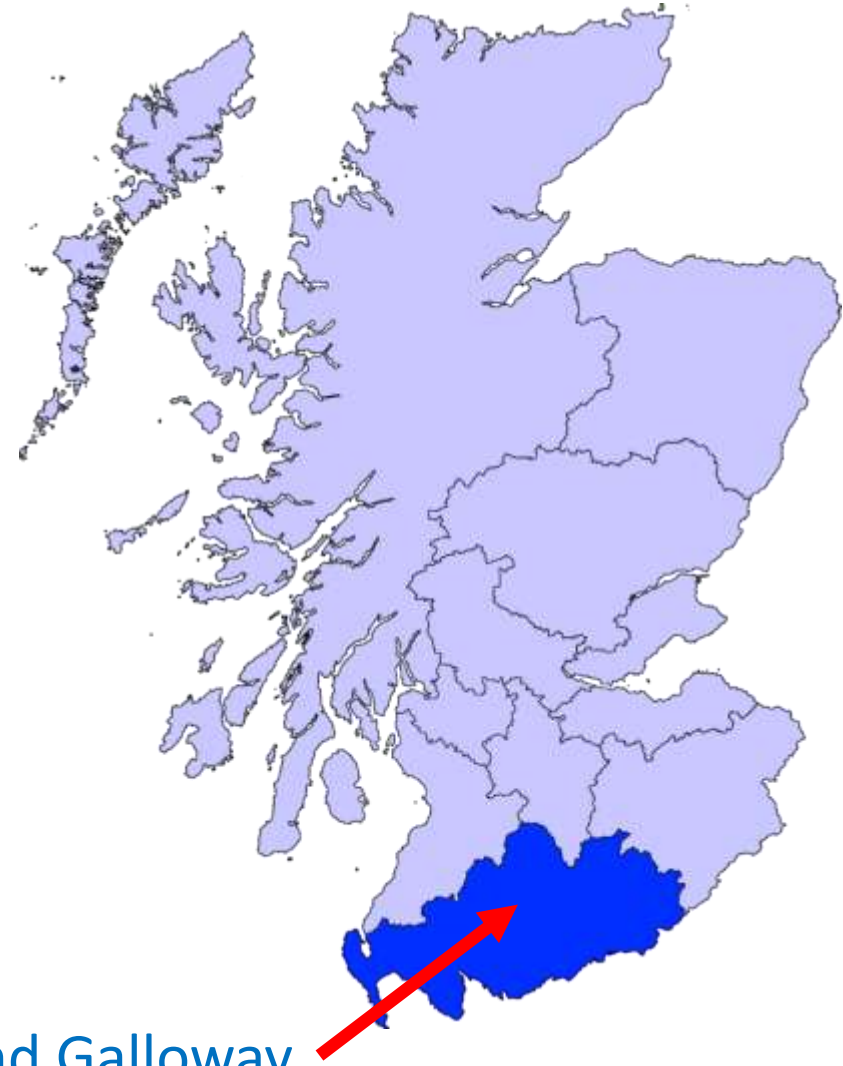


# A dip into the Scottish Spirit



# NHS Scotland

- 14 regional boards
- Populations
  - Scotland
    - circa 5.5 million
  - Cyprus
    - circa 1.1 million
    - Area 9251 sq Km
  - Dumfries and Galloway
    - Circa 150,000
    - Area 6427 Sq Km



NHS Dumfries and Galloway

# Scottish Patient Safety Programme (SPSP) 2008 - 2012

- Aim – reduce mortality by 15%
- Aim - reduce adverse events by 15%



# Scottish Patient Safety Programme 2008 - 2012

- Delivered tangible impact on patient outcomes
  - reduction of infection rates
    - Ventilator Associated Pneumonia
    - Central Line Bloodstream Infections,
- Widespread implementation of
  - safety briefs, daily goal setting in ICU
  - surgical brief and surgical pause

The image shows the top portion of the WHO Surgical Safety Checklist. It features a dark grey header with the WHO logo and the title 'SURGICAL SAFETY CHECKLIST (FIRST EDITION)'. Below the header, three main sections are visible, each with a title and a progress indicator (a series of red triangles):

- Before induction of anaesthesia** (5 red triangles)
- Before skin incision** (10 red triangles)
- Before patient leaves operating room** (10 red triangles)

Under each section, there are specific checklist items:

- SIGN IN** (under 'Before induction of anaesthesia'):
  - PATIENT HAS CONFIRMED
    - IDENTITY
- TIME OUT** (under 'Before skin incision'):
  - CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND
- SIGN OUT** (under 'Before patient leaves operating room'):
  - NURSE VERBALLY CONFIRMS WITH THE TEAM:

# SPSP 2013 – Chief Executives Letter

The Quality Unit

Professor Jason Leitch, Clinical Director



Dear Colleague

## **NEXT STEPS FOR ACUTE ADULT SAFETY – PATIENT SAFETY ESSENTIALS AND SAFETY PRIORITIES**

1. This letter sets out a set of ten patient safety essentials to be implemented everywhere in NHSScotland. NHS Boards are expected to put in place arrangements to ensure that staff are supported to deliver these measures reliably and consistently to all patients who could benefit.

