

Report to the Trust Board

Meeting Date:	14 th March 2011
Title:	Safety Express Programme
Executive Summary:	Trust is participating in QUIP safe care work stream
Action Requested:	Note contents of the report, and support the programme
Report of:	Director of Nursing and Midwifery
Author: Contact Details:	Rose Baker Head of Nursing Division 1 Tel:5985 Email:
Resource Implications:	
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✦ Equality of treatment and access to services ✦ High standards of excellence and professionalism ✦ Service user preferences ✦ Cross community working ✦ Best Value ✦ Accountability through local influence and scrutiny

Background Details

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| 1 | <p>Safety Express is the name of the QIPP safe care work stream. The programme is named Safety Express because the aim is to move together at a pace and scale which is previously unprecedented in English healthcare.</p> <p>Safety Express is a partnership with existing programmes (in particular Energising for Excellence, High Impact Actions, Patient Safety First, the Productive Series and the National VTE Implementation group) and each SHA region.</p> |
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In January 1000 frontline staff (100 from each SHA) came together with a shared aim of reducing harm from pressure ulcers, falls, catheter acquired urinary tract infections and blood clots (venous thromboembolism or VTE) and engage a further 3000 frontline staff by September 2011.

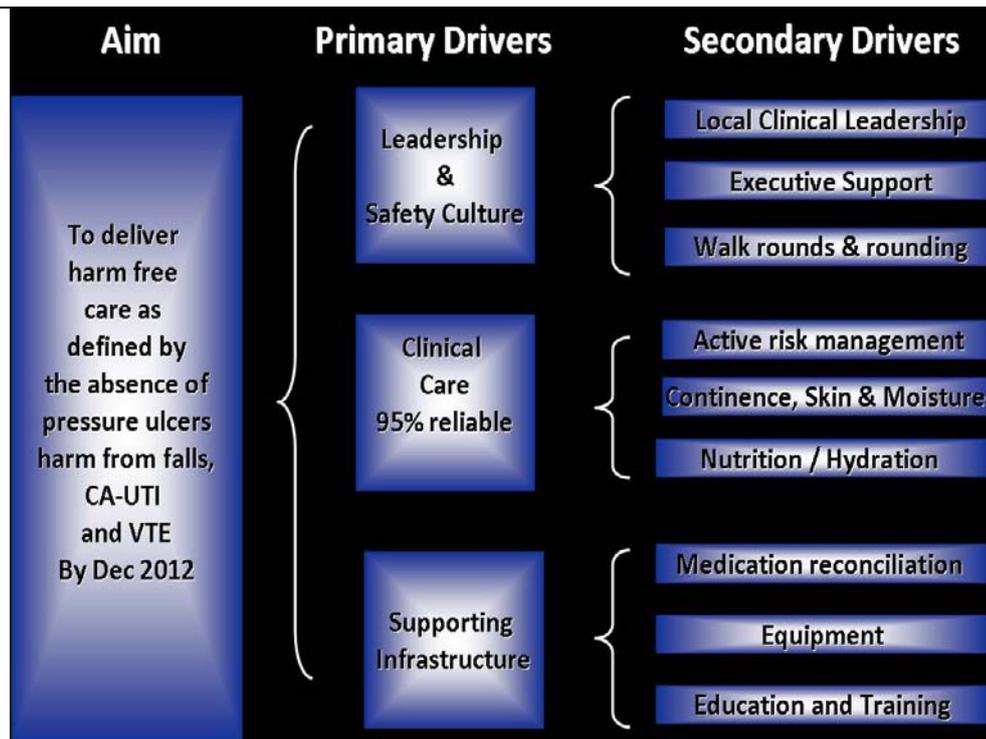
Safety Express participants will work towards achieving this collaboratively, breaking down traditional organisational and geographical boundaries to share and learn together.

Ten organisations from each Strategic Health Authority have been asked to lead a team which includes representatives from their local health economy. Each team will have up to 10 participants. All organisations will measure progress in three or more localities and these measures will be shared regularly. A team will be successful if they reduce harm across their whole health economy, their results will reflect their interdependence. No longer will we see harm as someone's fault but we will see all harm as the responsibility of the system and amendable to changes in the systems and processes across organisations and between health professionals. Each SHA has agreed to provide coordination and support to their 10 local teams and in turn they will be supported by a small national team.

This programme is built on the principles of 'all teach all learn', everyone's opinions will be valued, no ideas are bad ideas and each team will learn through testing and sharing. The great ideas will be archived and spread quickly within organisations, health economy, regions and the country.

The Safety Express will work on a single programme which will focus on system redesign of fundamental care processes and behaviours. Breakthrough Series Collaborative methodology will be used. This BSC methodology is a short term (6-15 months) learning system that brings together a large number of teams from hospitals or clinics to seek improvement in a focused topic area.

The first task will be to understand the expertise and resources which exist in our health economy. Through sharing and learning together we will get a more detailed understanding of how to develop changes to improve the key areas on the driver diagram below. This approach is believed to align shared goals of ward teams and specialists in all four harms and allows us to enjoy productive improvement.



Teams will test changes in each of the primary drivers. For example one team will work on leadership, focusing on introducing active risk management or ‘intentional rounding’ (reviewing all patients periodically for key safety issues e.g. turning, toileting, food, fluid and pain management) whilst another will look to develop high levels of compliance to measuring fluid outputs. At learning sessions they will share their learning and exchange ideas. By the end of the first pilot we will have tested key changes which are known to influence outcomes, sharing solutions widely in the scale up phase for further refinement. This collaborative style of testing, sharing and learning is the essence of collaborative working.

Timelines

Phase 1 pilot January to June 2011 – during this phase there will be training in improvement, measurement and mobilisation of the team. New knowledge will be archived into simple bundles and change packages

Phase 1 spread June to December 2011 – the pilot team will spread the learning within RWHT and across the health economy using the archive of changes in the change package. During this phase three organisations in each SHA region will be identified that are prepared to run the programme again with 10 more partners (these organisations will be known as Safety Nodes)

Phase 2 pilot September 2011 to February 2012 – the nodes will replicate the safety express programme supporting the new teams testing in pilot areas.

Phase 2 spread (February to August 2012) in this phase the pilot sites will begin to scale up their activity to the whole system.

The aims of the programme are that by the end of 2012 teams will have achieved:

80% reduction in grade 3 and 4 pressure ulcers developed in a care setting

30% reduction in grade 3 and 4 pressure ulcers developed outside a care setting

50% reduction in serious harm and death from falls in a care setting

50% reduction in UTI in patients with indwelling catheters

50% reduction in VTE