UCLPartners

NHS
Health Education England

Implementing the National Patient Safety Syllabus

Facilitators' Guide for an Organisational Readiness Self-Assessment Tool

How to use the Organisational Readiness Tool to support implementation of the Patient Safety Syllabus

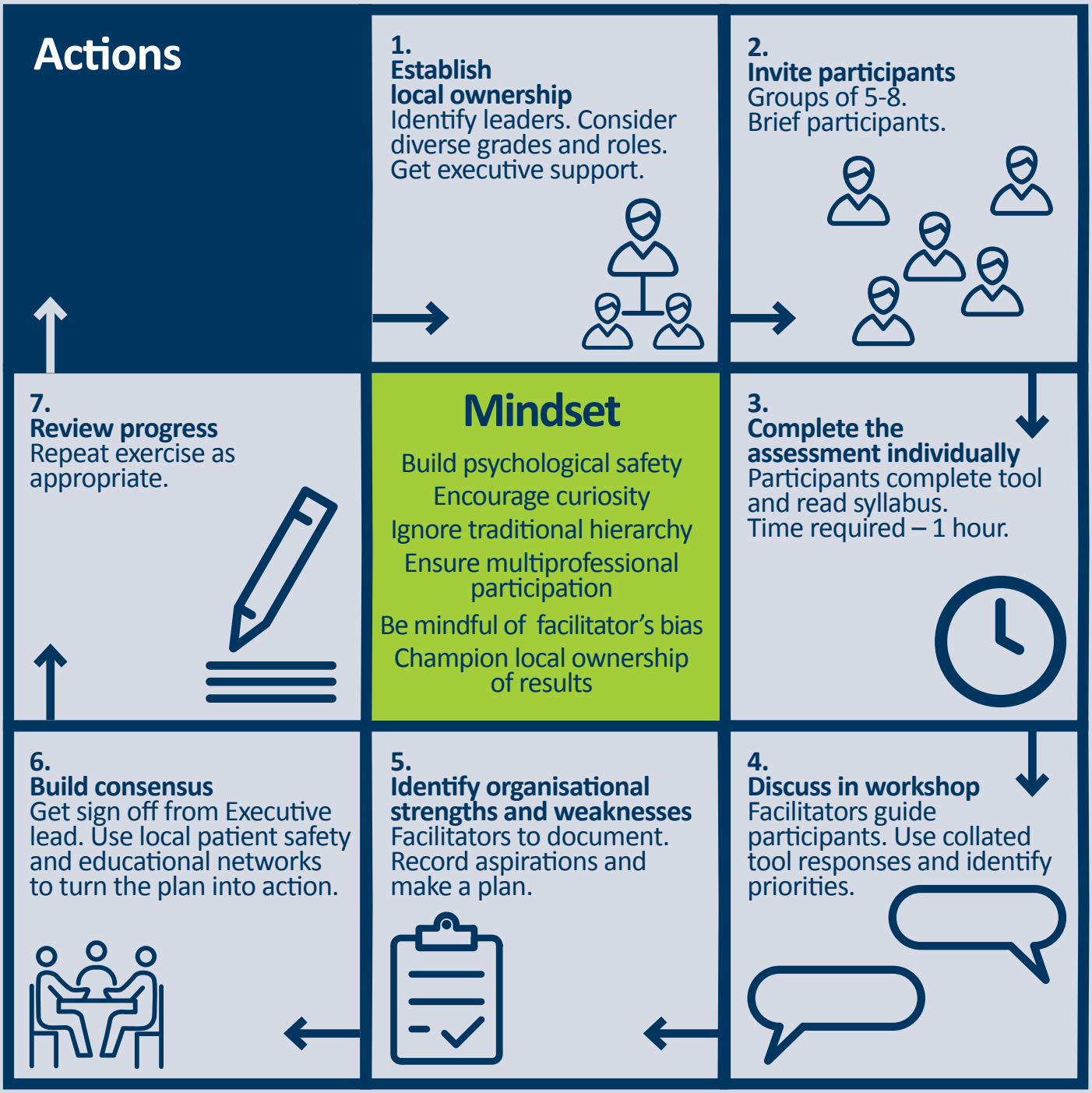

Table of contents

HUMAN FACTORS EVERYWHERE

Human-centered approaches for running a safe and secure business.

Chartered Institute of Ergonomics & Human Factors

The National Patient Safety Syllabus

The NHS Patient Safety Strategy[1] was published in July 2019. The Strategy was presented as "a statement of our collective intent to improve safety by recognising that to make progress, we must significantly improve the way we learn, treat staff and involve patients" (Aiden Fowler). Among other findings and recommendations, it recognises that "patient safety" is something clinicians and managers are told to do, but they are rarely, if ever, equipped with suitable capabilities and knowledge drawn from safety science.

