Institute of Biomedical Science
12 Coldbath Square, London EC1R 5HL
Tel: 020 7713 0214 • Fax: 020 7837 9658
E-mail: mail@ibms.org
Website: www.ibms.org

Chief Executive
Jill Rodney

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NHSI consultation
Developing a patient safety strategy for the NHS

Comments from the Institute of Biomedical Science

The Institute of Biomedical Science

The Institute of Biomedical Science (the IBMS) is the UK professional body for biomedical science. It represents approximately 20,000 members employed mainly as HCPC registered biomedical scientists in pathology laboratories, NHS Blood and Transplant, Public Health services, private laboratories, research, industry and higher education.

Q1: Principles

A. Do you agree with these aims and principles? Would you suggest any others?

The Institute of Biomedical Science (IBMS) supports these aims and principles

B. What do you think is inhibiting the development of a just safety culture?

Despite much rhetoric about a no blame culture many NHS employees regard the employment environment as one in which blame and accusation are indigenous elements. This is the product of a pressured and overloaded system and prompts a reaction response of 'fight or flight' which, in the context of work, translates to 'survival of the fittest' and people will do whatever it takes to survive i.e. blame someone else.

The commitment of staff to a just safety culture is not in question, it is more a matter of resources. A culture cannot be changed overnight and it takes staff training, staff resources, examples of best practice and time.

C. Are you aware of "A just culture" guide?

No.

D. What could be done to help further develop a just culture?

Provide relevant examples of where the strategy has actively improved an area in which it was previously seen to be lacking. A review and report on hospitals that have previously had a blame culture and that have now implemented changes to counter and remove that effect would be helpful. There are sufficient examples of the negative effect of fear cultures such as existed in Mid Staffordshire and which has been referenced in this document. Good leadership and management training is essential to demonstrate the counter productiveness of an aggressive management culture.

E. What more should be done to support openness and transparency?

As above, provide relevant examples of where the strategy has actively improved an area in which it was previously seen to be lacking and ensure that management and leadership training promotes a culture of openness, learning and support to improve.

F. How can we further support continuous safety improvement?

Review all quality improvement schemes and systems currently in place and rationalise them. There are too many all going at once and too many perceived inspections and assessments, which can produce a 'numbing' effect resulting in them being viewed as 'yet another bureaucratic exercise' rather than measures that have the potential to bring benefit to patients and staff.

Q2: Insight

A. Do you agree with these proposals? Please give the reasons for your answer.

Yes. Artificial intelligence (AI) must feature in plans if NHS England is seeking long term change and improvement but the required investment should not be made through the diversion of existing funds away from staff resources and required training.

B. Would you suggest anything different or is there anything you would add?

There must be confidence in the achievement of a true improvement in safety without an associated increase to workloads

Q3: Infrastructure

A. Do you agree with these proposals? Please give the reasons for your answer.

Yes, a cross system approach with a network of senior patient safety experts is essential and can support shared learning. However, there is concern that such a structure as proposed, using a mixture of existing experienced senior staff and patient advocates for safety could over stretch already heavily committed staff and prevent the success of the

strategy at its outset. The proposed patient safety advocates are presumed to be voluntary workers as the document does not make clear whether there is any new funding to support the delivery of this strategy. For this to be successful staff resources must be adequate.

B. Would you suggest anything different or would you add anything?

New staff may be required to provide backfill for those experienced staff who it is proposed will be utilised.

C. Which areas do you think a national patient safety curriculum should cover?

Those areas that are currently raising the greatest concerns. There is already a large amount of data generated on patient safety and adverse incidents to identify areas of weakness or areas of greatest risk.

D. How should training be delivered?

Consistently and within the NHS.

E. What skills and knowledge should patient safety specialists have?

A working knowledge of a patient journey informed by multiple different examples that involve different professional groups.

It is essential that the importance of less 'visible' specialisms such as pathology is recognised and appreciated. Pathology is a key element in many, if not most, patient care pathways and will intersect and influence many care decisions; because of this pathology has its own specific safety implications that must be understood and recognised as part of a fully functioning safety network.

F. How can patient/family/carer involvement in patient safety be increased and improved?

With appropriate funded resources to support more professional time being available to discuss with individuals and patient carer groups the risks/benefits/implications of specific conditions/actions/drugs. For a patient:carer:professional partnership to function in a meaningful and positive manner there has to be a minimum level of common understanding, which means the opportunity for the ongoing provision of information is essential. It is also about the establishment of trust based relationships; in resource limited environments the relationship between patients/carers and professional staff is often weak or non-existent, which can lead to frustration or suspicion and opportunities to prevent safety issues may be lost.

G. Where would patient involvement be most impactful?

Initially in those areas identified as being of greatest concern.

H. Would a dedicated patient safety support team be helpful in addition to existing support mechanisms? If yes, how?

Yes, providing that the area being targeted is provided with the resources to facilitate change and learning.

Q4: Initiatives

A. Do you agree with these proposals? Please give the reasons for your answer.

Yes. Prioritisation will be vital.

B. Would you suggest anything different or do you have anything to add?

Nothing additional to comments already made.

C. What are the most effective improvement approaches and delivery models?

Continuous audit.

D. Which approaches for adoption and spread are most effective?

Training and adequate resources.

E. How should we achieve sustainability and define success?

Provide adequate resources, and define success through improved defined outcomes.