

LET'S TALK – PODCAST 1 TRANSCRIPT

Sign Up to Safety (SU2S): Hello, and welcome to our first Sign Up to Safety podcast.

Sign Up to Safety is all about getting people to talk to each other about what they know about keeping people safer.

So we thought it'd be great to bring together two Sign Up to Safety members – one who's two years into their Sign Up to Safety journey, and the other who signed up just over six months ago – to talk to each other about their experiences so far.

What have they learned? What challenges have they overcome? And how can their experiences help and inspire our other Sign Up to Safety members with their ongoing work to keep people safer?

So I'm happy to introduce Victoria Murray, the Sign Up to Safety Matron and Clinical Handover Lead at Frimley Health NHS Foundation Trust, and Vanessa Ford, Director of Nursing and Quality at South West London & St George's Mental Health NHS Trust.

While they both have huge amounts of professional experience, Victoria is further into her Sign Up to Safety work than Vanessa. So we wanted to give Vanessa the chance to ask Victoria lots of questions that could be useful for listeners, whatever stage you're at in your safety journey.

Today is the first of two short podcasts, and we're going to focus on getting started – both establishing and bedding in the Safety Improvement Plan and pledges, getting colleagues on board, and the importance of co-design and collaboration.

But first, to give a bit more context, Victoria – please could you tell us a bit about your setting and the focus of your Safety Improvement Plan?

VICTORIA: Of course... I work at Frimley House. At the time we started our Safety Improvement Plan we were actually Frimley Park so we've now become a much larger organisation since the start which is very exciting. I've always been very interested in improvement, looking at things which are going to make life better for patients, easier for staff, and our key focuses on our Safety Improvement Plan are clinical handover, consent and reducing third degree tears during childbirth.

SU2S: And Vanessa, please can you tell me about your setting.

VANESSA: I work at South West London and St George's Mental Health Trust and obviously we're a mental health organisation that provides care in both in-patients and community settings. I joined the organisation about six months ago as a Director of Nursing and at that stage they hadn't initiated the Sign Up to Safety campaign – and I had worked in a previous trust with Sign Up to Safety and found it really helpful for engaging with staff and getting that level of personal commitment.

SU2S: And Victoria, what would you say has been your biggest or most important learning since starting the Sign Up to Safety journey?

VICTORIA: It's probably actually checking what you need to do. Because we obviously had a Safety Improvement Plan but it's quite an organic document and as we've come through we've realised that what we thought we need to do isn't necessarily what actually needs to be done. It's very tempting to give that band-aid solution of "let's put another piece of paper in place" when actually a whole system, multi-team or cultural solution is actually required.

SU2S: And Vanessa, you're at an earlier stage of your Sign Up to Safety journey but what have been your biggest insights so far?

VANESSA: For us really it's how you get all the different campaigns and priorities aligned so that they make sense to frontline staff and to the patients – so you don't have too much repetition in the system and you have really clear safety goals to work on.

SU2S: Great. So now we're going to dive a bit deeper into your stories and experiences... Victoria, could you start by telling me a bit about how you went about setting up your Safety Improvement Plan?

VICTORIA: So for our Safety Improvement Plan we first looked at our claims profile with the NHSLA to identify which areas we wanted to focus on. It's very easy to say we're going to do this we're going to do that but we wanted to find something that was going to make a really big difference. So we looked at our claims, we looked at the actions taken from those, and what we felt we could still do to make a bigger difference, which was how we identified those key projects. And then looked through what we thought we were going to do, and one of the key points of our Safety Improvement Plan was actually to appoint named staff to each of the projects so it wasn't just this entity floating around the hospital – another buzz word, another catchphrase – but there were actually leads for each of the projects.

SU2S: OK. And you're Sign Up to Safety Matron at Frimley. How did that role come about and what does it involve?

VICTORIA: I actually asked for the title of Matron. We were looking at Project Lead and things like that. But I thought it's really important... I'm really proud of being a nurse and I wanted to make it clear to those I was going to be engaging with that I was a nurse, I've been frontline staff for many years. I understand some of the problems they're going through and they can talk to me and hopefully even if it's not a discipline I've worked in before I can understand what they're talking about and we can have really clinical conversations when needed. And I think that sometimes going to people in a uniform is really important. I'm not somebody who just works in an office and comes out with a new action plan and report. I am there to help and I'm going to the ward saying, "tell me what needs to be done and let's together find some solutions". My role involves lots of face-to-face time with frontline staff.

SU2S: And how much control do you have about what you want to do?

VICTORIA: I have a lot of control. I work very closely with our Head of Nursing for Patient Safety and our Deputy Medical Director, so obviously I get guidance from them. But on what actually needs to be done around handover, I've had a lot of control about deciding the priorities, identifying pilot sites, working out with the best practice and research what we want to do... I've had a lot of independence. Obviously we always refer back to our Safety Improvement Plan and make sure that it is within the remits of the project, but I have had a lot of independence.

SU2S: And how has your Safety Improvement Plan shaped day-to-day activity on the ground?

VICTORIA: It's had a big impact. I'm covering three hospitals and particularly we're looking at nursing shift handover at the moment, and this is about standardising a single process. I went in thinking, "that's easy... I'll just change a piece of paper it'll be fine", but actually it's not, it's really complex. So by having a key focus around handover it's helped finalise that. We all know that handover needs to be improved but it's never really been on an action plan which is so multi-disciplinary, multi-speciality. And by having this focus, this beacon of "we're looking at handover... we're making handover better" it helps bring everything back to that and stops us getting a bit lost.

SU2S: So why are co-design and collaboration so important?

VICTORIA: Firstly because I've only got a three-year post to do this work and I don't want this to stop after three years. It's got to be locally owned, it's got to matter. There's so many pieces of paper which get issued out to the wards to say there's this new form and people look at it and say "this isn't relevant to my patients... this isn't relevant to the work I do". It's really important that by going to the frontline leaders, the sisters, the matrons on the wards and the doctors on shift and saying actually, "What do you need? Together we're designing solutions so they actually work" and we're really putting it to the managers of the departments to say "you own this... you can adjust it to what works for you".

A really good example of this is at the beginning of every shift we now have a Safety Briefing which brings the whole of the ward come together and the nurse on charge goes through the key issues on the ward, be that patients who are at high risk of falls or patients who are being seen by the critical care outreach team – what are the key issues? And we can't give them a standardised list because what an elderly care ward needs is going to be very different to what a children's ward needs is going to be different to what A&E needs, so they have to help us design what they want included in the briefing and actually that helps them own the solution as well, and they can then adjust and amend it as the needs of their patients and the needs of their staff change.

SU2S: So what has been the most challenging part of the journey so far?

VICTORIA: Probably the first step –actually saying we're going to make a change. There's that phrase "nobody likes change". I love change, but most people find change quite scary, quite intimidating... working out how to approach all these different managers... knowing who to approach sometimes, and actually selling the idea of the Sign Up to Safety project and improving clinical handover. Once we got started actually, it's gone much more smoothly and people understand it – they're really engaged and they want to get involved. But it's that first step that was probably the hardest.

SU2S: And what are you most proud of from these two years in the Sign Up to Safety campaign?

VICTORIA: Probably not necessarily the project work, but some of the stuff we've done around safety culture – getting everyone from the porters, the housekeepers, nurses, care assistants, doctors, catering staff, absolutely everyone to say "you know what, safety is my responsibility". We've been running safety pledges where we ask staff to think of one thing they can do – it's not about more money, more staff, more

shiny pieces of kit – but what, within their gift, can they do, and making small pledges. And we've had thousands of these pledges now – every one says "you know what, there's something more I could do" and I'm really proud of that.

SU2S: So now over to you Vanessa... Just before you ask Victoria some questions about the story you've just heard... it'd be great to understand a bit more about your setting. So could you tell me a bit about how you set up your Safety Improvement Plan?

VANESSA: We did quite a lot of work similar to Victoria in terms of looking at our Risk Incident Data and seeing what that told us, what the main themes were from that. We also did some work with our service users and carers to ask them from their perspective what they felt we most needed to improve in terms of their experience of safety in our unit. So we came up, as a result of that, with three key safety pledges or priorities for us as an organisation and as a group of people working together.

