

Action Points
8th Meeting of the Clinical Human Factors Group
Thurs 16 Jul 09 held at BUPA House

Attendees (not all attended for the whole meeting):

Clare Bowen, Martin Bromiley, Ken Catchpole, Nikki Davey, Murray Devine, Brian Edwards, Tony Giddings, Melinda Lyons, Peter McCulloch, Cate Quinn, Jane Reid, Matthew Sargeant, Emma Stanton, Linda Watterson, Karen Woo.

Sincere thanks to Karen Woo, Andrew Vallence-Owen and the team at BUPA for hosting our meeting and providing such a lovely lunch.

Important Note: The order of the minutes and action points don't necessarily reflect the order of the discussions, they've been re-ordered to make more logical sense.

Item 1 – Review of the last couple of months including Parliamentary Inquiry into Patient Safety, Martin Bromiley's meeting with the Chief Exec of the NHS, National Patient Safety Forum sub-group on HF and the proposed follow-up work by the CHFG (buddy system and workshop), as well as potential to review the CHFG's organisation and terms of reference:

Martin Bromiley began with a brief overview of the above (see previous distribution and website).

Parliamentary Inquiry. The Parliamentary Inquiry into Patient Safety has been published and of the 59 recommendations 8 refer to work the CHFG have promoted. The group present said that most organisations seemed to welcome the Inquiry results (subject to some reservations). It's now the task of the DH to provide a Government response. This is likely to be in a house style of low key general acceptance of the "merit of further review". The point was made by some that we mustn't forget that no matter what impact the Inquiry has had at policy level it will hardly be noticed at the frontline, if at all. The challenge for the CHFG is to turn good ideas into reality.

Martin Bromiley's meeting with David Nicholson. Martin Bromiley has met David Nicholson for a very positive meeting hopefully leading to a chance for the CHFG to present to either the NHS Management Board or Quality Board. Murray Devine attended and overall felt it went as well as could be expected. Note: Confirmed subsequently that we will be presenting to the National Quality Board.

National Patient Safety Forum. We had a very successful meeting with the National Patient Safety Forum leading to a Forum sub-group formed to discuss HF. There followed discussion of the Forum and the decision to form a Forum sub group to discuss how the "coulds" we presented on 9 June might be taken forward. The sub group meet on Weds 22 July and the CHFG will be represented by Tony Giddings, Jane Reid and Jane Carthey.

After the Forum meeting the idea had been floated of the CHFG developing a buddy system to support key players and organisations to get to grips with “HF”. It was agreed that whilst it might be difficult to move things forward publicly, a buddy system might help keep everything below the radar (thus helping those who might feel awkward about their own lack of awareness). A buddy system would allow us to develop individual personal leadership in healthcare leaders around HF.

A number of suggestions were then put forward about areas buddy’s could help leaders focus on, such as reviewing their reaction to complaints which is an area of enormous unfulfilled opportunity; review the audit processes and making it meaningful; developing better root cause investigation; helping with the follow-up of never events; helping organisations consider how they could make the NHS Constitution (the parts about how staff should behave) a reality.

There was some discussion of whether “buddies” should be paid, perhaps at a set and reduced rate. It would be possible to use some of the money available from the Health Foundation. It was agreed that this is something to be revisited depending on discussions at the Forum sub-group.

After extensive discussions we agreed on the following actions.

Actions:

The Forum sub-group to help review the “coulds” then extend an offer to the members of the Forum “can we support you in moving the agenda along, for your organisations to respond?” We need to stress it’s about offering conversations, and giving confidence. We will especially attempt to engage certain specific organisations such as the GMC/NMC. Longer term we’ll invite those people back for an “action learning” workshop to review what they’ve learned and what they’re planning to do – or simply just to listen to others.

Peter McCulloch/Ken Catchpole/Melinda Lyons to develop a one page website “HF Menu” showing what outcomes a grasp of HF can have. For example, “HF gives greater insight during investigations leading to more useful learning.” (To be done by 1 October). From this menu the CHFG will source examples of each (Nikki Davey to seek input from LIPS etc). This menu will be similar to the MoD HFI leaflet. We shall then invite organisations to review the menu and identify where they might want help. The CHFG will marry up expertise with need so that “buddy’s” can be appropriately allocated.

