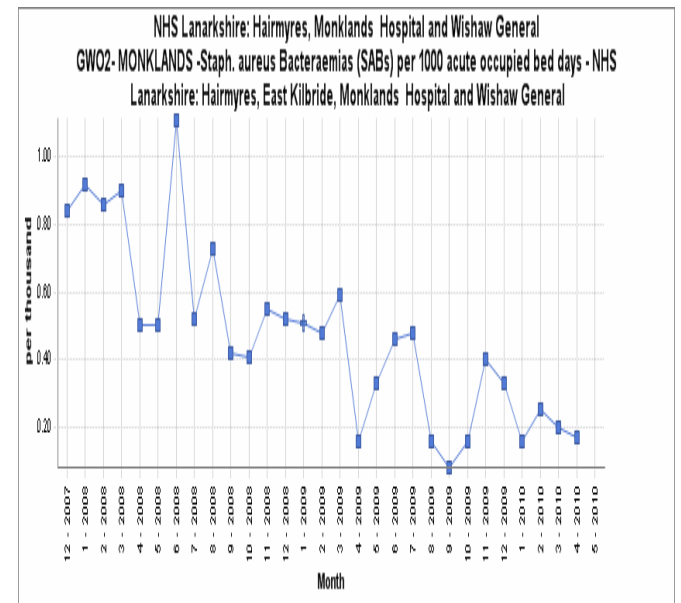
Hairmyres CDI



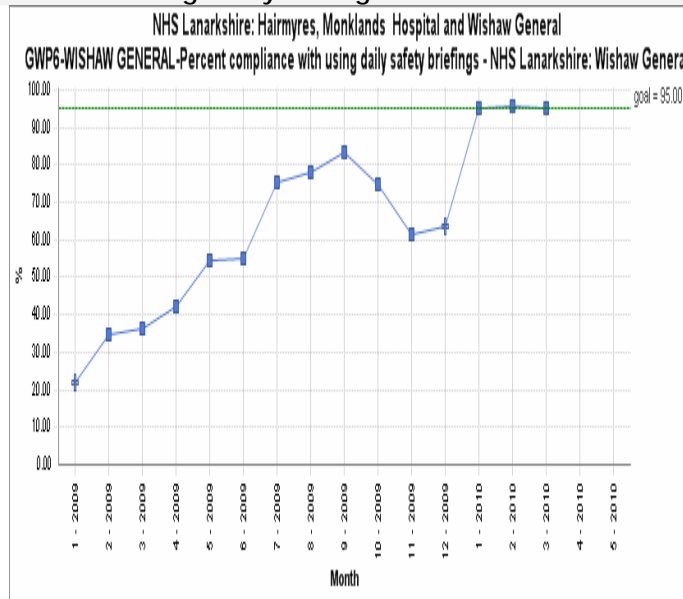
Monklands PVC Insertion



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)