The National Patient Safety Syllabus[2], announced as part of that Strategy, outlines some of the knowledge and skills needed to adopt a new approach to patient safety. Successful implementation of the syllabus might be a first step towards putting safety science in the hands of NHS workers: equipping staff with the tools to analyse clinical processes from a systems perspective and to identify and evaluate patient safety risks, embedding a common safety language in the health service, and improving organisations' capability to design and improve systems through knowledge of human factors and ergonomics.

The National Patient Safety Syllabus is one step in the process of designing and delivering patient safety education by defining capabilities and areas of knowledge. These need to be translated and implemented in a suitable curriculum.

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Further details about the syllabus can be found in Appendix 1, including information which could be used to give an overview to colleagues at the start of an organisational readiness self-assessment workshop.

[1] https://www.england.nhs.uk/wp-content/uploads/2020/08/190708_Patient_Safety_Strategy_for_website_v4.pdf

[2] https://www.aomrc.org.uk/wp-content/uploads/2020/01/National_Patient_safety_syllabus_v1.0_0120.pdf

Why we developed a readiness tool

The magnitude of change associated with syllabus implementation should not be underestimated. Over time, the comprehensive, system-wide adoption of the knowledge and skills outlined within the National Patient Safety Syllabus could reasonably be expected to result in major improvements to the safety of healthcare in the NHS. Alongside this opportunity, implementation represents a huge challenge. A healthy safety culture combined with the willingness and the ability to adopt the syllabus are essential preconditions from which organisations may be successful in the implementation of the syllabus (see further detail on Weiner's Theory of Organisational Readiness for Change[3]).

We have collaborated within our partnership, with the Chartered Institute of Human Factors and Ergonomics, with Human Factors Everywhere and with Health Education England to support organisations in successful adoption. The organisational readiness self-assessment tool is based on fieldwork undertaken within the UCLPartners region. We carried out 20 interviews with a broad range of NHS providers (their patient safety leads, educators, transformation leads and GPs) to understand the support required to implement the syllabus. Their experiences and insights have informed the tool design.

> A healthy safety culture combined with the willingness and the ability to adopt the Syllabus are essential preconditions

[3] https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-4-67

Our partners have told us that implementation of the syllabus should not be "one size fits all" and must be gradual. It may be that the organisational readiness self-assessment is repeated over time, enabling organisations to update their strategic priorities in light of progress or challenges with the implementation of the syllabus.

There may be challenges and successes in common, and it is hoped that the results of the self-assessment tool could be shared amongst partners and arms-length bodies to disseminate successful strategies and inform investment in resources to support implementation.

What the tool will do:	What the tool will not do:
Promote reflection and self-assessment of safety culture and organisational readiness for change.	**Deliver a quantitative assessment or score, indicate a pass or fail.**
Identify areas of an organisation's culture and capacity which may inhibit or limit adoption and inform the unique implementation strategy required of any locality.	**Prescribe a list of actions an organisation should take to implement the Syllabus.**
Facilitate building of consensus around patient safety education between colleagues from different disciplines and roles within the organisation.	**Change the culture of an organisation.**

How to use this guide

In this guide, we describe the actions for using the organisational readiness self-assessment tool. These are the things you need to do in order to run the self-assessment exercise.

We also emphasise the mindset that underpins the use of the tool. Approaching the self-assessment exercise in this way can help ensure that you get the most value out of it.

Organisations can vary significantly in terms of their size and structure. Decisions about whom to involve and how to manage the self-assessment exercise will need consideration of your local circumstances. For example, for a small organisation it might be feasible to capture reasonably representative insights by running one or a small number of workshops; larger organisations might benefit from further workshops. The actions outlined below are flexible to suit your specific context. The mindset principles should be applicable across organisations.

In Appendix 1 you will find a very brief overview of the key elements of the national patient safety syllabus. The organisational readiness self-assessment tool is shown in Appendix 2, and a template for recording information is provided in Appendix 3.

Actions for running the self-assessment exercise

Please refer to the following actions for running the organisational readiness self-assessment exercise considering your organisation's particular context and requirements.

Establish local ownership

Invite participants

Complete the assessment individually

Discuss in workshop

Identify organisational strengths and weaknesses

Build consensus

Review progress

Establish local ownership

When you start the organisational readiness self-assessment exercise, you need to identify individuals who can lead on the process. They will manage the exercise, facilitate the workshops, and interface with different stakeholder groups. They also need to engage with senior leaders to gain executive level support for the exercise.

