

3rd Meeting of the Clinical Human Factors Group

Summary and Action Points 6 Mar 08

Hosted by the NHS Institute, London

Attendees: Martin Bromiley, Murray Devine, Rhona Flin, Tony Giddings, Allan Goldman, Gill Hastings, Bev Norris, Stephen Ramsden, Jane Reid, Hugh Rogers, Chris Sadler. The meeting was sponsored by the NHS III and as a result we were joined by a guest, Mark Emerton.

Background

I think it's true to say that many of us have been lone voices in a world that rarely recognises the significance of patient safety, let alone human factors. The CHFG came together as a vehicle to support all of us in our journey, which no one else seemed to be on. However this year we've already seen a significant change in the political climate. Patient safety is suddenly THE hot topic, and the underlying theme is of course human factors - although we have a way to go before that's recognised. One could argue that at the moment our short term mission is to help others understand its significance.

Therefore we began the meeting reviewing current initiatives.

The Current Political Context - National Patient Safety Forum & Campaign

At the moment there seems to be more support for transforming patient safety by local push than regulatory requirements, although it's recognised that both have a place. The Darzi report which is being peer reviewed by IHI is expected in draft form this month (March).

Tony Giddings wrote to the CMO in mid 2006 about his concerns about teamwork, HF training and the lack of structure and leadership. As a result he's been asked to talk direct to the NPSF.

One output of the NPSF is the formation of a National Patient Safety Campaign, supported by the NHS III, NPSA and Health Foundation. The first gathering of the team was supported by Bruce Keogh (Medical Director NHS), who Martin took the opportunity to chat to about the CHFG. The possibility of a future meeting was raised. Campaign Director is Stephen Ramsden. Jane Reid, Mark Emerton and Martin Bromiley are part of the Campaign Team and Tony Giddings is part of the Strategy Group. The proposal is to persuade England's Trusts to buy into a number of the IHI interventions (anti coagulants, deteriorating patients etc), but there will also be an additional strand launching the WHO Safer Surgery Checklist. (See below)

However the overall aim is to "make patient safety everyone's no 1 priority" and to create cultural tension by having a long term aspiration of "no avoidable death and no avoidable harm." It's designed as both a local transformation of safety and an attempt to change national (clinical) thinking about the culture of the NHS.

It was suggested that the campaign may create an opportunity for an additional intervention or strand around “human factors”. However after much discussion it was agreed that “HF” featured in all the strands and that the CHFG should help by facilitating the provision of resources and advice to support the campaign. We recognised that we’re in a privileged position given the cross over of so many members.

It was agreed that our role here is to influence, not to develop resources. The CHFG should be helping by giving direction, lobbying and pressurising. It was suggested that we are a think tank, slowly becoming a social movement.

Many interesting observations were made, including the following: that in the NHS we have first rate guidelines but third rate application. Safety alerts are an example. Behavioural change is required. The suggestion was made that maybe we don’t get compliance because the human factors are never thought through first. There was also the warning that frontline staff are over bombarded with messages and campaigns from above.

However as a group we welcome the inspirational goals of the Campaign and look forward to supporting it – it feels like the right time and right place!

The Current Political Context - WHO Safer Surgery Checklist

The draft version of the checklist can be found attached. Its use is to be recommended worldwide and came out from WHO concerns that surgical harm is now a leading cause of harm. It’ll be launched in Washington (DC!) mid year but there has already been a press event attended by Sir Liam and Sir Ara on 28 Feb. All organisations have been asked to sign up to it. The RCS (England) & RCoA have already done so although the process wasn’t easy.

The CHFG should also support this and a draft letter is attached. Subject to amendments it will be forwarded to the WHO team before the next CHFG Meeting. However we view the implementation approach and training to be crucial.

