Wessex Patient Safety Collaborative

Improving safety for patients in Wessex

Wessex
Academic Health
Science Network

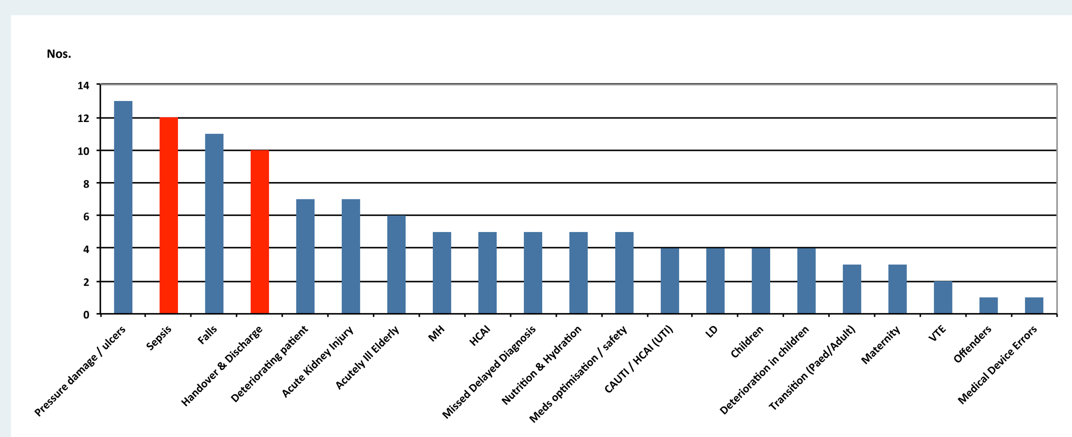
Over 100 participants from stakeholder organisations helped us co-design the first Breakthrough Series Collaborative

Leadership and Engagement

As one of 15 PSCs in England, Wessex PSC works with multiple partner organisations to improve the safety of patients and to ensure continual patient safety learning sits at the heart of healthcare.

Wessex PSC held a "Launch and Listen" event in November 2014 where organisations identified key areas of work; from this event sepsis and transfers of care were chosen as topics for delivery in 15/16.

Wessex Patient Safety Priorities



Wessex PSC is led by Professor Jane Reid (Clinical Lead) and Tracy Broom (Associate Director); supported by Geoff Cooper (Manager) and Rob Payne (Administrator).

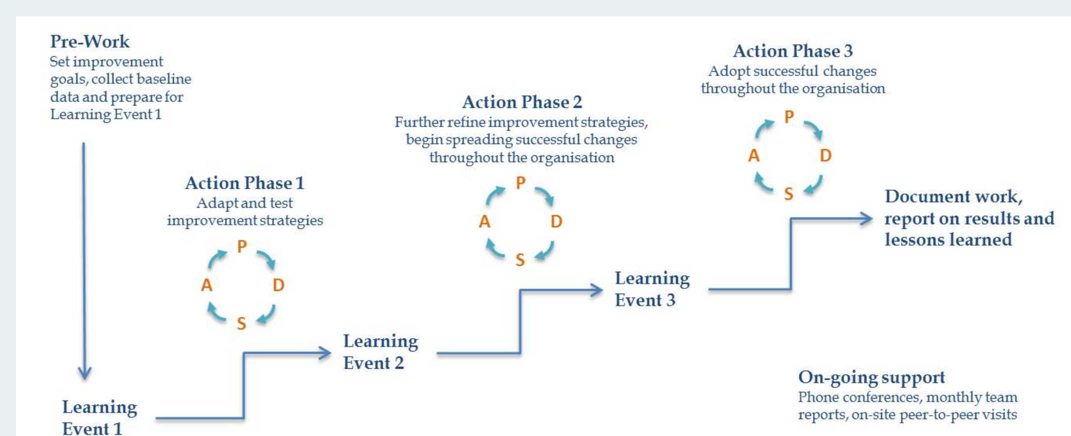
Collaborative direction is provided by the PSC Steering Group which has representatives from acute trusts, community and mental health trusts, clinical commissioning groups, academic institutions, Health Education Wessex, NHS England (Wessex) and patients.

