

Patients for Patient Safety Project in England and Wales

Strategy Advisory Group Meeting

11th February 2009, 1-3pm at the offices of NPSA, 4-8 Maple Street, London, W1T 5HD

Present:

Members; Angela Brown (AB), Dr Jonathon Gray (JG), Tom Jones (TJ) for Maggie Kemmner, Dr Marcia Kelson (MK), Joan Saddler (JS), Barbara Wood (BW)

In attendance;

Martin Fletcher (MF), Kate Beaumont (KB) for Dr Kevin Cleary, Clare Abberton (CA), NPSA Peter Walsh (PW), Anna Allford (AA), AvMA

Apologies; Carol Lamyman-Jones, Kate Jones, Sarndrah Horsfield

Those present introduced themselves. MF welcomed the group to this first meeting of the Strategy Advisory Group and provided background information about the global World Alliance Patients For Patient Safety initiative which is a programme of the World Health Organization (WHO). He said it is a social movement across the world embedding patient safety within developing and developed countries. Martin expressed his hope for this group as that of 'critical friends' to the project.

JS outlined how she wants a systemized patient engagement department for the Department of Health (DH). She described the department's functions to be that of: support for LINKs (Local Involvement Networks); support for Third Sector involvement; and support for *World Class Commissioning*¹, not just Competence 3 but throughout this programme. The three components of the Patient and Public Engagement division are: Accountability; Patient Experience; and Empowerment.

MF asked the project team members, PW and AA what were the current challenges for this project. AA suggested barriers to involvement still existed in some areas and could be due to

¹ <http://www.dh.gov.uk/en/managingyourorganisation/commissioning/worldclasscommissioning/index.htm> accessed 13/02/09

process in terms of how to incorporate the volunteer Champions into patient and public involvement at the level of Strategic Health Authorities (SHAs) in England. Additionally, in Wales, the re-organisation of health services has held up the way in which the Champions were envisaged working strategically. PW felt that if the project is thought to be more of a social movement rather than a stand-alone project then there are already some excellent examples of work taking place and these need to be highlighted and taken on board across all regions.

A discussion took place around what changes will result from the involvement work this project facilitates. It was agreed that one of the main aims is to reduce the number of incidents of harm within the NHS by ensuring the patients' perspective influences change. However, a very clear emerging indicator is that of culture change and this was agreed by the group to be of real significance. It was felt that culture change could be measured and also the amount of improvement informed by patient experience. It was suggested that it is timely to move now from opportunistic levels of involvement that have arisen through the project for Champions to a strategic planned approach.

MF described that for WHO the measure of success had been the number of appointments with health ministers (key decision makers) Champions could make globally.

Action: AA/PW to consider measurement of change culture in the proposed project strategy

PW gave an overview of the history to this project being awarded to AvMA following a competitive tendering process by NPSA. Previously, AvMA had worked in partnership with NPSA on a pilot project exploring barriers to involvement and how staff and patients saw their roles in improving patient safety following patient safety incidents. PW said that much of the work had influenced the current project and the learning had been incorporated.

AA gave a presentation outlining: the recruitment of the Patient Safety Champions; role of NHS Partners; work to date; governance structure; and project support provided by the project manager and project team. The skills mix of the group and their range of abilities, and experience is a strength and further training/development has provided a platform for more effective communication between Champions and healthcare professionals. AA praised the Champions for their enthusiasm and passion which spurred them to invest a great deal of their time and energy in helping to improve patient safety. She also stressed the unique partnership that has developed between NPSA and AvMA which is synergistic providing the project with access to NHS personnel together with individuals/patient groups who have experience of medical harm.

BW proposed the boundaries of 'safety' needed further definition as it is very difficult to separate safety and standards of quality in health care. She asked if the project had specified what is meant by a 'patient safety incident'? PW stated that NPSA have a definition of the term and categories of harm for their reporting system but the Champions take a much more broad view and use it to encompass anything from serious untoward incidents to near misses and many other aspects of care associated with what happens when things go wrong for patients.

AB explained some of the ways Champions had been involved with NHS Northwest (SHA) and the positive contributions they had already made in such a short time since the commencement of the project. They'd had involvement in a number of pieces of regional work and now one Champion has been invited to take an active role involved in work around child safety/child risk. AB suggested that we should now be addressing:

- a) how do you get the learning from patient experience into systems/organisations?
- b) How do you get Champions to move to strategic input?

She felt that there are huge expectations of Champions and would like to explore how Champions can work with organisations without them becoming 'experts' or a part of the SHA.

JS suggested there are core deliverables that the project could incorporate

- A desire to change the culture around patient safety
- A commitment to make sure patient safety incidents are reduced
- Awareness/branding of this initiative is highlighted.

