PATIENT SAFETY & QUALITY

Aim

The purpose of this report is to provide an update to Borders NHS Board of NHS Borders progress against the Scottish Patient Safety Programme (SPSP) and the NHS Scotland Quality Strategy.

SCOTTISH PATIENT SAFETY PROGRAMME UPDATE

Background

1. **Programme Goals** - The programme focuses on improving safety by strengthening the reliability of healthcare processes in Acute Care. This is via front line teams testing and establishing more standardised clinical and communication processes. The overall goals of the programme are as follows:

- **Mortality**: 15% reduction
- **Adverse Events**: 30% reduction
- **Ventilator Associated Pneumonia**: 0 or 300 days between
- **Blood Sugars**: within range of 80%
- **Crash Calls**: 30% reduction
- **Surgical Site Infections** (clean cases): 50% reduction (clean cases)
- **Central Line Bloodstream infection**: 0 or 300 days between
- **Staphylococcal Aureus Bacteraemias**: 50% reduction
- **Harm from anti-coagulation**: 50% reduction in adverse drug events

2. **Implementation of the programme** is delivered via the 5 work streams which are specifically targeted at reducing harm in the areas of:

   - i. Leadership - building a strong patient safety culture
   - ii. General Ward - recognition of the deteriorating patient
   - iii. Medicines Management - reduction in adverse events in the administration of high risk Drugs
   - iv. Peri-operative - safer surgery
   - v. Critical Care - infection prevention and improved critical care outcomes

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1. Clean’ surgery is defined by the UK’s National Research Council as non-traumatic, uninfected wounds with no inflammation, surgery does not involve potentially contaminated cavities e.g. stomach, the intestine, bile duct or urinary tract, no break in aseptic technique.

2. Central Line is where venous access is gained via the placement of a venous catheter into a vein that leads directly to the heart
In addition to these established work streams, a Paediatric Patient Safety Programme has been introduced. Testing has commenced on Medicines Management and General Ward areas in August.

A Heart Failure ‘Bundle’ (a series of research based interventions which when combined into a package of care are known to be of benefit to patients) has also been added to the General Ward work stream, the cardiac care team are reviewing the bundle with a view to incorporating it into their delivery of care to patients with heart failure. There are 3 outcomes of the bundle to be measured namely:

- Percentage of compliance with the bundle
- Percentage of patients with expert review during admission
- Percent of patients who had evidenced based drugs considered and documented in their Admission

3. Spread and Integration of the programme
The patient safety work stream teams continue to develop a proactive transformational approach to improve Spreading of the Patient Safety programme across the Borders General Hospital. Training sessions on the Model for Improvement and the SPSP tools and methodology will be commenced in Obstetrics and Gynaecology this month. Following on from there, the next areas will be departments such as Endoscopy, and Surgical Pre-assessment. In addition, the patient safety team has worked in unison with the LEAN programme, infection control and clinical risk team. There is a requirement to also work more closely with ‘Leading Better Care’ – Senior Charge Nurse Development programme, in order to bring clinical synergies and effectiveness to the whole patient safety corporate objective.

4. Progress to date
Each month, a report is submitted on behalf of the Board to the Institute of Healthcare Improvement (IHI) by the Programme Manager. This report details the real time progress in each work stream on all of the change processes, current measures and data analysis. This performance is assessed by IHI using an assessment scale which is graded from 0.5 to 5 points. In July this year, NHS Borders demonstrated sufficient progress against the assessment scale to reach a level of 2.5. Currently three Boards have attained a level of 3.0 on the assessment scale. NHS Borders are expected to achieve a 3.0 by end of December 2010.

NHS Borders Trajectory

5. Workstreams
i) **Leadership work-stream**

Seven Walkrounds have been completed since May. These have taken place in Accident & Emergency Department, Intensive Care Unit, Pharmacy, Medical Wards 4 and 5, Physiotherapy and Laboratory. 18 items were identified which the Executive members could offer support to staff. Of these, 10 remain outstanding however some of the items are long term issues such as re-furbishment and other Estates matters. Not all of the Walkrounds have been followed up at the Hospital Management Team meeting which is where the actions are agreed and individuals identified who are then responsible for the follow up.

ii) **General Ward work-stream**

Good progress has been made in this work stream. All of the change processes have been implemented. There are two measures yet to be completed, both these measures are broken down into 3 separate sections. It is anticipated that these will be in place by October 10. The General Ward Team Leader position has now been filled by one of the Practice Educators this additional support for the team has been substantial in helping staff with their implementation and data collection. In addition, one of the Consultant Physicians has agreed to join this work stream team as the Consultant Champion; he will be attending his first team meeting this month.