2. The patient safety essentials, which are described in more detail in Annex A, are:

- Hand Hygiene
- Leadership Walkrounds
- Communications: Surgical Brief and Pause
- Communications: General Ward Safety Brief
- Intensive Care Unit (ICU) Daily Goals

**CEL 19 (2013)**

**02 September 2013**

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### **Addresses**

#### For action

Chairs  
Chief Executives  
Medical Directors  
Nurse Directors

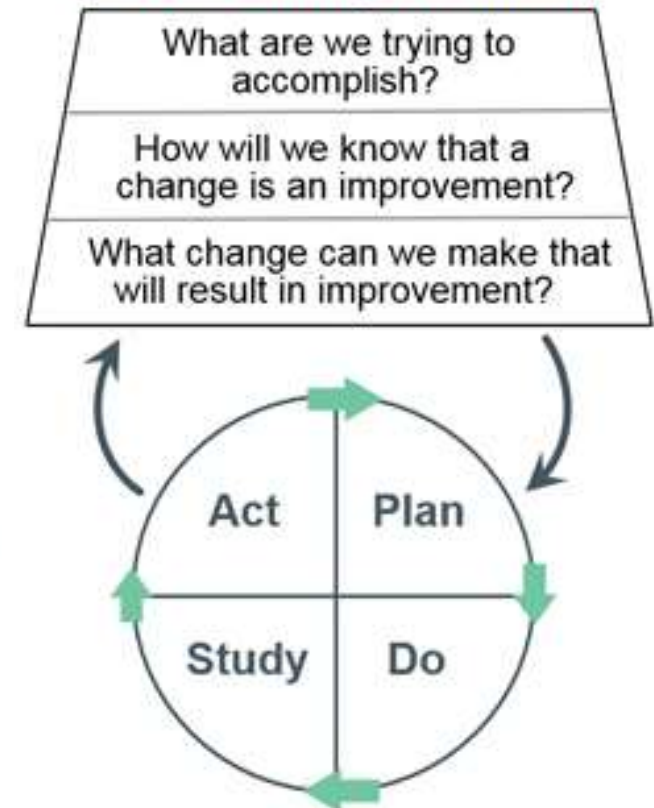
#### For information

# SPSP 2013 – Chief Executives Letter

2. The patient safety essentials, which are described in more detail in Annex A, are:

- Hand Hygiene
- Leadership Walkrounds
- Communications: Surgical Brief and Pause
- Communications: General Ward Safety Brief
- Intensive Care Unit (ICU) Daily Goals
- Ventilator Associated Pneumonia Bundle
- Early Warning Scoring
- Central Venous Catheter Insertion Bundle
- Central Venous Catheter Maintenance Bundle
- Peripheral Venous Cannula

## Model for Improvement



# SPSP Spread

- By 2013 SPSP had spread more widely

## There's always room for improvement

The Scottish Patient Safety Programme (SPSP) is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce avoidable harm, whenever care is delivered. From an initial focus on acute hospitals, the work of SPSP now includes safety improvement programmes for the following areas:

- ▶ Acute adult
- ▶ Healthcare Associated Infection
- ▶ Maternity and children
- ▶ Medicines
- ▶ Mental health
- ▶ Primary care

## The Herald

NEWS

23rd March 2015

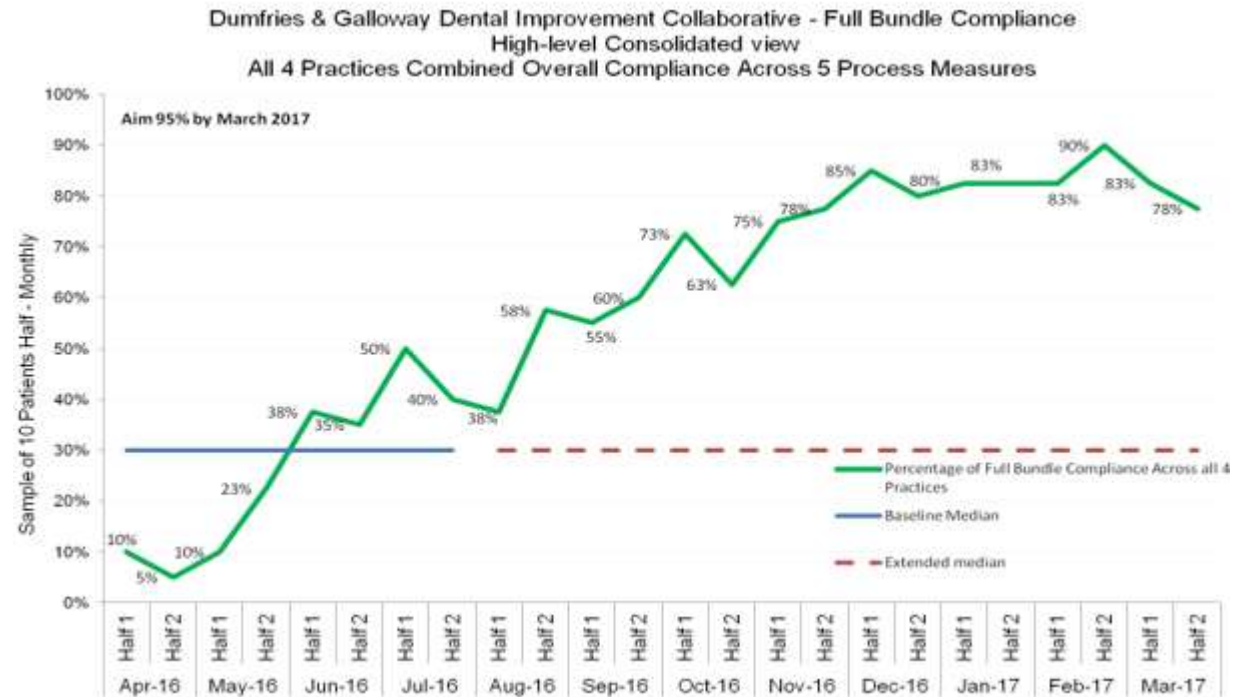
### **Glasgow develops world's only patient safety programme specifically for mental health**