MK acknowledged the enthusiasm of the Patient Safety Champions and felt this was a driver that needed recognition if these aims are to be achieved.

JG suggested working with the project around some of the change taking place in Wales at present and felt that measurements could be applied to tangible evidence such as the number of meetings attended by Champions/Patient advocates at executive team meetings or where they attend and participate in undergraduate/postgraduate teaching. PW commented that this is an area that many Champions had expressed an interest in and some were already involved in this way but with only 2 Champions per region there's a limit to how much they can do and in an area the size of Wales, it is particularly difficult. However, the concept of a wider social movement led by the Champions and this project could fulfil this area of involvement. JS informed the group that community development is a tool and technique for doing this.

BW expressed the need for the Champions to retain their 'authenticity' and remain the patients' voice. PW felt that the Champions have a unique perspective and 'Ambassadorial' role.

JS felt it important for the project team to speak to the host organisations in addition to the LINKs members.

Action: AA/PW to contact LINKs hosts

It was also suggested by JS that commissioning is a linchpin in this engagement process (and a component of Lord Darzi's review on patient experience) and that all PCTs have been judged on their commissioning capacity. This is an area that Champions should be informed about so that they can explore different routes of information and how it is used.

Action: AA/PW to consider how Champions can develop knowledge about commissioning

AB emphasised that 'Quality and Safety' needs to be embedded in involvement work and the strategy for the project. The greatest strengths she'd observed from her experience with the Champions in the Northwest was with the clinical teams.

TJ commented that the Health Care Commission had done a piece of work on Board Governance that may be useful to the project team when the report is released. He suggested it is something that Champions may wish to have involvement in. AA said that Kate Jones of the NHS Institute for Innovation and Improvement (NIII) had been contacted to enquire if it is possible for the Champions to get involved in 'Boards on Board' training. JG noted that all the Patient Safety Campaigns have Board Governance as one of their targets for improving patient safety too.

Action: TJ to inform AA when the report is published

JG felt that the strategy could include: Activity levels of Champions; Processes – building a local network/teaching etc.; and Outcomes. BW felt this sounded very 'organisational' and that in making this too process driven the authenticity of the volunteer Champions could be lost.

AA explained that a part of the activity of the project team was to match the requests of the NHS staff and organisations that wanted involvement of Champions to suitable Champions and also their NHS Partners so that requests were appropriate and Champions were not over-burdened by the amount of requests they receive. MF saw this as an essential 'brokering' activity. PW explained that also linking up other people involved in patient safety was integral to the success of the project and meant that Champions could share their experience and act as a conduit for others'.

KB agreed that the stories and patient experience of the Champions is what helps them make a unique contribution and she is currently looking at how to engage the Champions in her own workstreams at the NPSA.

JG suggested that the challenge is around combining the individuals experience and capturing this within organisational processes. MF said the message here is about balance and how to achieve this.

MK felt that importantly finding a focus for the Champions was required. In her own Patient and Public Involvement (PPI) groups at NICE (National Institute for Health & Clinical Excellence) it is that the volunteers provide 'the questions, not the answers' and this is their strength. AB would like to know from Champions 'what would have made a difference and how could they have managed or prevented it (patient safety incident)'.

AA mentioned the need to refresh or renew Champions as vacancies arose (currently one vacancy in East Midlands). This would help ensure that the lay or patient perspective is maintained. One such mechanism is being considered and a possible pilot site for Associate Patient Safety Champions has been identified in the East Midlands region.

A brief discussion around membership of the group took place and it was agreed that it should be taken forward to a future meeting.

Action: AA to add to Agenda

MF summarised the discussion. The maturity of the initiative is to build on the opportunistic level of engagement and take a more strategic approach. To identify levers of change where there are opportunities within the priorities, adopting the concept of this as a social movement for change with the wider network providing an infrastructure. The aim should be to take a strategic approach choosing a small number of objectives but ensuring these are undertaken and managed really well within the project. The group will have an input into the development of the strategy in addition to the help and advice they will provide as to opportunities they can identify for Champions involvement.

JS would like to see competences added for those people that we seeking to recruit in order to support the volunteer base we have at present.

Terms of reference for this group were briefly discussed and it was agreed that these will be disseminated to the group in draft form for comment.

Action: Project team to draft Terms of Reference and send to group

Future meetings were felt to be necessary in both face to face and virtual formats and it was agreed that a further meeting in a few months time should be arranged where the group could meet with the Champions.

Action: AA to send invites to members for the June meeting of Champions & NHS Partners.

Date of next meeting: 2nd June at the Tara Hotel, Kensington, London