Kent Surrey Sussex
Patient Safety
Collaborative

Proposal Paper for Consultation
Introduction

This paper explains proposals for the governance, operational structure and initial priorities for the Kent Surrey Sussex Patient Safety Collaborative (KSS PSC), seeking your feedback. There are some particular questions in bold throughout the document that we would appreciate your thoughts on in your response.

A feedback form is sent with this consultation document; please use the attached feedback form and send your comments on this proposal document by Friday 17th October 2014 to s.wales@nhs.net

Thank you for your help.

Yours sincerely

Kay Mackay
Director of Improvement
KSS AHSN
1. Why are the Patient Safety Collaboratives being formed?

In direct response to the Berwick Report (2013), the Secretary of State is launching the national Patient Safety Programme in October 2014, resulting in 15 new Patient Safety Collaboratives being hosted / facilitated by the 15 academic health science networks (AHSNs). The Kent Surrey Sussex Patient Safety Collaborative will therefore be hosted by Kent Surrey Sussex Academic Health Science Network.

The purpose of the PSCs are to work collaboratively with all partners from health and social care in their region to reduce harm to patients and improve safety for all.

2. What is the mission statement for the KSS PSC?

“To improve quality of care for patients in all care settings and conditions; through a clearer understanding of the risk of harm, effective use of measurement, collaborative learning and effective systems of leadership, resulting in improved patient safety.”

3. What is the proposed approach for the KSS PSC?

- To work collaboratively
- Engage with and involve patients and carers
- Use data effectively to benchmark and inform learning
- Work with health and social care, academia and industry, public and private services, members of the public together with patients and carers, clinical and non-clinical staff at all levels, from board to front line.
- Be able to demonstrate sustainable improvements in patient safety outcomes.

Q: What are the best ways of engaging patients and carers meaningfully?

Q: How can the KSS PSC facilitate patients and carers to become active participants in safety?

4. What is the proposed accountability and governance for the KSS PSC?

- The KSS PSC will be accountable for delivering an effective collaborative programme that abides by the principles in the national agreement and that supports patient safety improvement and prevention of harm.
- Care providers will remain accountable for the safety of their patients.
- The KSS PSC will not performance manage care providers.
• Governance of the KSS PSC will be to the KSS AHSN Board of Directors.
• The KSS AHSN Managing Director is accountable to NHS England (NHSE) via the contract and the AHSN Board is accountable to its members across KSS through the Annual General Meeting.
• All PSCs will be required to report quarterly on progress to central NHSE and NHSIQ.

Q: How can the KSS PSC best encourage all staff to become participants in safety?

5. What is the proposed operational structure of the KSS PSC?

It is proposed that the KSS PSC will work in partnership with key agencies across KSS and in collaboration with all provider and commissioning services in health and social care. Discussions are now taking place with key agencies in KSS to align priorities and how to work well together going forwards.

The proposed operational structure to deliver the PSC goals would be to have a **Core Operational Team** that manages the operational running of the PSC, with workstream teams for each of the agreed safety topics. Each work stream would have representation on the Core Operational Team.

The Core Operational Team would be:
- Patient and carer representative
- Co-Directors (job-share; one operational and one clinical)
- Senior Improvement Manager
- Improvement Practitioner
- Measurement subject matter expert
- Clinical topic subject matter experts
- Health Education KSS representative
- KSS Leadership Academy representative
- Strategic Clinical Network representative
- Administration and events and communications support
From within the Core Operational Team, the 2 co-directors and Senior Improvement Manager will not only work with the workstream leads, but also will each build relationships with all the organisations within each county, similar to an ‘account manager’ function. This will include hosting quarterly KSS PSC events to share progress and best practice rotating around each county.

Q: What groups and organisations do you think the KSS PSC should be engaging with?

6. What are the proposed work streams for KSS PSC?

Three cross-cutting issues will form the foundation of all patient safety work within KSS PSC. These themes will form part of all patient safety topic work streams.

These are:
- Leadership and culture for patient safety
- Measurement of patient safety
- Improvement Capability

These themes will need to be addressed in partnership with other organisations such as Health Education KSS, KSS Leadership Academy, Area Teams, NHSIQ, SCNs and Senates etc.
7. Clinical Priorities

Using the KSS baseline data analysis and the KSS PSC engagement events for both staff and for patients and carers hosted earlier this year, particular priority safety topics have been identified that are proposed for inclusion in the work of the KSS PSC for the first year.
- Pressure damage
- Falls
- Safe discharge (and transfers of care)
- Medication errors
- Acute Kidney Injury

Q: A further workstream topic of Sepsis has also been proposed; should this be one of the priority clinical topics in the early days of the KSS PSC?

Q: Where do you think the KSS PSC should initially focus its work in the Medication Errors workstream? Suggestions thus far have included:
- fatal drug errors
- medication incidents in primary care
- medications information on transfer/discharge
- Standardising the implementation of NHS alerts on critical medicines
- Other...please specify

8. How will each Clinical Workstream Function?

It is proposed that each workstream completes the following steps in the first quarter:
1. Identify a workstream lead
2. Identify subject matter experts to be on the workstream team
3. Review baseline data of current situation in KSS for the topic area; establish ‘atlas of variation’ for the topic across KSS
4. Review of work already taking place in KSS in this topic area to identify stakeholders for sharing lessons
5. Determine priorities and scope of year 1 and year 2 work within the topic area
6. Agree objectives to achieve
7. Determine measurement metrics to evaluate progress
8. Set out work plan (in liaison with leadership & culture, capability and measurement work streams)
9. Communicate plans with KSS
10. Begin to deliver plan
11. Establish means for evaluating and reporting progress quarterly.
9. What are the proposed next steps for KSS PSC?

- Review consultation responses to this paper
- Feedback the consultation outcomes (by end October 2014)
- Establish workstream leads and team members (by end of November 2014)
- Establish rolling programme of quarterly open engagement events rotating around the counties of KSS.
- Establish communications strategy (by end of November 2014)
- Each workstream to develop a work plan for years 1 and 2 (by end of December 2014)
- Gather baseline data for all workstream areas (during December 2014 to February 2015)
- Implement workstream plans (from January 2015 onwards)

**Q:** Are there actions you would like the KSS PSC to take in the first 6 months?

10. Current KSS PSC Core Operational Team

The KSS PSC Core Operational Team is currently made up of six colleagues (please see details below); other roles to be recruited to.

- **Kay Mackay** Director of Improvement  
  kay.mackay1@nhs.net
- **Tony Kelly** Co-Director Clinical  
  tony.kelly@bsuh.nhs.uk
- **Cliff Bush** Patient Representative
- **Sue Wales** Senior Improvement Manager  
  s.wales@nhs.net
- **Kate Cheema** Measurement Subject Matter Expert  
  kate.cheema@qualityobservatory.nhs.uk
- **Carina Livingstone** SME Medications  
  carina.livingstone@nhs.net

11. How to get involved

If you would like to be involved in any of the work streams or with the wider KSS PSC, please contact Sue Wales or Kay Mackay at any time (contact details above).