

Consultation response

Patient Safety Learning's response to the AHSN Network Strategy for Patient Safety

Preface

Patient Safety Learning welcomes the AHSN Network strategy for patient safety. We believe that it will make a difference for patient safety and represents a step forward from the good work that AHSNs are already doing.

We believe that there is opportunity for even more to be achieved with the resources, scale and capability within the AHSN networks. We trust that our comments below, set out in relation to the different sections of the strategy, will explain why.

The scope of the AHSN Network

We note that the opening diagram shows how the AHSN Network's ambitions map onto the structure announced for the National Patient Safety Strategy by NHS Improvement (NHSI). We applaud the ambition and support for delivery of the three elements of that strategy. We would hope, however, that the scope of this ambition be made explicit, so that direction, attention and resources lead to action for patient safety in every tier of the NHS: regulators, providers, commissioners, primary care and patients.

Introduction

We agree with much of what is said in the introduction. We absolutely applaud the statement that Patient Safety is a central priority and guiding principle for all AHSNs, and we recognise the AHSNs' distinct role as orchestrators across the healthcare system. We think that AHSNs, with PSCs, can reinforce this position by taking a powerful role in bringing, enabling and supporting systems thinking for patient safety across healthcare.

Insights

It is clear that the projects cited in this section have all contributed to improvements in patient safety and that they demonstrate national learning from regional wide programmes. There is real value in sharing and implementing best practice for patient safety. It also clear, however, that spreading this learning into real nation-wide practice is hard.

We think that this point illustrates a more systemic problem around patient safety – the 'implementation gap' that Dr Suzette Woodward has defined. We think that AHSNs have a real opportunity in their 'national orchestrator' role to seek out and share examples not just of *what* people might do to make patients safer, but *how* to implement such initiatives effectively. We think it possible that our new learning platform, *the hub*, might offer a vehicle for AHSNs to share – and to find – best practice in the 'how to' for patient safety initiatives.

We recognise that a strength of the AHSNs is their ability to foster collaboration. At Patient Safety Learning, we think that *the hub* also offers an opportunity to spur collaboration. To offer one example, *the hub* may be useful to augment a key AHSN role: to better connect academics and researchers with those providing healthcare.

We have one concern about the programmes cited in the Insights section. While they are undoubtedly valuable they are also, for want of a better word, 'tactical'. They offer specific solutions to specific problems. We fear that without broader systems thinking and a focus on the foundations of patient safety, the factors that gave rise to the safety problems that these projects address may well reappear over time. We believe, however, that AHSNs have a unique opportunity in this regard, to take a leadership role in leading systems thinking about such issues. We believe our recently published report, *A Blueprint for Action*, could be a useful vehicle to help development this thinking and taking action to address these systemic issues.

Infrastructure

The numbers cited in the Infrastructure section are impressive – 20,000 people trained should be a potent force for good. We are concerned, however, that much effort may be diffused by two factors: a lack of a clear direction to address systemic factors that affect patient safety; and an absence of human factors specialists to design for safety and so help make safety improvement sustainable. If AHSNs continue to develop improvement expertise so effectively in the future, we recommend the introduction of these two elements to enhance the value and effectiveness of their efforts.

What we will do

We are excited to note that AHSNs are seeking the next tranche of national programmes for adoption and spread. 'A Blueprint for Action' describes actions that would enable AHSNs to take lead on systemic improvement of patient safety as part of a national programme.

We note also the AHSN ambition to build capacity and capability across the seven regions by using national resources. We think there is an opportunity here for AHSNs to lead in injecting human factors capability into the skills for improvement being adopted around the regions. The effectiveness of such work, however, will be greatly enhanced if AHSNs, nationally and within the regions, can adopt a united vision that is underpinned by systems thinking for patient safety.

Future initiatives

The proposed pipeline for the future also represents an opportunity to enhance the visible value delivered by AHSNs. By selecting and defining the programmes, AHSNs can also set (and require) standards for patient safety (including systemic standards) for these programmes. Moreover, they also have an opportunity to reduce the cost of implementing improvement and extending the value of these improvements if they can define and specify best practice for how these improvements are implemented.

While we recognise the examples of possible programmes cited (deterioration, falls and maternity) we would hope (a) that the work undertaken takes a systems view (b) solutions are designed using human factors and (c) that implementation of improvements takes a

multi-modal approach, thus reducing barriers to adoption and approval and increasing the prospect of long-term change. We would also hope that at least one or two of the programmes yet to be defined are focused on systemic change that addresses safety more than harm – perhaps even one or more of the foundations of patient safety described in *A Blueprint for Action*.

Conclusion

We see the potential of the AHSNs: the capability and expertise, the desire to make a real difference and a belief in collaboration. We want to see this potential realised, and Patient Safety Learning wants to help.

We think that AHSNs can realise much more value for patient safety than they do currently if they strengthen and adopt systems thinking and human factors more consistently.

We look forward to collaborating with the AHSNs and the PSCs to share our thinking and contribute to making a difference. We have developed *the hub* to enable anyone interested in patient safety to share learning, tools, resources and best practice. It is an asset for all and we will be delighted to help AHSNs in their ambition in its use.

We look forward to seeing how the strategy will develop and evolve and will be delighted to contribute and support in its implementation.

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