

Action Points
7th Meeting of the Clinical Human Factors Group
Weds 22 Apr 09 held at the DH, Wellington House

Attendees (not all attended for the whole meeting):

Simona Arena, Martin Bromiley, Crina Carou, Trevor Dale, Murray Devine, Brian Edwards, Andy Fisher, Rhona Flin, Tony Giddings, Rick Johnson, Joe Nenor, Sue Norwood, Steve Powell, Jane Reid, Hugh Rogers, Heather Shearer, Emma Stanton, Sian Thomas, Karen Woo, Suzette Woodward.

Sincere thanks to Murray Devine and his team at the DH for hosting our meeting.

Background

Since the last meeting in January there has been a step up in interest and activity. The CMO's Annual Report has dedicated a whole chapter on the benefit of simulation and included in the recommendations is that "the importance of human factors training to safe care should be widely communicated". More simulator time will by default also raise the profile of HF & NOTECHS in the NHS. The CHFG have also been invited to brief the National Patient Safety Forum on human factors on 9 June.

As a result of discussions that took place before Christmas we invited representatives of the all the commercial HF training providers that the CHFG is in touch with. We had attendance from Atrainability, GAT & SJN Training, TeamSTEPPS and Terema, unfortunately LMQ had to withdraw at the last minute due to RAeS HF work.

Item 1 – Patient Safety First (the English Patient Safety First campaign) & the CHFG designed “intervention” around “human factors”:

Update on Patient Safety First – Suzette Woodward

Now led by Suzette Woodward with Stephen Ramsden in a “presidential role” as the Campaign starts on its second year. 87% Acute Trusts and 50% of other Trusts signed up. There has been a concern that “signed up” doesn't mean doing much! Therefore the strategy for the second year is to drive the implementation but bearing in mind the philosophy of “for the service, by the service”. At the moment the campaign feels very “clinical programme” based but the main aim is around achieving culture change.

The “Human Factors How to Guide”/Intervention – Martin Bromiley

Jane Carthey with significant input from others has produced a final draft of the “HF How to Guide”. It splits into 3 parts, an introduction applicable to all, a first main part about leadership aimed at Chief Execs and Boards, and a second part aimed at all clinicians irregardless of Trust type.

There was a general view that Jane Carthey has done a wonderful job (also confirmed in private emails to the Chair) of summarising “HF” in a workable and useful way. The next step will be for Jane Carthey to make a final edit including comments received over the week, then pass over to the Patient Safety First Comms team who will “brand it” etc. Despite this Suzette Woodward stresses there are no issues around “ownership” so we will place the document on the CHFG website as well and encourage dissemination as widely as possible. There was a feeling from the Group that this should be seen as “continual work in progress” and maybe we should look to add to the document as the frontline become more “HF aware”.

There were some suggestions for improvement although on balance the document is probably best left as it is. The Comms team would be able to add to it data around the business case for safety if required and it was pointed out that this week the NHS III are printing a “business case for the checklist” written by Chief Execs (copy attached as Appendix 2). It was finally suggested that it should include a link to the DVD “Just a routine operation” on the CHFG or NHS III website. Rhona Flin reminded the Group that a “Methods and Measures group” has done a first draft for the WHO of work which takes 10 key topics and writes about them (such as “Leadership, Stress” etc). This is aimed at the developing world but once complete it would be good to cross reference with the “How to guide”.

There was also a brief discussion about the need for people in the NHS to have a rough understanding of HF in the same way that pilots are examined in “Human Performance and Limitations”. It was felt this document would provide a very basic start to this process but that this is something to be discussed with the Forum on 9 June (see below). This then raised the discussion about the use of a web based training package similar to the Federal Aviation Authority’s programme on their website (see later)
<http://www.hf.faa.gov/webtraining/>

Concerns were discussed about how medics view such online programmes, although the Patient Safety First Campaign have positive experiences of “WEBex/Web 2.0” as it’s a two way process. It was agreed that this is something the CHFG should review at its next meeting. At this point it was asked what our strategy is for “comms” and I had to admit we don’t have one beyond the website!

There was also discussion of whether those involved in “performance problems” would find the “How to” particularly useful but it was agreed that this is taking a fairly negative view and we want to see HF as something for those who perform well. Comments were also made that we should aim to reach out to junior Doctors and use them as “agents of change”. It was rather humbling to be reminded (again) that the CHFG refers to often to medics and we are rather under-represented at nursing and allied staff level.

Action:

Jane Carthey to complete the draft and forward to Patient Safety First Inc references to the DVD and NHS III Chief Execs Checklist support document.

