Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Trust Board

Agenda Item	11.	**Date:** 22.02.17	
Title of Report	Talksafe		
Purpose of the report and the key issues for consideration/decision	This report has been discussed at Q&S Committee and the Board are asked to support the continuation of the initiative as described within the paper.		
Prepared by: Name & Title	Caroline Greenhalgh, Head of Quality Improvement		
Presented by:	Caroline Greenhalgh		
Action Required (please X)	**Approve** x **Adopt** **Receive for information**		
Strategic/Corporate Objective(s) supported by this paper	Safe, Effective and Caring Corporate Objectives		
Is this on the Trust's risk register?	**No** x **Yes** **If Yes, Score**		

Which Standards apply to this report?	
CQC	x
NHSLA	x
BAF Objectives	x
WWL Wheel	x

Have all implications related to this report been considered?

	Yes/No/NA	Any Action Required		Yes/ No/NA	Any Action Required
Finance Revenue & Capital	Na.	Na.	Equality & Diversity	Na.	Na.
National Policy/Legislation	Na.	Na.	Patient Experience	Yes	
NHS Contract	Na.	Na.	Governance & Risk Management	Yes	
Human Resources	Na.	Na.	Terms of Authorisation	Na.	Na.
Consultation/Communication	Na.	Na.	Human Rights	Na.	Na.
Other:	Na.	Na.	Carbon Reduction	Na.	Na.
If action required please state:					

Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na.	Na.	Jan 17	Na.	Na.	Na.	Na.	Na.	Na.

Wrightington, Wigan and Leigh NHS Foundation Trust

TalkSafe Update

Caroline Greenhalgh
Head of Quality Improvement

Contents

1.0 Executive Summary

1.1 This paper outlines the progress to date with TalkSafe and outlines the proposed way forward for embedding the programme into WWL.

1.2 Initially the programme was piloted in MAU and Lowton in September 2014. The programme was evaluated in September 2015. This evaluation demonstrated a decrease in harmful incidents by 29 incidents including one less death, this trend has continued into 2016. Safety culture has improved across the areas with over 70% of staff responding this had improved over the pilot phase; again this has been sustained as evidenced by the most recent pulse survey. This small pilot has demonstrated a positive proof of concept

1.3 The programme has been adopted in other areas including pharmacy, wards A & B, critical care outreach, quality improvement team and senior nursing team. Alongside this a number of resources have been developed including an awareness podcast

1.4 TalkSafe is part of the coaching culture that WWL is developing and should be seen as an integral part of this culture. Its proactive nature of identifying a safety issue will move us towards a learning culture as it is a form of leading indicator as advocated in The Measuring and Monitoring of Safety.

1.5 The programme has a successful track record in industry as demonstrated in appendix one. However for it to succeed it requires strong executive and senior management support and to see real culture change it must be embedded across all areas of the organisation with an expectation that the full benefit of the programme i.e. a significant; up to 30% decrease in accidents will not be realised until this is the case.

1.6 John Bamford is committed to the programme and will sponsor a further 12 months of the programme, donating a further £50,000 in addition to the £38,000 already gift aided to WWL. During this time a system of lead trainers will be developed within WWL to provide sustainability for the programme.

1.7 However for this to be successful visible executive and senior leadership must be demonstrated to ensure the programme is successful

2.0 Introduction

2.1 This paper outlines the proposed way forward for TalkSafe; to ensure that the work that has been commenced is sustained and embedded within the culture of WWL.

2.2 A paper was presented at Quality and Safety Committee in November outlining the proposed way forward for TalkSafe within WWL. This paper was received positively and all at the meeting could see the benefit of TalkSafe. At this meeting a more in depth understanding was requested particularly in respect of the size and impact of the expected change in safety culture, as well as the scale and pace of this change.

3.0 Case for change

3.1 WWL has a desire to be in the top 10% of everything we do, this includes being one of the safest organisations in the NHS. In order to create a safe organisation we must be able to horizon scan and anticipate events that may cause harm to patients and staff.