*By David Ross*

# Example - SPSP in Dentistry, 2016-17

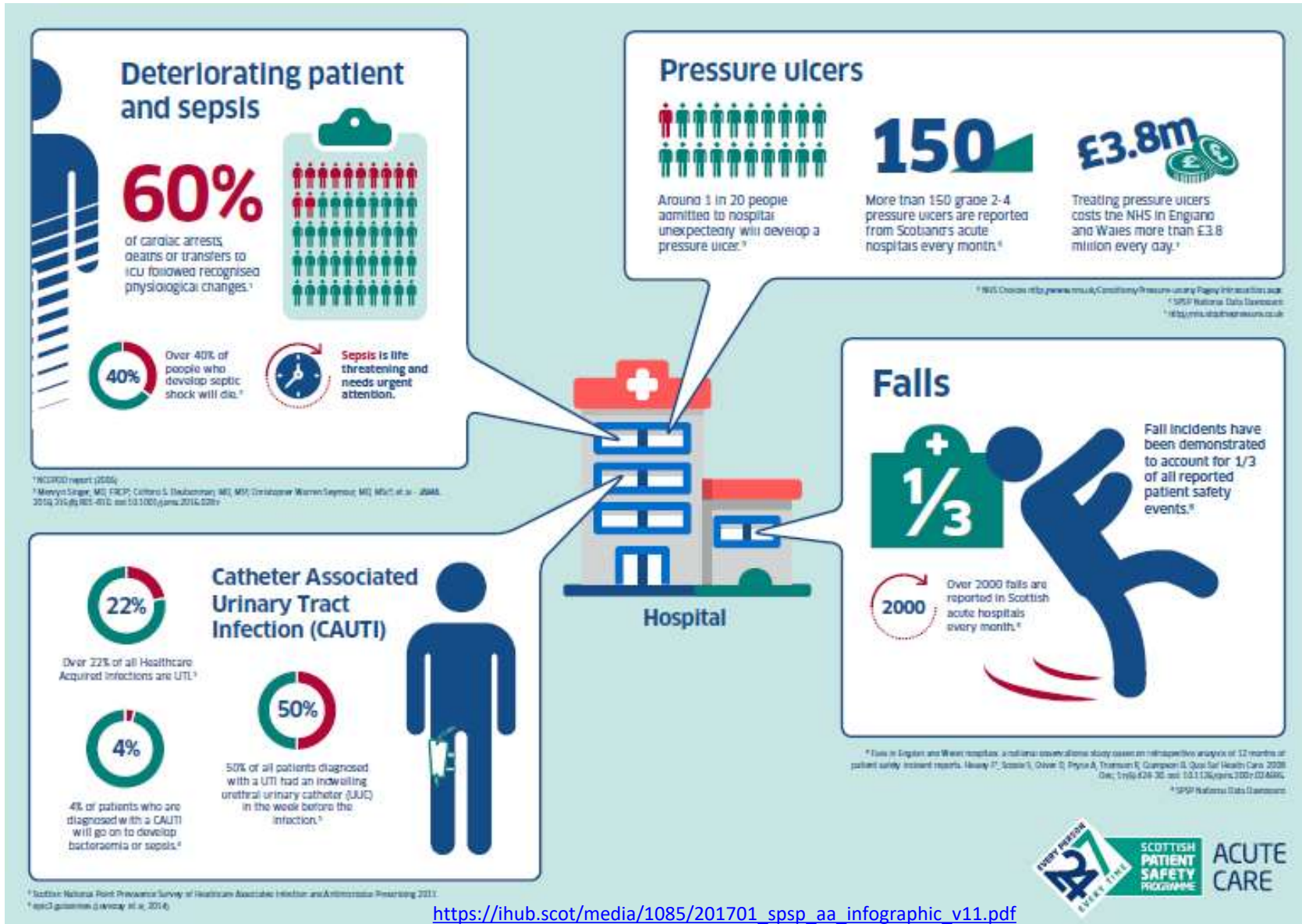
- Dentists knew that they harmed patients
- No systems exist to record adverse events
- Focus on improving processes

