

Education and Training Committee, 9 June 2016

Improving patient safety through education and training - Report by the Commission on Education and Training for Patient Safety

Executive summary and recommendations

Introduction

This paper provides a summary of the background and findings in the report by the Commission on Education and Training for Patient Safety. It also sets out the Commission's recommendations that are most relevant to the HCPC's role in patient safety.

Decision

For discussion; no specific decision is required.

Background information

See paper.

Report by the Commission on Education and Training for Patient Safety: Improving patient safety through education and training

Resource implications

None

Financial implications

None

Appendices

Appendix 1: Executive's response to key relevant recommendations

Date of paper

27 April 2016

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1. Introduction

- 1.1 Health Education England (HEE) set up the Commission on Education and Training for Patient Safety ('the Commission'), to review the current status of education and training on patient safety for all learners, including curricula and workplace learning.
- 1.2 The Commission published their findings in March 2016, in their report, 'Improving Safety through Education and Training', which makes twelve recommendations to HEE and the wider system for improving patient safety through education and training.
- 1.3 This paper provides a summary of the report's background, findings, and the recommendations that most directly relate to the HCPC's role in patient safety.
- 1.4 We are currently reviewing our standards of education and training to ensure that they continue to be fit for purpose, and this report provides a chance to reflect on the issue of patient safety within them.

2. Background

- 2.1 The Commission was set up as part of HEE's Learning to be Safer Programme, which aims to improve the quality of patient care, safety and staff wellbeing through education and training.
- 2.2 The programme also comprised several other work streams, including Raising and Responding to Concerns, and the Learning to be Safer Expert Group which reviewed human factors education and training. The HCPC was represented on the expert group, whose findings were shared with the Commission, and incorporated into their report.
- 2.3 The report addresses the problem of why and how patient safety incidents still regularly occur, despite patient safety improvements in practice and in education and training.
- 2.4 Through consultation with staff, service users and students from across the health sector, the Commission explored how education and training interventions can actively improve patient safety, and support a more open culture of sharing and learning across the system.
- 2.5 The report discusses a number of broad areas.

- Creating a culture of shared learning: moving away from a blame culture to one of sharing and learning from things that have gone wrong.
- The patient at the centre of education and training: how active involvement of patients and carers in training can help create a culture of safety.
- Lifelong learning – ensuring that patient safety is a priority from start to finish: how continuous learning can sustain improvements in patient safety.
- Delivering education and training for patient safety: all organisations across the system working in partnership to deliver sustained change.

3. Approach

- 3.1 The Commission partnered with Imperial College, who began by reviewing available literature on patient safety training and education.
- 3.2 The Commission and Imperial then carried out a range of evidence-gathering activities:
 - focus groups with patients and carers, students, learners and staff at all levels across the NHS, to discuss experiences of education and training, and their thoughts on patient safety;
 - an online survey which gathered 600 individual responses from these groups;
 - interviews with UK and international experts on patient safety and human factors, and from a range of safety-critical industries; and
 - visits to local healthcare services to hear about good practice in patient safety improvements, and challenges and barriers to change.
- 3.3 The Commission drew on the findings of the Learning to be Safer Expert Group, and their recommendations on embedding human factors principles into safety education and training.

4. Findings

- 4.1 Below we briefly set out the key findings from the report, which fall under the four broad headings explored through the evidence-gathering.
- 4.2 **Creating a culture of shared learning**
The literature review and visits to healthcare services identified many examples of successful safety training interventions. However the report also identifies three key issues that prevent a greater culture of shared learning, as follows.

- Good practice and learning from incidents is rarely shared across the NHS.
- Differences in language used to talk about patient safety can be a barrier. For example the term ‘human factors’ is not always understood to have the same meaning by all health and care professionals.
- There is little evidence about the impact that different education training interventions have on improving patient safety. This makes it more difficult to develop effective education and training for patient safety.

The patient at the centre of training

- 4.3 The feedback from patients, staff and students highlighted the role of patients themselves in improving patient safety and preventing harm. The report explores, and describes examples of ways in which patients, service users and carers can be involved in the design and delivery of education and training for patient safety.
- 4.4 Related to this, the report discusses the need for openness when things go wrong, also known as the duty of candour. This enables lessons to be learnt from errors, and supports a culture of openness, where everyone feels able to raise concerns about patient safety.

Lifelong learning – ensuring that patient safety is a priority from start to finish

- 4.4 The Commission heard from staff across the NHS, and safety experts, that education and training for patient safety should not only start early, but continue throughout a healthcare worker’s career. In order to achieve lifelong learning, the Commission identified three key aspects to be addressed:
- the importance of empowering learners and staff to be the ‘eyes and ears’ of the NHS, by removing the barriers to speaking out about patient safety concerns, such as fear of blame;
 - protecting time for patient safety training and standardising continuing professional development to ensure quality; and
 - the importance of patient safety training for leaders so they have the right knowledge and tools to lead by example, and promote safety in the organisation’s culture.

Delivering education and training for patient safety

- 4.5 Interviews and conversations with patients, students, safety experts and frontline staff identified several important considerations for delivering effective safety education and training.

- Staff and students need to be trained to work in a more integrated NHS and to consider safety in its broadest context. In particular, education and training interventions on patient safety must anticipate the changing care pathway and be able to respond and adapt to new ways of delivering care.
- Inter-professional training is almost universally supported by staff and students as a way to break down silos and encourages teams to work together more effectively.
- Human factors training is considered an important and effective part of patient safety education. Five HEE human factors taster workshops were very well received by participants and considered directly relevant to improving safety, performance and wellbeing of patients, staff and organisations.
- Students, staff and leaders should know how to manage risk, including times of transition, such as health and social care patient handovers, ward transfer, and career transitions for staff.