Tip: Assemble a small core team rather than having a single individual as leader. Consider different backgrounds, for example individuals working in patient-facing and non-patient facing roles, education and training, and administrative roles.

Invite participants

Invite small groups of participants (5 – 8) to represent different backgrounds and organisational functions, ideally across different levels of seniority. Smaller groups are easier to facilitate during the workshops and provide more fruitful discussions. A short briefing for participants may be useful to establish the purpose and the mindset for engaging with the tool.

Tip: Appendix 1 provides a brief introduction to the national patient safety syllabus that could be shared with participants.

Complete the assessment individually

Ask participants to familiarise themselves with the organisational readiness self-assessment tool, and to complete the assessment individually. Prepare participants that this initial stage might require up to an hour of their time. Suggest that participants share their individual assessments with the core team, so that responses can be looked at prior to the workshop in order to identify areas of shared opinions and areas of differences in opinion. This can help to focus the discussion.

Tip: Creating an electronic version of the self-assessment tool can help speed up analysis.

Discuss in workshop

Invite participants to the self-assessment workshop. Allow around two hours for a workshop session. Use the first part of the workshop to introduce participants to one another, and to set the scene in terms of purpose and expectations of the workshop. You can use the collated individual assessments to focus the discussion. Guide participants to explore differences in opinion. Encourage participants to describe their vision and aspiration for the organisation in terms of patient safety education. Plan a break half-way through the workshop.

Tip: Have two facilitators for the workshop. One individual can focus on leading the discussion, while the other person can take notes. Roles can be swapped around after a break.

Identify organisational strengths and weaknesses

Following the workshop, the facilitators should summarise the key findings from the discussion. Key strengths and weaknesses with regards to organisational readiness should be identified. At this stage, it might not be necessary to recommend specific interventions, but document aspirations and a plan. These should be reviewed within the core team.

Tip: The template in Appendix 3 can help with recording information in a structured way.

Build consensus

A summary of the report and a suggested action plan should be shared with the executive team, who carry responsibility for approving the local strategy for implementing the national patient safety syllabus. Local patient safety and education networks might be useful for sharing of strategic solutions to common implementation concerns.

Tip: Provide feedback to participants about suggested actions and encourage them to take ownership as appropriate.

Review progress

Getting your organisation ready for implementing the national patient safety syllabus is likely to be a journey. You might wish to repeat the actions with different sets of participants in order to ensure sufficient breadth of roles and levels of seniority. Review progress against your suggested action plan, and provide regular feedback to participants.

Tip: Organisational readiness is not a binary object. Your organisation will be better prepared in some aspects, and might benefit from further attention in others. This exercise is an opportunity for learning.

Mindset for engagement with the tool

We propose the following six principles to underpin the exercise of completing organisational readiness self-assessment:

Build psychological safety

Encourage curiosity

Ignore traditional hierachy

Ensure multiprofessional participation

Be mindful of facilitator's bias

Champion local ownership of results

[4] https://www.youtube.com/watch?v=LhoLuui9gX8

[5] https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-020-00141-1

[6] https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-020-00141-1/tables/1

Build psychological safety

Encourage honesty around weakness, openness about error and a willingness to suggest solutions. Participation in this exercise will require this type of engagement as the tool asks probing questions about culture, capability and commitment. It will require a climate of openness that facilitators will need to establish and maintain for it to be a meaningful undertaking.

That open climate is described by the principles of psychological safety: the belief that it is okay or expected to speak up with ideas, concerns or mistakes. The two resources suggested below may help establish and maintain psychological safety for the purpose of conducting this exercise:

In this 10-minute video[4], Amy Edmonson explains the concept of psychological safety.

This paper[5] by Adam Cheng outlines specific strategies to build and maintain psychological safety in virtual debriefings. It is taken from the healthcare simulation literature, and has an educational focus, but the principles can be applied to the self-assessment exercise. This table[6] may be of particular use.

Encourage curiosity

The tool is designed to provoke reflection and to form a basis for discussion from which organisations can identify areas that may pose difficulties in the adoption of the syllabus. The tool asks about strength of agreement over 24 statements. The statements cover the following:

- Cultural alignment with the National Patient Safety Syllabus
- Willingness to adopt the National Patient Safety Syllabus
- Capacity to implement the National Patient Safety Syllabus

Individuals will not agree on all areas. The facilitators should encourage participants to share different views, and encourage reflection and consideration of other perspectives. It will help if participants share concrete experiences and seek to understand how those different experiences and opinions have arisen.

Ignore traditional hierachy

To understand the readiness of the organisation to adopt the principles of the National Patient Safety Syllabus, representative groups will need to be identified.

NHS organisations are heterogenous in almost every conceivable domain. Within a single organisation, services differ in the type of healthcare they provide, the population they serve, their tradition and heritage. They enjoy their own political nuances, financial situations, and are led by different strategic priorities. This will lead to varying enthusiasm for patient safety education and different capability to deliver it. Therefore, the wider the dialogue associated with this organisational readiness self-assessment tool, the better informed an organisation will be.

Ensure multiprofessional participation

Educational opportunities and safety culture will be best captured by inclusion of different professions and groups. Consider which team members in your areas will bring a fuller picture. For example, for an Emergency Department Team, consider porters, radiology, laboratory staff as well as the different clinical specialties and professions who interact with ED including peripatetic groups of AHPs, Physician Associates. Within your organisation, there will be many different ways to undertake this exercise and time constraints must be considered, a truer picture of culture, capability and commitment will be captured by a diverse workforce representation.

Be mindful of facilitator's bias

The dialogue and conclusions voiced in the workshops will need to be captured by the facilitators. A facilitator's data capture form has been produced to help with this. It will identify areas for consideration when devising local strategy for implementing the syllabus and areas of strength where there may be opportunities to scale or build on existing initiatives. Asking workshop groups for the areas they think are highest priority will help in identifying key areas for consideration.

It is important to write up notes very shortly after the workshop to ensure that all discussion outcomes are captured. It may be helpful to block out diary time for this.

As a facilitator, it is easy to "hear" statements which confirm our cognitive biases and ignore those which do not. It may be helpful to have two facilitators share the work and to help in assimilating data to mitigate against this tendency.

Champion local ownership of results

The findings should be shared back with those involved in the exercise and with the executive sponsors of the exercise. The report can be referred to and reviewed as and when the exercise is repeated as the organisation progresses with the implementation of the syllabus.

Appendix 1 – Brief overview of the Patient Safety Syllabus

Background

The NHS England and NHS Improvement Patient Safety Strategy includes a vision for patient safety education for all NHS staff. The strategy was launched in July 2019. The Academy of Medical Royal Colleges (AoMRC) has taken forward the development of a patient safety syllabus to deliver the vision for education set out in the patient safety strategy.

The syllabus is multi-professional and is addressed to everyone working in the NHS. The syllabus intends to build on existing educational activities, e.g. around incident investigations and non-technical skills training, but aims to complement this with a systems-based approach informed by lessons from other sectors.

Funding for the development of the syllabus was provided by Health Education England.

The first cohort is restricted to patient safety specialists, who are starting training on the syllabus in December 2020.

Structure

The aim of the syllabus is to establish a consistent approach to patient safety education in order to reduce variation in education. There is a particular emphasis on fostering a positive safety culture, and supporting teams to proactively identify risks in their systems and processes.

The patient safety syllabus consists of 5 domains:

1. Systems approach to patient safety
2. Learning from incidents
3. Human factors and safety management
4. Creating safe systems
5. Being sure about safety

For each domain, learning outcomes are specified for both basic and advanced training.

Domains

Systems approach to patient safety

This domain provides background to key national and international reports and NHS patient safety regulations. It introduces the systems approach to patient safety, which considers the interaction between people, the equipment they use, the workplace, and the organisational and the wider institutional structures. Principles of organisational learning are described that look beyond individual blame towards the identification of lessons for organisational change and improvement.

Learning from incidents

The focus of learning from incidents should be on the identification of lessons for the clinical system and for the organisation. Investigations should be undertaken by a multi-disciplinary team. The systems factors that contribute to adverse events should be identified systematically. Interventions can vary in their strength and focus. Interventions that are aimed at the individual (e.g. education) tend to be weaker than those that are aimed at addressing deficiencies in the system (e.g. usability of equipment and introduction of technology). The domain promotes the creation of a learning culture that avoids blame.

Human factors and safety management

This domain gives an overview of factors that affect human performance (e.g. the physical work environment, the usability of equipment, working hours, the quality of work procedures etc). A structured approach for analysing and representing clinical work is given (task analysis). This can be used to identify safety-critical tasks and steps, where additional support or changes to the system might be required. The domain also describes the importance of non-technical skills, such as safety-critical communications and introduces strategies for improvement of non-technical skills.