Common sense indicated that more reliable processes gave better outcomes for patients





# SPSP Acute Care – Current Focus



# The typical approach

Conference Room



Real World



# The Quality Improvement approach

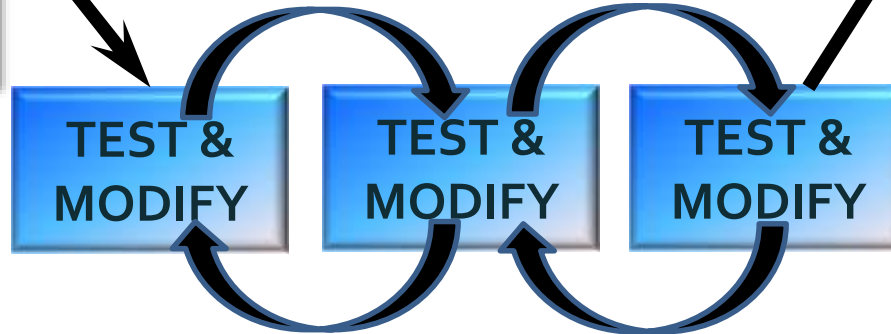
Conference Room



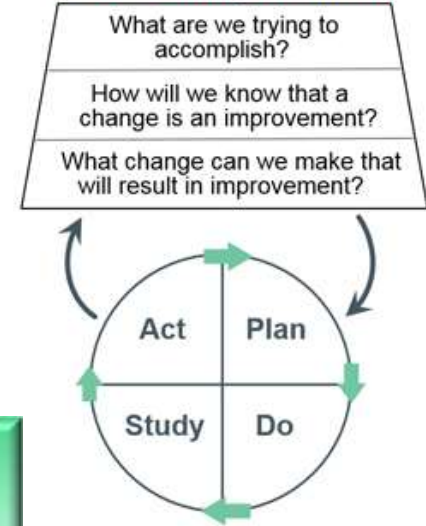
DESIGN

APPROVE  
IF NECESSARY

Real World



Model for Improvement

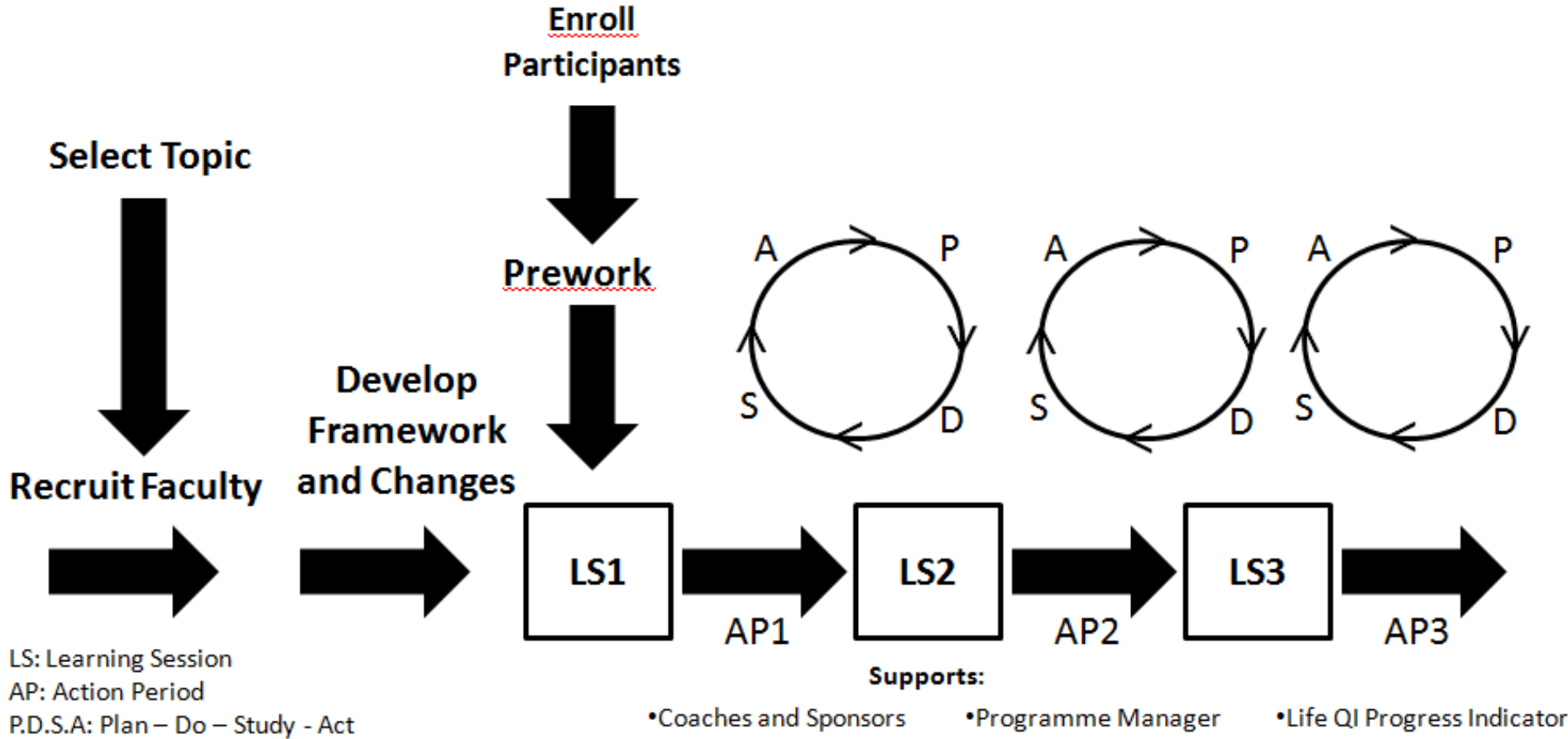


# SPSP and IHI

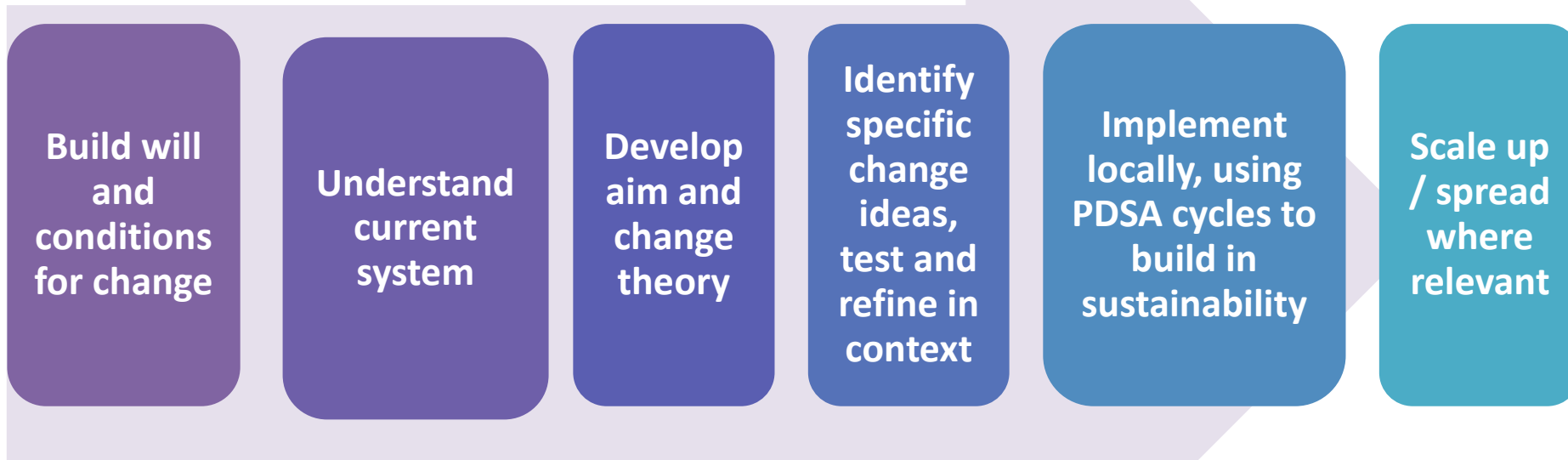
## Breakthrough Series Collaborative



6 to 15 months



