Strategy and Advisory Group

Notes of meeting on 13 November 2014

The Old Library, Richmond House

Chair David Dalton (DD) Chair Sign up to Safety and CEO Salford Royal

Secretariat: Suzette Woodward (SW) Campaign Director, Sign up to Safety

ATTENDEES

Mike Durkin (MD)	NHS England and Chair of PSSG and Safer Care Working Group
Norman Williams (NW)	Chair Patient Safety Collaboratives, HEE Safety Board
Penny Pereira (PP)	The Health Foundation
Brendan Carey (BC)	Care Quality Commission
Suzie Bailey (SB)	Monitor
Greg Madden (GM)	NHS Trust Development Authority
Kevin Stewart (KS)	Royal College of Physicians
Gavin Larner (GL)	Department of Health, Quality
Lynne Winstanley (LW)	NHS Improving Quality
Matt Fogarty (MF)	NHS England
Dane Wiig (DW)	Sign up to Safety
Jennifer Benjamin (JB)	Department of Health, Quality
Tom Fothergill (TF)	NHS Litigation Authority

APOLOGIES

Jo Bibby (JB)	The Health Foundation
Peter Blythin (PB)	NHS Trust Development Authority
Jane Cummings (JC)	NHS England
Wendy Reid (WR)	Health Education England
Ged Byrne (GB)	Health Education England
Steve Fairman (SF)	NHS Improving Quality
Gayle Carrington (GC)	DH communications
Jennifer Benjamin (JB)	Department of Health, Quality
Malte Gerhold (MB)	Care Quality Commission
Bruce Keogh (BK)	NHS England
Maxine Power (MP)	Salford Royal

FUTURE DATES	
2015 4th March 10.30 – 12.00 14th May 10.30 – 12.00 22nd July 10.30 – 12.00 9th September 10.30 – 12.00 11th November 10.30 – 12.00	**2016** 27th January 10.30 – 12.00

NOTES

Notes of the meeting on 15 October agreed.

Update on actions arising from 15 October:

NUMBER	ACTION	NOTES
1/14	Revise the terms of reference to add the objective wording suggested by JB and MD. **SW to do by November meeting**	Actioned and approved
2/14	To consider the balance of the membership in relation to Royal Colleges, Patients and Primary Care and. **DD and SW** to revert back to the group in **November** with recommendations	KS to discuss with the Academy of Royal Colleges. Patient Engagement Sub group proposed. Primary care – MD to provide SW with names of primary care patient safety experts.
3/14	Changes to the narrative to; reflect the origin and anchor as Berwick, emphasise the role of the safety improvement plans, reflect the importance of workforce and education with aligned professional development, learning from innovation and that change will happen locally at the point of care. **SW** to make these changes by the **January** meeting to go with the subsequent papers in action 4.	Will be actioned by the January meeting
4/14	Produce two simple, clear explanations to (1) frontline clinicians, (2) leaders and boards. **SW**	Will be actioned by the January meeting
5/14	Each of the three regulators to provide a paragraph on the contribution to creating the conditions for safety in the NHS in England to be used in the narrative for leaders and boards. **PB, SB, MG** to submit their paragraphs to SW by **5 November**.	Action needed clarification
6/14	Short written briefings to be provided for each meeting in relation to Sign up to Safety. The Safety Fellows and the Patient Safety Collaboratives. **SW and MD** to complete and send to SW by **5 November**.	Verbal update on SAFE initiative*, Safety indicators Papers discussed on Sign up to Safety** and the Safety Fellowship Initiative
7/14	All attendees to nominate a communications lead. Communication leads identified from:	Received nominees from all relevant apart from Health Education England

NUMBER	ACTION	NOTES
	NTDA, Monitor, CQC, NHS England, HEE, NHS IQ, THF, AHSNs comms lead, DH – send to Gayle Carrington by **5 November.**	and the AHSNs communications lead
8/14	Information about the future of the NQB needed for a future meeting discussion. **GL / JB**	To discuss at January meeting

*Update from MD and MF on the SAFE initiative generated discussion. Key points:

- SAFE team is an 'improvement team' to provide support for organisations that are identified by regulators as ' in need'
- Using learning from industry approach to investigations and intensive support to provide coaching for local teams to improve culture and improve safety
- Could use a topic based approach (i.e. focus on falls or VTE) and or a system cross cutting based approach (i.e. focus on culture or communication)
- The SAFE Initiative needs to be clearly understood by all parts of the system and how it links with the other initiatives
- LW – content of peer support programme developed by NHS IQ would be useful evidence for this initiative – will share with MD/MF
- DD – suggest it links with High Reliability Organisations (HRO)[i] theory and methods. The initiative should describe the elements that would be expected to be seen by exemplar organisations
- SB – Support the importance of understanding what a HRO looks like. Important for the regulators including Monitor to support and create connections; important to work on this together
- Group all agreed that alignment was a priority.