Faculty

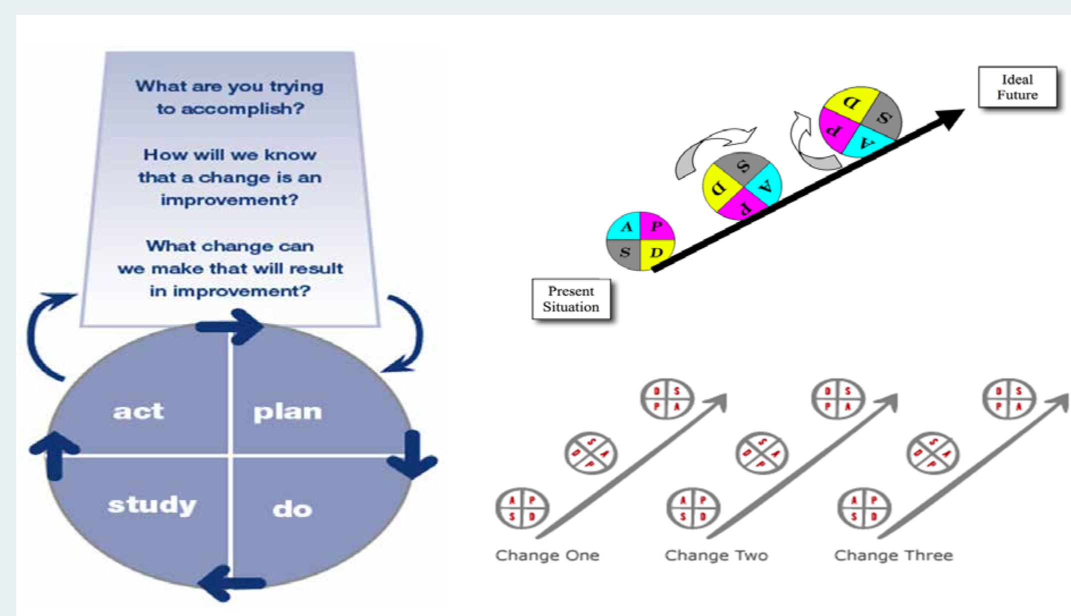
The Breakthrough Series Collaborative has an expert faculty supporting 24 improvement teams across 14 organisations with clinical leads for sepsis and transfers of care, patient representatives and subject matter experts on leadership, measurement and collaborative working.

Developing Culture, Building Capability and Capacity

The PSC supports organisations by helping to build improvement capability and capacity; to facilitate this the methodology chosen for the sepsis and transfers of care work was the Institute for Healthcare Improvement (IHI) Breakthrough Series (BTS) Collaborative.



The Breakthrough Series is a team based methodology which uses a series of Learning Events (teams come together to learn and share) and Action Phases (teams return to their organisation to test change using the Model for Improvement) across a 9-16 month period.



National Alignment with Local Engagement

Patient Engagement

The Guiding Principles under which Patient Safety Collaboratives were established emphasised the need to demonstrate ongoing patient/carer voice and participation at all levels. Patients are currently engaged on the Steering Group and Faculty of the Wessex PSC and at local team level.

Looking forward we aim to surface existing knowledge, skills and experience within the organisations, support the teams to engage with patient representatives and identify recruitment processes, support needs and development requirements of patient representatives.

