

Meeting of
Lanarkshire NHS Board
27 February 2008

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



Scottish Patient Safety Alliance: Patient Safety Programme

As you know, the Scottish Patient Safety Alliance (SPSA) was launched in Tayside in March 2007. The Alliance brings together those involved in providing and receiving health care and over time, there will be a number of work streams in place aimed at improving the quality of care and patient safety in all settings, both community and hospital.

The first major work stream is the Patient Safety Programme which aims to transform patient safety in acute care settings by working on the implementation of strategy, structure and clinical interventions. These interventions will focus on four clinical areas: medicines management, care of critically ill patients, perioperative care management and general ward. These areas will be pursued against the overall aims of the programme which were articulated at the launch: to reduce health care associated infection; to reduce adverse surgical incidents; to reduce adverse drug events; to improve critical care outcomes and to improve the organisational and leadership culture on safety. These interventions are evidence based, as is the improvement methodology that underpins them and we are very fortunate to have commissioned the Institute of Healthcare Improvement (IHI) to guide us on implementing this project in NHS Scotland (<http://www.ihl.org>).

NHS QIS is to lead on co-ordinating the implementation of this programme in NHS Scotland and we are currently setting up a small team to provide support and facilitation for NHS Boards. We are delighted to announce the recruitment of Jane Murkin as National Co-ordinator of the Programme and further information on team members will be announced as they are appointed.

NHS Lanarkshire has identified myself as an executive lead and currently Carol McGhee as the lead contact.

As executive lead I am responsible for:-

- Aligning the Patient Safety Programme goals with the strategic goals of the Board, supporting changes and removing obstacles, communicating changes and priorities throughout the Board and providing support and resources to assure success. The sponsor directs the 'spread' of changes throughout the Board, integrating them into the entire system of care. The sponsor's leadership is also responsible for fostering and ensuring collaboration within the Board.

- A single point of contact who will disseminate information to each hospital in their Board.

We have arranged for the Chief Medical Officer to meet with the CMT on 5 November 2007, as well as arranging for the National Co-ordinator June Murkin and Clinical Lead Dr Jason Leitch to give a presentation at our development day in November.

IHI will issue pre-work packs to NHS Boards to be distributed to participating services/hospitals. These packs introduce the programme and describe investigations into current safety practices which will include some data collection. The pre-work packs will be issued in mid October and hospitals will be required to respond by 15 December 2007.

IHI will lead a national learning session on 14, 15 and 16 January 2008. During this session IHI will share the analysis of the pre-work information, present changes in each clinical area and introduce a methodology to achieve improvement in patient safety.

NHS Lanarkshire will be required to sign up to the programme and deliver against the milestones and particular interventions.

The agree programme has 12 strands:

- Prevention of ventilator associated pneumonia.
- Prevention of infection in central intravenous lines (long lines).
- Reductions in medication errors.
- Reductions in "crash calls" and emergency/urgent referrals to intensive care (rapid response teams).
- Regular audit of case notes to detect errors and failure to follow protocols (global trigger tool).
- Introduction of systematic communication tools between clinicians (SBAR).
- Reductions in hospital acquired infection particularly MRSA.
- Reduction in falls.
- Engagement with NHS Boards.

I am proposing to establish a steering group to have an overseeing role, to be chaired by myself. This group will allow me to provide assurance to both the Board and CMT. The detailed reporting and membership will be determined in the next few weeks.

I am also proposing that we look for a project manager and local (hospital) implementation co-ordinators to help facilitate this initiative. The programme as outlined is entirely focused on acute care and there has been some excellent work done using this approach, for example in Forth Valley. In NHSL we need to consider whether there are other areas we would wish to use a PSI/IHI approach. We need to build on the work done in the collaboratives which endorse this programme and highlight all areas of good practice that we could build on.

The Board are asked to consider:-

- The Patient Safety Programme.
- The interventions and clinical areas as outlined.
- An overseeing steering group and possible membership.
- The appointment of a project manager.
- Establishing local (hospital) implementation co-ordinators.

Dr Alison Graham
Medical Director

21 February 2008