It is hoped that through the National Patient Safety campaign team members we can successfully advise and help with its implementation (especially through the work of the Alliance for Patient Safety which Tony Giddings leads). At this stage the document is very procedural and “non-human”. However its value of course is creating the opportunity pre surgery to open up lines of communication.

Tony Giddings noted that his work in the Performance Support Team has allowed measurement of teamwork. It was suggested that this should be used as a measure alongside the Checklist to measure its impact and to focus on teamwork – surely the real purpose of the checklist.

Action – All Supporters to pass on comments to group about issues of implementation (& ideally at the request of the WHO also to their website)

Action - Tony Giddings to draft a supporting letter for the WHO checklist that signs up the CHFG but does so in a way to support consideration for human factors in its implementation (already done and draft attached)

The Current Political Context - NHS III work on the “Productive Operating Theatre.

About to start with a focus on patient experience, quality and safety and care, and indeed staff experience. 3 pilot sites over next 6-9 months. Title “Productive Operating Theatre” isn’t ideal, chosen as it fits in with the name of a series of projects. However the intention as stated is to focus on quality. RCN wanted the strap line to be “releasing time to care”. I.e. making the OT safer so releasing time to care/be productive.

Action - All to consider any ideas on a strap line to be forwarded to Hugh Rogers please. Note that in conjunction with the NHS III we’ll be inviting people from a surgical background to represent “HF” in the project.

The Current Political Context - NPSA.

Moving away from safety notices to “Rapid Response”. The focus is to take information from NRLS, personal reports and press reports and respond quicker. On a personal note I have met Martin Fletcher and he seems very onside with the real patient safety problem.

National Institute for Health Research and the NPSA recently brought together all UK researchers at a meeting, many of whom are working on HF projects. This has created an informal forum not unlike the CHFG, both Bev Norris and Rhona Flin has contacts with this group.

The Current Political Context – Other National and Local Patient Safety Programmes.

Scotland

CMO Scotland Harry Burns launched the SPSP out of the Scottish Patient Safety Alliance. The SPS Alliance is a committee of all main colleges etc. Rhona Flin is part of the group. Initial work aiming at Acute sector. IHI got the bid to work across the country on the SPS Programme (SPSP) which has already seen Scottish Trusts (i.e. “Boards”) brought into 3 days of learning sets with IHI; each Board had to send reps from key groups. Rhona Flin talked a little about cultural surveys being done in Scotland. They’re using both the “Arc” tool to measure climate and an upward appraiser tool to rate “safety behaviour”.

NI and Wales

It was mentioned (although we have no formal contact) that Northern Ireland has its Patient Safety Forum involving all Trusts; Wales also has its “1000 lives campaign”. Perhaps we should have representatives from both on board to share “HF” issues?

South Central and South West SHA's Patient Safety Programmes.

Of interest to South Central SHA (specifically Fizz Thompson) is that the WHO are doing a pilot in Canada around handover. At the Royal College of Physicians in the UK Ian Carpenter is involved with the programme.

“Evidence Gathering” Workstream

There was much discussion about this project. We really want to get more “personal stories” and evidence. Our new website has a page called “getting involved” which gives an address to send submissions. There was an overall feeling that quality not quantity is the key. We discussed using the open press to elicit stories, Coroners reports, and newspaper articles. However it was felt that the response might be not what we expect, and in some cases there may be legal ramifications for others. Also the culture in the judiciary, healthcare and government often hinders our access to the real story.

At the end what we want is a pack/portfolio/flyer that we can hand out to clinicians, policy makers etc which is easily read.

We agreed to try the following:

Action - Martin to re-draft a second email (to be discussed with Chris Sadler) asking the Standing Group and Supporters for their own personal stories of “human factors”. The message won't be “tell us your errors”, but “maybe there is an alternative explanation for your error”. “Mistakes are not poor performance or weakness but normal, what's your story”.

Action - Murray Devine to talk with AvMA's Chief Exec Peter Walsh to see if they have stories we could use.