A lot of joint working has taken place over the past two months with the Infection Control Team and the Prevention of the Staphylococcal Aureas Bacteraemias Group (PSAB) on the development of a Peripheral Vascular Catheter Insertion Bundle. (See leaflet attached). This work has been in response to the upsurge in Staphylococcal Aureus Bacteraemias infections, over recent months. The pilot areas have tested and implemented and we are now beginning to collect data to measure this intervention.

iii) **Medicines Management work-stream**

There is now a full multidisciplinary team which has made extremely good progress within this work stream with all processes now being implemented and measured. A bid has been submitted for a nursing post which will focus on management of anticoagulant therapy within the Borders General Hospital.

iv) **Critical Care work-stream**

The team working in this unit continues to provide excellent care; the measured outcomes demonstrate sustained improvement. The application of the bundles introduced has had excellent results with no Ventilation Associated Pneumonia since January 2010 and no Central Line infections since June 2009. A recent Scottish Intensive Care Society (SICSAG) report (2009) highlighted that NHS Border Intensive Care Unit had the lowest ITU mortality rate across all units in Scotland. The team regularly uses the data to monitor their performance, respond to the information the data provides, and to strive for continuous improvement.

v) **Perioperative work-stream**

The focus of this team is to provide safer surgery. The results of the SPSP work to date have demonstrated very good results. An example is the low rate of surgical site infection in the orthopaedic sample with only one infection in December 2009. Commencing this month we will be adding Breast Surgery to the monitoring of infection rates. This team also worked jointly with the LEAN programme with very good results and the surgical briefing now occurs in all theatres. The Safety Attitude Survey which was first carried out in January 2009 will be repeated this month. Feedback on the outcome of this survey will be provided in a future report to the Board.
6. Next Steps
Over the coming months there are several National Training Events being held and staff has been allocated to attend these.

<table>
<thead>
<tr>
<th>Course</th>
<th>Date</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>Improvement Science in Action</td>
<td>29th Sept – 1st Oct</td>
<td>Rachel Bacon, Ed Witkowski, Helen Clinkscale, Libby Noble, Helen Pearce, Lesley Horsburgh</td>
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<tr>
<td>Patient Safety in Mental Health</td>
<td>5th Oct</td>
<td>Frances Mason, Isabel Swan, Cliff Sharp, George Ironside, Graham Allison, Erica Nisbet</td>
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<tr>
<td>Improvement Advisor</td>
<td>8th Nov</td>
<td>Kim Smith</td>
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In order to reach the next level of the IHI Assessment scale we are required to have all key changes in all five work streams implemented in the pilot populations and demonstrate sustained improvement in related process and outcome measures in one to three pilot populations. A good example of this is the compliance with Hand Hygiene, the Ventilator Associated Pneumonia Bundle and the rate of infection over time. (See graphs below)
Risks
As stated in previous reports to the Board, continuing education in the methodology for the implementation of the programme is crucial. With the imminent inclusion of Mental Health and Primary Care into the programme this fundamental need becomes critical. Meetings are ongoing with the SPSP National Assistant Co-ordinator and NHS Education Scotland to gain support for managing this very important issue.

NHS SCOTLAND QUALITY STRATEGY

NHS Borders has been proactive in its response to the publication of the Healthcare Quality Strategy. In addition to various communication exercises to staff across the organisation we have been working not only to align our activity to the aims of the Quality Strategy, but to also ensure a greater emphasis at all levels within the organisation. The Quality Strategy has been presented and discussed with our Area Partnership Forum and Public Governance Committee. NHS Borders Board has focused on the Quality Strategy and local implementation in a Development & Strategy session in September. We also provided a poster presentation of the Quality Strategy at our Workforce Conference earlier this year and facilitated a workshop discussion with Partnership colleagues. Ongoing engagement of all staff is being taken forward across NHS Borders including the cascade of relevant presentations on a rolling basis. In addition, a wide range of staff has been involved in providing feedback on the proposed quality measures framework.

NHS Borders draft Quality Strategy Framework

An NHS Borders Quality Strategy Framework is in development (See Figure 1) which explicitly supports the NHS Scotland Quality Ambitions: Person Centeredness, Safety and Effectiveness.

This framework outlines for NHS Borders the Level 3 “Supporting local & national quality Indicators aligned with Quality ambitions” as suggested by the national Quality Measurement Framework. This links also to the NHS Scotland Board Development 5 Domains of highly effective Boards and our Local Delivery Plan.

NHS Borders submitted 20 exemplars of high quality healthcare or quality improvement approaches to Scottish Government earlier this year - some of which are summarised below: These exemplars will be presented as posters at NHS Borders Annual Review this year.

