

Ten years of improving safety

Now embedded within Healthcare Improvement Scotland's Improvement Hub (ihub), SPSP is supporting improvements within NHSScotland boards and is expanding across health and social care.

Furthermore, Scotland has led the way in demonstrating the transferability and applicability of improvement methodology beyond health and into the wider public services, creating unique collaborations among very different sectors and areas of work.

31% reduction in the cardiac arrest rate since 2012

21% reduction in sepsis mortality since 2012

31% reduction in pressure ulcers (Grade 2-4) since 2015

89% reduction in paediatric ventilated associated pneumonia to date

19.5% reduction in stillbirths since 2012

20% reduction in self-harm since 2014

“Congratulations to the Scottish Patient Safety Programme on reaching its 10th year. This amazing programme has received global recognition for its ground-breaking work in patient safety and I would like to thank the fantastic staff who have contributed to this success and for what they are still going to achieve.”

Dr Dame Denise Coia, Chairman of Healthcare Improvement Scotland

You can read and download this document from our website (ihub.scot). We are happy to consider requests for other languages and formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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Ten years of
improving safety

Marking ten years of the world's first national safety improvement programme

www.ihub.scot/spsp



Supporting improvements in patient safety

The Scottish Patient Safety Programme (SPSP), launched in 2008, is a unique national initiative that aims to improve the safety and reliability of care and reduce harm.

Over the past decade, the programme has expanded to support improvements in safety across a wide range of care settings, including Acute Care, Primary Care, Mental Health, Medicines, and Maternity, Neonatal and Paediatric services.

Underpinned by the robust application of quality improvement methodology, SPSP has brought about significant change in outcomes for people across Scotland.

SPSP improvement programmes continue to adapt to reflect the ever-changing landscape of Scottish healthcare, from the areas the programme prioritises, to the methods and approaches to delivery. This has enabled the work of SPSP to remain current, relevant and maximise the impact across the country.

“It is important that at 10 years of the Scottish Patient Safety Programme that we do two things: celebrate success and thank staff who have delivered that success; those professionals working across the country in the health and social care system who have delivered infection reductions, reduced mortality and embraced the culture of change that we can all see today.”

Professor Jason Leitch, National Clinical Director, Healthcare Quality & Improvement, Scottish Government

Scotland's safety journey

The SPSP Fellowship, developed to strengthen clinical leadership capacity and improvement capability within NHSScotland, celebrates the graduation of cohort 1.

The NHSScotland Quality Strategy is published identifying Safety as one of the three quality ambitions.

First cohort of the Institute for Healthcare Improvement (IHI) Improvement Advisor programme graduates.

SPSP Acute Adult expands to include a focus on Sepsis and Venous Thromboembolism (VTE).

Maternity and Children Quality Improvement Collaborative (MCQIC) is launched with the aim of improving outcomes for all women, babies, children and families in Scotland.

Working with the Health Foundation, SPSP Primary Care launched the Pharmacy in Primary Care Collaborative.

Working in association with all the programmes, SPSP Healthcare Associated Infection (HAI) is developed to deliver sustained improvements in the prevention and control of HAI.

SPSP publishes 90-day process report identifying three overarching core themes of deterioration, medicines and system enablers for safety.

In line with Scotland's commitment to the integration of health and social care, SPSP launches the Reducing Pressure Ulcers in Care Homes Improvement Programme.

2008

SPSP Acute Adult is launched on 14 January with an aim of reducing hospital mortality by 15% by December 2012.

2009

2010

Building on the success of the Acute Adult programme, the work expands to include Paediatric Care.

2011

2012

SPSP Mental Health is launched with five workstreams: Leadership and Culture; Safer Medicines Management; Risk Assessment and Safety Planning; Violence, Restraint and Seclusion Reduction; and Communication at Transitions.

2013

SPSP Primary Care is launched forming part of the GMS contract supporting improvements in medicines safety, communication at transitions and safety culture.

Publication of the Ten Essentials of Safety for Acute Care.

2014

2015

The Improving Observation Practice programme is launched to enhance therapeutic care for the most vulnerable and unwell moving from task to treatment.

Bringing together medicines safety activities across SPSP, the Medicines programme is launched to support improvement across the whole system.

2016

SPSP Primary Care expands to support Dental practice.

2017

SPSP Acute Adult and Primary Care collaboration commences to improve across care pathways for Acute Kidney Injury and Sepsis.