A NATIONAL APPROACH TO LEARNING FROM ADVERSE EVENTS

NHS board progress meetings

Background

During October and November we met with all NHS boards (including the non-patient facing NHS boards) to discuss the work carried out, and learn from their experiences, of implementing the national framework.

The discussions aimed to support the development of the refresh of the national framework, identify areas of good practice that we can share nationally, as well as areas where further national support would be useful.

Implementation of the framework

When we published the national approach to learning from adverse events in September 2013 we asked that all NHS boards aligned their policies to the principles of the framework by April 2014.

As part of our progress meetings with boards, we asked to see copies of their updated adverse event policies to understand how they have aligned these with the framework. It was interesting to note the number of boards that have made reference to the national framework within their local policies:

- 16 have made reference to the national framework within their local policy
- 5 have made no reference (2 patient facing boards and 3 special boards)
- 1 board is still in the processing of re-writing their policy.

We asked boards if they had amended their policies to reflect the definition of an adverse event as described in the national framework:

- 50% of boards have aligned to the national definition (11/22 boards, 9 of these are patient facing)
- 45% have retained some local wording/context in the description of an adverse event (10/22 boards, 7 of these are patient facing)
- 5% (1 board) still in the process of re-writing their policy but plans to adopt the national definition.

The boards shared some of the challenges as to why the national definition had not yet been adopted, including the definition not fitting well within a health and safety/non-patient facing system, and the resource required to change the language on all paperwork/IT systems.
During the discussions, boards shared with us a number of broader challenges in relation to implementing the framework across their organisations. These included:

- Delivering a just culture - Integrating a “just culture” with being open about failures in terms of patient, family, carer and staff support and involvement
- Engaging with and spreading implementation across primary care
- The integration of health and social care
- Educating and supporting staff in all aspects of the process (grading adverse events, review methodology) and in particular capacity and capability for improvement activity
- Meeting timescales
- Consistently applying organisation-wide learning (closing the loop)
- Changing public and media perceptions - ensure that positive messages of the improvement work done in light of an adverse event are shared.

From our discussions, we were able to understand how the boards are progressing with addressing some of these challenges, alongside continuing with their improvement plans that were developed in response to our 2012-2014 review programme. We identified a small number of boards that would benefit from additional support over the coming months and we are putting this in place. NHS Shetland noted that, as a small island board, they would welcome peer support from NHS boards of a similar size with shared challenges, especially in relation to having a proportionate adverse events management approach. The National Waiting Times Centre recognised that the person-dependent system that was in place is not sustainable and they are now reviewing their current policy and processes and are receiving support from us and other boards to do this.

The progress meetings provided an opportunity for boards to share with us their successes in implementing the framework and we identified a number of areas of good practice, which we shared as part of the Learning Summary report published in November 2014. Particular areas of good practice related to:

- improved engagement with patients, families and carers
- consistency in the processes and methodology
- staff engagement and ownership – making better use of huddles and briefings, staff identify topics of the month from adverse event information, ward/area team meetings discussing adverse events
• supporting a more integrated approach across other systems, particularly with complaints and with improvement programmes (SPSP and local improvement work).

Refreshing the framework

We asked NHS boards for feedback on the framework as it currently stands, and for their thoughts on areas that need to be addressed in the updated version of the framework. A number of themes were identified which we are considering how best to address:

• working with social care to help with Integrated Joint Boards
• working with primary care to engage and promote adverse event management
• demonstrating clearly the links between the framework and other national programme and initiatives such as the Scottish Patient Safety Programme, patient-centred collaborative and the national programme of work supporting the delivery of the 2020 vision
• ensuring the framework is inclusive and clearly addresses the balance of clinical and non-clinical adverse events
• clearly describing the learning from adverse events that we aim to share at a national level (using the current categorisation model and the potential for learning to define this better – outcomes model)
• outlining the national approach to sharing learning through the community of practice and the network.