Objectives and Outcomes

Our national PSC objectives are:

- Local engagement through structured quality improvement initiatives leading towards transformational change
- Building system-wide capability for both staff and patients in quality and safety improvement
- Local systematic spread of quality improvement outcomes across health and social care
- Networking between AHSNs/partner organisations/ stakeholders to ensure spread of locally developed solutions & interventions
- Active contribution to national sharing and learning

Our local Wessex PSC objectives are:

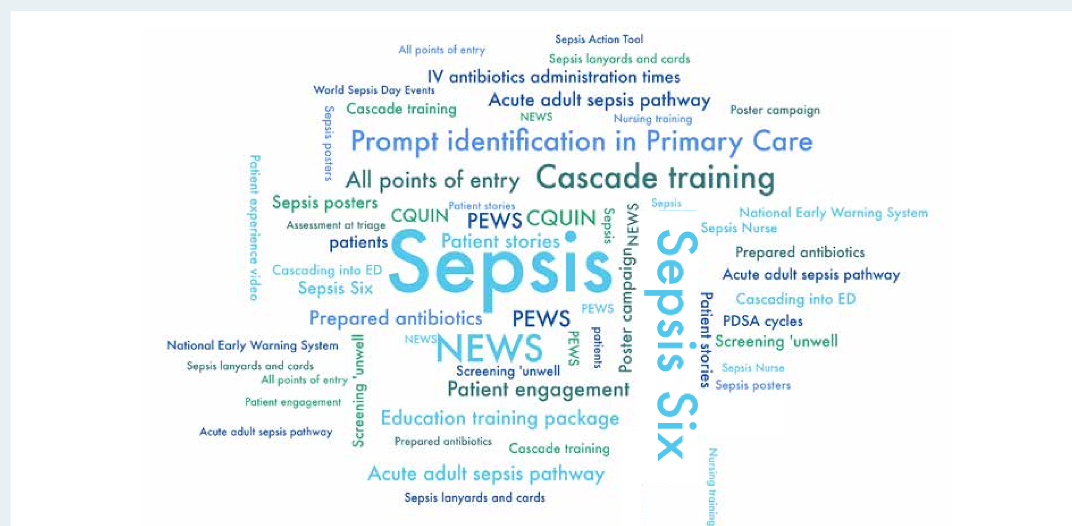
- 10 organisations actively engaged in the collaborative
- Deliver 4 learning events in 15/16 to approx. 100 delegates
- Establish expertise for sepsis, transfers of care, leadership and measurement to assist improvement work in care delivery
- Improved sepsis care in at least 2 Wessex sites
- Improved transfers of care in at least 2 Wessex sites
- Improved spread of best practice via national PSC cluster engagement

Working with local organisations to improve safety for patients in Wessex

Sepsis

Sepsis is responsible for approximately 37,000 UK deaths and 100,000 hospital admissions per year. (The UK Sepsis Trust)

- Sepsis as a cause of hospital admission has more than doubled over the last 10 years
- The overall mortality rate for patients admitted with severe sepsis is 35% – approx. five times higher than for stroke
- Severe sepsis is highly time-sensitive. In severe cases (septic shock), for every hour appropriate antibiotic administration is delayed, there is an 8% increase in mortality
- Implementation of Sepsis 6 could save 12,500 lives per year



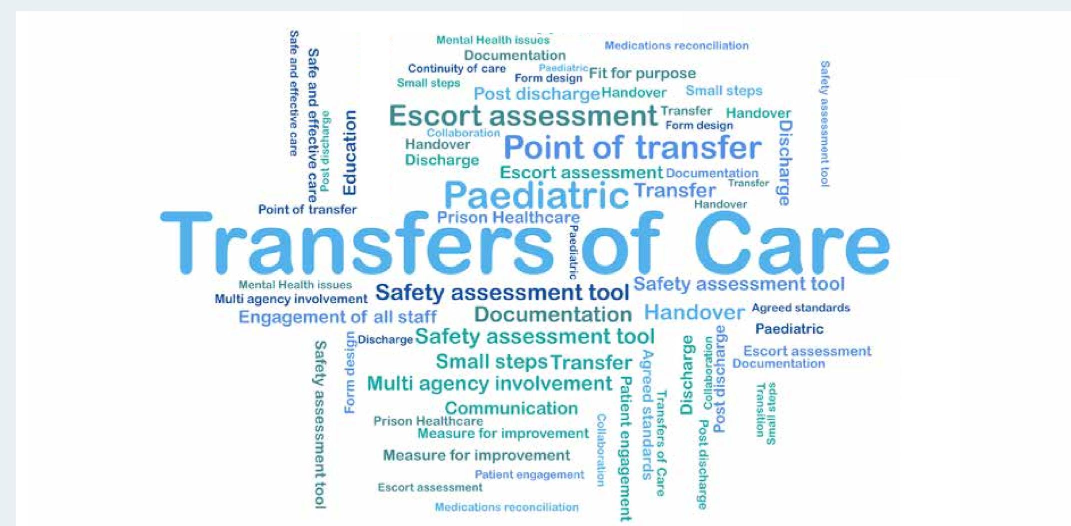
Organisations with teams currently involved with the Sepsis workstream include:

Dorset County Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust
Hampshire Hospitals NHS FT
NHS Dorset Clinical Commissioning Group
NHS West Hampshire Clinical Commissioning Group
Poole Hospital NHS Foundation Trust
Portsmouth Hospitals NHS Trust
The Royal Bournemouth & Christchurch Hospital NHS FT
Salisbury NHS Foundation Trust
Southern Health NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust
Wessex Paediatric Critical Care Network
University Hospital Southampton NHS Foundation

Transfers of Care

The handover and discharge of patients from secondary to primary and community to social care is complicated. Between October 2012 and September 2013, there were around 10,000 reports to the National Reporting and Learning System (NRLS) of patient safety incidents related to discharge.

Communication at handover is a particular risk area that accounted for about a third of the 10,000 reported incidents. A review of the incidents found that patients are sometimes discharged without essential information being used at the time of handover. This can result in serious harm, a break in the continuity of care, readmission to hospital and avoidable death.



Organisations with teams currently involved with the Transfers of Care workstream include:

Dorset County Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust
Hampshire Hospitals NHS FT
NHS Dorset Clinical Commissioning Group
NHS West Hampshire Clinical Commissioning Group
Poole Hospital NHS Foundation Trust
The Royal Bournemouth & Christchurch Hospital NHS FT
Salisbury NHS Foundation Trust
Solent NHS Trust
Southern Health NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust

The Emergency Laparotomy Collaborative (ELC)

Emergency Laparotomy Collaborative

Wessex AHSN is working in collaboration with Kent, Surrey and Sussex AHSN and West of England AHSN to deliver an innovative care bundle that has demonstrated a reduction in mortality for patients undergoing emergency laparotomy. This is based on work in 4 acute hospitals in the South and has received funding from The Health Foundation to support wider spread of this work.

The South of England Mental Health Collaborative

Improving Safety in Mental Health Collaborative South of England NHS

Wessex is one of five AHSNs that are now supporting this Collaborative which includes all 15 Mental Health Trusts across the south of England. The collaborative has looked at leadership, getting medicines right, self harm and unplanned absences and has a future focus around the reduction of self harm, violence and aggression and high mortality rates due to both physical and mental health causes.

Q Initiative

The Health Foundation Inspiring Improvement

The "Q" initiative, funded by The Health Foundation and NHS England, aims to bring together a critical mass of people leading improvement to enhance impact and accelerate the spread of learning across the NHS. Wessex PSC successfully nominated 12 Qs onto the founding programme. The PSC team work with the Qs utilising their skills and experience to develop innovative ways of working which will improve patient safety across Wessex.

We will then "dig deeper" (Asset Mapping) by working with organisations, networks and individuals to surface more staff with skills, knowledge and experience in improvement, innovation and patient safety.

Community of Safety and Improvement Practice

The Community will give these staff an infrastructure to work within; increased communication, co-ordination, learning, sharing and standardisation. Delivered through an exchange platform and an Annual Conference; Qs are instrumental in the design and delivery of this conceptual project.

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