

Update on the Patient Safety Collaborative (PSC) Programme

PSC Priorities (by AHSN)

The information provided below reflects the position on identifiable clinical priorities as of December 2014. Some have developed considerably since the plans on a page were written in October 2014. Stakeholder engagement and development of the detail and scope under the priorities is ongoing. There is also coverage of the pathway with work proposed in both primary and secondary care and the care home sector.

All AHSNs have Measurement and Evaluation, and Leadership and Culture as intrinsic priorities as well as Patient and Public Involvement being integral to all the work. There is also work being undertaken towards building local capability – that includes training and education in topics, such as human factors, and looking at the QI resource and infrastructure locally to help deliver the work.

The Eastern Academic Health Science Network

Two overarching aims:

- Develop a QI infrastructure which will support continued service improvement and innovation, prioritising initially board level development, clinical leadership and development of a safety culture
- Address the safety concerns of older people, their carers and the staff caring for them including
 - Medicines
 - Pressure ulcers

The East Midlands Academic Health Science Network

Four main workstreams:

- Older Person – Care homes - includes falls, CUTI, Medicines
- Deteriorating patient
- Suicide, delirium and restraint
- Transfers, discharge and transitions of care
- Pressure ulcers – continuing existing work

The Greater Manchester Academic Health Science Network

Programme of capability building commenced across the AHSN patch

- Medicines Optimisation
 - with the potential to impact on at least 60% of the Safety Topics e.g. sepsis, medications errors, handover and discharge, and deterioration in adults.

The Health Innovation Network (South London)

- Pressure ulcers
- Medications safety (insulin management)
- Deteriorating patient
- Catheter-associated urinary tract infection (CAUTI)
- Falls

Imperial College Health Partners

- Safety of prescribing
- Junior doctor inductions,
- Avoidable mortality assessment

Kent Surry Sussex Patient Safety Collaborative

- Pressure damage
- Medication errors
- Acute kidney injury (AKI)
- Mental Health
- Safe Discharge (transfer of care)
- Falls

North East and North Cumbria Patient Safety Collaborative

Open call for proposals w/o 5 January but not anticipating this will change priorities.

- Medication optimisation
- AKI
- Sepsis and deteriorating patient

North West Coast Academic Health Science Network

- Medicines optimisation
- AKI
- Management of Sepsis
- Transfer of Care - Transition Between Paediatric and Adult Care
- Hydration – links to AKI

Oxford Academic Health Science Network, Patient Safety Collaborative

- Pressure ulcers
- Medication safety
- AKI
- Mental health

South West Patient Safety Collaborative

- Mental Health
- Improving Communication in Care with a focus on point of transfer

UCL Partners

- AKI
- Sepsis
- Falls
- Pressure ulcers

West Midlands Patient Safety Collaborative

Concentrating on Pressure ulcers and Sign up to Safety initially for the next few months

- Pressure ulcers
- Medicines management
- AKI
- Deteriorating patient (including sepsis)
- Hydration and nutrition

West of England Academic Health Science Network

- Mental Health
- Medicines optimisation
- AKI
- Deterioration and sepsis
- Emergency laparotomy

Wessex Patient Safety Collaborative

- Sepsis
- Transfers of Care to include reduced readmissions, improved patient and carer experience, reduced out of hours referrals and fewer specific harms

Yorkshire and Humber Patient Safety Collaborative

- Pressure ulcers
- Medicines safety
- AKI
- Mental Health
- Falls
- Reducing avoidable mortality

Summary of Priorities Grid

AHSN	PU Cluster	Meds Cluster	AKI Cluster	Det & Sepsis	Mental Health	HCAI / CAUTI	Mat	T o C	Falls	N & H	Comment
NENC		✓	✓	✓							
NWC		✓	✓	✓				✓		✓	*Links to AKI
GM		✓*									*Links to other work
EM	✓			✓		*		✓	*		* Older Person
WM	✓	✓	✓	✓						✓	PU & SU'S first
YH	✓	✓	✓		✓				✓		Mortality
E of E	✓	✓							*		* Older Person
KSS	✓	✓	✓		✓			✓	✓		
HIN	✓	✓		✓		✓			✓		CAUTI
UCL			✓	✓							
W of E		✓	✓	✓	✓						
ICHP											
SWP					✓						
O	✓	✓	✓		✓						
W		✓	✓		✓			✓			
Total	7	11	9	7	6	1*	0	4	3*	2	