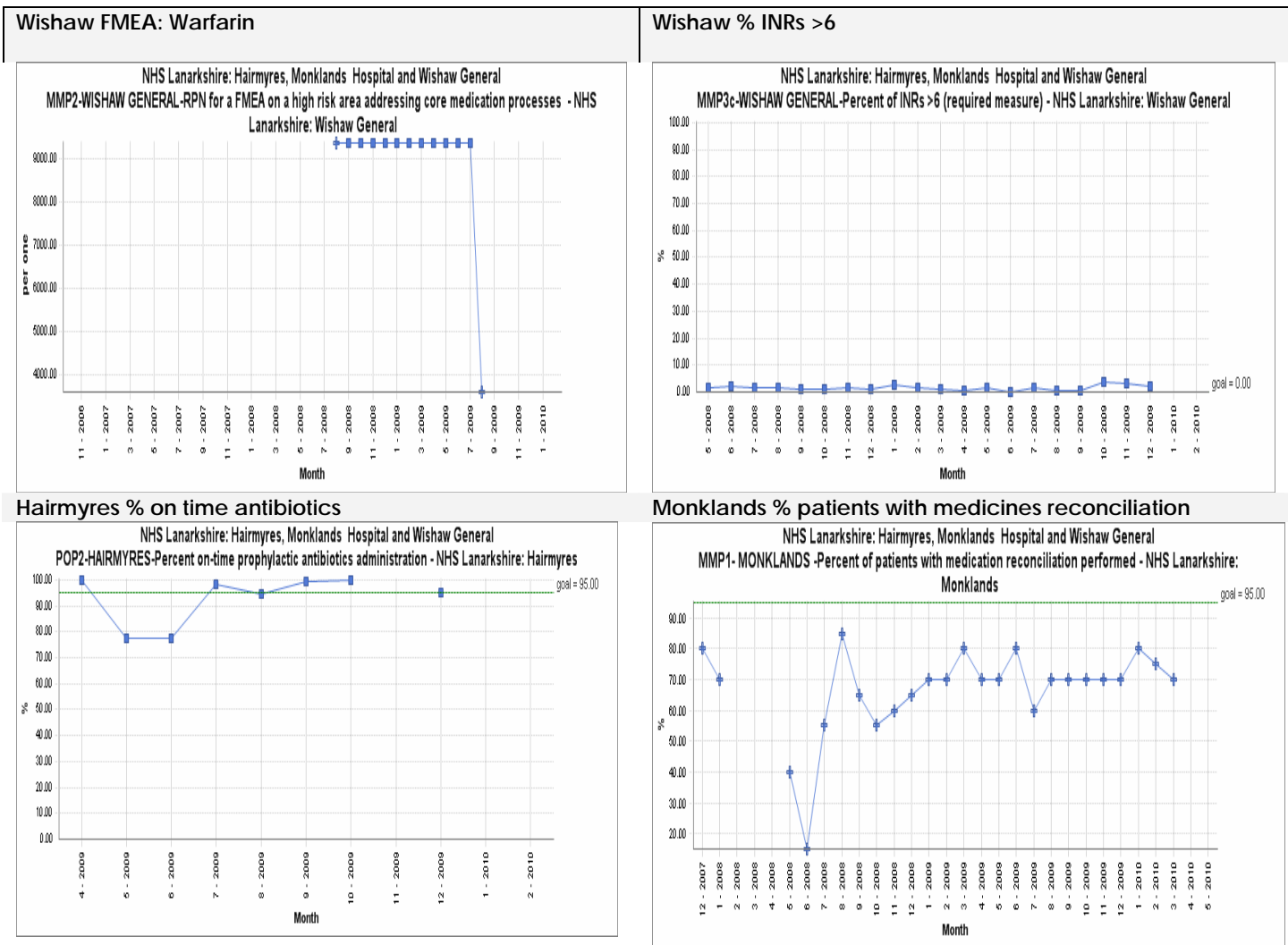
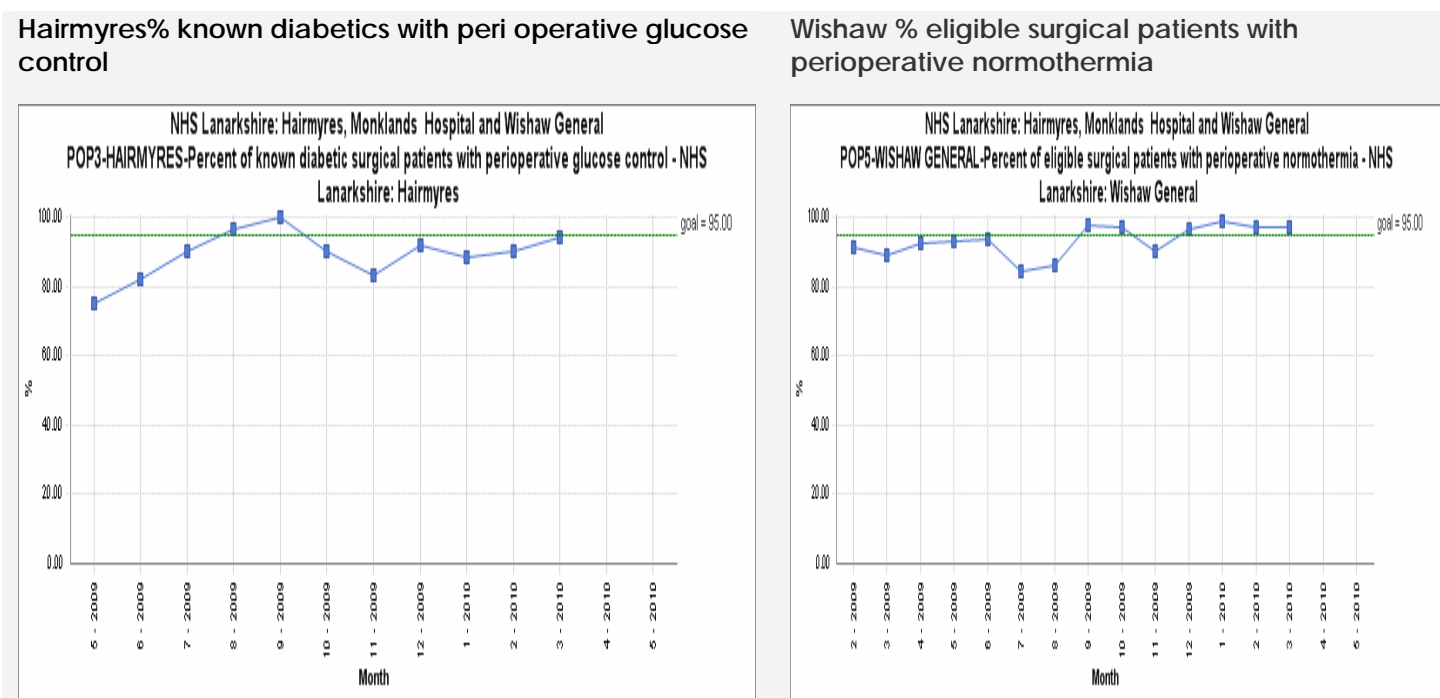
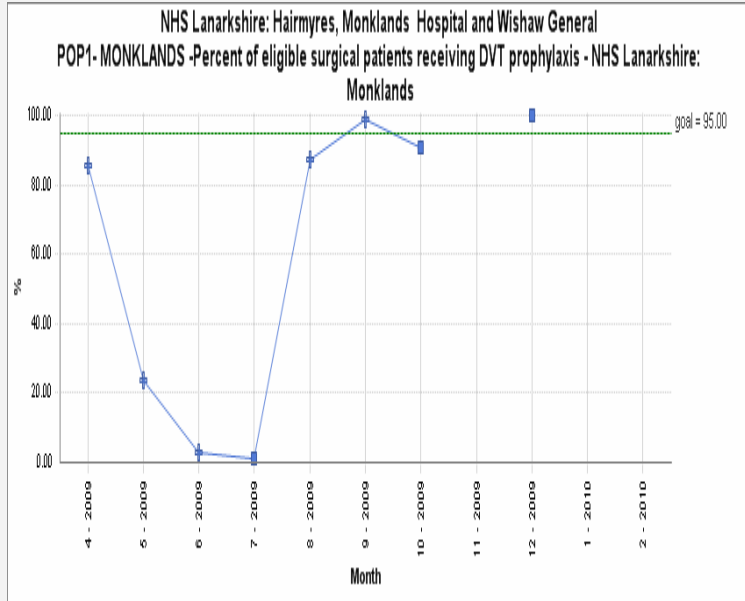