3.2 The UK Health and Safety Commission suggest that safety culture is a complex, diffuse concept but is largely defined by the patterns of behaviour and attitudes of those working within the system. Those organisations that have a developed safety culture are characterised by mutual trust, shared perceptions of the importance of safety and the proactive manner in which safety concerns are identified.

3.3 Vincent, Burnett and Carthey (2013) propose five aspects that support an organisation to become safer through a comprehensive view of safety. These include preparedness and the ability to prepare for problems.

3.4 The majority of systems, (i.e. incident reporting, HSMR etc.) we have in place do not measure how safe we are now or how safe we are likely to be in the future; but how safe we have been over the previous months and years, these are known as lagging indicators.

3.5 The Health Foundation contend that in order to improve patient safety we must know how safe the care is that we are providing at this moment in time and retrospective systems such as incident reporting do not allow us to do this. To be able to do this we need to look to a different methodology to provide us with leading indicators.

3.6 Behavioural based safety interventions, of which TalkSafe is one; have shown correlations with improvement in injury rates, a change in safety climate including a reduction in accident rates.

3.7 TalkSafe provides a method to change safety culture. Talksafe is a coaching conversation that focuses on safety. The conversation focuses on praising good practice (Safety II) and seeks to effect culture change by highlighting the potential consequences of unsafe actions (Safety I). Both of these approaches support an assets based conversation.

3.8 Evidence collected by Tribe (JOMC) from their work with industry partners including Bombardier, National Grid and Kier demonstrate a correlation between decreasing accident rates as TalkSafe conversations increase, up to 30% change in accident rates is noted over a 3 year period when a whole organisation is trained from the board to shop floor staff (Appendix One).

4.0 Progress to date

- Training has been facilitated by Tribe (formerly JOMC) both awareness and champions' training.
- Awareness podcast developed https://vimeo.com/163176866
- Over 40 TalkSafe champions in MAU, Lowton, Pharmacy, Quality Improvement Team and Wards A and B, Wrightington.
- Presented TalkSafe as a concept at council of governors in 2015
- Governors trained in TalkSafe methodology. This is to use as a tool on the monthly safety walkround
- Talksafe peer group
- Talksafe champions handbook

- Asked to speak at AQuA conference in February 2017 to explain TalkSafe to other members

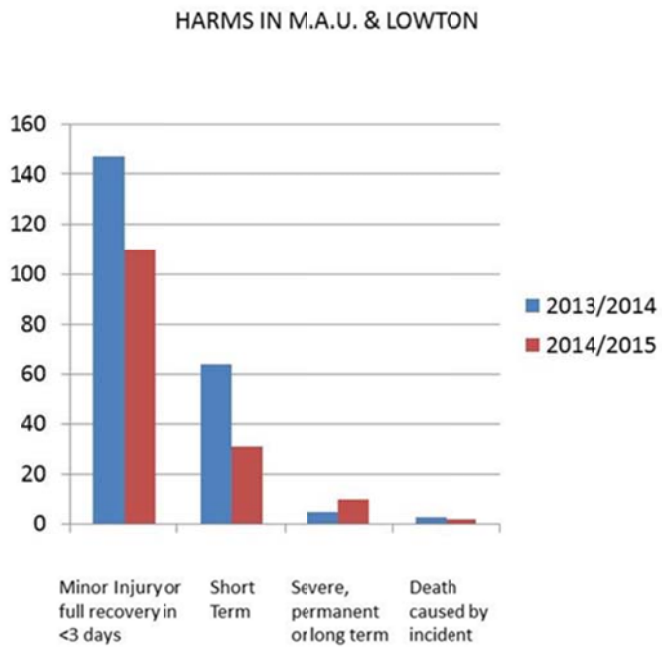
5.0 Results from the pilot areas of MAU and Lowton

5.1 One of the most difficult things to measure with TalkSafe and indeed any culture change is measuring the return on investment.

