

Improving Patient Safety
A Practical Guide to Effective

Patient Safety Incident Reporting, Investigation and Learning

10% card payments discount*
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Friday 11 March 2016 Hallam Conference Centre London



Chair and Speakers Include:

Barbara Ross *Trustee AvMA Treasurer of the Clinical Disputes Forum and Member, Primary Care Patient Safety Group NHS England*

Dr Cheryl Crocker *Regional Lead, Patient Safety Collaborative East Midlands Academic Health Network*

Prof Gerry Armitage *Professor of Health Service Research University of Bradford*

Supporting Organisation



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“Safety is a fundamental expectation for people who use services, and it continues to be our biggest concern across all of the services we rate... A range of factors affect the safety of services, including a failure to investigate incidents properly and learn from them so they do not happen again...it is important that providers develop expertise and invest in the tools needed to properly investigate, so that the right lessons are learned and shared.” Care Quality Commission, October 2015

“Outstanding services train staff on how to respond to near misses and what to do after one to embed learning. They are also able to respond to external information, such as complaints and safety alerts, and use these to identify risks and improve people’s safety. This is more common in hospitals, but is important across all sectors. In services rated inadequate, reporting and investigation of incidents is often delayed from the outset and approached inconsistently. In particular, due to their size, hospitals can have specific challenges, especially where senior managers are not visible and accessible to frontline staff. This can be exacerbated when trusts have no clear escalation protocol or issues have to be raised through certain staff. In these circumstances there is often poor feedback from reporting incidents. In some hospitals rated inadequate, staff have told us they are discouraged from reporting incidents due to fear of repercussions or not wanting to unsettle colleagues.” Care Quality Commission, October 2015

“CQC uses low reporting rates of incidents as a concern in their Intelligent Monitoring System. A ‘low’ reporting rate from an organisation should not be interpreted as a ‘safe’ organisation, and may represent under-reporting. Subsequently, a ‘high’ reporting rate should not be interpreted as an ‘unsafe’ organisation, and may actually represent a culture of greater openness. Experience in other industries has shown that as an organisation’s reporting culture matures, staff become more likely to report incidents. Therefore, an increase in incident reporting should not be taken as an indication of worsening patient safety, but rather as an increasing level of awareness of safety issues amongst healthcare professionals and a more open and transparent culture across the organisation” NHS England September 2015

This conference focuses on developing effective systems and processes for patient safety incident reporting, investigation and learning. The conference will provide a national update and practical case study sessions focusing on improving your incident reporting rates, using incident reporting to proactively identify errors before they occur, an extended legal session on incident investigation and adherence to the duty of candour, and learning lessons through incident reporting.

10.00 Chair's Introduction

Barbara Ross *Trustee AvMA Treasurer of the Clinical Disputes Forum and Member, Primary Care Patient Safety Group NHS England*

10.10 Developing an effective patient safety reporting culture

Professor Susan Fairlie

*Director Mindset Matters
Visiting Professor of Quality Improvement
University of Worcester*

- how do you develop an effective patient safety reporting culture?
- improving reporting rates
- ensuring reporting leads to change

10.40 Improving practice in incident reporting and learning: Learning from a Patient Safety Collaborative

Dr Cheryl Crocker

*Regional Lead, Patient Safety Collaborative
East Midlands Academic Health Science Network (EMAHSN)/
East Midlands Patient Safety Collaborative*

with Mr Owen Bennett

*Patient Safety Programme Lead
Nottingham University Hospitals NHS Trust*

- promoting reporting: developing ownership and instilling an open culture of reporting amongst staff: good practice examples and innovative ideas
- the bigger picture: understanding trends and triangulating Patient Safety data from incidents, risks, patient feedback and claims

11.20 Questions & answers, followed by coffee & exhibitions 11.20

FOCUS: Using incident reporting to proactively identify errors before they occur

12.00 Ensuring close-calls/near misses are always reported

Speaker to be announced

- close call (near miss) reporting as an essential part of learning from mistakes and near mistakes
- encouraging staff at all levels to routinely report near misses: ensuring staff understand their responsibilities and accountabilities with regard to near miss reporting
- identifying patterns of practice that can be changed
- our experience

12.30 Patient reporting of safety experiences

Prof Gerry Armitage

*Professor of Health Services Research
University of Bradford
& Bradford Institute for Health Services Research*

- developing tools with patients that can routinely and systematically capture safety reports from patients
- using reporting tools that form part of a wider patient safety intervention using patient information
- implementation in practice: what works?
- why are patient reports of safety valuable?

12.50 Questions & answers, followed by lunch & exhibitions 13.00

FOCUS: Incident investigation and adherence to the Duty of Candour

14.00 Developing the role of the new independent NHS patient safety investigation service

Alison Cameron

Member of the Expert Advisory Group of the new Independent Patient Safety Investigation Service for NHS England and the Department of Health Chair of the Patient Safety Champion Network at Imperial College Health Partners

- ensuring there is an acknowledgement and responsibility for learning from error and seeking continuous improvement within organisations
- the role of the Independent NHS Patient Safety Investigation Service
- design, scope, governance and operating model for IPSIS
- the role of IPSIS in promoting transparency and openness

14.30 EXTENDED SESSION: Incident Investigation

Hilary Merrett

*Independent Consultant, Quality & Safety
& Editor Clinical Risk*

- a step by step guide to incident investigation
- systems for information gathering
- interview techniques
- mapping the information and root cause analysis
- writing the investigation report

15.30 Questions & answers, followed by coffee & exhibitions 15.40

FOCUS: Learning lessons through incident reporting

16.00 Learning from patient safety incidents

Elaine Coady

*Serious Incident Investigator
Brighton and Sussex University Hospitals Trust*

- identifying serious incidents requiring investigating
- utilising root cause analysis methodology to investigations
- interviewing staff involved in serious incidents
- liaising with patients and families
- recognising trends and patterns in the data
- case studies and examples in practice

16.30 Changing practice in response to an incident occurring or an incident trend

Andrew Cockayne

*Managing Director & former NHS Head of Patient Experience
Captive Health*

- managing for a culture of safety
- understanding motivation & communicating well
- principles of change management
- using incidents as part of the evidence base for personal improvement plans
- implementing organisational change to reduce risk to future patients

17.00 Questions & answers, followed by close 17.10

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Patient Safety Incident Reporting, Investigation & Learning

Friday 11 March 2016 Manchester Conference Centre, Manchester

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The PDF will be emailed out after the conference, please fill in the 'Your Details' section above, ensuring your email address is clear and the 'Payment' section..

For more information contact Healthcare Conferences UK on **01932 429933** or email jayne@hc-uk.org.uk

Venue

Hallam Conference Centre, 44 Hallam Street, London, W1W.. A map of the venue will be sent with confirmation of your booking.

Date Friday 11 March 2016

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
☐ £300 + VAT (£360.00) for voluntary sector / charities.
☐ £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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