So we're looking at: reducing levels of serious self-harm and suicide; reducing the degree of violence of patients on patients, which was quite hard to hear but was very important and very real to our patient group. But also, as a third aim, reducing the degree of patient on staff violence and also staff on patient violence.

Those were our three priorities and they were the areas that were emotive and passionate to staff and to our client group. So having collected those three areas together we've then run a series of events to help people to think about safety being everyone's priority.

SU2S: So obviously your broader approach is quite similar, but the specifics and challenges of your setting are very different...

VANESSA: They are different. But I was thinking as Victoria was talking about safety in handover... I completely understand what she was saying. It's so important. If you get handover right it sets the tone. It's also really basic and it's something that we think should be easy, straightforward... we're trained to do it, why is it so difficult? Just like in a mental health setting actually reducing the levels of serious self-harm is what we're here to do, so it should be something that's implicit in everything we do. But actually it does need focused attention and time to re-evaluate what we're doing and to make sure we're doing it in the best way possible. So I think while we're different we're also very similar.

SU2S: So you've set up your Safety Improvement Plan – what stage are you at right now?

VANESSA: We are six months in to our Safety Improvement Plan and we've had four events so far with people from Sign Up to Safety coming along to support us, to have the conversations about what makes them feel safe and what does safety mean for them. Those have been really well received and I think some of that is just about taking a step back from your day-to-day work and not having an action plan or another set of priorities place in front of you, but just about having the conversation and thinking about what you are not saying as well as what you are saying.

So those have been really well received by our staff and from those conversations they've gone back to their individual units and replayed those conversations in their own teams. We've got an increasing number of staff making pledges, although I really like Victoria's idea of having individual pledges and a system of them to be fed

into the organisation – because at the moment ours are just going straight onto the Sign Up to Safety portal. So I'm hoping to ask her a few more things about that!

SU2S: What do you think will be the biggest challenge for your team and setting?

VANESSA: I think it's about keeping it simple and keeping the momentum and about it not being seen as an addition to the role but about something that is there to help staff every day to care for patients. I think we can get a bit 'initiative tired' and the fact that from these two years into their work and they've still got the momentum going is really important for us to hear. And I really believe that it's about making sure we don't change our priorities too often, but get what we're doing really well embedded.

SU2S: And obviously you personally have a huge amount of experience and expertise in the quality and safety sphere, but what would you like to ask Victoria as someone further along in their Sign Up to Safety journey?

VANESSA: One of the things I was thinking about as Victoria was talking was around what quality improvement techniques and methods, because there's lots of different acronyms and complex tools out there, and I just wondered what you used or how you went about helping staff to make the actual practical changes?

VICTORIA: I involved lots of different people, so I started by going to the Practice Development Team because there was only one of me and we're looking at 50+ departments that I'm supporting. So really everyone knows my message... everyone's heard about handover. So I went to Practice Development, I went to our Organisational Development Teams. Personally I get people to do almost a 'Plan, Do, Study, Act' but not too formally – it's not about action plans it's about each person – let's work out what works for you. So it involves a lot of meeting people for coffee actually, and having conversations with those ward leaders to say "Where are we now? Where do we need to get to? Let's work out a few steps of how we're going to get there". And it doesn't have to be "Let's do everything all at once". Pick the one bit of the handover which you think is going to make the biggest difference and let's focus on that first.

And as with most areas, it's that first step isn't it? Once they start going "well actually there's a different way of doing handovers, there's a different way we could make this work. Lets try a little bit of it". Then they get an appetite for it and say "let's do the next bit... let's do the next bit". And suddenly they're having a complete safety briefing with the whole of their team, they're doing bedside handovers with really detailed patient discussions, engaging more with patients about their plan for the day and we're now working on even having a debrief at the end of the day – bringing their team back together at the end of the day and saying "you know what? we've done a really good job today, thank you very much" or "is there something we can learn from today"?

VANESSA: Have you found it difficult being from a different discipline? Often with projects we say "If you're going to do something with the doctors you need to have a consultant to lead it, and obviously you're clearly a matron" (in a nice way). Has that been difficult or has that been well received?