# The Improvement Journey

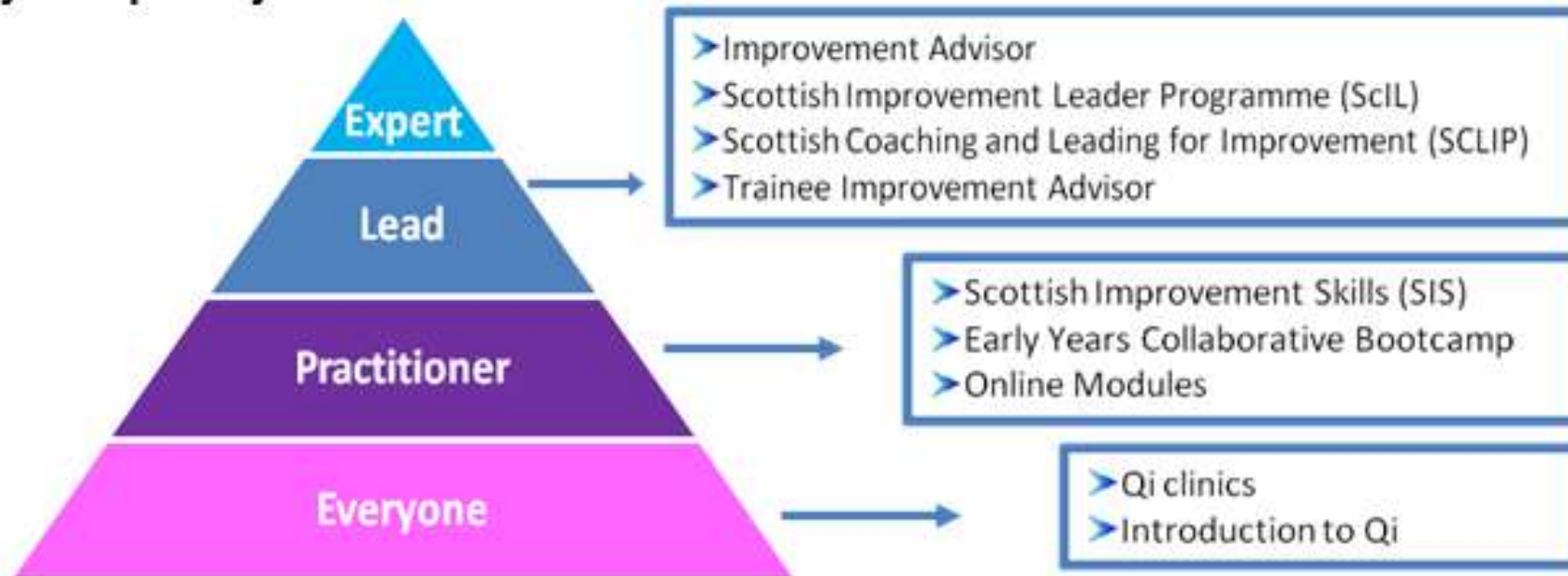


Leadership, organising projects, communication and measurement

# Meeting the Challenge for QI

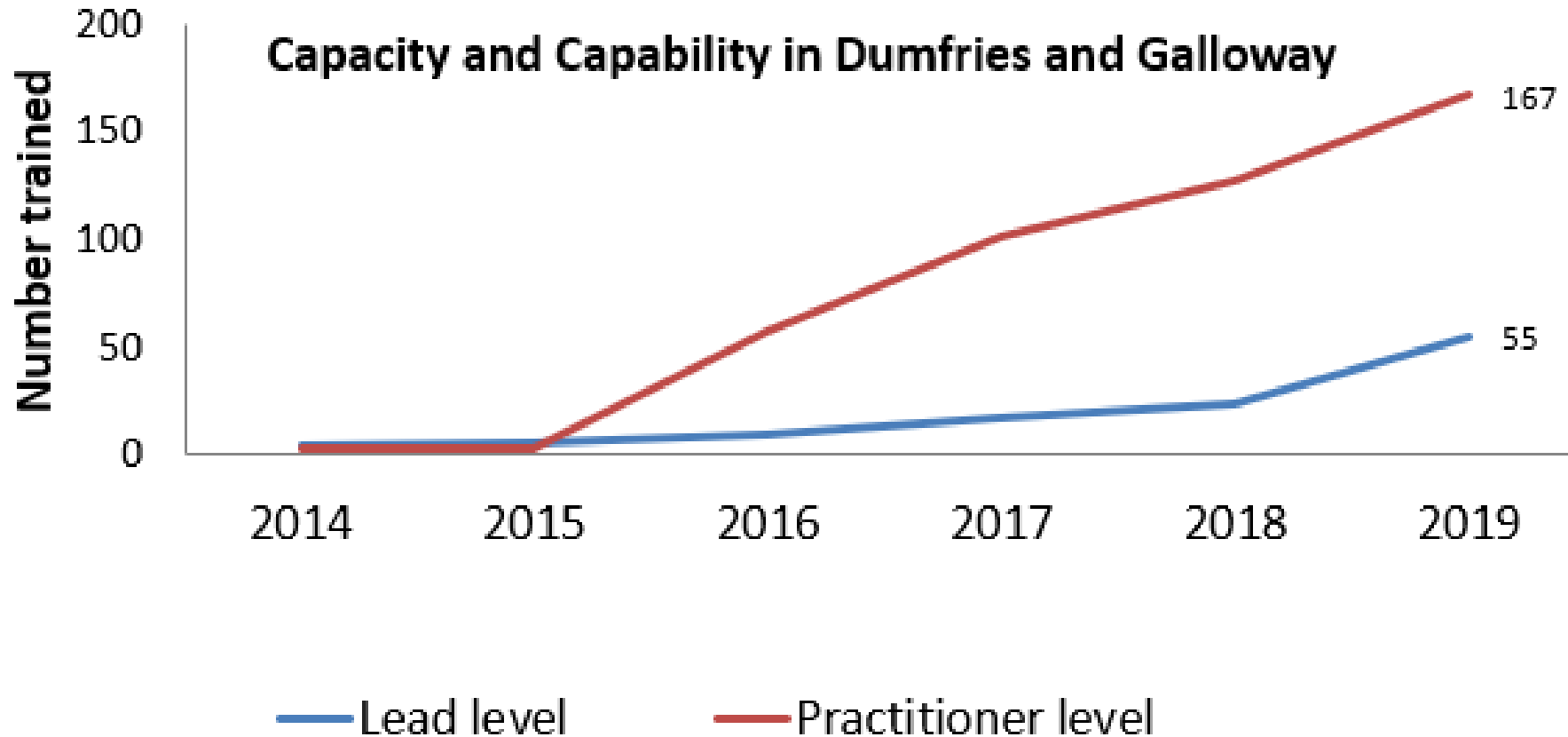
- The Capability and Capacity Pyramid
- Developing new skills across the organisation