Action: 5/14 Reminder that written update to be provided on the SAFE initiative to the group in advance of the next meeting

**Update on Sign up to Safety by SW

Action: 9/14 Members of the group to include support for the patient safety initiatives and Sign up to safety in their business planning for 2015/16

Agenda item 3: Creating the conditions for safety improvement

Discussions held about the role of members of the group in creating the conditions for safety improvement at a local level. Key points:

- SW – Feedback from the Wessex event and other conferences/events across the country that frontline staff remain confused about the number of different initiatives and how they are working together. Also that there is a difference between what the regulators say and how they act with regulators stating they are 'signed up to safety' and pledge to support the NHS to improve safety but in reality remain quite 'punitive' in their language [tone and style] and some actions

- MD - Build on the past and recommendations of the Berwick report

- DD - Need to define the conditions for safety improvement. What are the characteristics of a good organisation? Does the Charles Vincent report for The Health Foundation help in this regard?

    - Safety culture

    - Leadership

    - Safety data

    - Incident reporting and reporting culture

    - Learning culture and understanding of investigative methods to understand contributory and causal factors leading to harm

    - Interventions to reduce harm and effective implementation (rather than simple compliance)

- DD – a unifying thread should be the Safety Improvement Plan

    - Sign up to Safety – a key part of participation is to create a Safety Improvement Plan that builds on the organisations quality and safety work

    - The Patient Safety Collaboratives should know what each of the providers in their area have included in their Safety Improvement Plan

    - The overarching measurement strategy being designed by NHS IQ should state how we will capture the aims stated in the Safety Improvement Plans together with the AHSN Patient Safety Collaborative aims

    - The regulators should understand what a Safety Improvement Plan is and message the importance of these plans and describe how they will use the Safety Improvement Plan as evidence of local activity in quality and safety

    - CQC in particular should incorporate these into their assessment processes

    - Commissioners to use the Safety Improvement Plans to support providers with implementation
    - Important to confirm the content of a safety Improvement plan

- LW. Patients could be empowered to ask questions about safety improvement plans.
- Sign up to Safety responsible for recommending best practice of creating a Safety Improvement Plan
- GL – agree that there is still a lack of a simple and clear message / narrative and it is vital that we have this sorted for example; 'Sign up to Safety supports organisations to create their safety improvement plans, the Patient Safety Collaboratives provide support for the detail within them, and some of the aims are supported financially by the NHS LA'
- PP informed the group that THF will be producing a paper in 2015 on what we know works – draft possibly ready to share at the January meeting and potential to publish in February
- CQC should be defining what safety looks like – orgs regulated by their standards
- NW raised the independent review by Sir Robert Francis QC 'Freedom to speak up' looking into the NHS reporting culture, in order to make it easier for NHS workers to raise concerns in the public interest, and help to create the kind of open culture that is required to ensure safer patient care
- NW – Safety Improvement Plan has to have value and resonate in primary care as well - important we consider primary care and have membership at this group as a matter of urgency
- KS – we (the group members and the system) need to model the right behaviour
- TF – focus on the money may drive wrong behaviour
- SW – informed the group that the Sign up to Safety campaign has participants from CCGs and ambulance trusts as well as community trusts but not from General Practice
- SW – informed the group that some participants had decided to join up with others to create a 'group' including secondary and primary care
- The group considered whether there was a 'paragraph' or narrative that all of the members could slot into their business plans – concern was raised about how this may turn a supportive statement into a 'requirement' at a local level with the risk the Safety Improvement Plan becomes a tick box exercise or a rating of performance – all agreed this should not be mandated but should be seen as a good source of evidence

Action: 10/14 SW, CQC, THF, NHSE to agree on the guidance for Safety Improvement Plans and circulate ahead of the January meeting to help all members of the group to understand the components of a Safety Improvement Plan

Action. **11/14** SW to create key messages about Safety Improvement Plans for all to use

Agenda item 4. Patient engagement

Discussion held regarding the paper on Patient engagement and the proposal for a sub-group rather than have a single representative on the Strategy and Advisory Group. Key points:

- SW – discussed the potential for both patient engagement and public engagement as well as the role that each member could play in utilising their own patient engagement and patient experience teams/groups
- LW – offer support of NHS IQ for patient engagement and public engagement activity
- PP – offer support of THF for public understanding of the nature of risk and safety
- KS – Skills to do patient engagement and public engagement may be different – this would need exploring by the sub-group
- NW - Member of the sub-group to attend – either Chair or member
- MD – NHS England has reps on groups – to explore members for Rebecca and Gerry group
- GM – NTDA establishing a patient group which they could shape to support this
- MF - Sir David John Spiegelhalter, [statistician and Winton Professor of the Public Understanding of Risk in the Statistical Laboratory, University of Cambridge and a Fellow of Churchill College, Cambridge] could help with communications around risk
- Agreed to have a sub group
- Approved Chairs Rebecca Lawton and Gerry Armitage

Action: 12/14 LW and PP to contact and support Chairs Rebecca Lawton and Gerry Armitage

Action: 13/14 Representative from the sub-group to be invited to join the main Strategy and Advisory Group membership and meetings

ANY OTHER BUSINESS

Funding for Sign up to Safety – Concerns about the funding for year 2 and 3 – DD wanted assurance that the Sign up to Safety campaign would be funded each year. TF stated that he had had conversations with DH finance that they had agreed to fund for next year.

Action: 14/14 GL and SW and TF to discuss outside of the meeting and provide assurance to DD

JANUARY AGENDA

- To include discussion on the patient safety congress [in July] and consider how we could best use that event to demonstrate how we are supporting frontline organisations and staff to improve patient safety and ensure we are consistent with our messages

ACTIONS FOR MEETING IN JANUARY

NUMBER	DETAIL	WHO
2/14	Royal College representation. Academy of Royal Colleges follow up by next meeting	Kevin Stewart
3/14	Changes to the narrative to; reflect the origin and anchor as Berwick, emphasise the role of the safety improvement plans, reflect the importance of workforce and education with aligned professional development, learning from innovation and that change will happen locally at the point of care (for January meeting)	Suzette Woodward
4/14	Produce two simple, clear explanations to (1) frontline clinicians, (2) leaders and boards (for January meeting)	Suzette Woodward
5/14	Short written briefings to be provided for each meeting on the initiatives – see below:	
	Written update by 7 **January 2015** to send to SW on the Safety Fellowship Initiative following the Health Foundation Board meeting	Penny Pereira
	Written update by 7 **January 2015** to send to SW on the Patient Safety Collaboratives to include what each AHSN has chosen to focus on and the measurement strategy	Mike Durkin/Matt Fogarty
	Written update on Sign up to Safety	Suzette Woodward
	Written update by 7 **January 2015** to send to SW on the Safety indicators website to include how it is being used	Mike Durkin/Matt Fogarty
	Written update by 7 **January 2015** to send to SW on the SAFE initiative to include the elements that would be expected to be seen by exemplar organisations and how NHS England is working with the regulators on the initiative	Mike Durkin/Matt Fogarty
7/14	Health Education England and the AHSNs communications lead to nominate representatives and send to Gayle Carrington asap	HEE and Lynne Winstanley on behalf of the AHSNs
8/14	Information about the future of the NQB needed for a future meeting discussion. GL or JB to provide update for the group at January meeting	Garvin Larner
9/14	Members of the group to include support for the patient safety initiatives and Sign up to safety in their business planning for	ALL

NUMBER	DETAIL	WHO
	2015/16	
10/14	SW, CQC, THF, NHSE to agree on the guidance for Safety Improvement Plans and circulate ahead of the January meeting to help all members of the group to understand the components of a Safety Improvement Plan	Suzette Woodward, Brendan Carey CQC, Penny Pereira THF, Mike Durkin and Mat Fogarty NHSE
11/14	SW to create key messages about Safety Improvement Plans for all to use	Suzette Woodward
12/14	LW and PP to contact and support Chairs Rebecca Lawton and Gerry Armitage	LW and PP
13/14	Representative from the patient engagement sub-group to be invited to join the main Strategy and Advisory Group membership and meetings	Suzette Woodward
14/14	GL and SW and TF to discuss outside of the meeting and provide assurance to DD	Gavin Larner, Suzette Woodward and Tom Fothergill

NEXT MEETING

14 JANUARY 12 TO 13.30

VENUE TO BE CONFIRMED

[i] Researchers have found that successful organisations in high-risk industries continually learn and adapt to the potential for failure and recover from failure. There are five characteristics of HROs that have been identified as responsible for the "mindfulness" that keeps them working well when facing unexpected situations:

- Preoccupation with failure
- Reluctance to simplify interpretations
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise