

NATIONAL QUALITY BOARD

Human Factors in healthcare: draft Joint Statement and provision of expert advice

A paper from the NQB Human Factors Sub-group

Annex

A – Draft Joint Statement on Human Factors in Healthcare

Summary

1. This paper is in two sections:
 - **Part 1:** provides the National Quality Board (NQB) with an update on the work to develop a joint statement on Human Factors in healthcare (**Annex A**); and
 - **Part 2:** sets out the Human Factors Sub-group’s initial thoughts on how oversight leadership and coordinate for the agenda and Human Factors expertise to inform actions could be provided.

Recommendations

2. NQB members are asked to:
 - note the progress to date on the development of the Human Factors in healthcare joint statement and provide general comments on the development of the statement;
 - consider how the joint statement could be aligned with the wider strategic context;
 - provide any initial views as to where oversight, leadership and co-ordination for the agenda could sit; and

- provide any initial views as to how Human Factors expertise to the NHS could be made available.

Part 1: Joint statement on Human Factors in healthcare

Background

3. The Human Factors Sub-group of the NQB was tasked with considering how the functions of the statutory organisations represented on the NQB could be better utilised to: reflect the impact of human factors on quality; collectively determine and coordinate action to embed an understanding of Human Factors in the NHS; and agree a set of actions that the various organisations would take to pursue this agenda.
4. As part of this work, a workshop was held on 8 February which aimed to:
 - foster a common understanding between experts and representatives of statutory and other organisations present regarding the science of Human Factors and its potential to positively impact on the quality and safety of the patient experience and health outcomes, and the need to take co-ordinated action;
 - emphasise the NQB's commitment to the agenda and the desire to see real and tangible action; and
 - brainstorm a range of actions that statutory and other national organisations across the system could take to embed a recognition of human factors into how they discharge their roles and responsibilities.
5. The main output of the workshop was a list of suggested actions that statutory and other organisations across the health system could take to embed Human Factors in their activities, which the NQB considered in March. This list, developed in conjunction with those organisations that would be signatories to it, has been developed into a draft joint statement and series of actions for signatory organisations (**Annex A**).

Draft joint statement

6. There is more work to do with individual organisations to confirm that they are signed up to the actions to which they are being asked to commit, and to ensure that their internal governance processes provide endorsement. Responses so far from signatory organisations have been broadly positive and have been reflected where possible in the draft at **Annex A**.
7. Further work is also required on aligning the joint statement with the findings of the Mid Staffordshire NHS Foundation Trust Public Inquiry and the wider actions that are being taken forward as a result, including the work Don Berwick is leading on patient safety.

The term 'human factors'

8. The use of the term 'human factors' has been considered by the Sub-group following concerns that this term may be a barrier to understanding and, therefore, appreciation and embedding of the agenda. They weighed up these arguments against the fact that Human Factors is: an internationally recognised term, which is starting to gain traction by the NHS; commonly used by other safety critical industries; and is supported by a body of research.
9. The Sub-group felt that the key to overcoming potential barriers associated with the term would be to firmly link it with patient safety and embed it as part of efforts to improve safety, recognising that Human Factors recognition can also lead to improvements in quality more generally, and efficiency. The draft joint statement reflects this position.

The NQB is asked to:

- ***provide general comments on the direction of travel in developing a Joint Statement of Actions (Annex A); and***
- ***provide steers on how the joint statement could best be aligned with the response to Francis and to the work Don Berwick is leading on patient safety.***

Next Steps

10. The Sub-group will:

- undertake further work with signatory organisations to develop the statement and ensure individual organisations can commit to and deliver the actions to which they have been assigned; and
- look to coordinate publication with follow-up actions and response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, specifically the work of Don Berwick.

Part 2: Human Factors Expertise for the NHS

11. There was consensus amongst the Human Factors Sub-group that Human Factors leadership and expertise will be vital in supporting the system in taking forward the commitments to embed an understanding of Human Factors in the NHS landscape.

12. The Sub-group are considering options around the provision of:

- oversight, leadership and co-ordination to ensure Human Factors is embedded in the system; and
- expert advice to the system to support organisations in taking forward the actions in the joint statement.

13. The Sub-group's initial views are that oversight, leadership and co-ordination of the Human Factors agenda is required if the appropriate cultural change is to be achieved and to ensure efforts by individual organisations do not happen in isolation. This could potentially be provided by a range of organisations / bodies, including: the NQB, NHS England, Health Education England or another body.

14. Human Factors is an internationally recognised discipline, used by other safety critical industries to improve safety, reliability and efficiency. There is limited Human Factors specialist expertise within the NHS, therefore it is important that

expert advice is available to ensure the health service, and ultimately patient care, benefits fully from this approach.

15. Depending on the products and outputs that may be required from the expert advice provided to the system, the Sub-group is considering the following options:

- a sign-posting body to other levels of expertise and organisations;
- a pool of experts which could provide advice to the system as required;
- a formal advisory group, which could have a more specific role in relation to reviews and could potentially also provide leadership, oversight and co-ordination of the Human Factors agenda.

16. The Sub-group would welcome any initial views prior to further developing the options as to whether the NQB agrees there is a requirement for:

- leadership, oversight and co-ordination, and where this may sit; and
- expert resource and advice and if so, whether it has a view as to the form this advice may take, how this advice should be provided, and how it may be funded.

The NQB is asked to:

- ***provide any initial views as to where oversight, leadership and co-ordination for the agenda could sit; and***
- ***provide any initial views as to how Human Factors expertise to the NHS could be made available.***

Next Steps

17. Taking on board any steers from the NQB, the Sub-group will develop a series of options and bring its recommendation to the NQB on 16 July.

NQB Human Factors Sub-group

21 May 2013

Annex A

[Draft Joint Statement on Human Factors in Healthcare – to be superseded by publication of Concordat on Human Factors in Healthcare in November 2013]