Jane Reid to arrange for Martin Bromiley to speak to Council of Deans to raise profile of HF within the curriculum.

CHFG Organisation. Martin Bromiley explained that he has received feedback that some people perceive the CHFG to be elitist and excluding certain groups. The feedback also suggested that the CHFG had not been behaving as “normal” organisations do. Martin accepted that the approach taken had been deliberately autocratic in the early stages and that now that “HF” was gaining greater acceptance it would be appropriate over the next few months to adapt the “organisation” to allow it influence effectively in the “right” places. It was important that people didn’t feel excluded and that those passionate should have the chance to be involved.

At this stage Martin outlined the need to re-identify our core aims and workstreams, then to identify who might be best placed to lead each workstream. These are likely to be functional in nature, for example one might be “Curricula”, another might be “Independent Investigation” etc. Each area would need a leader as it was now more important than ever to devolve decision making. See also later item about money. It was also agreed that it would be appropriate to seek wider views of the whole group and additionally it would be useful to have an open meeting for all supporters of the CHFG, probably early in 2010.

Action:

Martin Bromiley to discuss ideas and share prior to next meeting.

Item 2 – Seminar for the CQC around HF

The CQC have asked the CHFG to prepare a seminar to brief Board and key players about HF. The short programme should cover what it is, the contribution of HF to safe care (and social care), as well as a more discussive session looking at how it fits in to the work of CQC, including how reports and press statements might be worded. There followed much discussion about “regulation”. Cate Quinn clarified that the CQC is about intelligent regulation not necessarily just about actual inspections. It was stressed by Murray Devine that regulation should be a tool to facilitate communication, teamwork; not just a tick box exercise. It’s also not about locating a policy document to prove you “do it”!

Cate also reminded the group that the CQC’s guidance for compliance with the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009 are out to consultation and that members of the CHFG are encouraged to respond if they so wish. The guidance and the process for responding can be found on the CQC website as follows:

<http://www.cqc.org.uk/getinvolved/consultations/consultationonnewregistrationstandards.cfm>

The consultation closes on 24 August.

Actions:

Tony Giddings to lead the development of a seminar.

All – If you believe you can assist in the delivery of the seminar please email Tony Giddings direct.

Martin Bromiley to ask if Paddy Carver from the CAA can join the seminar.

All – Please take the opportunity to respond to the CQC consultation by 24 August if appropriate.

Item 3 – Conferences

AfPP Programme for 13 October. Clare Bowen to speak. CHFG to share the programme and advertise around the network. A question was raised about whether we involve the national media and if so are there any essential messages.

Actions:

Jane Reid to liaise with Clare Bowen and Peter Aitkin about the session on violation.

Martin Bromiley to consider involvement of the national press in our work.

Item 4 – Safety First Campaign

The Patient Safety First campaign along with the campaigns around the UK is planning “Patient Safety Weeks” during Sept. This is an opportunity for HF to get a higher profile.

Action:

Martin Bromiley to discuss further with Murray Anderson Wallace about a WEBEX that week as well as national coverage for the HF Guide and patient stories.

Item 5 – Research results from the HF Training trial at 3 hospitals in England.

A paper was presented in draft form by Tony Giddings. At this stage it's not possible to offer a version for general release, however what was discovered is that no matter how good the development process it can easily be derailed by senior sceptics and/or imperfect systems. It's worth recalling that when HF training was introduced in aviation most of the systems were working fairly well, it was just the “notechs” that needed fixing. In healthcare the systems themselves for running the day to day service are poor. It was suggested that it was like trying to re-spray a car that it rusted through, no matter how good the paint job the rust will still dominate. Perhaps the need for HF development exists at a higher level in organisations before such interventions can be successful at the frontline? It was agreed that this was an excellent piece of work and that discussions about it are likely to take place in the next week with Sir Bruce Keogh and his team which Murray Devine asked to be part of.

Tony also explained that the RCS (Eng) had agreed to launch the second version of “The Journey”, a DVD highlighting the challenges to multi-disciplinary working. The launch event will be at 0830 for a breakfast on Thursday 30 July. Please email Tony if you'd like to attend. Tony also hopes to follow up this DVD with another one that looks at “system problems” and how the people in the system can make the difference. He would value ideas from the CHFG about content and funding. It was noted that South Central SHA are looking at developing a DVD about HF.

