

NATIONAL QUALITY BOARD

Human Factors in Healthcare

A paper from the NQB Human Factors Subgroup

Purpose

1. To provide the NQB with a near final version of the Concordat on Human Factors in Healthcare being developed between the statutory organisations on the NQB, and to set out the next steps to take forward the actions within it.
2. To reflect on how the NQB might use this work on Human Factors to focus more broadly on patient safety to support the implementation of the Berwick review.

Recommendations

3. NQB members are asked to:
 - provide steers on the near final version of the Concordat on Human Factors in Healthcare, and the proposed actions;
 - confirm that they are content to sign off the Concordat via correspondence so that it can be published in line with the responses to Francis, Berwick and Keogh (around November); and
 - endorse the proposal for the NQB to focus more generally on patient safety to support the implementation of the Berwick review.

Background

4. Over the last 12 months, the NQB has been taking an interest in how the system can embed an understanding of the impact of Human Factors to improve patient safety, quality, efficiency and productivity. A Subgroup was established which has been working to develop a cross-system Concordat setting out the system's commitment to embedding Human Factors, and a small set of actions and next steps.
5. The Subgroup engaged the Advisory Group to the Berwick Review to get their views on the Concordat they have been developing. The Advisory Group gave the following steers which have been taken on board in the near final draft attached at **Annex A**:
 - The Concordat should promote awareness and adoption of Human Factors principles and practices.
 - It should emphasise the commitment of national leaders to this agenda as an opportunity to improve patient safety, reliability and efficiency in the NHS.
 - It should commit signatory organisations to supporting the NHS in embedding Human Factors approaches in practice.

Alignment with the Berwick Review findings

6. NQB members were also keen that the Concordat be aligned with the findings of the Berwick Review, and since publication of the Review in August, the Subgroup has been reframing the document accordingly. Although the Berwick report does not explicitly mention Human Factors, many of its findings and recommendation get to the heart of the nature and purpose of Human Factors.
7. One of its key recommendations relating to 'training and capacity building' highlights the importance of patient safety and quality improvement science, which are cornerstones of the Human Factors discipline:

Recommendation 5: Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all healthcare professionals, including managers and executives.

8. Echoes of a Human Factors approach can also be found throughout the document, for example under 'Leadership'.

Recommendation 2: *All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.*

9. Again, under 'training and capacity building':


Recommendation 6. *The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, within the NHS.*

10. Further examples of alignment between the Human Factors approach and the Berwick Report are set out at **Annex B**.

Purpose and content of the Human Factors in Healthcare Concordat

11. The near final draft of the Human Factors in Healthcare Concordat sets out that the statutory organisations on the NQB are collaborating in this area as they believe an awareness and application of the science of Human Factors has a key role to play in increasing patient safety, efficiency and effectiveness. The Concordat acknowledges that much of the activity to address the impact of Human Factors sits with frontline providers. It states that NQB member organisations are committed to taking action to support and enable the NHS to embed a recognition of Human Factors in its activities and culture, creating the right conditions to increase awareness and removing barriers.

12. The near final draft of the Concordat at Annex A sets out:

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- a. what human factors are and why they are important, including a short patient story that grabs attention and exemplifies the importance of Human Factors awareness and application;
- b. the purpose, status and high-level principles that govern the Concordat (in line with other concordats);
- c. the commitment from the NQB statutory organisations to embed an awareness and understanding of Human Factors in the health system by supporting:
- strong leadership and focus around Human Factors principles and practices in the NHS;
 - increased awareness of Human Factors and its application through core education and training curricula for health professionals and managers throughout their professional life;
 - the development of positive organisational cultures that optimise human performance; support strong, respectful and accountable working relationships; acknowledge the potential for human error at all levels; and ensure a systematic approach to best practice through proactive identification of risk, effective debriefing and dissemination of learning;
 - the alignment of the system to embed an understanding of Human Factors principles and practices, including a commitment to developing genuine 'Learning Organisations';
 - standardisation of clinical care, where evidenced through guidelines, care pathways and protocols; and
 - supporting commissioning and procurement that embeds human factors principles and practices.
- d. a small set of actions (circa 10) that organisations have signed up to or are already taking forward individually. By providing a small number of actions, the signatory organisations will be demonstrating their individual commitment

to Human Factors, without being overly prescriptive or bureaucratic. The Sub-group will seek sign-off of any commitments assigned to their member organisations at a senior level prior to publication of the Concordat; and

- e. a series of next steps that the system will take forward collectively, on which NHS England and Health Education England would hold the ring, given their leadership roles for patient safety and workforce development respectively. These next steps include communicating widely throughout the NHS on the importance of Human Factors, understanding what support frontline staff and providers need to recognise and embed human factors in their daily activities, and providing that support. The draft steps are set out in detail at **Annex C**.

