From: Caroline Angel caroline.angel@eahsn.org

Subject: News from Eastern Patient Safety Collaborative and last chance to opt in – June 2018

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News from the Eastern Patient Safety Collaborative – June 2018

View in browser





Hello from the Eastern PSC team

We kick-started June with two measurement for improvement masterclasses, which received great feedback. Thanks to everyone who participated. It is great to see capability building continuing in the region.

We are now starting to plan our next Patient Safety Collaborative (PSC) learning event, which will be on 2 October and focuses on 'deterioration'. Find out how to register and contribute content below.

I was delighted to visit the University of Bedfordshire this month to see poster presentations from their MSc Clinical Leadership and Management students. It was great to hear ideas from frontline staff, and encouraging to see quality improvement woven through from the start of each project.

We were pleased to welcome Prof Jonathan Grey, managing director of South West AHSN, and Dr Cheryl Crocker, AHSN Network Chair, who are visiting all PSCs as part of an internal review. It was good to reflect on how much has been done in the last four years, and think about the future.

Of course, the PSCs were set up as part of NHS Improvement's response to the Berwick Report, so it was great to be sent a short video from Don Berwick himself talking about the collaboratives. We share the video below and I encourage you all to take a minute to watch.

If you'd like to continue receiving this newsletter, please opt in now. We'd like to keep you updated with PSC news and opportunities – but unless you confirm, this is the last update we'll be able to send you.

And finally, Q opens for application again this month. The community already has more than 80 members from the East of England. I hope you'll consider joining too.

Click to opt in and update your preferences

News

Learning window helps to improve care for mums and babies at East and North Hertfordshire Trust

The maternity and neonatal improvement team at East and North Hertfordshire Trust is in the second wave of the National Maternal and Neonatal Health Safety Collaborative (led by the NHS Improvement National Patient Safety Team). This collaborative is improving the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and providing a high quality healthcare experience for all women, babies and families across England.

In order to maximise the impact of their work as part of the collaborative, the trust has developed learning boards showing what they are working on.



Following feedback from midwives, the team have also created a learning window to display the information much more prominently. The visibility of information not only ensures it is accessible to staff, but is also helping to spread the quality improvement methodology being used.

Don Berwick commends PSC's 'bold and important endeavour'

Don Berwick, President Emeritus and Senior Fellow at the Institute for Healthcare Improvement in Boston, sent this video message of thanks and encouragement to everyone involved in the patient safety collaborative, describing our work as immensely important. He acknowledged that it's not easy work, but doing it as a collaborative is the best possible approach as 'the secret of patient safety is learning and the best form of learning is together'. Watch the video >>>

Preventing Cerebral Palsy in pre-term babies

PReCePT (Prevention of Cerebral Palsy in PreTerm Labour) is a project commissioned by NHS England to be adopted and spread across all AHSNs. It was initiated in the West of England, although the associated clinical practice had already been published as a NICE guideline in 2015. WEAHSN is leading the roll-out, having already tried and tested it in five maternity units. WEAHSN has produced a comprehensive set of resources to support trusts to implement this programme of work, including an implementation guide and toolkit.

What does PReCePT involve?

Ten percent of pre-term babies are at risk of cerebral palsy. Magnesium Sulphate is now known to give neuro protection to pre-term babies. For every cohort of 42 eligible woman treated, one case of cerebral palsy can be prevented. The administration is intravenous and given to mothers in pre-term labour. The dose is the same as the one already given to expectant mothers with high blood pressure (pre-eclampsia), which means maternity units are already used to managing this process.

Magnesium Sulphate costs £1 per dose and the average health cost for the lifetime of a baby with cerebral palsy is £800,000 with unquantifiable family and individual costs. The national average of administering Magnesium Sulphate to women in pre-term labour is 42%. The aim of the PReCePT project is to achieve a minimum of 85% uptake nationally by 2020 with a stretch target of 95% for trusts already achieving high administration rates.

What is needed to implement PReCePT?

A Regional Clinical Neonatal Lead will be appointed by each AHSN over the summer to work with the Maternity Clinical Lead at Eastern PSC, Jill Houghton, to support the roll-out across the Eastern region trusts. Each participating trust will need a small team of one midwife (for which 90 hours of backfill monies will be made available), an obstetrician champion, a neonatal lead and a service user.

This is an exciting opportunity to reduce cerebral palsy and make a real difference to families and children and their outcomes. More details will follow but please contact jill.houghton@eahsn.org for more information if required.

Events

Patient Safety Collaborative – National Event 2018

Date and location to be confirmed

In last month's newsletter we announced that plans were underway for the PSC National Learning Event to be held on 22 October 2018 in London. Please release this date in your diaries, as the date and location of this event is being revised. Watch this space for updates.

Patient Safety Collaborative Learning Event – Deterioration *2 October 2018*

Our next Patient Safety Collaborative Learning Event will be held on 2 October 2018 and the theme will be Deterioration. We are keen to promote good practice from the region and we are inviting you to share your good news and/or lessons learnt on recognition and response to deterioration, such as SBARD, Safety Huddles and NEWS2 implementation. Please get in touch at improvement@eahsn.org if you are doing anything, no matter how big or small. Register your attendance here >>

Resources and opportunities



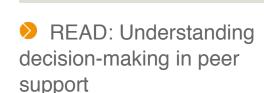




JOIN: Apply to join the Q community

Q is an initiative connecting people who have health and care improvement expertise across the UK. It is led by the Health Foundation and supported by NHS Improvement. Opportunities to join Q are now open. Throughout 2018 the community is welcoming applications from people with improvement expertise based anywhere in the UK.

Find out more about Q >>



The Q Improvement Lab have published the findings from a UK-wide YouGov survey on what is important to people when referring, recommending or using peer support. The findings are part of an essay collection collating the learning and insights from the Lab's year-long project on what it would take for peer support to be widely available.

Read the essays >>



READ: New toolkit tostandardise mortality reviewsnow live

A new toolkit designed to help acute hospitals learn from retrospective mortality reviews has launched. The toolkit is the result of a collaboration between the Royal College of Physicians and two AHSNs – Yorkshire & Humber and West of England. It is aimed at supporting organisations in standardising mortality reviews and translating their findings into quality improvement initiatives by using a methodology called the Structured Judgement Review.

Read more about the toolkit >>



NOW OPEN: Storyboard Submissions for the IHI National Forum on Quality Improvement in Health Care

If you are interested in displaying a storyboard at this year's IHI National Forum on Quality Improvement in Healthcare, you will need to submit your proposal by Friday 28 September 2018. If you choose to submit a storyboard, it will be displayed during the Storyboard Reception which provides an excellent opportunity to engage with experts and colleagues and share lessons learnt.

Find out more >>



8 June 2018

Just leaving Cambridge after a great morning @TheEAHSN @PSCollaborative Thanks Piers & team. Great learning & sharing @sw_ahsn @AHSNNetwork



7 June 2018

New toolkit launched today to help hospitals learn from retrospective mortality reviews – developed by @RCP_Mortality @WEAHSN @AHSN_YandH & @Improve_Academy http://bit.ly/SJR-toolkit #mortalityreviews #SJR #AHSNs

Connect and share

If you would like to suggest a story for the next newsletter or provide feedback please contact improvement@eahsn.org.











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