Topic Specific Improvement Clusters

NHS IQ has undertaken a mapping exercise in order to understand the priorities agreed by each AHSN. Where there is a common interest, AHSNs working on similar priorities will be supported to form improvement 'cluster' groups with a view to directly developing local improvement metrics, sharing learning, developing expertise, build on the evidence base and sharing the outputs of the work with the wider NHS through a variety of media. NHS IQ will support the clusters by employing quality improvement and 'accelerated learning group' techniques, but external expertise may also be sought to assist with this process and large scale change

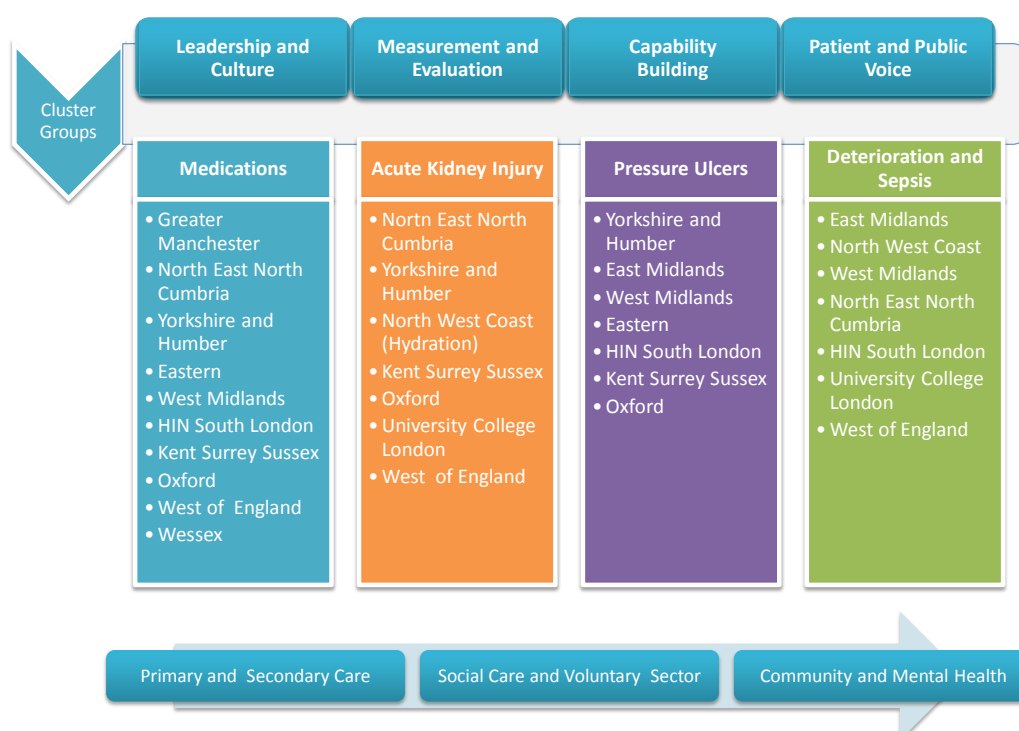
The 'first wave' of cluster group development will focus on the 5 most common priorities identified across all PSCs – **Medicines Optimisation, Pressure Ulcers, AKI, Deteriorating Patient (including Sepsis), and Mental Health**. Subsequent 'waves' will establish additional groups in due course.

While 'one size will not fit all', the primary framework of each cluster group should ideally be to provide:

- Stakeholder input
- Shared and accelerated learning
- Peer support
- Innovation and creativity
- A forum to access expertise

Each cluster will be asked to develop its own terms of reference. However, it is anticipated that common objectives may include the clusters to:

- Understand the scope and challenges within a specific topic
- Balance strategy with practical implementation
- Maximise collective intelligence and problem solving
- Identify key learning and principles as improvement work progresses
- Explore the impact of good measurement and leadership as cross-cutting themes
- 'Drive' the improvement work
- Build on the evidence base or test new ways of working
- Create opportunities for the alignment of work across other organisations i.e. SCNs etc



There are four overarching clusters or steering groups representing key themes that each AHSN will address and incorporate into their plans - namely Leadership and culture, Measurement for safety improvement, Capability building and Partnering with patients.

