Patient Safety Collaborative Design Day (15/01/14)

Knowledge Capture – Design Rules Feedback – Session 1

Design Rules

Grouping	Rules
National vs. Local, Continuous Improvement Culture, Intrinsic motivations	This must be a system as well as an individual response. The system must encourage and enable individual action for safety – it must make safety OBVIOUS, SIMPLE, and EASY. • Make everyone's life easier • Added value derived from accelerating everybody's work through supporting culture and learning
Measurement	Measurement is a key design rule. Use data to inform improvement using a balance of transparent measurement overtime and measurement for performance. Use trusted (evidence based), actionable data to drive improvement. Use measurement to predict rather than react. Keep in mind: "If you're not measuring you're not improving, if you are measuring stupidly you are not improving, and if you are only measuring you are not improving" – Mary Dixon Woods.
Inclusion/Equity/Patient Partnership	Proposals must demonstrate active mechanisms to involve all stakeholders in the programme. There must be co-design, everyone in the system must be involved e.g. regulators, staff etc. Every voice needs to be heard – including the sharing of information across the system. The 'frontline' are essential stakeholders but equally there must be authentic patient and staff involvement and inclusion across all staff groups, not just clinical, to create real ownership. The programme must be attractive and relevant to all NHS frontline staff. There must be a system as well as an individual response. The programme should support enablement and empowerment for example through sharing good examples that people can customise locally and are clinically relevant and matter to people.
Communication	There must be effective, high quality communication across the system and real celebration of success.
Learning System	A learning system characterised by: • the transfer of knowledge (data & knowledge) • Standardised tools and techniques • Openness and transparency • Use of improvement science • A reduction in variation There is a curator role here – how do we make information accessible?
Evaluation	Evaluation must be formative from day one and have a means to an end. Evaluation must be practical and be of use.
Networks/Footprint	Build networks that map to local clinical communities. The footprints should be aligned with existing structures but enhance the current level of capability and learning.
Culture	Accelerate everyone's improvement work through a learning and supportive culture. The programme should make everyone's life easier and make safety simple. This must become the way things are done – culturally and organisationally. Leadership commitment and organisational compliance are necessary. There must be accountability for delivery.
Preparation	Don't panic – have a clear vision and shared purpose before we begin. The small stuff matters. Don't come up with a solution before understanding the problem. Staff also need to be given time and space to do this work properly – it must not just be an amendment to the day job, but the day job. Recognise staff time constraints.
Capability Building	Develop the necessary skills and capability, capacity at all levels of the whole system. Embed time and space for developments. Address knowledge gaps. Provide sufficient 'resource' in the widest sense to support this • Embed it in the day job and in continuous education. Give time and space to do it properly

	• Take your time. Prepare, build your capability and capacity through the system.
System Drivers	Align system drivers, including key stakeholder groups e.g. service regulators, providers etc.
Sustainability	Understand what success looks like in five years' time. Ensure that this is sustainable in the long term but in the short term use improvements as levers and accept failure as part of our learning.
Leadership	Leadership, commitment and organisational engagement – this is not an optional extra. Accountability.

Notes:

The most energy in the feedback was around inclusivity. Other important design rules seem to be learning systems, skills and capability and time – for both vision and clarity and to do this work properly. Measurement too was raised with the clarification that this must make life easier.

What about designed rules we have missed?

- Where does expertise currently reside in the system, and how we harness this?
- How do we manage the principle of not telling anyone what to do combined with setting high aspirations?
- How do we really make failure glorious?
- How do we remain focused on designing a safety programme and not on fixing the NHS?

Anti-Rules

Grouping	Anti-rules
Measurement	No meaningless metrics, nothing that's not evidenced based, and ensure no opportunity for gaming. In the past programmes have generated KPI's that hit the target but miss the point. Avoid making this a performance management issue and avoid disincentives for reporting. Don't decouple inspection from learning.
Status Quo/Creativity	Don't be constrained by past approaches. Don't stick to traditional methods; there is no single right way. Don't rely on external organisations as being the arbiter of patient safety and avoid reactive approaches.
Prescriptiveness	Avoid prescriptive rules. Don't dictate the design to the service – the local is the how, the national is the what. Don't presume to know the answers in advance. • Set values rather than mandates and allow friendships • Don't dictate the design to the service • Avoid prescriptive rules so we can achieve high standards not a uniform approach
Equity	Do not work in silos. Safety is not a project; it is not a separate industry. Don't design something that appeals to enthusiasts and experts. And avoid tokenistic engagement. Never lose sight of the patient at the centre.
Culture	Eliminate the blame culture. Transparency is different from accountability. • Avoid insular approaches and blame and shame • Don't ignore consequences (balancing measures)
Focus	Find your 3 themes (problems that need to be fixed) and ensure the whole system has focus on them
Capability	Don't keep the improvement bodies and education functions separate. Don't forget to train the next generation.