The NQB is asked to provide steers on the near final version of the Concordat on Human Factors in Healthcare, and the proposed actions

Working towards publication

- 13. Over the next two months, the Concordat is to be discussed and developed further with Sub-group members and sign-off from senior teams received prior to circulation to NQB members for sign-off via correspondence.
- 14. The Concordat will be tested with NHS Trusts, through NHS QUEST and with stakeholders involved in the development of the Concordat.
- 15. The Concordat will be published in line with the response to Francis, Berwick and Keogh (around November).

Is the NQB content to sign off the Concordat via correspondence so that it can be published in line with the responses to Francis, Berwick and Keogh?

Expanding the NQB focus to Patient Safety

16. The NQB has previously indicated a desire to focus on patient safety and how it can align statutory organisation's objectives and efforts in this area. The Berwick review included several recommendations on which the NQB could add real value in taking forward. These are set out at **Annex D**.

17. In addition, NHS England working with NHS Improving Quality are exploring the development of a nationwide programme of safety improvement collaboratives to drive improvement in patient safety across the NHS. These collaborative groups would be supported nationally to harness improvement science and other techniques to deliver locally owned and led programmes that deliver safer care. NQB member organisations could play a valuable role in supporting this activity and aligning their activities with it.

18. At the next NQB meeting on 3 December, it is proposed that NHS England present on their programme to kick start more focussed NQB work on patient safety, which would include overseeing the next steps on Human Factors.

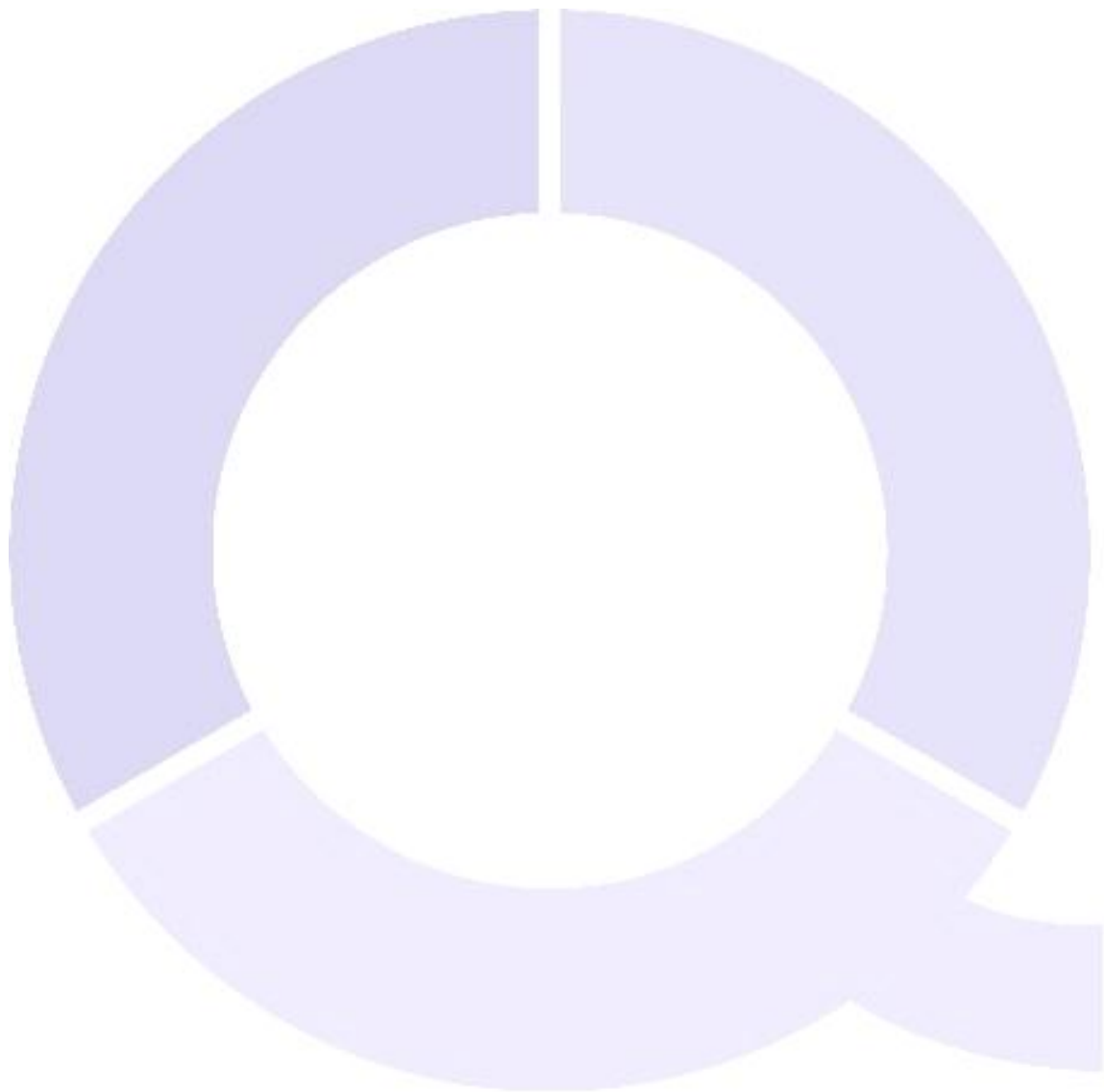
Does the NQB support this approach to kicking off the NQB's focus on patient safety to support the implementation of the Berwick review?

Summary

19. NQB members are asked to:

- provide steers on the near final version of the Concordat on Human Factors in Healthcare, and the proposed actions;
- confirm that they are content to sign off the Concordat via correspondence so that it can be published in line with the responses to Francis, Berwick and Keogh (around November); and
- endorse the proposal for the NQB to focus more generally on patient safety to support the implementation of the Berwick review.

[Near final version of the Concordat on Human Factors in Healthcare – superseded by the Concordat on Human Factors in Healthcare which will be published in November 2013]



Annex B

Alignment with the Berwick Report

The Berwick report does not explicitly mention Human Factors, however, one of its key recommendations on 'training and capacity building' highlights the importance of patient safety and quality improvement science, which are cornerstones of the Human Factors discipline:

Recommendation 5: *Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all healthcare professionals, including managers and executives.*

This approach provides common understanding, common practices and common processes, so maintaining common minimum safe standards.

Echoes of the Human Factors approach can also be found throughout the document, for example under 'Leadership':

Recommendation 2: *All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.*

Again, under 'training and capacity building':

Recommendation 6. *The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, within the NHS.*

Currently healthcare organisations focus on compliance rather than excellence, usually confused by conflicting external demands. True learning organisations, whilst recognising their wider responsibilities, have an internal locus of control with respect to quality, excellence, safety and learning.

Human Factors approaches also resonate in the key messages in the Berwick report:

- that the whole NHS should strengthen its focus on patient safety now and into the future;
- that NHS staff are not to blame – in the vast majority of cases it is the systems, procedures, conditions, environment and constraints they face that lead to patient safety problems;
- when responsibility is diffused, it is not clearly owned: with too many in charge, no-one is;

- improvement requires a system of support: the NHS needs a considered, resourced and driven agenda of capability-building in order to deliver continuous improvement;
- there is a requirement for wide systematic change;
- abandoning blame as a tool and trusting the goodwill and intentions of the staff;
- recognising and insisting on transparency;
- the need to ensure responsibility for functions relating to safety and improvement are vested clearly and simply;
- the people of the NHS need career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning.
- encouraging culture change and continual improvement from what leaders do, through their commitment, encouragement, compassion and appropriate behaviours.

Through their work to develop the Human Factors concordat, the statutory organisations on the NQB are also “Mobilising the attention, resources and practices of others towards particular goals, values or outcomes” and recognising “The continual reduction of patient harm requires clarity and constancy of purpose among all leaders, from the front-line to the Prime Minister and across the whole system” (Berwick Report).