5.2 Across MAU and Lowton only 7 TalkSafe champions have been trained, in effect this means that the shift in reporting has been created by the work of these 7 individuals who account for less than 5% of the staff based on MAU and Lowton. When the incident figures are looked at; it is clear that there has been a marked reduction in the harm caused to patients and this decrease has continued (Appendix two)

Level of harm	2013 - 2014 (total 798)	2014 – 2015 (total 728)	difference in number of incident +/-
No harm or no injury	579	575	-4
Minor injury or full recovery in <3 days	147	110	-37
Short term	64	31	-33
Severe, permanent or long term	5	10	+5
Death caused by incident	3	2	-1

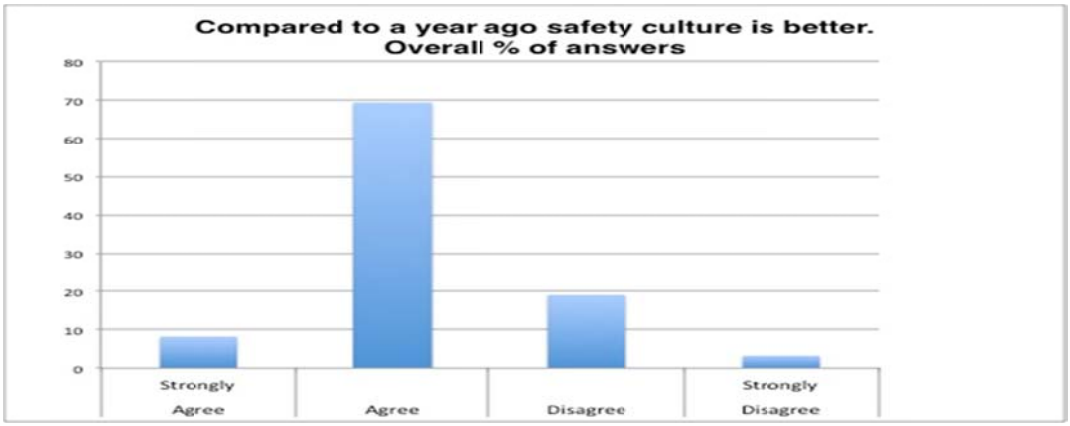
Table One



Graph One

5.3 Although it is not 30 - 40% as has occurred in industry it is still a really positive shift from a small number of individuals. The greater numbers in industry have been achieved as mentioned earlier through a whole organisation training approach.

5.4 Following the 12 month pilot on MAU and Lowton the staff were issued a second culture survey to identify if the safety culture had changed during the pilot.



Graph Two

5. 5 Graph two demonstrates that over 70% of staff felt that the safety culture had improved. Professor Michael West's research shows an increase in safety with an increase in staff engagement. TalkSafe engages staff to take responsibility for patient and staff safety. Staff engagement has remained high on Lowton ward as demonstrated on the Pulse staff survey. In July 2015 engagement scores were 79.86% compared to February 2016, 84.13%

5.6 Return on investment is an important consideration, particularly in the austerity of recent years. The graphs and tables show an overall reduction in harm, this means not only reduction harm to patients but also an increase in productivity for the organisation as length of stay, reduction in medication will be realised through cash savings.

6.0 Current Position

6.1 TalkSafe is now in its second year. During this time Tribe have supported WWL to train the champions on MAU, Lowton, Pharmacy, Critical Care Outreach Team, Quality Improvement Team, Senior Nursing Team, and Wards A and B. John Bamford has financed the programme independently through gift aiding money to the Three Wishes charity.

6.2 The governors are keen to receive an update on TalkSafe at the Council of Governors and further training on using TalkSafe as a method to discuss safety concerns and praising good practice. This will augment their role and will provide them with a structured method to address concerns they see. The governors will be offered the opportunity to attend the training that relates particularly to the safety walkrounds. The governors who have attended this training and undertaken safety walkrounds have fedback that they have found the training beneficial to getting the most out of the safety walkrounds.