Creating safe systems

This domain is based on the notion of risk and the control of risk as the foundation of safer clinical systems. The domain describes the use of formal risk analysis methods (e.g. Failure Modes & Effects Analysis) to identify and assess the main risks in the clinical system. The systematic analysis of risks is then used as input for intervention design that addresses specific risks. The domain also includes consideration of safety culture and methods for assessing safety culture (e.g. MaPSaF).

Being sure about safety

This domain describes a mindset of continuous measurement, monitoring and improvement. The consideration of human factors aspect from the outset is key whenever changes are made or new technology is introduced. Safety management systems need to be established that can be used to identify and to monitor safety indicators (both lagging and leading), in order to detect changing and novel risks quickly. The domain also introduces a practice used in UK safety-critical industries – the safety case. The safety case is an approach that makes explicit and organisation's risk profile and helps an organisation to articulate and to evidence why the care that is provided can be regarded as safe.

A learning culture that avoids blame.

Implementation

At this stage, the syllabus sets out domains and learning outcomes. However, it does not detail how it should be delivered locally. In the first instance, patient safety specialists will go through all of the domains at the advanced level. Subsequently, it is envisaged that all staff will have access to at least basic level education. This might be in the form of self-directed online learning or it might be delivered in person by educators at each organisation.

This Facilitators' Guide includes a PowerPoint which can be used to give an overview of the Patient Safety Syllabus to colleagues at the start of a workshop.

> It is envisaged that all staff will have access to at least basic level education.

Appendix 2 – Organisational Readiness Self-Assessment Tool

The main aim of the self-assessment tool is to prompt dialogue and stimulate reflection about an organisation's current level of readiness for adopting the national patient safety syllabus.

It is envisaged that the self-assessment will be undertaken in discussion by a multi-professional group. The tool can be filled out individually prior to the group discussion[7].

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Identify areas of an organisation's culture and capacity which may inhibit or limit adoption and inform the unique implementation strategy required of any locality.	**Prescribe a list of actions an organisation should take to implement the Syllabus.**
Facilitate building of consensus around patient safety education between colleagues from different disciplines and roles within the organisation	**Change the culture of an organisation.**

Cultural alignment with the national patient safety syllabus

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
SC1	Suggestions about safety and quality are acted upon when expressed to management.					
SC2	We investigate patient safety incidents from a systems perspective.					
SC3	We are a learning organisation that shares lessons about patient safety.					
SC4	I would feel safe being treated here as a patient.					
SC5	We regard incident investigations as learning opportunities.					
SC6	The values of management are the same values that people who work here think are important.					

Willingness to adopt the national patient safety syllabus (change valence)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
V1 [values]	We believe the national patient safety syllabus aligns with our values.					
V2 [need]	We believe it is necessary to adopt the national syllabus.					
V3 [benefit]	We believe adopting the national syllabus will benefit staff and patients.					
V4 [benefit]	We believe adopting the national syllabus is cost-effective.					
V5 [timeliness]	We believe now is the right time for adopting the national syllabus.					

Ability to implement the national patient safety syllabus (change efficacy) 1/3

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
T1	We know what we teach around patient safety at the moment.					
T2	We know where our gaps are with respect to the national syllabus.					
T3	We know how much time it will take to implement the national syllabus.					
T4	We know what resources we need to implement the national syllabus.					
T5	We know what everyone needs to do to implement syllabus.					

Ability to implement the national patient safety syllabus (change efficacy) 2/3

	Resources	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
R1	We have the patient safety expertise to deliver training to staff.					
R2	We have sufficient numbers of trainers to deliver training to all staff.					
R3	We can release staff to attend patient safety training events.					
R4	We can sustain training provision and attendance over time.					

Ability to implement the national patient safety syllabus (change efficacy) 3/3

	Situational Factors	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
S1	We have a formal patient safety strategy.					
S2	Education is embedded in our patient safety strategy.					
S3	We have patient safety champions for each staff group (including non-clinical).					
S4	We have access to individuals with expertise in the design of learning packages.					

Appendix 3 – Data Capture Template for Facilitators
The template below can be used to take notes during the session. It can be adapted to suit your needs.

1. Cultural alignment with the national patient safety syllabus	
Opinion of group	
What are areas of strength?	
What are areas for consideration?	
Possible actions for improvement and priorities	

2. Willingness to adopt the national patient safety syllabus (change valence)	
Opinion of group	
What are our areas of strength?	
What are areas for consideration?	
Any possible actions	

3. Ability to implement the national patient safety syllabus (change efficacy)

Tasks, resources, situational factors

Opinion of group	
What are our areas of strength?	
What are areas for consideration?	
Any possible actions	

For further information about the Facilitators' Guide and the Self-Assessment Tool please contact **contact@uclpartners.com**