

**Minutes**  
**4th Meeting of the Clinical Human Factors Group**  
**Fri 13 June 08**  
**At the NPSA, London**

Attendees: Martin Bromiley, Jane Carthey, Murray Devine, Mark Emerton, Allan Goldman, Gill Hastings, Nikki Maran, Helen Muir, Bev Norris, Stephen Ramsden, Jane Reid, Hugh Rogers, Chris Sadler, Lori Trott (guest from National Patient Safety Campaign). Note that not all attendees were present for the whole meeting.

**Background**

As was identified at the 3<sup>rd</sup> meeting in March there is a much greater interest in patient safety and people are now talking more openly about “human factors” even if they don’t really understand what it’s about. In light of this prior to the meeting Martin Bromiley circulated the following SWOT analysis of the CHFG to the Standing Group:

<p><b>Strengths</b>  <i>Expertise in the group, both from an academic and clinical perspective</i>  <i>Networks that we all have access to, both academic and clinical</i>  <i>Extensive knowledge and experience in other fields</i>  <i>Motivation and desire to improve patient safety – and we’re all volunteers</i>  <i>Ability to capture people’s attention, both clinicians and the media</i>  <i>Resources, such as the website which links to other resources</i></p>	<p><b>Opportunities</b>  <i>Current interest in patient safety across the board and with The Board</i>  <i>Current clinical interest in “human factors”</i>  <i>Policymakers interest in “human factors”</i>  <i>Media and public interest in patient safety</i>  <i>National Patient Safety Campaign in England</i>  <i>Scottish Patient Safety Alliance</i>  <i>Our “3<sup>rd</sup>” Workstream on Human Factors Training lead by Nikki</i></p>
<p><b>Weaknesses</b>  <i>Time and funding</i>  <i>No remit</i>  <i>Work is voluntary</i>  <i>Group and Chair is un-elected</i></p>	<p><b>Threats</b>  <i>Not seizing current opportunities</i>  <i>Being taken up with the “moment” and losing our professional/academic lead/independence</i></p>

Martin Bromiley summarised the current situation as “what seems to be happening is that at last the NHS is saying, “there is something in this human factors stuff – but what do we need to do as clinicians/managers/policy makers?”

This set the theme for the early part of the meeting.

## **Item 1 – working with the National Patient Safety Campaign.**

As the CHFG was holding its 4<sup>th</sup> meeting, the National (England) Patient Safety Campaign was about to launch at the NHS Confederation. To that end we started the meeting looking again at how the Campaign and CHFG might be mutually supportive.

Stephen Ramsden started by stating that he'd like to support awareness building of human factors. He felt there was a win-win for the Campaign and the CHFG. Perhaps we could support and advise on the interventions in the Campaign and at the same time this would build an understanding of "human factors" into the Campaign. Stephen candidly discussed his concerns, that whilst a campaign built on clinical interventions would be successful, would it actually change the culture long term or become a tick box exercise? What Stephen wants is sustainability and what seems to have marked previous initiatives is the fact that because they didn't take account of human factors they weren't sustainable.

There was some discussion at this point that the term "human factors" isn't always useful. Sometimes talking about "non-technical skills" and "ergonomics" is of more use to clinicians. It was agreed that the secret is to contextualise with case studies.

It was suggested that a sub group of the CHFG could work to produce a package that helps application of ideas. The point was made that often these packages exist but what is needed is a roadmap, and that alongside that you need champions in hospitals to support and persuade. The point was made that what changed things in aviation was regulation. When something really matters it becomes mandatory. The point was also made that this was a process widely resisted.

We talked about getting journals to publish themed issues about safety. What we wouldn't want is people talking about disasters but good examples, modelling good behaviour, perhaps celebrating progress. i.e. linking behavioural change and tangible benefit (examples were discussed including GOSH and St Georges). It was agreed that this would simply require people to bring together what already exists. Could the CHFG work with the Campaign team to release such a publication in a few months time?

It was mentioned that the Health Foundation is going to commission developing a series of case studies from the first four Safer Patients linking stories with outcomes. It's already recognised that team dynamics are critical in these cases but often not properly identified.

**Action - It was agreed that the CHFG would support the Campaign by forming two sub-groups. One short-term to support the Surgical Checklist implementation/intervention. The second to support the Campaign generally to identify and develop a resource which provides human factors advice &/or a "roadmap" to those implementing the interventions (either at Core Team level or Trust level). The first group will be invited on board by the Campaign team. The second team will be made up of volunteers from the CHFG supporters. Martin to liase with Stephen Ramsden.**

## **Item 2 - Discussion re holding a CHFG National Conference in October.**

Jane Reid of the Association for Perioperative Practice had made an offer to the CHFG at the last meeting of using the AfPP National Conference [http://www.networks.nhs.uk/uploads/user/guiding\\_practice.pdf](http://www.networks.nhs.uk/uploads/user/guiding_practice.pdf) to hold a CHFG National Conference. There were significant advantages to the CHFG of doing this. It would allow us to seize an opportunity at a relatively low cost and requiring less man-hours to organise than normal.