VICTORIA: That's been quite well received. I think it helps that I have worked at Frimley Park for over ten years, so I know a lot of the doctors anyway. I come from a surgical background – I was the senior sister on the Surgical Assessment Unit – so I know a lot of the doctors, I had a way in and I've got that clinical credibility with them

already and it was just expanding that out to some of the specialities who I don't know as well. Sometimes even asking the doctors I do know for an introduction to other doctors.

VANESSA: So it's really about credibility and being a clinical leader more than your discipline by the sounds of it...

VICTORIA: Absolutely. I mean I'm a surgical nurse but I've managed to help medical wards, ITU, paediatrics – I've never worked in paediatrics in my life but I've been able to help those areas with handovers because I see my role almost as a facilitator – I'm here to help the change happen. But really you need those frontline leaders to take on that responsibility and say "you know what, we need this change". And I'm able to say "I'm here to help".

VANESSA: Changing tacks a little bit – the safety pledges that you've done with porters right the way through to consultants. How do you organise that as an organisation?

VICTORIA: We had a two-day Sign Up to Safety event back in January, which we held on both of our main sites, which had a whole load of stuff going on. But one of the things we were asking people to do, we just used postcards, we had coloured pens and everything... we asked people to write down what is it they would like to do – and it didn't have to be part of the three projects – if there was something particular to their role which they wanted to do then that was absolutely fine. We didn't want to confine it to say "you have to say something about handover" because actually it's about everyone having that responsibility.

We had some lovely pledges – not just about safety but also about quality. We had one nurse who wrote a pledge about making sure that her patients get a hair wash – I thought that was lovely, and it was something that she felt that she could do. We get absolutely all sorts but mainly we do it on paper – we get people to write postcards and I read every single one that people write. And we keep track of the themes within those and what we try and do is we keep them in a box and then every six months or so we try and try and post them back to the staff if they've written where they work, so that they can have it back as a reminder six months later to keep that momentum going - to say "Oh I said I was going to do that. Have I done it? Have I not done it?"

We always make sure that people are aware it's not that it's going to their managers – we're not going to come and check up on them because this is their personal safety pledge – this is what they say they are going to do. And whether they do it or not is going to depend on a whole host of things. But it's just trying to remind them that they were going to do something.

VANESSA: It sounds in the spirit of the Sign Up to Safety campaign really, doesn't it? It's not about us as a whole trust, but about what individuals can contribute. And that's what's so difficult sometimes about the dreaded Action Plan.

VICTORIA: I've been looking at other industries as well as healthcare, about what they do around handover. Things like oil rigs and building sites – really high risk areas. And it's about how you re-contextualise the learning. So just because something happens somewhere else, how can we share that. People think "well that's in theatre so that's not going to be relevant to me" but actually if it's not about the operation, if it's about communication then there's a lot we can take between

settings. We need to look at that more. People are very easy to say “that’s not going to be relevant” and actually, it probably is.

VANESSA: One of the things I think is really interesting is that we have great things going on as a trust, but actually a team next door might not know what’s happening in a team five minutes walk or ten minutes drive away from them. So some of the work we’ve been doing is just about getting teams to share what it is that we’re doing that’s really good. Because we’re quite good at saying what we’re not doing rather than who’s doing it really well. Quite often we’ve gone outside our own trust to outstanding trusts like Frimley as well as thinking “what are we doing that’s really good here and what can we learn?” And I think that builds a level of momentum and a sense of pride in the staff about the Trust that they work in, which feeds into all the safety and improvement that can be made.

SU2S: Vanessa, Victoria – thank you so much, this has been really enlightening and insightful.

If you’ve found this podcast inspiring and would like to revisit anything we’ve discussed today, you can download a transcript at signuptosafety.nhs.uk

I’m really looking forward to our next discussion, where we’ll be talking about some of the challenges you’ve both faced, how you’ve addressed them and how communication and connection really is at the heart of change.

So do join us next week for our next Let’s Talk podcast. And in the meantime, keep safe and keep talking!