Action - Martin to then approach “trade journals” and professional bodies to see if they could make an appeal on our behalf for input. For example the AfPP reaches 8000 clinicians.

When we get a further round of submissions these will be gathered for publishing on the website and in a portfolio. It will be suggested that submissions should be anonymous. It was mentioned that Ken Catchpole and Jane Feinmann have offered to help summarise or re-write some of the existing submissions to make them “easy to read”. We'll continue to consider that offer.

It was also pointed out that in 2010 clinicians will be asked to provide evidence of “reflection on their practice” (over the previous 5 years) as part of the revalidation process!

“Awareness” Workstream

There was discussion that much of our energy should be devoted to getting HF on the under graduate agenda. As in aviation where you first come across HF before you

receive your first qualification. However it was also recognised that means we might have to wait 20 years for change!

Tony Giddings has approached Graeme Catto of the GMC regarding the issue of curricula and is awaiting a meeting. (It's expected that PMETB and the GMC will have a joint responsibility in this area).

The CHFG have now launched their website, www.chfg.org There was discussion of a public launch and that is still possible.

There was again talk of running a get together of all supporters as we did last June. Could we run a conference? Martin felt that this year was too early although Jane Reid offered the opportunity for us to run a conference alongside the AfPP's in October. Since then Jane has come back with a more detailed proposal which in very rough draft form is attached.

Action – Any comments or support for helping to run this (if we do) to Martin Bromiley please by end March.

Media programmes. Radio 4 programme on HF confirmed for mid year to be presented by Dr Phil Hammond. To be populated by supporters! BBC Panorama programme turned down but idea passed on to Horizon team. Still awaiting a response. BBC Scotland is running a radio programme about patient safety which again members of the CHFG are contributing to.

It was suggested we could provide a briefing sheet on HF (2 sides of A4) as well as a PowerPoint slide set on the website as a resource. This to be considered. We should also have a bibliography. The following is a list of current books.

Patient Safety by Charles Vincent
Safety and Ethics in Healthcare by W Runciman, W Merryman and M Walton
Human Error in Medicine by S Bogner
Handbook of Human Factors and Ergonomics in Healthcare and Patient Safety by P Carayon
Safety at the Sharp End – A Guide to Non-Technical Skills by Rhona Flin, Paul O'Connor and Margaret Crichton.

Action - Rhona Flin and Bev Norris to edit booklist and pass on to Suzanne Meadowcroft to go on the website. Also to produce a draft A4 flyer “Briefing Sheet” about HF and the CHFG to circulate among the Standing Group.

Allan Goldman mentioned the next seminar in the series “Risky Business” on 16 May in London. The line-up of speakers is amazing. A flyer is attached.

The 3rd Workstream – Human Factors Training.

This Workstream will be lead by Nikki Maran and a sub-committee. It is proposed to pull together a meeting in London on 24 April with all the key stakeholders. (An invitation letter will follow to those people).

The goals for this project have been refined as:

- Identify what training is currently offered within the NHS & where possible engage with training providers. From this identify success and challenges encountered in delivered training.
- Identify further opportunities and demand for HF training.
- Define a core curriculum for course content – this might take the form of “essential”, “desirable” and “optional” facets to training.
- Identify what measures of training impact are in place and how this might be measured in the future.
- Consider whether the CHFG might have a role in “approving” or “accrediting” training programmes in the future.

Funding

The NPSA’s offer of £5000 (to be used by end of March 08) had to be turned down due to unresolved issues over our charitable status (our problem, not theirs). Thanks to Peter Mansell for his support and patience. It has since been confirmed that we meet the requirements for charitable status subject to minor wording changes in our documentation. These have been made and paperwork has been resubmitted on 8 March for approval.

The Health Foundation still hold our ~£4,500 and are happy to do so until we get our own account, hopefully April time. For the next FY the Health Foundation will consider requests from us up to £100,000 for identified, budgeted and properly planned work. This will be discussed at the next meeting. This is a potential resource for development work or research work.

Admin support is a big issue for Martin is a big issue. He will consider whether we can piggy back some part time support to be paid for by the CHFG. Offers have been received but we have to be politically careful!

Next Meeting

Next meeting scheduled for Friday 13 June (1000 until 1500), to be supported by the NPSA. It will be held at their London Maple Street offices. Please note this is a change of date!!!!

? CHFG at AfPP Congress 2008

Building on relations and the shared values and charitable objects between the Association for Perioperative Practice (AfPP) and Clinical Human Factors Group (CHFG) AfPP would be very pleased to welcome the CHFG to hold a meeting/ one day conference, in the facilities that we use in Harrogate during our Congress in October 2008.

AfPP has a number of options for the size of lecture theatre from 60-300 seats and we would have no problem making one of them available to the CHFG for a day during Congress 2008.

How would it work?

AfPP would charge a set fee of around £30 per head (this depends on numbers) to cover the venue and AV costs. For this fee CHFG would have a limited risk conference option that would include

- access to the Harrogate International Centre and all Exhibition Halls,
- full AV (computer, technician, data projector, screen and microphones)
- Assistance with speakers on site/speaker prep room etc

CHFG delegates would experience

- an integrated conference experience (opportunity to network and mix with other professionals/care providers)
- an exceptional conference venue in a 5* conference town
- opportunity to access the premier medical device exhibition of the UK to gain insight of quality and safety related products that assure quality patient care/experience

AfPP would be happy to assist in any marketing programmes however there would be a cost for any mailing, printing and other costs incurred. These would need be agreed with the CHFG in advance.

AfPP could also assist with registration and would pass on the material costs involved ie mailing, badging etc as required by the CHFG. It is envisaged that this cost would only be in the region of £5 per head again depending on the requirements.

AfPP would not charge for catering as this is normally available within the exhibition and is therefore paid for by delegates however if the Patients Association preferred we could supply each delegate with a £15 voucher to spend within the many catering outlets within the exhibition.

The cost to delegates would have to be agreed with the CHFG to fit within the normal range for events that they run. However AfPP would happily pass on any surplus left/profit from the delegate fee after the above costs, have been met.

Example of possible financial scenarios

Delegate fee	£	75.00
Numbers attending		<u>60</u>
Income	£	<u>4,500.00</u>

Variable costs		
Fee for using facilities	£	30.00
registration fee	£	5.00
Lunch voucher	£	<u>15.00</u>
Total Variable Costs	£	<u>3,000.00</u>

Marketing costs	£	<u>500.00</u>
Potential Surplus	£	<u><u>1,000.00</u></u>

This table can be adjusted to see the impact of changes in delegate numbers, additional marketing costs etc. It assumes no speaker costs which depending on the speakers chosen could be realistic as they may all be available/sourced from either delegates/anticipated speakers attending the AfPP event. Additional work would have to be done as this very simplistic scenario, has made a number of assumptions and would therefore require re working to refine it. However it should serve to demonstrate the principles involved.

Next steps

Define the audience and topic:

Agree focus

The AfPP has already negotiated parallel one day events over the four day conference period with NHS III regarding launch of the Productive Theatre Campaign and with the Patients Association designed to get Boards on Board, targetting Non-Exec Directors regarding the subject focus of Patient Safety and Quality

Should the CHFG wish delegates to experience the AfPP Exhibition, this could be organised through a guided route with a focus on quality/safety related products with support from the medical device industries exhibiting to raise awareness.