Martin Bromiley to arrange for the “branded” version to go on the CHFG website and to disseminate to all members of the CHFG

Martin Bromiley to include discussion of comms and use of WEBex and the next meeting of the CHFG.

Item 2 – The National Patient Safety Forum Meeting about HF, 9 June 2009

As previously mentioned the Forum has invited the CHFG to design and present a seminar for presentation to the Forum on 9 June around HF. We were reminded that this is something the Forum had requested having been particularly impressed with Tony Giddings presentation to them last year. We were also reminded of the purpose of the Forum, to act as a “national conscience for patient safety”.

There was an extensive discussion which I won't attempt to cover in depth here, however a meeting is taking place on 18 May to firm up our programme.

From the Group (some of whom have sat on the Forum or attended) it was suggested that we should aim to engage in the key decision makers in thinking about HF and not have a one way stream of information. It was also agreed that we needed to be upfront about our message and bear in mind that not all of the Forum may be present for the whole meeting. We discussed the impact of the Health Select Committee report which we now understand is likely to be public in July.

It was agreed that we need to be clear on our goal for the seminar (i.e. what we want the Forum to do as a result) and that a large part of this should be around the strategy and specific steps the Forum members (as individuals) should take to make it happen. We need to make our pitch to David Nicholson early as well as Bruce Keogh.

After some discussion we agreed in broad terms that we had three goals:

1. Independent Investigation. Independent investigation is more likely to uncover the truth behind incidents. An independent investigation team using experts trained from outside the industry should be set up in one Trust where all unanticipated deaths between the ages of 2 to 50 should be investigated and anonymous results openly published. It is crucial that as in Air & Rail investigation the team should include both technical and non technical experts.

2. Training throughout a clinician’s life from under to post graduate in “human factors”. Training in HF skills such as teamwork and communication is virtually absent in healthcare. At an under-graduate level a core programme should be taught and examined by all professional groups. The appropriate professional bodies should be active partners in examining and assessing competencies in non-technical skills (NTS) and HF for both trainees and qualified staff (revalidation). Team training should be encouraged in the workplace. I.e. Those who work together should train together. Research has shown that teamwork training may reduce technical errors by 30-50%. We would like Trusts to be encouraged to bring key multi-disciplinary teams together for training in crucial non-technical skills.

And perhaps most importantly....

3. The strategy and actions required by individual Forum members to make the above goals happen.

Throughout our sessions we need to give examples of the impact on staff of failures to do the above. We do need to be aware of current financial problems, but it was pointed out that at times of financial problem “organisations” that focus on costs see (or perhaps don’t see) that threats increase, as seen at Mid Staffs.

It was suggested we aim to make 10 min pitches – be powerful but diplomatic, cause no offence, offer hope and clarity.

There was discussion of the balance between safety and business and how Chris Allen from the UK Offshore Oil Operators Assoc says that safety is not the #1 priority (it’s oil production), but when there’s a conflict of interest safety takes the priority.

We were reminded of the following quote from Alan Johnson, Health Secretary in Nov 2007:

“What David Nicholson and I have also made clear is that patient safety must be the priority of every senior executive in the NHS”. For link to full speech see:

http://www.dh.gov.uk/en/News/Speeches/DH_080106

Rhona Flin mentioned that she had data around junior medic’s attitudes and patient safety and offered to pass this on to the group for use during the seminar.

Finally it was suggested that Martin Fletcher would indeed be excellent to facilitate and it would now be Martin Bromiley's role to lead the group and choose who to attend.

Action:

Martin Bromiley to redraft seminar plan for discussion on 18 May

Rhona Flin to forward data about junior medic's attitudes to patient safety

Joe Nenor to advice of Forum attendees nearer the date

Item 3 – Conferences

This year the CHFG has major involvement with two programmes. In September GOSH's "Risky Business" programme which aims to stretch people's thinking by learning what happens elsewhere in industry and the lessons for healthcare. This is followed in October by our own joint conference which aims to be healthcare focussed on what can be achieved in-house by working as one team. It has the strapline "Trap error before it harms".

Risky Business 2009, update on programme – Martin Bromiley

Allan Goldman was unable to be at the meeting but Martin Bromiley reminded the Group that the programme was looking very good as of the last draft and CHFG would have their logo on the adverts which start with the BMJ on 2 May. Please see the following link to what can only be described as a stunning list of speakers!