In addition, NHS IQ is currently in the process of establishing four improvement cluster groups as an initial phase of the work during March 2015. The Mental Health will be the next cluster group to be established.

It is worth recognising that significant safety improvement work is already underway within organisations across the country. The PSCs will continue ensure alignment with programmes of work already established or underway in addition to engaging in new strands of work that may sit outside the initial phase of cluster groups. This also includes further work to align overarching priorities to those set out within organisational safety plans.

Patient Safety Collaborative Measurement Strategy

Following the recommendation made at the first Programme Board, the PSC Measurement Steering Group was established on 16th September 2014 and has since had two virtual meetings with Professor Charles Vincent as chair. The group represents a number of AHSNs who have a keen interest in measurement, in addition to several external experts in the measurement of patients safety and quality improvement.

The agreed remit of the group is to advise and support the Programme Board and NHS IQ patient safety measurement team in the development of the overarching measurement strategy. But also to advise NHS IQ on relevant patient safety metric development in addition to providing advice for topic specific issues around measurement within the cluster groups where required.

The overall strategy includes the following component parts:

- Overarching measurement strategy and approach
- Metric development – both at national and cluster level (predominantly based on metrics already available where possible)
- Implementation of a project management and data collection tool to support key learning across the programme
- Dissemination of key learning at measurement learning workshops
- The evaluation programme

Progress with development of the measurement strategy has been hampered overall by the complexities involved. However a number of areas have been progressed and shared for comment in terms of:

- Outline measurement strategy presented to programme board
- Establishment of the measurement steering group and ToR
- NHS IQ patient safety measurement workplan
- Outline evaluation plan for initial stage
- Demonstration of NHS Improvement system to AHSNs as a potential PSC support tool
- Outline plans for a measurement learning event

All areas above require further development and several issues have been identified in terms of this work:

- Recent reduced specialist capacity in the NHS IQ safety team
- Evaluation piece delayed by potential procurement undertaking and limited capacity within NHS IQ research and evaluation team to provide hands-on support
- Delayed decisions by each AHSN to adopt the NHS Improvement and data collection system as part of their PSCs
- Mixed expectations of measurement steering group and programme board – and subsequent metric development

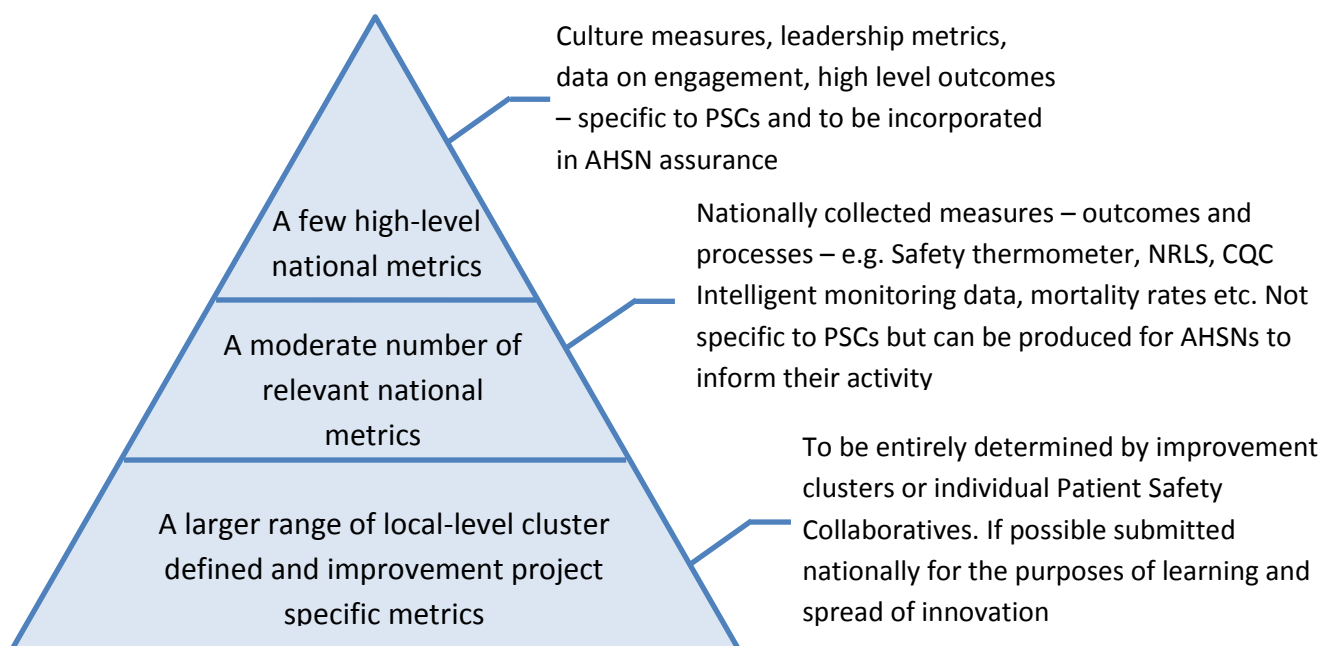
- Shift in requirements of measurement learning event – the measurement steering group has recommended 4 regional events as opposed 1 national event between Mar-Apr 2015
- The need for shared responsibility for the development of the overall strategy
- Alignment of measurement and evaluation to the Sign up to Safety Campaign – but particularly the challenge of measuring the aspirations of the campaign

