

Meeting of
Lanarkshire NHS Board
27 February 2008

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Scottish Patient Safety Programme Implementation Progress Report

1. Background

Following the launch of the Scottish Patient Safety Alliance in March 2007, the Scottish Patient Safety Programme (SPSP) became 'live' in Lanarkshire in November 2007.

The aim of the SPSP is 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.

The programme is designed 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.

NHS QIS has the lead role in co-ordinating the implementation of the SPSP in NHS Scotland.

Within NHS Lanarkshire, Dr Alison Graham is the designated Executive Lead, with Mrs Carol McGhee as the interim Programme Manager.

2. Progress Report as at 21 January 2008

In November 2007, Dr Graham convened a 'Brainstorming' Group to identify the Workstream Executive Sponsors, the Team Leaders, the Frontline Teams, the Travelling Teams and the Support Staff as attached in Appendix 1.

Five pre-work assignments were set out for each Board to undertake and through the brainstorming meeting; staff were delegated responsibility to comply with the following assignments.

Assignment 1 – Perform a Hospital Self-Assessment

This combination of measurement exercises provides the basis for using a data collection strategy enabling identification of problems and ability to track the impact of changes over time.

The initial assessment required designated staff to undertake and collate results on:

- Mortality Diagnostic Case Note Review
- Adverse Event Case Note Review
- Medication Safety Self Assessment
- Baseline Data Collection for Key Outcome Measures

Data required to be submitted to the Institute of Health Improvement by 17 December, which was partially met. By agreement, NHSL submitted full data sets by 9 January 2008.

Assignment 2 – Identifying Best Practices

Each NHS Board was asked to identify one area of best practice for sharing with colleagues at the scheduled Learning Session that was relevant to any of the Workstreams. Within Lanarkshire the use of the Modified Early Warning System (MEWS) was demonstrated to be at 90% compliance across the 3 sites, confirmed through the case note review.

Assignment 3 – Tightening the Connection to the Evidence-Base

All participating clinicians should have access to the scientific knowledge base. As a minimum standard, there were 7 Journals and web-sites identified that each Health Board were asked to ensure they subscribed to. This was confirmed in December 2007.

Assignment 4 – Preparing a Storyboard for the Learning Session

The information collated in Assignment 1 and Assignment 2 required to be displayed at the Learning session to create an environment conducive to sharing and learning. A Storyboard will be prepared prior to each Learning Session to identify changes and impact of change.

Assignment 5 – Getting Connected

Designated staff from each Health Board area will have the opportunity to participate in conference calls throughout the programme implementation period.

Additionally, electronic communications will be a primary source of communication and learning in the SPSP to view conference call schedules, enter monthly data and progress reports, view results from other hospitals and share documents with other participants.

3. The Learning Session - January 2008

A Scottish Learning Session was scheduled in January to enable sharing of baseline data, give a full briefing of the programme, guidance on the measurement methods, and overview of the human factors that will affect the success of the programme, Forty-two NHSL staff identified within the workstreams participated in the learning session.

The staff will be required to attend a further 2 learning sessions scheduled within this calendar year.

The SPSP Assessment Scale.

Timescales for improvements have been set-out by the Scottish Executive as in Appendix 2. NHSL's current score is 0.5 with progress in place towards 1.0.

4. The Next Stage

Dr Graham has convened a further meeting of staff who attended the Learning Session for Tuesday 22 January 08 to review and agree the full NHSL SPSP Implementation action plan, which will form the basis of future reports.

Critical to the full process will be the appointment of a NHSL Programme Manager, which is in train.

5. The Board are asked to note:

- Progress to date
- There will be a full implementation plan that will inform future reporting
- Commitment from staff within the Workstreams

**Dr Alison Graham
Medical Director**

21 February 2008