

Meeting of
Lanarkshire NHS Board
30th April 2008

Lanarkshire NHS Board
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SUBJECT: SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

1. PURPOSE

This paper is presented to the NHS Board to provide members with an update on the progress of the implementation of the Scottish Patient Safety Programme, early risk identification and to provide information on the next stage of the National Programme events.

2. CONTENT/SUMMARY OF KEY ISSUES

The SPS initial goals are to drive improvements in:

- Intensive care units
- Medicines management
- General wards
- Peri-operative care
- Safety leadership

It means that over the next five years, steps will be taken to:

- Ensure early interventions for deteriorating patients
- Deliver evidence-based care to prevent deaths from heart attack
- Prevent adverse drug events
- Prevent central line infections
- Prevent surgical site infections
- Prevent ventilator associated pneumonia
- Prevent pressure ulcers
- Reduce staphylococcus aureus (MRSA plus MSSA) infection
- Prevent harm from high alert medications
- Reduce surgical complications
- Deliver evidence-based care for congestive heart failure
- Drive a change in the safety culture in NHS organisations.

- Providing evidence for national initiatives and programmes such as NHS QIS reviews, Audit Scotland and the National Patient Safety Programme.

Progress to date

NHS Lanarkshire has appointed a dedicated Programme Manager, effective from 1st April 2008.

The five workstream Executive Sponsors and Leads are as follows:

Workstream	Executive Sponsor	Team Leader
Medicines management	Paul Wilson, Director of Nursing, Midwifery and AHP	Christine Gilmour, Head of Pharmacy Services
Critical Care	Rosemary Lyness, Director of Acute Services	Rory McKenzie, Consultant Anaesthetist
Leadership	Alison Graham, Medical Director	Alison Graham, Medical Director
Peri operative Care	Rosemary Lyness, Director of Acute Services	Hector Campbell, Associate medical Director
General Wards	Paul Wilson, Director of Nursing, Midwifery and AHP	Joan James, Divisional Nurse Director, Acute Services

The five workstreams are progressing with their tests of change and all initial measures have been agreed. Routine and exception reporting will be undertaken through the Health and Clinical Governance Steering Group. The Medical Director has established a series of meetings with Executive Sponsors and Team Leaders to initially provide leadership and direction as well as identify successes and constraints.

The Programme Manager is also establishing regular meetings with the Team leaders and the Clinical Staff involved. The purpose of which is to enable NHS Lanarkshire to begin to meet specified requirements, as agreed through the Scottish Patient Safety Alliance.

It is of note that as part of the monthly progress report through the IHI Faculty, NHS Lanarkshire has completed the self assessment score as 0.5 (*appendix 1*).

As part of the SPSP communication planning, a web page has been developed with the link obtainable via Firstport. The first of a series of articles or briefings will be launched via PULSE to promote programme awareness and engage with staff across the organisation.

National Programme Events

- The Scottish Patient Safety Alliance is hosting a learning event for all Board Members on 29th May 2008
- The second Learning Set is scheduled for the 6th and 7th May 2008 and nominations have been encouraged and received from all five workstreams. The third Learning Set is scheduled for 18th and 19th November 2008.
- The IHI Faculty visit will take place on 10th June 2008 and an agenda for NHS Lanarkshire is attached (*appendix 2*).
- A Capacity Building Workshop is being held on 12th and 13th June 2008 in the SECC

Risk identification

Whilst fully embracing the principles and methodology inherent within the SPSP, it is necessary to recognise the impact and consequent risks that may, or will occur. Emerging risks:

- The programme is implemented without taking into consideration the objectives of the organisation, mandatory data returns, new initiatives, creating duplication of work and delays in working within the IHI timeline eg
 - i. Surgical Site Infection Surveillance Data
 - ii. Mortality data, lab data & ISD returns
 - iii. Charge nurse quality indicators
 - iv. LEAN project
- There is no capacity & sustainability plan to ensure success in not only measuring outcomes, but implementing change with continuous monitoring, recognising the direct impact on existing staff undertaking tests of change, attending meetings and learning sessions etc.
- There is no 'ring-fenced' budget to enable simple changes to be made timeously with the potential to lose momentum and enthusiasm
- There is no concurrent Organisational Development training for the cohorts of staff involved to support the 'culture & behaviour' change eg Human Factors training.

3. ACTIONS

- The Health and Clinical Governance Steering Group receive a scheduled progress report at each meeting.
- The implementation plan to be strengthened
- A SPSP Risk Register will be developed

4. CONCLUSIONS

The complexity and pace of the expected outcomes and timescales for the Programme implementation is currently posing a logistical challenge. The Programme Manager has begun to explore the various options and existing systems which can be utilised to support the programme. Additionally, it will be necessary to identify any system or process gaps / constraints which may prove detrimental to meeting the implementation timelines. The appointment of the Head of Clinical Governance and Risk Management will enable consideration to be given to existing and related organisational infrastructures and how best these can support the Scottish Patient Safety Programme.

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

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact: Dr Alison Graham, Medical Director, tel: 01698 206318 or Mrs Carol McGhee, Corporate Risk Manager, tel: 01698 245022.

Dr Alison Graham
Medical Director
30th April 2008