Should you wish to discuss this further please come back to me and I can put you in contact with AfPP Commercial Director Tracy Bottomley and CEO Mr John Manning

Jane Reid
Chairman AfPP

(Note Jane has since confirmed that this could be organised by the AfPP events team)

RISKY BUSINESS

An International Patient Safety Conference

Friday 16 May 2008

The Landmark Hotel, Marylebone Road, London NW1

Course Director: Dr ALLAN GOLDMAN
JANE COLLINS

Conference Host: DR

PROVISIONAL PROGRAMME

08.00 REGISTRATION & REFRESHMENTS

08.45 Welcome and introduction

Dr Jane Collins & Dr Allan Goldman

09.00 **Session 1 – WHY IT MATTERS** *Chair: Dr Jane Collins*

The story of Elaine Bromiley

Martin Bromiley

What can be achieved nationally and internationally

Professor Sir Liam Donaldson

09.40 **Session 2 – TURNING AROUND DEFINING MOMENTS IN OTHER HIGH RISK INDUSTRIES**

Chair: Mr Tony Giddings

Spaceflight As Compared to Healthcare:

Does it take a disaster to change safety culture?

Dr James P Bagian

Collapse of the sub-prime mortgage system

Jonathan Chenevix-Trench

The Mumbai Railways Urban Transport Project – the need to get to work and survive *Mr P C Sehgal*

Defining moment at Boston Children's Hospital

– what happened and what's changed?

Dr Kathy Jenkins

11.30 **Session 3: HUMANS AS HEROES AND HAZARDS** *Chair: Captain Guy Hirst*

Getting 'inside their heads' when things went wrong

Prof Sidney Dekker

How well do simulators prepare one for 'the real thing'?

Captain Peter Burkill

Emerging leadership under stress: Survivor of Andes Air Disaster ('Alive')

Dr Roberto Canessa

Doing what you have to do ('Touching the Void')

Simon Yates

12.50 Lunch

13.50 **Session 4: THE ROLE OF THE MEDIA AND CHOOSING ONE'S BATTLES**

The role of the responsible media when things go wrong

Jon Snow

Choosing one's battles

General Sir Mike Jackson

14.30 **Session 5: LEADERSHIP AND TEAMWORK – Q & A panel discussion** *Chair: Jon Snow*

PANEL: World-class experts & leaders representing the worlds of Sport, Business, Military and Ex

Felipe Contepomi, Dr James P Bagian, a Senior Executive from Morgan Stanley, General Sir Mike Jackson,

1530 Afternoon tea

15.50 **Session 6: SUCCESS STORIES FROM MEDICINE & OTHER INDUSTRIES**
4 simultaneous breakout groups, with audience feedback

Group 1: Resilience & Reliability *Chair: Dr Peter Laussen*

The Cincinnati Story – resilience & when to escalate treatment

Lean and safe – the Toyota Way

Discussion, feedback & summary: 3 Key Messages

Dr Uma Kotagal

Steve Boam

Group 2: Regulation & Communication *Chairs: Professor Judith Ellis and Dr Jim*

Steven

How does the Medical Director know his hospital is safe? Dr Jim Steven
How does the junior nurse tell the eminent professor
Polonium, bird-flu, London bombings: Thoughts for major city catastrophes Sally Liefsey
Discussion, feedback & summary: 3 Key Messages

Group 3: Leadership, Finance & Safety Chair: Geoff Bird
Is there a place for patient safety in the developing world? Prof Andrew Argent
Moving forwards when you've lost your leaders:
Lessons from the New York Fire Department Victor Herbert
Discussion, feedback & summary: 3 Key Messages

Group 4: Human Factors, Briefing & De-Briefing Chair: Jane Carthey
Pragmatic lessons from 10 years of Human Factors research at GOSH Prof Marc de Leval
Briefing CO19 style Neil F
De-briefing Red Arrows style Flt Lieutenant Simon Stevens
Discussion, feedback & summary: 3 Key Messages

16.50 Session 7: FEEDBACK, KEY MESSAGES, SUMMING UP
Chairs: Dr Allan Goldman & Dr Jim Steven

Feedback 3 key messages from each group Group Chairs

So, what's the relevance of all this to medicine and what can we do about it? Dr Carol Haraden