Capacity & Capability Model



# Meeting the Challenge for QI

- Dumfries and Galloway – total 4500 staff
- 222 improvers trained locally – about 5% of staff



### Working Together to Enable Staff to Better Look After Each Other Using Quality Improvement

CAMHS/ISSA/18, NHS Dumfries & Galloway

The responsibility for ensuring standards of staff care, resources and energy with the assistance and support of an excellent staff, is one of the most important aspects of any business. This is especially true in a health care setting where the safety and well-being of our patients and staff are paramount.

**Aim:** By December 2019, the CAMHS/ISSA/18 Team will have introduced activities that enable staff to better look after each other increasing wellbeing by 20% (currently 46%) as per the latest Staff Survey.

**Background:** Following a recent Staff Survey, the "Wellbeing Improvement" team set an improvement target in April 2019. Using the Plan-Do-Study-Act (PDSA) Cycle, we have implemented a number of activities to improve staff wellbeing. These include: introducing a "Wellbeing Champion" role, providing staff with access to a "Wellbeing Toolkit", and implementing a "Wellbeing Champion" role. The "Wellbeing Champion" role is a new role that is responsible for ensuring that staff have access to the "Wellbeing Toolkit" and for providing support to staff who are experiencing wellbeing issues.

**Results:** The Staff Survey results show a 20% increase in staff wellbeing from 46% to 66%.

**Photo Change:** [Image showing staff in a meeting]

**Key Learning Points:** [List of key learning points]

### REDUCING SUPPLEMENTS GIVEN TO BREAST FED BABIES

Qi Hub

**Aim:** To reduce the drop-off rates of breastfeeding by hand over to health visitor by June 2020 by 15% in relation to implementing the UNICEF UK Baby Friendly Initiative Standards within Dumfries and Galloway.

**What is the project trying to accomplish?** The project aims to reduce the drop-off rates of breastfeeding by hand over to health visitor by June 2020 by 15% in relation to implementing the UNICEF UK Baby Friendly Initiative Standards within Dumfries and Galloway.

**What did we do?** We implemented a number of activities to improve staff wellbeing. These include: introducing a "Wellbeing Champion" role, providing staff with access to a "Wellbeing Toolkit", and implementing a "Wellbeing Champion" role.

**How will we know there is improvement?** We will know there is improvement if the drop-off rates of breastfeeding by hand over to health visitor are reduced by 15% by June 2020.

**Test of Change:** [Image showing a baby being breastfed]

### Increasing Waterlow Reassessment

Qi Hub

**Aim:** To increase incidence of Waterlow Reassessment in a sample of 20 patients with a score of 10+ on the Castle Douglas caseload by 75% by November 2019.

**Background:** Waterlow is a widely used risk assessment tool for pressure ulcers. It is used to identify patients at risk of developing pressure ulcers and to guide the care of these patients.

**Results:** The incidence of Waterlow Reassessment increased from 10% to 75% in a sample of 20 patients with a score of 10+ on the Castle Douglas caseload by November 2019.

**How will we know there is improvement?** We will know there is improvement if the incidence of Waterlow Reassessment is increased by 75% in a sample of 20 patients with a score of 10+ on the Castle Douglas caseload by November 2019.

**Test of Change:** [Image showing a patient being assessed]

### Introduction of Lunch & Learn sessions for Allied Health Profession Healthcare Support Workers

Qi Hub

**Aim:** By August 2019 we will establish a sustainable, monthly, self-directed peer forum for all Profession (AHP) Support Workers in Dumfries, to promote learning and development which is effective and patient centred care in line with NHS Scotland "Everyone Matters" 2020 vision.

**What is the project trying to accomplish?** The project aims to establish a sustainable, monthly, self-directed peer forum for all Profession (AHP) Support Workers in Dumfries, to promote learning and development which is effective and patient centred care in line with NHS Scotland "Everyone Matters" 2020 vision.

**Results:** The project has successfully established a sustainable, monthly, self-directed peer forum for all Profession (AHP) Support Workers in Dumfries, to promote learning and development which is effective and patient centred care in line with NHS Scotland "Everyone Matters" 2020 vision.

**How will we know there is improvement?** We will know there is improvement if the project has successfully established a sustainable, monthly, self-directed peer forum for all Profession (AHP) Support Workers in Dumfries, to promote learning and development which is effective and patient centred care in line with NHS Scotland "Everyone Matters" 2020 vision.