Table 4: High level Perioperative Measures (not including related outcome measures)



Monklands % eligible patients receiving DVT prophylaxis



Wishaw % patients with peri operative briefings

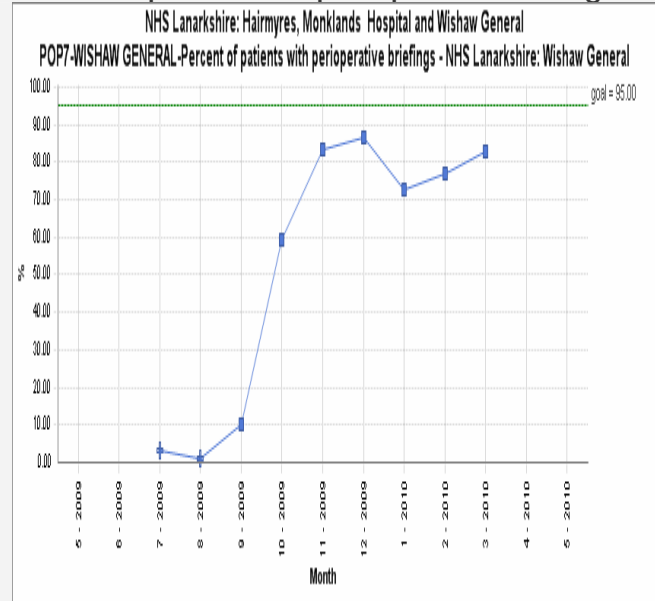


Table 5: High level Leadership Measure (not including related outcome measures)

Total Number of Executive walkrounds

