

## **SIGN UP TO SAFETY: LET'S TALK – PODCAST 2 TRANSCRIPT**

**SIGN UP TO SAFETY (SU2S):** Hello, and welcome back to Sign Up to Safety's Let's Talk podcast, where we bring people together to talk to each other about what they know about keeping people safer.

Last time we met two Sign Up to Safety members – [Victoria Murray](#) and [Vanessa Ford](#) – who are at different stages of their Sign Up to Safety journey.

Victoria, who's Sign Up to Safety Matron and Clinical Handover Lead at Frimley Health NHS Foundation Trust, has been a member for just over two years – while Vanessa, who's Director of Nursing and Quality at South West London & St George's Mental Health NHS Trust, is around nine months in.

They had a great discussion around getting started, collaboration and keeping up momentum. It was fascinating hearing them talk about their experiences so far, and the practical tips they were picking up off each other. If you missed it, just go to [soundcloud.com/signuptosafety](https://soundcloud.com/signuptosafety) and look for Let's Talk – Part 1.

This week they're back to tell us about some of the challenges they've faced – from knowing who to talk to, to initiative fatigue, to measuring impact – and how they're overcoming them.

So without further ado, let's get started.

**Victoria... Your work focuses around the process of clinical handover – why is this so important?**

**VICTORIA:** Handover is what happens the first time you come on shift. The first thing that happens is you get told about your patients or you get patients referred to you. If that's wrong then everything else can fall to pieces. If you don't know which patients are high risk of falls on your ward, if you don't know how sick that patient is which is coming to you then it puts our patients in a very vulnerable situation and can affect their safety. So I really think handover is almost the number one priority; if we get that wrong then so many other parts of safety then go wrong as well.

**VANESSA:** And in a culture where everything is measured and KPI-ed... How do you measure what improvements you're making? How do you know it's making a difference?

**VICTORIA:** We did a very quick test. I went round the wards and I asked different members of staff – nurses, care assistants on the ward... I said "tell me the patients you're most concerned about". I gave them some prompts about patients who are high risk of falls, patients with pressure ulcers, vulnerable patients such as those who are under DOLS or who have got safeguarding concerns and deteriorating patients (whatever for them they felt that meant). And I asked them to tell me which patients on the ward fell into those categories. And I compared their knowledge, the ward based nurses, with the nurse in charge, to get a whole view of the ward and then saw who knew what information.

And for the areas that didn't use our new handover model, their knowledge of the key safety areas fell at about 35-40%. So they knew about *their* 6-8 patients but they didn't know about the patient in the side room behind them or in the bay next to them because

that wasn't their patient. And then we repeated that and did that again once the wards had put in the safety briefings with the situation awareness briefing at the beginning and the knowledge then sat at about 75-80%.

So there was a much better understanding of the key safety issues on the ward, which we hope will then reduce things like patients having falls because actually if I know that the patient in the bay next to me is at high risk of falls every time I walk past that bay hopefully I'm going to look in and check on that patient, even if it is just a glance to make sure that patient's ok.

Or we've had examples of patients who maybe telephone conversations we've had where we can't discuss something over the phone – if everyone knows that then they're not going to accidentally say something they shouldn't do. Or being aware if you've got a very junior member of staff, if they've got a sick patient how are they being supported?

So it's kind of a rough guide and I'm trying not to do too many audits. At the moment all the ward sisters and the ward matrons are doing an observational audit to look at what the handovers are actually like on the ward. Because it's all very well people saying it's all going fine but again about that ward ownership – I want the matrons to have that assurance that actually what they think is happening is actually happening.

**VANESSA:** It sounds a great approach – really exciting. And it's great that you've got measures and you've been able to compare two areas. In terms of your next steps with the multi-disciplinary team and I think you mentioned the doctors in particular coming on board... how are you approaching that?