It was pointed out that this year there are a number of national conferences/workshops covering “HF”. In July the Ergonomics Society is holding it’s Improving Patient Safety Conference <http://www.ergonomics.org.uk/page.php?s=6&p=135> In September Peter McCulloch is holding the International Workshop on Teamwork and Safety in Surgery <http://www.surgery.ox.ac.uk/research/qrstu> and Allan Goldman will be running “Risky Business” in September 2009 which the CHFG could have a large part in. (No link but see <http://www.riskybusiness2008.com/> ).

Despite this there was a strong feeling that a programme around “Rhetoric to action” would be very useful, however after a very long debate it was agreed that it was simply too soon for us to pull together a good conference without significant risk of getting it wrong. (Despite the AfPP’s kind offer which would have substantially reduced the financial risk there was still a large financial commitment over and above our existing finances).

**Action – it was agreed that instead of a whole conference that Jane Reid would look at the possibility of the CHFG using an extended session to follow-on from Martin Bromiley’s planned presentation (all within the existing AfPP programme) to continue our “raising awareness” Workstream.**

**Action – Martin Bromiley to ask Peter McCulloch that if appropriate he can extend an invitation to all supporters of the CHFG to his workshop in September.**

## **Item 3 - Awareness Raising**

Bev Norris and Rhona Flin have helped draft a CHFG “flyer/leaflet” which could be used to get people to the website and as an attention getter – a bigger more informative “business card” in a way. Suzanne Meadowcroft (Elaine Bromiley’s sister) has printed the draft version but will need to buy-in images. Rhona and Bev have also produced an excellent booklist, the first draft of which is now on our website and should help all those looking for further reading on the subject of human factors in healthcare [www.chfg.org](http://www.chfg.org)

Suzanne Meadowcroft has also produced headed paper for the CHFG and it was agreed that she should go ahead and get these printed.

It was asked if we could measure “hits” on our website.

**Action - Bev Norris to provide free images to Suzanne for the leaflet, Suzanne then to arrange printing for the CHFG. Suzanne to also produce headed paper and an electronic version of headed paper for emails. Martin to ask Suzanne about measuring “hits” on the website.**

“Evidence/Personal Stories” gathering exercise – The letter we sent out originally has been re-drafted to make a second attempt to get stories. It was agreed that you get the best stories face to face but that this is very intensive and difficult to record.

It was agreed that any stories received should go on a “Storyboard” on the website.

Nikki Maran pointed out that she has a large number of examples from her work at the Scottish Simulation Centre which she will forward to the group.

Murray Devine spoke with Peter Walsh, head of the AvMA, there are stories on the AvMA website but very emotional and wouldn't necessarily work from a “human factors” point of view. Likewise the NHS LA has material on its website but again it's been written for a different purpose.

Mark Emerton pointed out that the NHS III LIPS (Learning for Improvement in Patient Safety) course could be a good source of stories.

It was discussed that perhaps we should arrange with Stephen Ramsden that he should write again to every Trust signed up for the patient safety campaign to submit a story of an example of “where it went wrong”. That would get some engagement from the Board!

**Action – Nikki Maran to look at forwarding anonymous stories from the SCSC and Mark Emerton to ask Kate Jones about participants in the LIPS course forwarding their stories. Martin to ask Suzanne Meadowcroft to create a “Storyboard” on the website. Martin to discuss with Stephen Ramsden the possibility of using stories from the Trusts signed up to the NPSC.**

## **Item 5 – The Human Factors Training Workstream 1<sup>st</sup> Meeting**

Nikki Maran reported that the first meeting was held in April, 14 people attended bringing together a massive amount of knowledge and a strong feeling that “we should work together”. There was a very positive feeling. The group are keen to come together again as a big group with the initial aim of defining a curriculum for generic post graduate “HF” training. Over time they will detail the syllabus, there after splitting into smaller sub groups to work on individual subjects, e.g. “situational awareness”, “decision making”. The question of scope (i.e. what level of clinician will our syllabus be aimed at) came up. Nikki Maran reported that there is work going on in Sydney supported by the WHO to develop a curriculum for patient safety which includes some “HF” topics at under-graduate level. This includes people such as Rhona Flin and Prof Bruce Barraclough chairs the Expert Group. Part of the deal with the WHO is that Sydney University must share the results at the end of the

process with the rest of the world. It therefore makes sense to work at post graduate level.