Proposed next steps following the publication of the Human Factors in Healthcare Concordat

The steps set out below are included at a high level in the Concordat as how the signatory organisations will work collaboratively to take forward the sentiments they have signed up to. This Annex sets out further detail on each step and how it might be taken forward. These are still under consideration by the Subgroup and require further discussion, but are included here to illustrate for the NQB the direction of travel.

Step 1: National organisations (individually and collectively) use their channels to communicate with commissioners and providers to increase their awareness and understanding of the concepts of Human Factors and how it can be recognised and used to drive improvement.

- The Concordat is the start of this process.
- Individual statutory organisations represented on the NQB could then start to raise awareness of the concordat and Human Factors with their stakeholders through targeted comms activity.
- Work with the Safety Improvement Collaboratives programme

Step 2: Develop greater understanding as to what support and help the NHS requires to be able to fully embed Human Factors principles and practices in its culture, systems and processes.

This will require using the communications activity as a two-way dialogue with commissioners and providers to explore the level of understanding across the NHS of Human Factors and its potential to improve patient safety, efficiency and effectiveness. We will then need to identify a) what support might be needed and b) where there are barriers that need to be removed or overcome, and/or enablers that could be provided.

This two-way dialogue could be achieved through:

- workshops with frontline clinicians, statutory organisations and Human Factors experts;
- on-line surveys, tailored to different NHS audiences (Boards, NHS management, clinicians and frontline staff);
- working with Patient Safety Expert groups (as a reflection of the frontline);

- working with the Safety Improvement Collaboratives programme; and
- working with Quality Surveillance Groups.

This approach is in keeping with Berwick and the need to gather evidenced data on improvement. As most of the action required is front-line led the actions of statutory organisations need to fit with what the front line requires, which we cannot assume to know.

Step 3: Identify what organisations nationally, regionally and locally can do to support the NHS in embedding Human Factors principles and practices as part of discharging their day to day responsibilities

The intelligence gathered from Step 2 will be used to:

- confirm / revise existing actions and develop further actions which can be taken by national statutory organisation to remove barriers, and provide enablers for NHS organisations in embedding a recognition of human factors in their culture, systems and processes; and
- determine what support, information, tools and Human Factors expertise is required, such as:
 - Promoting existing online tools and information;
 - Developing new tools and information
 - Providing training to increase awareness and support application;
 - Exploring the potential for a Human Factors Centre of Excellence; &
 - Using Academic Health Science Networks.

Potential areas for NQB focus on Patient Safety

The list below sets out some of the Berwick actions where the NQB as a cross-system body could usefully debate and advise on implementation.

- *“All leadership bodies of NHS-funded health care providers should define strategic aims in patient safety, and should regularly review data and actions on quality, patient safety and continual improvement at their Board or leadership meetings.”*
- *“The commissioners, regulators and providers of training and education for healthcare professionals (including clinicians, managers, Boards and relevant Governmental staff and leaders) should ensure that all healthcare professionals receive initial and on-going education on the principles and practices of patient safety, on measurement of quality and patient safety, and on skills for engaging patients actively.”*
- *“Government, CQC, Monitor, TDA, HEE, NHS England, CCGs, professional regulators and all NHS Boards and chief executives should share all data on quality of care and patient safety that is collected with anyone who requests it, in a timely fashion, with due protection for individual patient confidentiality.”*
- *“The regulatory complexity that Robert Francis identified as contributing to the problems at Mid Staffordshire is severe and endures, and the Government should end that complexity. Further large-scale structural reform is not desirable at present; however, it is imperative that CQC, Monitor and the Trust Development Authority commit to seamless, full, unequivocal, visible and whole-hearted cooperation with each other and with all other organisational and professional regulators, agencies and commissioners.”*
- *“CQC, Monitor, TDA, professional regulators, HEE, professional societies, Royal Colleges, commissioners and others should streamline requests for information from providers so that they have to provide information only once and in unified formats. The same is true of inspections.”*
- *“NHS England should promptly coordinate the development of an explicit description of the systems of oversight and controls of quality and safety relevant to different types of provider organisations, identify any vulnerabilities in those systems, and, working with others, take action to correct them.”*