**VICTORIA:** I've had some meetings with our Chiefs of Services and our Medical Director and some of the Senior Registrars and I've been and looked. I've actually said "You're telling me this stuff's happening – what's actually happening?" So I've come to the handovers at 10 o'clock at night with the different specialities and looked at what is actually happening and then again I've done it very much by speciality – going to the leaders of those areas to say "What do you think your handovers need? What do you think they are like now? How are we going to get between the gaps? Here's the model we've used with the nurses – I think this model should work with the doctors as well but it's going to need tweaking – it's not one size fits all."

The model we've made – you look at it and it's about four lines long. And the reason for that is because everyone's different – the basic model should fit but they're going to have to adjust it and make it their own and it's working with those leaders again – the registrars and those people that actually are there on the shop floor at night. What do they want from their handovers? Because I can say "Oh, you should talk about this, that and the other" and they could say "No, that's not what we need". So it's finding out what's needed rather than just going by 'the action plan says...'

**VANESSA:** In terms of your biggest challenge so far – what's it been?

**VICTORIA:** I think actually becoming part of a much larger organisation – I found I'm used to the Frimley Park family and I know a lot of people as I said I've been here quite a long time, but coming into a new part of an organisation and going over to Wrexham – first of all trying to work out where to park your car, who do I speak to, what computers can I use, just trying to get a log-in to start with... But that's all sorted now and I've feel I've been really welcomed over there – it's a lovely team over there. But it was sometimes about knowing who to go to, which person to speak to... who covers this. I don't want to step on someone's toe or feel like I'm overshooting someone.

I gate-crashed a lot of meetings – I turned up at meetings saying “Hi, I’m Victoria, I’m the Sign Up to Safety Matron. Handover – it’s brilliant, let’s talk about it. Can I come and watch yours? Tell me what it’s like. What do you do? Well we seem to always talk about improvement and what we need to work harder on but actually there’s some really good practice about and saying if you think you do it well tell me about it because maybe we can share that, wider”. I’ve had some really positive experiences and actually I feel like we are really one organisation – we’re Frimley Health and we’re all working towards the same standards. But it was just about being the new girl again – I’m sure Vanessa feels like that sometimes too.

**SU2S: It’s really interesting what you were saying about amplifying what is working. Finding that good stuff and how it can be rolled out across different departments and contexts is really interesting...**

**Victoria, have you faced much change fatigue? How do you deal with this and keep people motivated? Have you felt many barriers coming up, with people being defensive?**

**VICTORIA:** I think sometimes you go to an area and now’s not the time and actually saying “Yes we need to get this done, but is now the time for them?” There’s some areas where I’ve gone in thinking “yeah, we really need to sort out handover” and they’ve got 101 other things that they also need to be looking at and once I’ve sat down with the teams and we’ve talked about it actually no, now isn’t the time to be looking at a big change for them. There might be a couple of pieces they can work on, but actually saying “I’ll step away. I’ll come back in three months time. And that’s ok. I’m not here to hound you, to chase you... we need to be collaborating, we need to be having this co-design and having this local leadership. If you’re not ready then actually I’ll give you a few months and I’ll come back”. And that’s worked in most areas.

When I’ve then come back to them they’ve then been ready. They’ve known I’m coming and they’ve known it’s still on the radar. Again, I’m in a uniform and walking about on the wards. If you call me on my office I’m not here because I’m out on the wards seeing people – it’s that visibility. I’m not coming in to do official training or to do a spot check – I’m coming in to ask staff “How’s it going? Is it working? Is it not working? What more can I do to help?”

It’s quite an organic and softly softly approach but it seems to be working. I think it’s quite a different approach to a lot of the other things going on which are suddenly a quick, fast change. This is about how we approach handover and how we treat each other as individuals, how we engage with patients. So it’s got to be done right, so if it’s done slowly and right I’d prefer that.