17.35 Closure and thanks Dr Jane Collins & Dr Allan Goldman

Programme correct at time of going to press, but may be changed without notice

Contributors in alphabetical order

Professor ANDREW ARGENT	<i>Director of PICU, Red Cross Children's Hospital, Cape Town, South Africa</i>
Dr JAMES P BAGIAN	<i>VHA Chief Patient Safety Officer, Director VA National Center for Patient Safety, Former NASA astronaut</i>
Dr GEOFF BIRD	<i>Assistant Professor of Anaesthesiology and Paediatrics, University of Pennsylvania</i>
STEVE BOAM	<i>Ex-Senior Engineer Toyota Japan & UK, now MD of KManT</i>
MARTIN BROMILEY	<i>Elaine Bromiley's husband, airline pilot and Founder of the new and independent NHS Human Factors Advisory Group</i>
Captain PETER BURKILL	<i>Captain of the Boeing 777 which crash landed at Heathrow in January 2008</i>
Dr ROBERTO CANESSA	<i>Survivor of the 1972 Andes Air Disaster ('Alive'), now Consultant Cardiologist, Uruguay</i>
Dr JANE CARTHEY	<i>Consultant in Human Factors</i>
JONATHAN CHENEVIX-TRENCH	<i>Former Chairman of Morgan Stanley International</i>
Dr JANE COLLINS	<i>Chief Executive, Great Ormond Street Hospital for Children</i>
FELIPE CONTEPOMI	<i>Captain flyhalf of Argentina Rugby team - voted in top 5 rugby players of 2007</i>
Professor SIDNEY DEKKER	<i>World Human Factors psychology expert</i>
Professor Sir LIAM DONALDSON	<i>CMO and Chairman, World Alliance for Patient Safety [WHO]</i>
Professor JUDITH ELLIS	<i>GOSH Director of Nursing, Workforce and Education</i>
NEIL F	<i>Senior member of CO19 Anti Terror Team</i>
MR TONY GIDDINGS	<i>Chairman for the Alliance for the Safety of Patients at the Royal College of Surgeons</i>
Dr ALLAN GOLDMAN	<i>Lead for Cardiac Intensive Care, Great Ormond Street Hospital for Children, London</i>
Dr CAROL HARADEN	<i>Vice President, Institute of Health Improvement, Boston</i>
VICTOR HERBERT	<i>Former Dean of Instruction to the New York Fire Department. Distinguished lecturer at The City University of New York</i>
PATTI HICKEY	<i>Deputy Head of Nursing, Boston Children's Hospital</i>
Captain GUY HIRST	<i>Airline Training Captain and Human Factors Training Expert</i>
General Sir MIKE JACKSON	<i>Former Head of the British Army</i>
Dr KATHY JENKINS	<i>Kobren Family Chair for Patient Safety & Quality, Children's Hospital of Boston</i>
Dr UMA KOTAGAL	<i>Vice President for Quality and Transformation, Cincinnati</i>
Professor MARC DE LEVAL	<i>Professor of Cardiothoracic Surgery, original and visionary thinker on the role of Human Factors in surgery</i>
SALLY LIEFSEY	<i>Major city catastrophe expert</i>
Mr P C SEHGAL	<i>Managing Director, Mumbai Railways Vikas Corporation</i>
JON SNOW	<i>Journalist, broadcaster and presenter of Channel 4 News</i>
Dr JIM STEVEN	<i>Chief Medical Officer - Children's Hospital of Philadelphia</i>
Flt Lieutenant SIMON STEVENS	<i>Former Red Arrows Pilot</i>
SIMON YATES	<i>Mountaineer who cut the rope in 'Touching the Void'</i>

Discounted Early Bird rates are available until 15th April (up to first 150 delegates only).

Advance registration is essential.

Further information & registration: www.ichevents.com info@ichevents.com

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