7.0 Future State

7.1 John Bamford is prepared; on the basis of the results and commitment of WWL over the previous 2 years to commit a further £50,000 over the next 12

months in addition to the £38,000 he has already committed to WWL to support the delivery of the programme by Tribe.

7.2 John will commit this money over the next 12 months with the caveat that WWL will develop a sustainable training model and most importantly visible executive support for the programme is demonstrated. This is best done by personally holding Talksafe conversations and making their activity visible by, for example sharing their conversations and commenting on conversations from others on the Engage system and using TalkSafe during safety walkrounds. Senior Leaders have a pivotal role in improving safety culture. It's what they do rather than what they say which will be the example their staff follow.

7.3 The WWL wheel is currently being reviewed, the values will remain the same however it will be an opportunity to refresh the behaviours and embed TalkSafe as a vehicle for achieving these behaviours and developing a common language across the organisation.

8.0 Proposed way forward

8.1 In order to sustain the programme it needs to be owned by WWL and embedded in the safety culture of the organisation, it must be the default method of discussing safety concerns and a method of praising good, safe practice. This will be best done through introducing the TalkSafe methodology at induction, in coaching, in the human factors strategy and engaging staff with this conversational method. Whilst the methodology will be embedded into the above programmes of work over time an overt delivery method will be crucial to ensure success initially. An outline training plan can be seen in appendix four that will provide a sustainable scalable methodology for delivery.

9.0 Conclusion

9.1 WWL is committed to a coaching culture; the merits of this culture will not be discussed here as they have been discussed in other forums. Talksafe is part of the wider coaching culture, as it is a coaching conversation with a

specific focus on safety. The other aspect of TalkSafe is embedding human factors into thinking about safety. This is an organisational priority in moving WWL towards being a learning organisation as described by the MaPSaF (Manchester Patient Safety Framework, Appendix Three).

9.2 The pilot has not demonstrated the large shift that was hoped for; this is still possible but only with a critical mass of conversations. This shift can only be achieved by TalkSafe being an embedded way of speaking to each other across the whole of the organisation and by allowing time for the culture change to filter through to all areas of the organisation.

10.0 Recommendations

10.1 The committee is requested to support this proposal as a method to effect safety culture and moving WWL towards as learning culture as advocated by Francis and Berwick

11.0 References

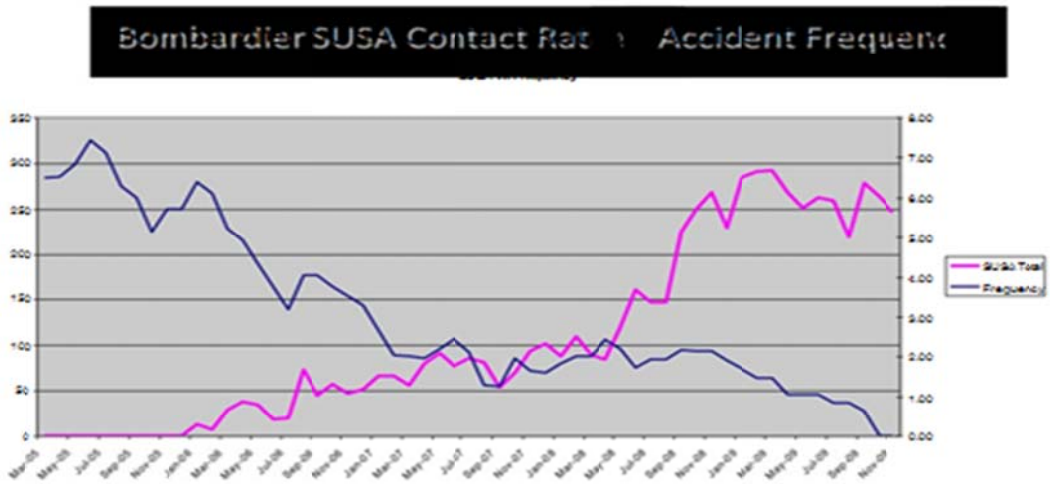
Greenhalgh C (2015) *Evaluation of TalkSafe pilot on MAU and Lowton Wards September 2014 – September 2015*. Unpublished