<table>
<thead>
<tr>
<th>6 Dimensions of Quality</th>
<th>Exemplar</th>
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<tbody>
<tr>
<td>Person Centred</td>
<td>Development of “Involve”, an interagency Participation Strategy for Children and Young People</td>
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<tr>
<td>Patient Centred, Effective, Equitable</td>
<td>Early Years Child Assessment Team</td>
</tr>
<tr>
<td>Person Centred, clinically effective, efficient and timely</td>
<td>Medical Support to Patients in Housing Development for patients with Chronic Degenerative Conditions</td>
</tr>
<tr>
<td>Person Centred, clinically effective, safe, equitable, efficient and timely</td>
<td>Redesign of Paragraph 40 (new GMS) Funding to Provide Anticipatory Care Locally Enhanced Service</td>
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<tr>
<td>Equitable, Efficient, safe, timely</td>
<td>Benchmarking Work with GP Practices Introduction of individual patient treatment</td>
</tr>
<tr>
<td>Patient Centred , clinically effective, safe, efficient and timely</td>
<td>H1N1 Vaccination</td>
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The outline of the draft **NHS Borders Quality Strategy Framework** is described below in Figure 1 and each level will include an Action Plan, Identified Outcomes, Key leads and Timescales for Delivery. The progress against the framework will be reported through a range of strategic and operational groups and committees to the Board on a regular basis. This will be a component aspect of our performance reporting arrangements. The aim of the framework and performance reporting on progress is to assure:

- Improving quality is a top priority for NHS Borders
- Quality is a standing agenda item across key strategic and operational decision making groups and committees in NHS Borders
- NHS Borders will assure progress against measures through the Quality Strategy Framework
- NHS Borders Local Delivery Plan will change to reflect shared objectives on quality
- PFPI arrangements in NHS Borders will have a focus on quality and this will also be evidenced through our commitment to the Participation Standard.
NHS Borders Quality Strategy Framework

**NHS Borders will be . . . . . . .**

**Person-centred**
There will be 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.

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

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

**Supported by NHS Borders Vision, Values & Corporate Objectives . . . . . . .**

- Patient Safety
- Health Improvement & Inequalities
- Performance & Delivery
- Processes & Structures

**. . . & NHS Scotland 5 Domains of Highly Effective Boards . . . . . . .**

- Engaging Stakeholders
- Strategic Intent
- Holding to Account
- Board Dynamics
- Leadership of the Board

**Monitored by 12 national quality outcome measures . . . . . . .**

- Healthcare Experience
- Staff Experience
- Staff Attendance
- Patients spending last 12 months of life span in preferred place of care
- Healthcare Associated Infection
- Emergency Admissions
- People living beyond 75
- Patient Experience of Access
- Patient Reported Outcomes
- Adverse Events
- Self Assessed & General Health
- Mortality Rate

**Enabled by . . . . . . .**

- NHS Borders Local Delivery Plan, SOA & HEAT Targets
- NHS Borders Participation Standard

- Health Improvement
- Efficiency & Governance
- Access to Services
- Treatment
- Patient Focus & Experience
- Public Involvement
- Corporate Governance

**Underpinned by NHS Borders Effective Performance & Financial Management . . . . . . .**

- NHS Borders Performance Reports e.g. HEI
- Performance Management Scorecards across all NHS Borders functions and services
- Performance Reviews for all NHS Borders services

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Summary

Expected outcomes for 2010-11

- Continued integration with other quality and improvement initiatives across the Board and national framework
- Maintaining the sustainability of the progress to date and embedding the methodology across NHS Borders
- Continue to build capacity and capability in the science of quality and improvement
- Develop as many skills and resources as possible to continue with the work on improved understanding and acceptance of the importance of measurement within patient safety and NHS Borders Quality Framework
- Continue to encourage all staff to work with the Board Executive Team towards achievement of quality outcomes and improved performance

Recommendation

The Board is asked to note this Patient Safety & Quality Update and approve the expected outcomes

<table>
<thead>
<tr>
<th>Policy/Strategy Implications</th>
<th>This report is in line with the NHS Healthcare Quality Strategy (SGHD 2010)</th>
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<tbody>
<tr>
<td>Consultation</td>
<td>No applicable</td>
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<tr>
<td>Consultation with Professional Committees</td>
<td>Not applicable</td>
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<tr>
<td>Risk Assessment</td>
<td>Yes</td>
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<tr>
<td>Compliance with Board Policy requirements on Equality and Diversity</td>
<td>Yes</td>
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<tr>
<td>Resource/Staffing Implications</td>
<td>None identified</td>
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Approved by

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<th>Name</th>
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<tr>
<td>Sheena Wright</td>
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Author(s)

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<tr>
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<td>Head of Communications &amp; PFPI</td>
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