

First Meeting of the Clinical Human Factors Group

Action Points and Summary 13 Sep 07

Hosted by the National Clinical Governance Support Team, Leicester

Background

In June at our launch Seminar we identified four work streams. At our subsequent meeting with the DCMO we decided it would be prudent to concentrate our efforts on the two most important, namely:

“Developing an evidence base to demonstrate the role human factors plays in patient safety and

Engaging the broader NHS in human factors by raising awareness of HF.”

The first meeting set out to concentrate on these two work streams, as well as discussing the direction of the National Patient Safety Forum and some minor “structural” issues about the CHFG.

Note: The 3rd and 4th work streams were around HF training and the CHFG acting in an advisory capacity. We’ll return to these work streams next year.

Attendees: Martin Bromiley, Jane Carthey, Murray Devine, Tony Giddings, Gill Hastings, Bev Norris, Hugh Rogers (for Kate Jones), Chris Sadler. Our host Howard Arthur also joined us for this meeting.

Note: Due to a problem with Martin’s email provider, although details of times and venue were sent out 4 weeks previous no one received the details until a few days before. As a result a number of people were unable to attend. You’ll be pleased to know that as a result Martin has a new email address and provider (family.bromiley@btinternet.com) and more importantly many of those who couldn’t attend have reaffirmed their commitment to joining the group at our next meeting on 6 Dec 07.

Item 1 – The National Patient Safety Forum.

Stephen Ramsden provided an update on progress and likely direction. At this stage we felt it was best to “wait and see” although having Stephen committed to both the NPSF and CHFG was felt to be very helpful for both groups.

Item 2 – Key work stream “Developing an evidence base to demonstrate the role HF plays in patient safety”.

The two key actions discussed in June were conducting a stakeholder analysis and developing a “database” of research, stories, case studies and testimonies.

It was felt that at this stage we know the approximate key stakeholders (politicians, policy makers, Chief Execs and Clinicians) and that as identifying these people will

be a fairly quick process it seemed better to make a start on collecting “what’s out there” then return to the stakeholder analysis later in the year.

The point was made that the richest source of HF “evidence” is likely to be within the supporters of the CHFG, all of us for one reason or another have identified that understanding HF is critical to improving patient safety. In Martin’s case it’s perhaps because of his wife’s death, in another person’s case it may be because of research and data they’ve been involved in, or perhaps an incident or error they’ve witnessed. For this reason we decided to write to the supporters of the CHFG asking for them to write about their own “conversion” and why. The CHFG will look at what comes back and then develop each story (perhaps with expert comment from HF specialists or other clinical professional’s perspectives) so that they could be used as a toolkit for convincing others. Each will have to be re-written perhaps depending on the audience.

Action Point 1. Write to all CHFG supporters (and friends!) to seek stories, examples, evidence, data and/or research that convinced them of the importance of human factors in patient safety. Ask how/if this has changed practice and how others react to the research/story. The purpose of this is to gather a range of examples of key “evidence” that can be used as part of a “toolbox” to convince others of the importance of human factors. **Martin/Chris Sadler** – draft letter then check with standing group, send out final version. Responses to go to **Gill Hastings**, collected then passed onto **Bev Norris** who’ll analyse and categorise with the help of volunteers (to be sought from the supporters).

Action Point 2. Gathering evidence/developing the toolkit Part 2. Martin has been invited to write an article for BAMB (British Assoc of Medical Managers). As a practice run for the group in using evidence **Martin** will draft the article, then ask from different perspectives from a range of people which can be added into the piece (e.g. from a HF expert, an Anaesthetist etc.). Professions will interpret stories in different ways but hopefully we’ll learn lessons in how to highlight HF in a way that works for different groups.

The Group identified that although research must be out there no one in attendance knew if anyone had commissioned an academic literature review around “human factors”.

Action Point 3. Look for “commissioned academic literature reviews” around “human factors”. Each person to define “HF” and frame question in a way suitable for the person they’re checking with. **Hugh Rogers** – contact Denis Smith & Mark Sujam. **Gill Hastings** - contact NHS SDO and Charles Vincent. **Martin Bromiley** - contact Rhona Flin and Jim Reason. **Bev Norris** - check with the NPSA. **Jane Carthey** contact Diane Parker.

Item 3 - “Engaging the broader NHS in HF by raising awareness”.

For example using conferences, an internet discussion forum, the media, linking with the National Patient Safety Forum anticipated campaign, our website, magazine articles etc.

Action Point 4. We need to be “opportunistic” about conferences; each of us will have a chance to talk about human factors and the CHFG. However a big one to chase would be the NHS Confederation Annual Conference. **Martin** to contact Bryan Stoten.

Action Point 5. Internet Forum. May be more trouble than worth to begin with but worth looking at. **Martin** to talk with Elaine’s sister Suzanne (who’s developing our website) to see if we could host it, **Hugh Rogers** to contact saferhealthcare.org.uk and to post notice on CHAIN to see “who’s out there” in the on-line community.

Action Point 6. Articles/Media to raise profile of “human factors”.
BAMM in-house “journal” – **Martin** to write (see earlier). FT – **Tony Giddings** to contact Nicholas Timming. Wall Street Journal – **Martin** to chat with Allan Goldman. HSJ – **Hugh Rogers** to send article produced for BAMM as example. GMC News – **Tony Giddings** to contact.

Action Point 7. Website. Elaine’s sister Suzanne has developed a very impressive website currently under test. We now own chfg.org and some related addresses. However the content needs a great deal of work. **Martin** to work on this with the aim of sharing the test site address in mid October for supporters to review.

Action Point 8. Essential Contacts. Professor Sir Bruce Keogh who now covers Quality etc for Sir Liam is just moving into his new role. **Martin** to arrange meeting with him via DH (Jane Moore/Tabitha Brufal etc), WHO or Martin Marshall. It was suggested that the CMO might want to include reference to the CHFG in his next annual report as it’s an example of what was suggested two years ago (learning from aviation). That would be a win-win for us and Sir Liam. **Martin** to raise this with the DH. Tony Giddings also identified a group called CORESS (Confidential Reporting System in Surgery, see coress.org) who we may want to work with/partner. **Tony** to follow up.

Action Point 9. Private Sector. Although at the June Seminar it was felt we had our work cut out for us with the NHS, it was felt wise to involve the “big” private sector players now. **Martin** will follow-up his contact with Andrew Vallance (Medical Director of BUPA) and the CEO of BMI, the healthcare group to talk about our work and seek support.

Item 4. Structural issues about the CHFG.

The Mission Statement is still not quite there. The amended version put forward after June’s seminar still needs work. To be discussed again at next meeting. Funding was felt to be less of an issue, following the example of the RAeS HFG we felt that at this stage limited funding was still appropriate, bigger funds may start to affect our independence although there’s no harm in trying! We also discussed developing our “business plan”, the purpose of which was really to obtain central funding and help those on top see what we’re about. It was agreed we’d produce a “very high level” business plan.

Action Point 10. Funding – **Gill Hastings** to contact Martin with suggestions as to what/how we might look for from the Health Foundation. Martin will then develop a

budget for next year to include some “nice to have” items. Business Plan – **Jane Carthey** to develop a plan.

The next meeting will be held on **Thursday 6 Dec 07 in London approx 1000 until 1530**. Venue is being provided by the Healthcare Commission, in Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG. The meeting after this, (date to be agreed) will be hosted by the NHS Institute. Thanks to both Murray Devine and Hugh Rogers.