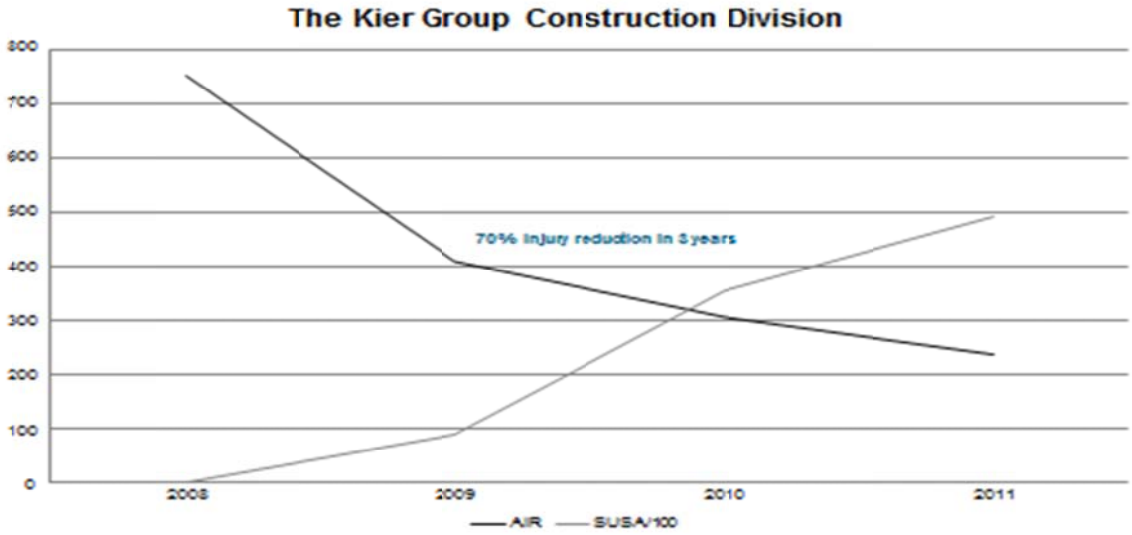
UK Health and Safety Commission (1993) *Third report: organizing for safety. ACSNI Study Group on Human Factors.* London: HMSO;

Vincent C, Burnett S and Carthey J (2013) *The measurement and monitoring of safety*. London, The Health Foundation

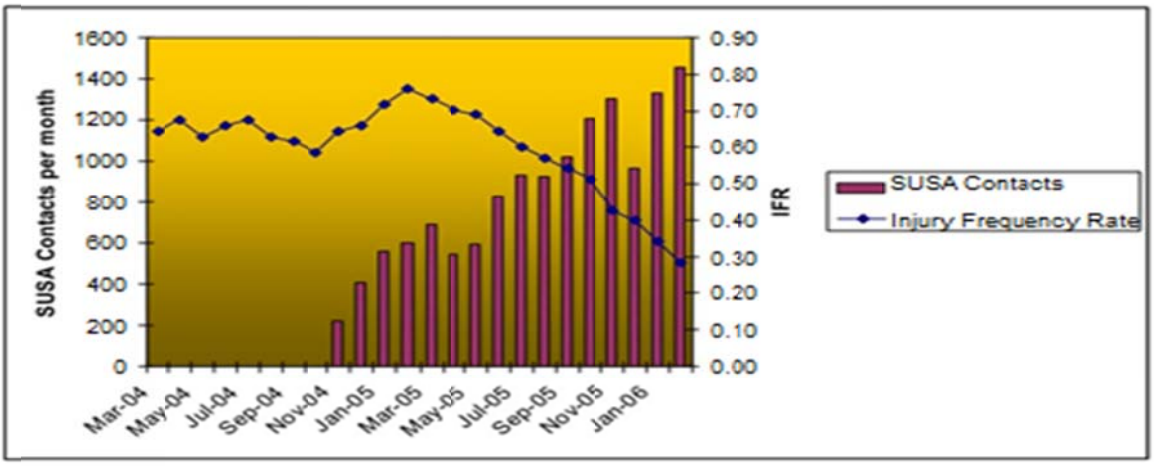
West MA, Borrill C, Dawson J, Scully J, Carter M, Anelay S, et al. (2002) The link between the management of employees and patient mortality in acute hospitals. *International Journal of Human Resource Management,* 13(8):1299-1310.

