Witness Name: Ruth Glassborow
Statement No.: WITN7519001
Exhibits: None
Dated: 1st December 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF RUTH GLASSBOROW

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 18th October 2022.

I, Ruth Glassborow, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and any relevant professional qualifications relevant to the role you currently discharge.**

   Name: Ruth Glassborow
   DOB: GRO-C 1970
   Address: GRO-C

   Relevant qualifications for role: Masters in Public Administration (Warwick Business School) and Masters in Leadership, Quality Improvement (Ashridge)

2. **Please set out your membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.**

   None

3. **Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.**

   I have had no prior involvement in any inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products

Section 2: Scottish Patient Safety Programme

4. **Outline your role with regard to the Scottish Patient Safety Programme (SPSP).**

   Healthcare Improvement Scotland has led the design and delivery of SPSP since inception in 2008. This national improvement programme is delivered within the Improvement Directorate (ihub) of which I am the Director. I provide executive leadership and strategic oversight of the delivery of the improvement offers to NHS Boards from SPSP.

5. **Please describe the SPSP and what it aims to achieve.**

   The SPSP is a national quality improvement programme that aims to improve the safety and reliability of care and reduce harm. Since the launch of SPSP in 2008, the programme has expanded to support improvements in safety across a wide range of care settings including Acute and Primary Care, Mental Health, Maternity, Neonatal, Paediatric services and medicines safety. The programme is underpinned by the robust application of quality improvement methodology.

   Our work focuses on reducing harm in agreed priority topic areas. The current phase of SPSP was launched in 2021 and focused on 3 core themes. These are:

   - SPSP Essentials of Safe Care
   - SPSP Programme specific improvements
   - SPSP Learning System

More information can be found at RLIT0001870

Essentials of Safe Care

The Essentials of Safe Care (EoSC) aims to provide evidence based guidance and practical support for the safe delivery of care in all settings. This work brings together existing guidance and standards into one package, which can be applied in any health or social care setting. The EoSC are focused across four areas and have been embedded into each of the SPSP programmes:

1. person centred systems and behaviours that are embedded and support safety for everyone
2. safe communications within and between teams
3. leadership to promote a culture of safety at all levels
4. safe consistent clinical and care processes across health and social care settings.

The information has been developed in a form that can be adapted and applied in any health or social care setting and now forms the foundation of all SPSP improvement work within each of the programmes, in essence creating the conditions for safe care across Scotland.

The final version of the package can be found here www.ihub.scot/TheEoSC (RLIT0001871) and includes an interactive web based tool, readiness assessment, prioritisation resources and supporting measurement package.

SPSP Programme specific improvements

SPSP Acute Adult is delivering national improvement collaborative until March 2024 with a focus in two areas - reducing cardiac arrest rates within hospitals through the reliable recognition and response to deterioration and reducing falls.

SPSP Maternity Neonates and Paediatrics is delivering improvement support across three care areas:

- Maternity – Focus on reducing stillbirth and Post-Partum Haemorrhage

- Neonates - Aims to reduce neonatal mortality through delivery of a perinatal package of improvements for pre term babies
- Paediatrics – This programme is currently in redesign

SPSP Mental Health is delivering a national improvement collaborative across all NHS Boards focused on improving observation practice and reduce harm from restraint and seclusion practices in adult mental health wards.

SPSP Primary Care, including medicines, is focusing on reducing the number of events which could cause avoidable harm from care delivered in any primary care setting.

SPSP Learning System

Aims to accelerate the sharing of learning and improvement work across all care services and underpins all our activities. Through collaborative working, sharing good practice and signposting to training resources, we aim to encourage continuous learning at all levels, in every care setting.

In particular:

a. **Please explain the aims and purpose of the SPSP Medicines Collaborative.**

SPSP Medicines Collaborative forms a broader programme of Improvement work focused on improving the safety of prescribing, assessing and distributing medicines.

b. **Please set out whether any of the SPSP improvement programmes are aimed at the care and treatment received by those with chronic conditions, such as bleeding disorders, HIV or hepatitis. If so, please provide details.**

SPSP has not focused specifically on work in this area. SPSP has a specific remit around reducing harm associated to failures in reliably delivering effective point of care interventions. As an organisation, HIS also delivers a wider range of national redesign and improvement programmes. Our current portfolio includes working with 5 NHS Boards to redesign care pathways for people with mental health and substance use support needs (RLIT0001872); work supporting alcohol and drug partnerships to make improvements to pathways into, through and out of

residential rehabilitation (RLIT0001873); and work aimed at developing and delivering a Medication Assisted Treatment Standards National Learning System (RLIT0001874).

6. **How effective has SPSP been? What changes has the SPSP made across Scotland?**

Prior to the pandemic SPSP was supporting improvements in the safety of care within Acute Hospitals and Mental Health inpatient settings, Primary Care, Maternity, Neonatal and Paediatric services.

Some of its most notable contributions resulted in **pre pandemic** reductions in:

- Hospital Standardised Mortality Ratio 14%,
- Cardiac Arrest rate 29%
- Sepsis mortality 21%
- Pressure Ulcers (Grade 2-4) 26%
- Neonatal mortality 15%
- Paediatric ventilated associated pneumonia 86%
- Stillbirth 24%
- Percentage of patients restrained of up to 74%
- Percentage of patients who self harm on adult inpatient units of up to 70%

All of these were achieved through the building of a systematic approach to improving safety through the application of quality improvement methods at scale.

7. **What current future developments are being considered for the SPSP?**

The current phase of SPSP was launched in 2021 and we are currently in the process of designing the next phase of the paediatric work.

Whilst we are not planning any further developments at this moment in time, all our national improvement programmes have the flexibility to adapt their focus in response to any new high priority safety and quality issues that are coming to light within the sector/services they work with.

Section 3: Other Issues

8. **If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here**.

None

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed: GRO-C

Dated: 1st December 2022