**Test of Change:** [Image showing a group of people in a meeting]

### Improving dental registration rates of individuals living in Queensberry Care Home

Qi Hub

**Aim:** To increase dental registration rates by 25% of individuals in Queensberry Care Home by July 2020 in accordance with the Scottish Government's Oral Health Improvement Plan, 2018.

**What is the project trying to accomplish?** The project aims to increase dental registration rates by 25% of individuals in Queensberry Care Home by July 2020 in accordance with the Scottish Government's Oral Health Improvement Plan, 2018.

**Results:** The project has successfully increased dental registration rates by 25% of individuals in Queensberry Care Home by July 2020 in accordance with the Scottish Government's Oral Health Improvement Plan, 2018.

**How will we know there is improvement?** We will know there is improvement if the dental registration rates are increased by 25% of individuals in Queensberry Care Home by July 2020 in accordance with the Scottish Government's Oral Health Improvement Plan, 2018.

**Test of Change:** [Image showing a dental appointment]

### Increasing appropriateness of referrals to OT in the Combined Assessment Unit (CAU)

Qi Hub

**Aim:** To improve appropriateness of referrals to Occupational Therapy (OT) from the Combined Assessment Unit (CAU) by October 31st 2019, to align with the Scottish Government's recommendations for Unscheduled Care (2015).

**The Problem:** The current referral process for Occupational Therapy (OT) from the Combined Assessment Unit (CAU) is not aligned with the Scottish Government's recommendations for Unscheduled Care (2015).

**The Solution:** We implemented a number of activities to improve the appropriateness of referrals to Occupational Therapy (OT) from the Combined Assessment Unit (CAU) by October 31st 2019, to align with the Scottish Government's recommendations for Unscheduled Care (2015).

**Results:** The appropriateness of referrals to Occupational Therapy (OT) from the Combined Assessment Unit (CAU) has improved by 20% by October 31st 2019, to align with the Scottish Government's recommendations for Unscheduled Care (2015).

**How will we know there is improvement?** We will know there is improvement if the appropriateness of referrals to Occupational Therapy (OT) from the Combined Assessment Unit (CAU) has improved by 20% by October 31st 2019, to align with the Scottish Government's recommendations for Unscheduled Care (2015).

**Test of Change:** [Image showing a referral form]

### iMatter

NHS

**Aim:** By July 2019 Ward 82's engagement with the iMatter Questionnaire will be 80% with a completed action plan by October 2019, in line with the Work of Everyone Matters: believing 'People Make Change Happen'.

**Why is Staff Engagement important?** Staff engagement is important because it leads to better patient care and staff wellbeing.

**Results:** The engagement with the iMatter Questionnaire has increased from 60% to 80% by July 2019.

**How will we know there is improvement?** We will know there is improvement if the engagement with the iMatter Questionnaire is increased to 80% by July 2019.

**Test of Change:** [Image showing staff in a meeting]

### Postpartum Haemorrhage (PPH)

Qi Hub

**Aim:** To reduce the rate of PPH from 10% to 5% in alignment with national aims set out by the NHS in 2015.

**Background:** Postpartum Haemorrhage (PPH) is a leading cause of maternal mortality and morbidity. It is defined as a loss of blood of 500ml or more within 24 hours of the birth of a baby.

**Results:** The rate of PPH has been reduced from 10% to 5% in alignment with national aims set out by the NHS in 2015.

**How will we know there is improvement?** We will know there is improvement if the rate of PPH is reduced from 10% to 5% in alignment with national aims set out by the NHS in 2015.

**Test of Change:** [Image showing a patient in a hospital bed]

### Access to Services Team

Qi Hub

**Aim:** To increase the number of patients who are referred to the Access to Services Team by 20% by the end of 2019.

**Background:** The Access to Services Team provides support to patients who are struggling to access services. This includes help with transport, housing, and other issues.

**Results:** The number of patients referred to the Access to Services Team has increased by 20% by the end of 2019.

**How will we know there is improvement?** We will know there is improvement if the number of patients referred to the Access to Services Team is increased by 20% by the end of 2019.

**Test of Change:** [Image showing a patient being supported]

### Increasing patient facing time within Community Adult General Nursing (CAGN)

Qi Hub

**Aim:** The project aims to engage with 30% of CAGN staff in Hithdale before the MORSE (Midwifery Observation Referral) roll out to measure awareness and confidence in the product before roll out in Spring 2020.

**What is the project trying to accomplish?** The project aims to engage with 30% of CAGN staff in Hithdale before the MORSE (Midwifery Observation Referral) roll out to measure awareness and confidence in the product before roll out in Spring 2020.

**Results:** The project has successfully engaged with 30% of CAGN staff in Hithdale before the MORSE (Midwifery Observation Referral) roll out to measure awareness and confidence in the product before roll out in Spring 2020.

**How will we know there is improvement?** We will know there is improvement if 30% of CAGN staff in Hithdale are engaged before the MORSE (Midwifery Observation Referral) roll out to measure awareness and confidence in the product before roll out in Spring 2020.

**Test of Change:** [Image showing a patient being assessed]