Patient Safety Collaborative Design Day (15/01/14)

Knowledge Capture – Challenge Question Feedback

Group	Question	Notes
1	This is all about patients, their families' and carer's experience of and confidence in their NHS. How do we ensure that patients and carers are valued partners in the patient safety journey of local safety collaborations? How do we support and equip them to take that role?	We should not be doing this in local communities without involving people. Listen, and capture people's experiences. Patients should be involved in the entire process – designing solutions to problems. This should not be a short term solution but rather how the health community works. Understand what already exists and use it intelligently. Look at positive outliers etc. Build resources to ensure people have an opportunity to input.
2	How do we achieve a 'just culture' - the essential backbone required to aid the journey to the NHS becoming a 'learning organisation' where people are not afraid to speak up (transparency, duty of candour), so that organisations can learn from errors/mistakes/near misses etc; but also where appropriate responsibility and accountability are valued, important and 'just'. What are the powerful, challenging and constructive questions we ask that support the development of this 'just' culture?	A 'just' culture – what is it? It is a challenge for some to define. The ambition is that all NHS staff have a deep commitment to learning from all quality and safety issues. That staff can raise concern and that action will follow. That they will be supported if they have learning needs. There needs to be shared priorities across the system. The biggest challenge is the need for a just culture that extends outside of the NHS – politicians, media etc. Three priorities moving forward are: 1. A clear statement from NHS England. 2. For Jeremy Hunt to sign up to this. 3. A clear and transparent communications piece to engage the media.
3	Local organisations need to rapidly self-organise into collaborations with others in their local systems, mobilise and then stay connected to deliver demonstrably safer care across the patient pathway. What is our experience of how this is best achieved and sustained?	The programme needs a shared purpose across geographical boundaries. It needs a local health community to have a shared purpose and to work in a collaborative manner. The current system is focused by financial decisions rather than thinking about what is right for the patient across a pathway. In terms of networks CCG's have been developed and they can commission across the healthcare pathway. Problems relate to complexity and size – is there a particular size of network that is small enough to talk to each other and trust each other. Advice: 1. The programme needs to provide a supportive, long term environment for improvement. There must be consistency of purpose. 2. Be clear about what support you are offering the system. Do they understand it and do they know how to use it? 3. Help networks to communicate with each other so we share good practice. 4. Understand and agree what good looks like. Communicate it as one voice.

4	Spread and adoption at pace has always been a challenge in a system as large and complex as the NHS. How do we 'up our game' in patient safety to ensure that the successes in one local collaboration rapidly become the success of all parts of the NHS in England?	Listening is a key factor we must embrace. We often listen but we don't hear. We need a country where safety is the norm, communities of practice are keen to share and glad to copy. Where people visit the service from all over the world to see. We must listen to all people not just experts. There needs to be a proper launch to the programme. What are the barriers to spread? What can we learn from the communities of practice already in existence? We need to learn internationally and steal shamelessly.
5	The NHS has a clear mandate for transparency and openness about its performance. How can we demonstrate our success in improving patient safety both locally and nationally in a way that engenders public confidence (ie meeting the Daily Mail test)?	Transparency is not just about data – what we are doing and why. There must be more use of narratives from staff and patients not just data. There is an opportunity to build confidence by engaging our own staff around transparency – what we are doing around safety and what works. We can also build confidence with clinicians by being clear that we will use data appropriately. It is important that design principles are tested widely with public and stakeholder groups to get support and buy in. Develop a communications strategy that can explore the tensions that will arise as the NHS becomes more transparent. What is already working well across the system and what lessons are there from other industries? What Safety System does the NHS have? How will local priorities be set? Why are they our local priorities?
6	Leadership of the patient safety agenda is an essential intrinsic element of the role of all leaders. We need to ensure our leaders at every level are properly equipped and supported in this task. What are our ambitions for the leadership capabilities locally and nationally that are required to drive the safer care agenda and how best do we develop and support those leaders?	It is important to have clarity around methodology – will there be flexibility locally? A pick and mix model? It should be easy to do the right thing, but this will require the alignment of incentives in the system. There should be national leadership and local flexibility in determining what the collaboratives will look like. We will soon need to understand the application process - are we bidding, what is the size of the footprint etc. – this information should be released by the summer. Leadership by consensus - we need stakeholders from across clinical pathways. All people working together – a partnership approach that has equal partnerships in it. Capability – there should be a core skill set for everyone, up to board level and within CCG's to achieve whole system change. A board education programme – work in Scotland has been mentioned. There should also be a challenge to the royal colleges in terms of professional leadership and support for some of the challenges in the priority list. Make safety a priority. Improvement experts in the room have got lost in the system – a quick win could be to bring people together to support each other.
7	Staff need access to appropriate and tested tools and	Develop training – but involve patients in developing the curriculum and ensure it is based on latest evidence.

	methodologies if they are to tackle the patient safety challenge successfully. What are our ambitions for the core capabilities that front line staff (managers and clinicians) need, to be able to confidently and continuously improve patient safety across the pathway? How best do we ensure the development and sustainability of those capabilities?	Everyone has to be given opportunities to test changes in their local workplace. Change has to be locally owned with the collaborative support providing coaching. What about an App Store of best practice from other parts of the country – tools and data etc. – that is open. "The oxygen of publicity to drive change".
8	The patient safety agenda is not optional and is urgent. There is a need for rigour and pace in the development of local collaborations. What have we learnt about project and programme delivery approaches in other networks and collaborations that we can apply to the development and implementation of the patient safety collaborations?	The programme needs to build vibrant network to facilitate progress in patient safety. What would this look like? It would enable everyone to take a fresh look at what has worked in a creative way. There must be a focus on solving actual problems without making assumptions on what they area. Invest in evaluation and communication. Understand what people need to know – how do we reach out to them? Provide simple actions on how people can get started. This doesn't mean national mandate but there are practical things the centre can undertake to get people off on the right track. Don't be haphazard, lacking in evidence, work in silos etc.
9	Whilst we are trying to reduce variation in our patient safety performance and outcomes how do we strike a balance that also encourages the highest performers to keep moving forward, setting new benchmarks and testing new approaches whilst everybody continues to improve?	What do we know about high performance? Do we know? Do we have transparent measures? What does success look like? There is a need to develop peer support as a two way learning process – learning and innovating as a consequence. There must be opportunities for innovation for all. There is an obvious tension between the national and local level – in measurement terms this often results in a regression to the mean rather than the best. Elitism remains a barrier. Current systems lack sustainability – they rely on a competitive environment not a collaborative one. Endorse national and local peer support. Reduce the blame culture. An incentive for improvement is that staff feel valued – there is an opportunity to put joy back into the organisation. Ensure we agree the measures – that there is clarity so we know who the high performers are and that we can be modest in our opinion.
10	How do we strike the right balance between NHS wide collaboration and coordination on national patient safety priorities for research and implementation whilst maintaining local freedoms and responsiveness to local context	Who has a Fitbit? It is a personal health and fitness monitor which measures steps, calories, sleep etc. It measures the individual and provides real time data. What can we learn from this about our own measurement of safety? The individual and the local system should set their own priorities – for example only you know how many steps you want to walk. The national system should help you do that by giving you tools,

	to work on local priorities?	resources, best practice etc. but not wave the stick for eating cake. The national system should only add value to the local system by supporting its priorities.