Actions:

Emma Stanton to ensure Murray Devine is part of further discussions about the paper with the NHS MD.

All – If you would like to attend the breakfast launch please email Tony Giddings direct.

All – If you have suggestions for Tony Giddings around funding or content for the next DVD please forward to him direct.

Item 6 – The Health Foundation’s offer of further support

The Health Foundation has £100,000 set aside for work around HF and have asked the CHFG to consider how this money might be used. The key decider for us and the Health Foundation is whether the money will further HF nationally. At this stage there are two projects we are aware of, Ravi Dravid is trying to get a simulator centre up and running to provide courses run by the Difficult Airways Society on airways management which will teach both technical and non-technical skills; and a second part to the DVD mentioned above. The CHFG itself may wish to use some money to support our work. A number of suggestions were forthcoming; there was a concern that at this stage the CHFG has no admin support (although the Health Foundation has offered to help us “administer” any money on our behalf). It was felt that the amount of money would be suitable to support “campaign”. Another suggestion was around gathering research together about what it is that makes/helps clinicians to get it (the light bulb moment). It was suggested (again) that we need to revisit the role of the CHFG, although clearly item 1 on these minutes about running a buddy system etc might require some funding.

Action:

Martin Bromiley to discuss options with Simona Arena and report back.

Item 7 – Sharing HF work from around the country:

Emma Stanton – Emma briefed us on the conference held on 1 June by Bruce Keogh for 300 junior doctors encouraging them to become “Agents for Change”. A very engaging day, as seen at Appendix 1 from the BMJ. Both the NPSA and BMJ have a video of the day on-line, further seminars etc to follow up.

Nikki Davey – Nikki updated us on the HF Training Scoping work. More data to come but it’s clear that what’s missing from HF training is the leadership required to in organisations to sustain. Nikki hopes to share more at the next meeting. Maybe there’s work needed around Safety Leadership.

Linda Watterson – The RCN is planning a series of regional events to engage nursing staff about patient safety, culture and reporting. The idea is to provide tools to take away. A safety climate assessment tool which is offered live on the website and so far used in 6 Trusts/Wards to very good effect. (There was some discussion about the use of such questionnaires that although based on Loughborough’s existing work there are dangers of adapting such work. Ken Catchpole offered to provide a brief review of the work. There was a feeling that a balance needs to be struck between making a better

tool and using it as a facilitative tool now, not later). The RCN are also working with the NPSA on a Nursing and Midwifery strategy to determine how data from the NRLS can be used better, and also improving the RCN's own offering on their website about patient safety.

Action:

Martin Bromiley to email work roster in August to arrange filming a “digital story”.

Martin to email Linda Watterson the CHFG web link.

Melinda Lyons – A great deal going on at the NPSA, work on user testing of devices, re-launching being open and a culture assessment tool, Looking at HF in different areas such as ambulances, PCT's etc. A new group formed on IT for pathology looking for HF input. The NPSA is also planning a DVD for anaesthetists about checking drugs to avoid error (and the sensitive issues around accepting that getting other more “junior” staff to check you isn't a professional disrespect). There is on-going discussion about a joint workshop with the CHFG about learning what tools external stakeholders want around HF. The CHFG would love to help.

Karen Woo - Currently implementing the Safer Surgery Checklist in their own (and only) UK BUPA hospital. It's involved a launch evening, four training sessions etc but proved easier to get Theatre Staff to attend than the consultants despite significant senior management support. At this stage reluctant to use a “heavy hand”. Now going to try influencing by having a series of DVD's playing in the Theatre coffee lounge on a loop so it creates discussion, as well as reading material on tables etc.

QRSTU – Currently looking for funding for a multi centre trial comparing HF training for theatre staff v checklist “training”. Current main project is learning from the apparent transient positive effects from teamwork training versus a lean approach. In the example of DVT prophylaxis it's clear that previous compliance of 34% DVT can be improved to 90% plus (and still the same after 2 years) if you use a lean approach. A lesson also being learnt is that whilst after some interventions it's difficult to see an improvement in adverse effects and harm it's easier to see efficiency improvements. The keys are engagement and empowerment. Also working on handovers, The Productive Operating Theatre and working with the Welsh Risk Pool in HF. It was noted that based on Ken Catchpole's winter visit to Australia and NZ that they seem much more switched on to HF than the UK. Peter McCulloch also noted a final word of caution that in the UK we have a danger of “HF” being a surrogate for blame.