5. Recommendations

5.1 The report makes recommendations for HEE and not directly for the HCPC. However, the recommendations that are of greatest relevance to the HCPC and our responses are set out in appendix 1.

Appendix 1 – Recommendations for improving patient safety through education and training

Commission Recommendation	Our response
<p>3. Ensure robust evaluation of education and training for patient safety.</p> <p>The Commission recommends HEE works with partner organisations to facilitate the development of an evaluation framework to ensure that all education and training for patient safety commissioned in future, is effectively evaluated using robust models. HEE should facilitate a discussion with major research funders and those academically active in health education about this vital and neglected area.</p>	<p>We have programme approval and monitoring processes in place to ensure that education and training programmes meet our standards of education and training (SETs).</p> <p>Our SETs are designed to ensure that students who complete programmes are able to practice safely and effectively. The SETs are kept under review to ensure that they continue to support patient safety. The Education and Training Committee are considering draft revised SETs for consultation at this meeting.</p> <p>Our SETs require programmes to have regular monitoring and evaluation systems in place. This does not explicitly refer to evaluation of patient safety education. However, the SETs do require that programmes enable learners to practice safely and effective, and that their curriculums remain relevant to current practice. Safe and effective practice, and current practice both require patient safety education and training. We would expect education providers to evaluate the extent to which their programmes deliver these requirements.</p>
<p>4. Engage patients, family members, carers and the public in the design and delivery of education and training for patient safety.</p>	<p>The current and proposed revised SETs include a standard requiring service user and carer involvement in the programme. All new programmes must have met this requirement for approval since</p>

<p>HEE and the relevant regulators of education to ensure that future education and training emphasises the important role of patients, family members and carers in preventing patient safety incidents and improving patient safety. Specifically, the Commission recommends:</p> <ul style="list-style-type: none"> • HEE uses its levers to ensure that patients and service users are involved in the co-design and co-delivery of education and training for patient safety. • HEE works with provider organisations to ensure that work-based clinical placements encourage learning to facilitate meaningful patient involvement and to enable shared-decision making. • HEE explores the need for education and training for patients and carers through its work on self-care with the Patient Advisory Forum. 	<p>September 2014, while existing programmes undergoing monitoring must have met this by the end of the 2016-17 academic year.</p> <p>Service user and carer involvement may play a role in admissions, programme design or assessment, though it is up to education providers to decide the most effective way to involve service users in each programme.</p>
<p>5. Supporting the duty of candour is vital and there must be high quality educational training packages available.</p> <p>The Commission recommends that HEE helps create a culture of openness and transparency by reviewing existing training packages to ensure they support the duty of candour regulations. They should commission relevant educational tools where needed and work with professional regulators to reflect the inclusion of a duty of candour in professional codes, extending beyond the legal duty for organisations and building on existing work in this area.</p>	<p>The HCPC standards of conduct, performance and ethics (SCPE) have recently been revised and now include a new dedicated standard on being open when things go wrong, in line with the duty of candour.</p> <p>The SETs require that programmes ensure students understand the implications of the SCPE. Additionally, our guidance on conduct and ethics for students has been recently revised to reflect the updated SCPEs, including the expectation that students will report concerns about service user and carer safety.</p> <p>The draft revised SETs being considered by the ETC at this meeting also include a new requirement (3.15) for having a process in place</p>

	<p>for learners to raise concerns about the safety and wellbeing of service users. We anticipate this will support learners to share their concerns</p>
<p>6. The learning environment must support all learners and staff to raise and respond to concerns about patient safety.</p> <p>The Commission recommends that HEE works with national partner organisations and employers to ensure that the learning environment encourages and supports staff, including those learning and those teaching, to raise and respond to patient safety concerns.</p>	<p>Similarly to recommendation 5, the SETs require education and training programmes to ensure students' understanding of the SCPE, which now include an explicit standard on reporting and responding to concerns about safety.</p> <p>In addition, as stated above, the proposed new SETs have a requirement (3.15) for programmes to have a process in place to enable learners to raise patient safety concerns. The draft SETs also propose a new standard (SET 5.3) that practice-based learning must take place in an environment that is safe and supportive for learners and service users. These two standards aim not only to ensure patient safety during learning, but also embeds the principles of patient safety into learning environments, for learners, staff and the wider organisation.</p>
<p>9. Education and training must support the delivery of more integrated 'joined up' care.</p> <p>There are particular patient safety challenges during transition between health and social care, primary and secondary care. The Commission recommends HEE works with partner organisations to ensure education and training supports delivery of safer joined up care. It should spread learning from the early adopters of integrated care such as Academic Health Science Networks' (AHSNs), Patient Safety Collaboratives, and the Q Initiative, to all those designing and delivering education and training.</p>	<p>We have responded to recommendation 9 and 10 together, since our standards relate to them both in similar ways.</p> <p>The draft revised SETs include a requirement that programmes must ensure that learners are able to learn with and from professionals and learners in other relevant professions. This is often referred to as inter-professional education. It can improve learners' ability to communicate and work with those outside of their own profession which supports the delivery of more integrated and joined up services.</p> <p>The existing SETs require programmes to ensure that students are able to meet our standards of proficiency (SOPs) for their profession.</p>

<p>10. Ensure increased opportunities for inter-professional learning.</p> <p>There is enthusiasm and a real need for more inter-professional, practical and team-based learning at every level, from first year undergraduates and apprentices through to the existing workforce. The Commission recommends HEE uses its levers to facilitate increased opportunities for inter-professional learning.</p>	<p>All of our SOPs include a standard (SOP 9) on being able to work appropriately with others.</p> <p>Further, the SCPE includes standards on communicating appropriately and effectively with colleagues (2.5 - 2.6) to support partnership working and effective transfer of information.</p>
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