**VANESSA:** I really appreciate hearing Victoria’ approach and it’s very simple, which is lovely to hear.

**SU2S: In your organisation Vanessa, has there been that change fatigue?**

**VANESSA:** I think in our Trust we’ve been inspected by the CQC a number of times (as have most organisations, but we’ve had our fair amount). We’ve been on lots of different journeys and we haven’t always seen initiatives through so I think staff could think it’s one of those. And I guess what’s really nice about Sign Up to Safety and having a clear improvement plan is it’s totally connected to our patients’ experience and journey and it’s about making it safer for them and our staff. So it’s something that people can really buy into.

But what we haven't termed it as an action plan or an initiative – its just what we're going to do round here. And it's just holding firm that this is what we're going to do and trying not to get it on a KPI dashboard but keep it really simple.

**SU2S: And keeping it more human as well...**

**VANESSA:** I think one of the things that really helped us was David Naylor came down and spent some time with the nurses just framing the conversations that it is just about talking to each other – it's as simple as talking to each other that's going to make things safer. And I think that freed people up from quite a lot of tension of being blamed or having to do things in a certain way or having to fit into a certain box – this is just having a conversation.

**VICTORIA:** Knowing you're going to be listened to as well...

**SU2S: That context of we're going to have a conversation but we are going to listen to you and take actions off the back of that...**

**VANESSA:** Yes, but sometimes it's not about us as senior leaders taking actions – it's actually about the staff feeling empowered to take their own actions. And I think that's one of the things that's been different about these conversations – it's "Tell us what it is that you think" and rather than me saying "I'll take that away and do something about it" it's actually "And what can you do about it and how can we help you to do something about it yourself?" rather than me trotting back up to Trust headquarters. It won't help staff in the long-term if we do that.

**SU2S: Victoria, what advice would you give to other Sign Up to Safety members learning from your own experience?**

**VICTORIA:** Probably get out there and see what's actually happening. Don't just trust the reports and the different stats and the KPIs. Go and look and listen, talk to patients, talk to staff, do a shift somewhere. Find out what it's like on the frontline rather than just assuming that you know what's going on. I found that so powerful – I think I probably spent at least the first couple of weeks going round visiting places, meeting people, talking to people and listening to them.

**SU2S: Vanessa, anything else you'd like to ask Victoria?**

**VANESSA:** No, it's just been great to hear the simple non-complicated approach.

**SU2S: What will you take away from our discussion today and recommend to others?**

**VANESSA:** I really love the idea of the postcards and being able to post them back in six months time – I thought that was really nifty. I think the other side of it was the work that you're doing on handovers. It sounds so basic but really essential and I wonder if some of that would help us with some of our priorities. So I shall be thinking about that and maybe asking Victoria if I can head over to Frimley with some of my staff to see what we can learn from the general settings. I think sometimes we become quite siloed in mental health because it's so different from general medicine so it would be great if we could get some shared learning.

**SU2S: Victoria, is there anything you'd take away from our discussion today?**

**VICTORIA:** I think it just reinforces the power of discussion, the power of talking to each other. I think both Vanessa and I have taken things away today. It's that sharing, that collaborating. It's about breaking down those silos and saying "actually there's probably a lot I can learn from Vanessa". She works in an organisation that's very separated and all in little bits in pieces and maybe she'd be able to give me some guidance in working across multiple sites which is something I've had to learn my way through in the last year or so.

I think we've got to make more connections in the NHS and stop saying "that's not for me" or "that's not relevant to me" and saying "let's talk about it and find out if it's relevant".

**SU2S:** Yes, it's amazing how big the difference that something so seemingly small and simple as just talking to each other can make when it comes to patient safety.

Victoria, Vanessa – once again, a huge thank you for taking time out of your busy schedules to talk to us, I know it's going to be really valuable and inspiring for our listeners.

If you'd like to revisit anything we've discussed today, you can download a transcript at [signuptosafety.nhs.uk](https://signuptosafety.nhs.uk)

I'd love to hear if you do go and visit Victoria at Frimley, Vanessa – maybe we could do a follow-up to hear about your visit and what you learned. So do keep in touch and hopefully we'll be back very soon!

In the meantime, keep safe and keep talking!

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