Brian Edwards - Brian brought us up to speed on the ISoP Pharma HF group <http://www.isoponline.org/>. The group are looking at looking at HF training, application spontaneous reporting processes, application of the safety case in outsourcing, developing a safety climate questionnaire etc. Brian attended the Technical Expert Panel established by US Department of Defense and the US Agency for Healthcare Research and quality in May this year, Based on what he had experienced; the ISoP HF group are using TeamSTEPPS as the basis for their work which saves re-inventing the wheel. Their approach doesn't refer to “HF” or “notechs” on their own but “teamwork” and how the TeamSTEPPS principles act as a framework within which to operate. HF resonates very well in the pharma industry with those who do the day-

to-day work but people don't have a frame of reference to discuss it in. Although there is undue emphasis on SOPs alone, pharma is quite a fertile environment as staff are encouraged to think about process and quality but now need to think about this from a different (HF) perspective. Brian also mentioned that a competences framework for Pharmaceutical Physicians is under discussion based on what is being proposed for NHS doctors. He hopes this should refer considerably to safety, teamwork and HF and will feedback to the group what is eventually agreed. Internationally the TeamSTEPPS approach appears attractive and the cultures of some other countries, which at first you may assume might hinder progress, actually seem to be a receptive culture for the message. For example, in Thailand the regulators and WHO are interested in more effective models for managing product risk rather than a traditional 'regulation-only' approach. In some Asian countries, the mix of democratic and autocratic cultures may allow safety systems to be more successfully implemented although this is early days. Brian clarified that ISOps itself are not dealing directly with counterfeit medicines issues as other organisations have this remit. Melinda Lyons mentioned that David Cousins has involved NPSA with specific issues around drug packaging and design. Finally Brian mentioned that he may be recommending mentors in HF from the CHFG to support MSc pharmacovigilance students from University of Hertfordshire in Hatfield as they write pharmacovigilance theses based on HF topics.

Item 8 – Mental Health

Matthew Sargeant from Wales is a psychiatrist who has been enlightened about HF and is now seeking others in Mental Health and Learning Disability Services. HF has to have a legitimate position in Mental Health and Learning Disabilities for the advancement of knowledge, influencing policy, professional regulation and the development of safe and effective clinical practice. Matthew is also very keen to raise the issue of HF in health and social care generally in Wales. In Wales the Health and Social care organisational structure, policy environment and regulatory environment is some what different from England. From a recent peer reviewed MSc submission (Dr Diaseyna), of a study done in South West Wales, he gave an example of how a suicide in one ward was associated (without any intended intervention) in the change of risk assessment scores (with in 48 hours of their admission) in two six month periods of the persons admitted to that particular ward. The suicide represented the mid point between the two contiguous six month periods. There is no explanation as to why and how things changed. The key point being was that HF could help to enlighten many professionals about systems and processes in Mental Health and Learning Disability Services having shown that there can be significant and measurable changes as a result of human behaviour/perception. Inter and intra team dynamics as well as human computer interface science have important roles to shape the delivery of safe and effective clinical services as in any other speciality. Matthew was at pains to stress that mental health should not be seen as being "different", the same techniques used successfully in "physical" health apply to Mental Health and Learning Disability Services. The stigma which such services have to deal with affords significant power density gradients for staff but also more especially for patients. HF needs to be translated into a currency and language that those in mental health can grasp, implement and utilize. There is a need to concentrate on a safety culture as in any other clinical

setting. It was suggested that it would be good for Matthew to start by talking to Peter Aitkin, a Psychiatrist from Devon and Exeter who is teaching basic generic HF skills.

Item 9 – Funding

The CHFG had around £4,300, although that was prior to two very kind and unexpected donations. The first was from Chris Seal and his team who wrote an article from the Pharmaceutical Journal (copy attached at Appendix 2) and have donated the “earnings” of £165 to the CHFG. The second was from Ambu UK, a commercial organisation who are about to launch the aScope, a new anaesthetic tool. They donated £500 after Martin Bromiley delivered a talk to them about human factors. Sincere thanks to both!

Item 10 – Next Meeting

TBA