<http://www.riskybusiness2009.com/index.php>

CHFG's joint conference with the AfPP, AAGBI & RCS (Eng)

13 October in Harrogate. A very busy programme which should inspire people by showing what is being achieved in the NHS now. It will also leave people with the opportunity as individuals to put some learning into practice on their return to work. All speakers signed up and Chair to be done between Dick Birks (AAGBI) and John Black (RCS Eng). Lord Darzi still considering a request to chair due to clashing commitments. There is a question mark about bringing Clare Bowen into the programme given her current workload although the group would love to have her on board.

Action:

Tony Giddings to discuss with Rob Bowen the possibility of Clare's involvement in the programme.

Murray Devine to follow-up discussion's with Lord Darzi re involvement in the programme.

Item 4 – Working with the NHS Employers

Sian Thomas is Joint Director of NHS Employers and she attended to discuss how they and the CHFG might work together. Sian started by giving a little information about NHS Employers and her own background. Sian's background is HR/OD and has worked in a number of parts of the NHS. Working in an acute Trust 7 years ago 3 "never" events happened. The top team introduced HF training which is how Sian came to be interested in the topic. NHS Employers now 4 years old, represent the employer voice and aim to develop world class employment practice. Wholly owned by NHS Confederation and deal with all workforce and staffing issues for the Confed. (E.g. negotiate pay and conditions etc.). Their website is accessed by millions and their "Bulletin" goes out every Monday, read by 5,500 people by the next morning and every HR director by the end of week. NHS Employers would like to see quality and safety moving higher up the agenda. NHS Employers offer CHFG a communication channel for the group. They also run a national conference, this year in Nov.

There was much discussion around the table about peoples attitudes to safety and at the moment people aren't talking about safety, but effectiveness etc. Safety culture surveys could be really useful. It was also agreed that good care costs less money – but when financially strapped that doesn't mean that cheap care is good care. It was also agreed that we need to help staff appreciate that they can become the victim of error.

Action:

Martin Bromiley to email Sian Thomas with a short statement about CHFG to go out on next Monday's Bulletin.

Sian Thomas to send to Martin any data available from when her previous Trust analysed the impact of top down HF training as well as letting the Group know if there are opportunities to present at their November conference.

Generally CHFG and NHS Employers to stay touch and work together.

Item 5 – Sharing HF work from around the country:

NHS III HF Training Scoping Project

Heather Shearer discussed what work had gone on so far. Along with Nikki Davey they have been trying to identify and signpost existing providers of HF Training. 16 organisations found so far. They have also been discussing likely training needs around HF with those people who have been through the LIPS programme. The scoping work may later shape what the Productive Operating Theatre looks like. In response to questions Heather also confirmed that the NHS III is likely to move onto a more commercial footing in the future.

BUPA – Karen Woo

BUPA has started the process of introducing the Safer Surgery Checklist at its only owned hospital in the UK at the Cromwell. They are working with Imperial and looking at obstacles to implementation. They have started at the Cromwell by working with multi disciplinary group, still looking for a longer term method but the current view is softly softly. It was pointed out that in Scotland they've found the nursing staff to be great champions. Karen made the point that not all lessons from the NHS are applicable, for example generally teams are very stable.

Various projects Inc Agents for Change & DOME project - Emma Stanton

Emma Stanton explained that she is on secondment to the CMO's but also working with BUPA around commissioning and Chair of BAMMBINO's. At the CMO's office she's heavily involved with leadership for safety, using junior doctors as agents for change. On 1 June Bruce Keogh is kicking off a free day's programme called "Junior Doctors: Agents for Change". It's aimed at pulling almost 300 junior medics together to enthuse them as champions. There is also the programme of Leadership Fellowships, (the "Darzi Doctors") who have individual projects to "improve patient safety in their Trust". The DOME project is "Designing Out Medical Error", Emma is working on learning from analogous industries. As a Psychiatrist by background she also raised the point that the CHFG should be thinking about mental health. Martin Bromiley confirmed that the CHFG Internet Forum is ready to go live and when it does the first topic, inspired by a medic from Wales will be around mental health. .

Item 6 – Pharmaceutical Industry and Drug Safety

Two weeks ago Brian Edwards along with others formed an international pharmaceutical HF group under the auspices of the ISoP (see <http://www.isoponline.org>). The ISoP exists to promote training and education in the safety of medicines. Brian explained that the pharmaceutical sector in its many different forms has tended towards a blame culture and safety failings are usually blamed on the product. There seems to be an attitude that if you follow the regulations you must be safe. It's now in other parts of the world that attention is being paid to innovative solutions, for example politicians in China are now worried about the problem of making and delivering safe medicines. The challenge is to develop a pharmaceutical sector-wide culture of safety. Brian explained that because of silo-working patterns that accountability for safety can be muddled in companies and so it could be unclear who was accountable for what. Hence the need for implementing safety teams. There was a great deal of discussion about the lack of "systems" safety and that the pharma industry is very good at reputation management. Thus the role of shareholders and other investors may be a way in.

Action:

It was agreed that the CHFG and ISoP HF Group would stay in touch through Brian Edwards to assist and support each other.

Item 7 – Sharing information from commercial HF training providers of work on going in the NHS and beyond:

Atrainability – Trevor Dale

Heavily engaged in the Productive Operating Theatre project. Now delivering training at 3 sites with different levels of engagement. At one site all attended “because the Medical Director told them to”, at another site virtually all attendees were Nursing staff with virtually no medics. Atrainability helped Ravi Dravid set up a combined nontech & tech course on “can’t intubate can’t ventilate” which has been taken on board by the Difficult Airway Society. Also involved in work around maternity, emergency medicine and simulation work by providing a course on train the trainer (facilitation skills).

GAT & SJN Training & Consultancy - Sue Norwood

GAT continues to provide training but Sue Norwood now an associate who is also freelance. Doing work around HF in the Prison Services to do with health of detainees. Also running joint healthcare & aviation CRMI course (as above, training the trainers) with a bit of aviation and bit of healthcare. Quite a bit of work with trainers in simulators. As always a lot of interest from critical care and anaesthetists.

TeamSTEPPS – Steve Powell

TeamSTEPPS is an American organisation who has built their reputation on a major project with the US DoD Hospital network. The challenge in US military hospitals is the 33% turnover of staff each year (driven by the military system of “postings”). Steve was particularly keen to suggest use of the AHRQ Culture survey’s which are being made available for different care settings (currently available are Acute, Nursing Homes etc with Mental Health to come). <http://www.ahrq.gov/qual/patientsafetyculture/>

Terema – Rick Johnson

Terema continue on after 10 years in the business, overall business is pretty strong right now. Has generally noted that the good competition around is good for business. Also doing a little work around mental health, PCT’s, and Nursing Homes. Rick noted that despite the focus on safety it’s the Finance Depts who still have a lot of power.

There followed a general discussion about strategy for Training Providers. There was a feeling that in the UK Doctors still seem to enjoy hearing from “Pilots” where as in the US it was felt Doctors wanted things to be “healthcare centric”. From a personal perspective I wonder if it’s less threatening for medics to listen to a Pilot and perhaps that means that we don’t have true “buy-in” yet. The organisations were asked about their relationship with the CHFG and overall feedback was positive especially the importance of the CHFG remaining independent (and not being a training provider itself). Early

in the meeting it had been suggested we could have our own web based programme. It seems likely that a good route would be to use web based learning as an “attention getter” for the internal and external training providers to then follow-up. It seems unlikely that individuals can really get insight into interpersonal skills and their behaviour at work from a computer.

Item 8 – The Human Factors Training Workstream update

Nikki Maran was unavailable but we had a chance to discuss the progress of the development of a CHFG curriculum. Overall the training providers felt this was useful although again we discussed the fact that the NHS III is also doing similar work. There was a feeling that perhaps we should produce something simple as an outline and leave it on the website as “guidance”. We could also reference other work such as the Productive OT and the Canadian list of competences (see Appendix 3). This is an excellent document.

Action

**Martin Bromiley to review progress with Nikki Maran and consider options.
Martin Bromiley to place the Canadian work on our website.**

Item 9 – Funding Update & Admin

Gill Hastings has now moved from the Health Foundation onto to social work research at the LSE and will be sorely missed in healthcare for the significant work she has done and specifically her support for Martin Bromiley and the CHFG. The Foundation will now be represented by Simona Arena who we’ve already met at other meetings. There is currently still £100,000 sitting with the Health Foundation which could be used either directly by the CHFG or on projects supporting HF in healthcare. At the next meeting it was agreed we would re-visit the possibility of how this might be used. .

Martin Bromiley confirmed that at the end of the FY08/09 the CHFG had spent roughly £500 of its £5,000; accounts will be published on the website soon for all to review.

Action

Martin Bromiley to include discussions about use of funding at the next meeting.

Next Meeting

The date for the next meeting will be Thursday 16 July which will be kindly hosted by BUPA at BUPA House, 15-19 Bloomsbury Way, London WC1A 2BA from 1000 until 1500.