Strategy and Advisory Group

Notes of meeting on 9 June 2015

Wallacespace, Covent Garden

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

ATTENDEES

Mike Durkin (MD)	NHS England
Matt Fogarty (MF)	NHS England
Norman Williams (NW)	Chair Patient Safety Collaboratives
Penny Pereira (PP)	The Health Foundation
Carolyn May (CM)	Monitor
Richard Wilson for Peter Blythin (PB)	NHS Trust Development Authority
Jennifer Benjamin (JB)	Department of Health, Quality
Phil Duncan for	NHS Improving Quality
Jennifer Benjamin (JB)	Department of Health, Quality
Alison McLellan (AM) for Denise Chaffer (DC)	NHS Litigation Authority
Hannah Thompson (HT)	Executive Assistant
Dane Wiig (DW)	Sign up to Safety
Maxine Power (MP)	Haelo
Rebecca Lawton (RL)	Co-Chair Patient Engagement Group
Deborah Evans (DE)	South West Peninsula AHSN
Liz Mears (LM)	North West AHSN
Jacky Hayden (JH)	Health Education England
Martyn Diaper (MD)	NHS England
Charles Vincent (CV)	

APOLOGIES- NON ATTENDERS

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
Lynne Winstanley (LW)	NHS Improving Quality
Jennifer Benjamin (JB)	Department of Health, Quality
Malte Gerhold (MB)	Care Quality Commission
Bruce Keogh (BK)	NHS England
Kevin Stewart (KS)	Royal College of Physicians
Suzie Bailey (SB)	Monitor
Peter Blythin (PB)	NTDA

FUTURE DATES 2015	**2016**
22nd July 10.30 – 12.00 [CANCELLED] 9th September 10.30 – 12.00 – WELLINGTON HOUSE, WATERLOO 11th November 10.30 – 12.00	27th January 10.30 – 12.00

NOTES

Notes of the MAY meeting were agreed. General updates included:

- Update from Liz Mears (paper submitted) on the AHSNs
- Update from NHS LA (reference to Board paper sent to the group)

Focus for June meeting was on measurement

Reference paper sent in May and updated in June 'Measurement and Evaluation – Updated Briefing Paper for Strategy and Advisory Group – June 2015' distributed to the group.

Reference paper 'Patient Safety Collaborative measurement proposals' sent to group prior to the meeting.

DISCUSSION POINTS

MD and MF – provided an update on the proposal and progress of a new measurement unit including the procurement exercise. All agreed that the procurement of the measurement unit was the right thing to do. The proposal had a number of principles which were discussed principle by principle:

1. **The primary focus of the measurement unit needs to be measuring improvement over time, and comparative data would not generally be provided**

This was agreed. Points made:

- There is no such thing as a special measure for improvement
- The main point of the unit is to support the AHSNs and the AHSN clusters may want comparative data
- Need to be clear about the level of analysis and skill set required of the unit
- Measurement culture needed i.e. we should be creating enthusiasm for data – motivating people to be curious about how they are doing, ensure a culture of learning is the main purpose
- The unit could aid the spread of good practice and identify improvement opportunities, but it would not exercise the wider role of collating and sharing best practice between collaboratives, except best practice in measurement
- The key factor is not necessarily what is collected but the response to the data collected and its potential for misuse

2. **Measurement should generally be at the PSC footprint and national level**

This was agreed. Points made:

- Was there an expectation that organisations measure their own safety improvement plans – what level of feedback would they get? Should there be a connection between individual organisations and their safety improvement plans and the measurement unit?
    - Safety improvement plans belonged to each organisation and it was their responsibility to monitor progress – each Board of each participant site had agreed

to that responsibility – there were no expectations amongst sign up to safety participants that they would be provided with this resource – the campaign has and will continue to provide measurement webinars and help with their bespoke plans. ALSO not all organisations have produced safety improvement plans (optional part of an optional campaign)

- There are numerous existing data sources - No new or separate reporting mechanisms were to be set up – key factor is not to increase the burden on frontline organisations or staff
- Understanding improvement at the national level (all PSCs combined) is important to the overarching national programme of safety improvement and the aims and objectives of the PSC programme and the campaign

3. The unit should provide clarity on how the measurement it produces should be interpreted and used

This was agreed. Points made:

- The numerous existing data sources all have their different strengths and limitations – incident reporting only indicators of harm and not all reports are about patient harm but can be about operational and governance issues
- Data over time important to show who is doing well and help others learn e.g. funnel plots
- The function over time may help to support others develop their measurement capability - the unit would be mindful of varying levels of understanding of measurement in individuals, teams and organisations
- The unit would present measurement in ways that are meaningful, accessible to all and provide help
- Data transparency key
- If the data tells us the system is not safe – what is our reaction? What about for example the student workforce and the role of HEE and the deaneries
    - There will be a view by a number of regulators (of the system and professions) on what the data is showing us which is why we have to keep to these set of principles

4. The unit should work towards a balanced set of measurements , including:

a. measures for all the 'priority wall' areas

b. measures that are relevant to all care settings

c. measures of structure, process and culture as well as outcomes where appropriate

This was agreed. Points made:

- Vital it covers primary care – sharing will be a challenge especially with GPs
- What about patients and patient reported measures?
    - Next generation of safety thermometer includes patients views

5. The unit should encompass measurement of engagement in collaboration

This was agreed. Points made:

- Measurement not just about outcomes but about culture, process and engagement

Q: What about the 'reducing avoidable harm and saving lives' goal?

- Working towards measures for all major areas of avoidable harm is important
- A number of areas of focus currently in progress around measuring mortality – NHS England leading and commissioning work from HQiP , Bruce Keogh team working with QuORU (Queen Elizabeth Medical Centre, Birmingham) and others to build the picture of avoidable deaths

Q: What would be happening in the meantime while we were waiting for the unit to be procured?

- AHSNs already developing their own local measurement strategies
- NHS England already collects a mountain of data which they have to report up in relation to Domain Five of the Outcomes Framework
- CQC, NTDA and Monitor also all collect different aspects of safety data

Q: What about creating a baseline of data?

- Could be done now or retrospectively by the unit
- Baseline would produce a useful focus on what we are trying to do – however it is complicated and may take time
- Already have the top themes from NHS England data, safety improvement plans and AHSNs – do we have the data that backs this up?
- MD and MF will report back to the group about how this will be done – creating a baseline may in itself need a procurement process unless it costs very little – NHS IQ and Frances Healey already working on this [Patient Safety leads should be part of that conversation]

ACTIONS

1. COMMENTS to MD and MF on the measurement proposal ASAP
2. Plan to collect baseline data to be shared by MD and MF in SEPTEMBER
3. SEPTEMBER meeting agenda to include: mortality review, case note review, update on Q initiative and any changes in policy direction as a result of the government's combined response to the PASC report, Morecombe Bay and Francis whistleblowing report
4. JANUARY meeting agenda to be confirmed in September

NEXT MEETING

9 SEPTEMBER 10.30 TO 12.30

WELLINGTON HOUSE, WATERLOO