

Strategy and Advisory Group

Notes of meeting on 14 May 2015 - Wallacespace – St Pancras

Chair Sir David Dalton (DD) Chair

Secretariat: Dane Wiig (DW) and Hannah Thompson (HT), Sign up to Safety

ATTENDEES

David Dalton (DD)	Chair Sign up to Safety / CEO Salford Royal
Gavin Larnar (GL)	Department of Health
Liz Mear (LM)	North West Coast AHSN
Malte Gerhold (MB)	Care Quality Commission
Steve Fairman (SF)	NHS Improving Quality
Will Warburton (WW)	The Health Foundation
Matt Fogarty (MF)	NHS England
Dane Wiig (DW)	Campaign Manager, Sign up to Safety
Wendy Reid (WR)	Health Education England
Kevin Stewart (KS)	Royal College of Physicians
Denise Chaffer (DC)	NHS Litigation Authority
Martyn Diaper (MDi)	NHS England
Mike Durkin (MD)	Director of Patient Safety NHS England
Hannah Thompson (HT)	Executive Assistant, Sign up to Safety
Rebecca Lawton (RL)	Co-Chair, Patient Engagement Group
Gerry Armitage (GA)	Co-Chair, Patient Engagement Group
Peter Blythin (PB)	NHS Trust Development Authority (by phone)
Jennifer Benjamin (JB)	Department of Health, Quality

APOLOGIES

Renee Knopp (RK)	Health Education England
Gill Harris (GH)	NHS England
Maxine Power (MP)	Salford Royal Foundation Trust
Lynne Winstanley (LW)	NHS Improving Quality
Suzette Woodward (SW)	Director, Sign up to Safety
Bruce Keogh (BK)	NHS England
Jane Cummings (JC)	NHS England
Norman Williams (NW)	Chair Patient Safety Collaboratives and HEE
Suzie Bailey (SB)	Monitor
Lynne Winstanley (LW)	NHS Improving Quality
Jacky Hayden (JH)	Health Education England

FUTURE DATES 2015	2016
9 th June 10.30 – 12.30 (NEW MEETING N.B. 2 hours) 22 nd July 10.30 – 12.00 (CANCELLED) 9 th September 10.30 – 12.00 11 th November 10.30 – 12.00	27 th January 10.30 – 12.00

ITEM 1 Introductions and minutes of last meeting

Notes of the March meeting were agreed as correct. All actions from previous meetings are up to date. Kevin Stuart has agreed with the Academy that he will report back to the Quality Leads Group at the Academy after each meeting of this group (the SAG). Note the meeting in June will focus on measurement and evaluation and the meeting in September meeting will be an opportunity to explore the changes in the system and functions for safety and their support for Sign up to Safety.

ITEM 2 Patient Engagement Sub-group

Gerry Armitage and Rebecca Lawton the Co-Chairs of the patient engagement sub-group of the Strategy and Advisory group provided an update on the first meeting on Patient Engagement Sub Group that took place on the 28th of April.

- The Patient Engagement (PE) group were put together as a sub-group of the Strategy and Advisory Group (SAG) as it was seen as too important of an issue to just have a token patient rep member on the SAG. They meet 4 times per year
- Rebecca and Gerry kindly agreed to Co-Chair this group and the group membership consists of different stakeholders, with representation from mental health, primary care and secondary care – note; the group is missing someone from the Patient Safety Collaboratives (PSCs), but RL and LM caught up before the start of the SAG and LM will identify a rep from a neighbouring PSC (**Action**).
- The group decided not to have a permanent patient representative because patient led subgroups will be formed on a need/topic basis.
- During the first meeting the Terms of reference was discussed and agreed upon to include the following
 - To have a shared concept of patient engagement, framework for action.
 - To share existing information, facilitate collaborations
 - Appraise, report on, endorse key initiatives.
 - Support SAG, endorse initiatives
 - Link to safety collaboratives
 - Consider impact criteria
 - Disseminate their work
- The Haelo patient safety briefing video was discussed at the PE meeting. The PE felt that this video is credible and valuable innovation. The PE group agreed on the need for independent evaluation of this video, alongside other existing tools such as the Think Safe initiative, to find out whether this video does act as an intervention for all patients – even to those who are too ill. The PE group thought there may be a risk that that this video could create anxiety in patients. There are a number of questions:
 - What is the desired outcome of this video?
 - Is it simply awareness raising or is the video meant to be a catchall intervention for all?
 - Is it too late for this information once they're already in hospital?
 - Is it trying to change behaviour?

At the first meeting of the patient engagement sub group it was clear the members wanted to get a well-defined view on the desired outcome of the group. The strategy and advisory group were invited to discuss:

- What do we mean by patient engagement?
 - Means different things to different people
- Remit of the sub group?
 - Patient engagement at all levels across all sectors or direct engagement?
 - Supporting patients' understanding of Patient Safety?
 - Helping staff to communicate when things go wrong and to use the knowledge gained to make improvement?
- Potential for some unintended or negative consequences of patient engagement in safety e.g. the inequality it could create where some patients could take more an active role in their care than others
- Relationship with the Strategy and Advisory Group
 - What does success look like for the SAG?
 - How do we work with SAG?
- How might we align with Sign up to Safety?
- What about web presence?

Group reflections:

- Patient engagement a wide field, focussing on a few small number of things would be best
- Patient feedback a vital indicator of patient safety incidents and could help learning to that we can stop them further 'upstream', perhaps more so than clinical patient safety incidents
- Patients express that they would like to be able to provide feedback when staff have done a really good job, not just input into problem solving which can be seen as negative
- Patients need help to understand the journey they are undertaking
- Patient case studies would be useful to explore such as families/patients at the end of the complaint's process who are willing to engage and to provide extremely valuable insight; how carer's get involved
- Link the work to Duty of Candour and supporting staffs' role to speak up
- What about standardising the messaging and approach – although counter to the current policies of local ownership and locally tailored messaging
- Frontline organisations need support on how they communicate their safety messages to their patients and communities? Who's role is this? What about the information already available nationally to patients and assess how well it is understood – who's role is this?
- Could provide 'principles or good practice' to organisations on what good patient engagement is, together with 'products' (e.g. frameworks, guidance or toolkits) – however this is not the role of the sub-group – role should be to signpost them to the service not develop new ones
- Good models are available in paediatrics
- The NHSLA is currently co-designing with victims of negligence
- A member of the PE group should be someone involved in the development of future staff (educators) - GA/RL reminded that they are involved in education

Outcome: In line with the approach that Sign up to Safety and other safety initiatives are progressing (i.e. sharing local good practice across the system and not dictating what organisations should do) - signposting examples of good practice so support organisations with improving their patient engagement was considered a good way forward

ITEM 3 Patient Safety Briefings – update on uptake and potential next steps

Maxine Power was not present at the meeting – the group therefore reviewed the paper submitted for this item.

ITEM 4 Latest News – roundtable

David Dalton (DD) opened this item and asked to hear from NHS England first on the role of NHS Improving Quality, then an update from the AHSNs and invited any other updates.

Mike Durkin updated the group on Patient Safety at NHS England. They are currently working closely with the Department of Health, a group has been set up which is chaired by Karen Wheeler to establish a new organisation body for patient safety. Investigation is high on the agenda and lessons are being sought from other industry models (nuclear, aviation etc) to propose a new model and structure for the NHS which will include an intervention element (SAFE team). Will have clarity in next few weeks.

Mike Durkin also updated the group on the Q initiative. A joint governance arrangement of the Q initiative between NHS England and The Health Foundation is being worked on. **Will Warburton** also gave an update on the Q Initiative. The first cohort of 200 fellows for the founding cohort will be in place within the next two months – the closing date for applications is 15th May. The first cohort will be working with THF in co-designing the initiative and provide clarity for future applications. DD asked WW for an update on the Q initiative for September **(Action)**.

Mike Durkin also updated the group on the patient safety collaboratives. The structural elements of the patient safety collaboratives are now in place, as well as funding and the funding commitment has been maintained. An element of which is for the current IQ staff. **Liz Mear** further updated the group on AHSNs and PSCs – All the AHSNs have set up their PSCs and are all nearly fully staffed. Clusters have been set up for the main topics (AKI, Medication Optimisation, Sepsis etc). A work stream on local metrics has been developed to help with consistency nationally.

DD asked what the ‘traction’ of PSCs is like at a national level and are there any regions where support is needed. LM said some PSCs aren’t advanced as others and they are aware of where support is needed. The links from the PSCs to the Su2S organisations who have submitted SIPs is working well. There is a mixed picture on how deep the PSCs are getting into primary care at this stage. DD asked LM for a briefing note on the PSC programme to share with the group in June **(Action)**.

Gavin Larner gave an update from DH:

- Ben Gummer will be the minister who will lead on quality
- The first major public event for SofS will be at NHS Confed where he will be discussing costs, and saying that it’s also about *value*. DD asked whether there are any issues which they need

to pay close attention to in order for there to be a safer set of orgs, who demonstrate value. GL replied that they need to concentrate on the safety route – improvement science with more coherence at the top. JB suggested that we might want to ask the Su2S orgs and PSCs if they are looking at safety within the wider context of quality, productivity and value

- Clarity to the service on the system governance and leadership of patient safety (and quality) is required, e.g. the role and need for groups such as the strategy and advisory group, the national quality board and others
- SofS wants NHS to have a higher profile on the international stage for patient safety
- SofS wants to explore comparisons and lessons with more safety industries other than aviation
- GL also informed the group that he will be leaving DH on secondment to The Health Foundation

Denise Chaffer updated the group on the NHS LA financial incentive. The NHS LA Board meeting took place on 13 May – the papers will be shared with the group (**Action**). There were 25 successful and 25 unsuccessful maternity bids, all mostly on equipment for Foetal Monitoring Equipment. Organisations who were successful were asked to agree to certain conditions prior to being sent the funding which included that the successful organisations would be asked to buddy up with an organisation who was unsuccessful.

SUMMARY OF ACTIONS

- Liz Mear to produce short briefing note to update on current progress of the PSCs to share with the SAG in June
- Liz Mear to identify a PSC rep from a neighbouring PSC to join the Patient Engagement Sub Group
- Will Warburton to provide an update on the Q Initiative in September
- Denise Chaffer to share the NHS LA Board meeting papers with the group for June

NEXT MEETING

09 JUNE 2015 - 10.30 – 12.30 – WALLACESPACE COVENT GARDEN