Alongside seeking to secure additional capacity directly from the AHSNs, NHS IQ and NHS England have also agreed on the option to commission external specialist support to further develop the Measurement Strategy. A short procurement exercise is currently being prepared to identify a lead AHSN with a view to developing an agreed measurement strategy prior to April 2015 and to continue to support the measurement work of the programme. Essentially, NHS IQ will be looking for three areas of support directly through AHSN(s):

- An individual or team to support NHS IQ in further developing the national patient safety collaborative (PSC) programme measurement strategy
- A lead AHSN for measurement that can support the overall strategy in the medium-long term (might be the same AHSN as above)
- A regional lead AHSN to act with a co-ordinating function for a series of measurement learning workshops (so 4 AHSNs in total and may only be a one-off)

In addition, NHS IQ will secure additional expert support to assist with developing and shaping the operational aspects of the measurement strategy across all 15 PSCs.

Early thinking on the strategy supports the following structure;



While this does not represent an agreed approach it simplifies and reflects the output of initial thoughts on structuring the metric component of the PSC Measurement Strategy.

Evaluation Programme

Evaluation of the approach and impact on outcomes has been at the core of the programmes overall design. With this in mind and in terms of the potential scale of the evaluation programme, NHS IQ advertised for suitable 'evaluation and research experts' highlighting the requirement of the following skills and attributes:

- Experience of working with senior clinical leaders and academic experts in developing evaluation specifications of complex programmes of work
- Leadership and negotiation skills in managing specification development within a contentious environment
- Experience of multi-method evaluation tools and techniques
- Organisational and project management skills in order to deliver a specification to tight timescales
- Ideally some working knowledge of academic work in this area, but essentially someone who can pick up a working knowledge quickly and who can speak the language of academics in this field

Essentially, the role of NHS IQ will be to identify the evaluation programme options available to an evaluation steering group and support the overall procurement process.

And in terms of basic work requirements to support:

- Baseline / pre-evaluation work exploring the programme, aims, structure, design
- Bringing together a safety advisory group of key stakeholders to input into the evaluation programme
- Evaluation scoping work and preparation of options
- Development of the evaluation programme specification
- Oversight and support of procurement process

Options will therefore be developed that consider the merits of an evaluation programme with either a single or combined focus (on both PSC and Campaign activity) within an agreed financial envelope.

Two candidates have been interviewed and provisionally offered fixed-term 'posts'. However, a business case will need to be developed and procurement exercise undertaken in order to secure any suitable experts to oversee the initial stages of the evaluation programme and so impacting greatly on overall timescales. Equally, additional challenges have been highlighted:

- The challenges in disaggregating the impact of the three key national inputs to patient safety: patient safety collaboratives, sign up to safety campaign and safety fellows
- The challenges in measuring the impact of saving 6000 lives and reducing avoidable harm by 50%
- The challenges in identifying and aligning key learning where huge variation exists in methodology and approach i.e. alignment of local safety plans to campaign aspirations, different QI approaches used across 15 PSCs, alignment of organisational safety plans to PSC priorities etc.

NHS IQ is currently exploring options around internal support for the initial stage of the evaluation programme.