

**The 9 Principles of the
Wessex Patient Safety Collaborative
Deterioration Project**

Wessex

Patient Safety Collaborative

1. Our work will be based on **PHYSICAL DETERIORATION** including Sepsis [rather than Sepsis in isolation].
2. We will support the development of a **PAN WESSEX DETERIORATION PATHWAY**. This will be developed by Wessex providers and agreed by Dr Matt Inada-Kim [WPSC deterioration/Sepsis Clinical Lead] and WAHSN [see point 7]. Once authorised this will then be offered to providers.
3. Our deterioration work will aim to engage across the whole **PATIENT PATHWAY** including primary and community care, acute hospitals and care homes [linking with the ambulance service] and will be driven through the Wessex Deterioration/Sepsis Network.
4. The Wessex **DETERIORATION/SEPSIS NETWORK** will be facilitated by the programme manager lead [Geoff Cooper] with clinical input from Dr Inada-Kim and Dr Couderc and address Deterioration, NEWS and Sepsis across the entire patient pathway.
5. We will support the use of **AGGREGATE NEWS** and escalation **TRIGGER POINTS** of 3 / 5 / 7.
6. Regarding use of **BASELINE OBSERVATIONS** in making **CLINICAL JUDGEMENTS** we recommend:
 - all healthcare professionals consider their patients' previous baseline observations in making clinical judgements and communicate these baseline scores (if known).
 - An aggregate score NEWS of 5 should raise concern and either be escalated or reviewed by a senior clinician, regardless of previous NEWS score/trend.
 - For patients who “normally” have a high NEWS, senior clinicians may choose to have clear guidance in place for staff to recognise and respond safely to patients or provide individual patient specific trigger and escalation plans [based around care plans] to manage deterioration safely and appropriately.
7. **We recognise the challenges of working in “uncharted territory” in the particular areas of primary, community care and care homes with NEWS scoring and escalation and we will have **ROBUST GOVERNANCE** within WPSC/AHSN to manage this. This is likely to be by means of proposal paper/s from MIK/GC/UC to JHR, CEO and Deputy CEO on all MAJOR PROJECT DECISIONS that may/will impact on staff and/or patients.**
8. In **PRIMARY CARE** we will support the [non evidenced based] use of AGGREGATE NEWS and explain to providers the BEST PRACTICE rationale used in development of the guidance promoted by WPSC and the need for providers to have robust internal governance prior to use. This will require WAHSN authorisation as per point 7.
9. In **PRIMARY CARE** we will support the development of ESCALATION GUIDANCE and explain to providers the BEST PRACTICE rationale [based on the RCP guidance and expert opinion] used in development of the guidance promoted by WPSC and the need for providers to have robust internal governance prior to use. This will require WAHSN authorisation as per point 7.

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