It was identified by the HF Training sub-group that there were three stages of “HF” training to be considered:

- Awareness raising
- Skills development
- Skills application

Nikki felt that this Workstream could be really challenging! It was recognised that there so many different agendas with the potential for tension about intellectual property. However the goal is not to discuss “tactics” for training but agree the core topics. The subject of endorsement etc will come up in the future but at this point we need to get an agreed curriculum.

**Action – Nikki Maran agreed to take away the Standing Groups view that the Workstream would define curriculum and recommend this curriculum is best practice. This will be about agreeing the content, bringing resources into an accessible place, bringing the curriculum into the public domain. Nikki will also circulate the minutes from the sub-group meeting as soon as possible.**

#### **Item 5 – Other current/future work outside the CHFG**

Mark Emerton brought us up to date on the NHS III work on the “Productive Operating Theatre”. Three field test sites have been identified to test concepts and three associate sites that will use whatever comes out of test sites. Final launch aimed for Sept 09. The Institute is currently looking at external consultancy’s to support the work and it is hoped that the successful bidder will have human factors expertise as this will feature largely in this work. There is also a cross fertilisation with the English and Welsh patient safety campaigns.

#### **Item 6 – Admin**

Funding remains at ~£4,500 currently held by the Health Foundation. Martin Bromiley is in the process of setting up a bank account for the CHFG. Gill Hastings has discussed with Martin further funding for specific work but would like time to further develop her ideas.

**Next Meeting – Proposed for Weds 8 October, starting lunchtime in Harrogate at the AfPP Conference. Facilities to be provided (with thanks!) by the AfPP.**

## Appendix 1

**AfPP, Thursday 9 October 2008**

**The morning will provide opportunity for Clinicians and Practitioners to attend parallel AfPP conference sessions or engage with the largest medical device Exhibition in Europe**

**“The human factor in healthcare” presented by the Clinical Human Factors Group  
1330 to 1630**

**Overall Aims: [This will be explicit as a summary in the delegate handbook and a feature of the electronic flyer to promote the event](#)**

To help the audience appreciate that “human factors”/non-technical skills are critical to sustainable improvement in patient safety.

To demonstrate/model good “non-technical skills” by presenting a coordinated approach from different backgrounds and organisations.

**Session summary: [This will be explicit as a summary in the delegate handbook and a feature of the electronic flyer to promote the event](#)**

Chaired by Sir Ian Kennedy, the session will start by using the real life story of a patient’s death during an operation by an experienced and skilled team. It will look at the “human factors” involved, such as teamwork and behaviour under stress. This will be followed by a number of clinicians and experts from different specialties and organisations, examining practical steps that can be taken; by individual clinicians, teams and Trusts to improve reliability and safety.

**1330-1415 “How it can go wrong – when teamwork doesn’t happen”– Martin Bromiley (husband of the late Elaine Bromiley)**

Session objectives

To describe the story of Elaine Bromiley’s routine operation which resulted in her death

To offer personal reflections on the culture in healthcare, compared to other “high risk” industries

To examine the the role of incident investigation to “learn, not blame”.

**1445-1630 “How we can get it right – creating teamwork” – Chaired by Sir Ian Kennedy**

**Part 1 (1450-1520) – Why won’t the team speak up/why won’t my team call me Mark – Jane Carthey (HF Expert) & Mark Emerton, Consultant Orthopaedic Surgeon, (NHS Institute)**

Session objectives

To examine the traditional hierarchy that exists in healthcare, especially the impact of the relationship between Medical Staff and Nurses/ ODP's.

To explore power distance and cultural issues both in theory & practice

To outline tools and skills that can engender more appropriate working relationships.

**Part 2 (1520-1545) – Non-technical skills training and teamwork in the theatre – Nikki Maran, Consultant Anaesthetist and Director of the Scottish Clinical Simulation Centre**

To highlight what simulators reveal about human behaviour in stressful clinical situations.

To provide an overview of what medics and clinicians can learn about teamwork when working under stress.

**Part 3 (1545-1605) – How the surgical checklist can improve teamwork and safer care – Krishna Moorthy, Consultant Surgeon St Mary's Paddington and Imperial College London**

Describe the lessons learned from application of the WHO Safer Surgery Checklist

Describe the impacts experienced for enhanced teamwork and improvements in patient safety

**1605-1630 Plenary Q&A – Chaired by Jane Reid of the AfPP**

Panel members will be Sir Ian Kennedy, Martin Bromiley, Jane Carthey, Mark Emerton, Allan Goldman, Nikki Maran, Krishna Moorthy.