12.0 Appendix One

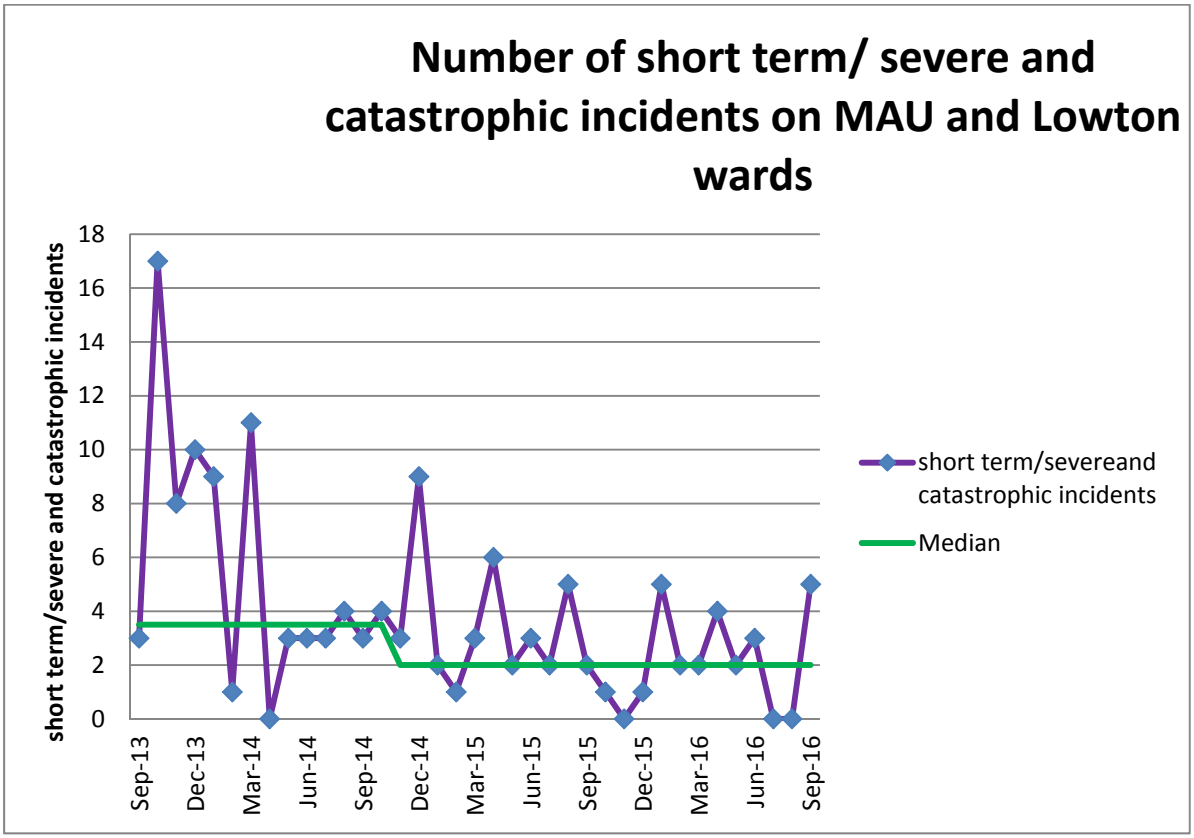


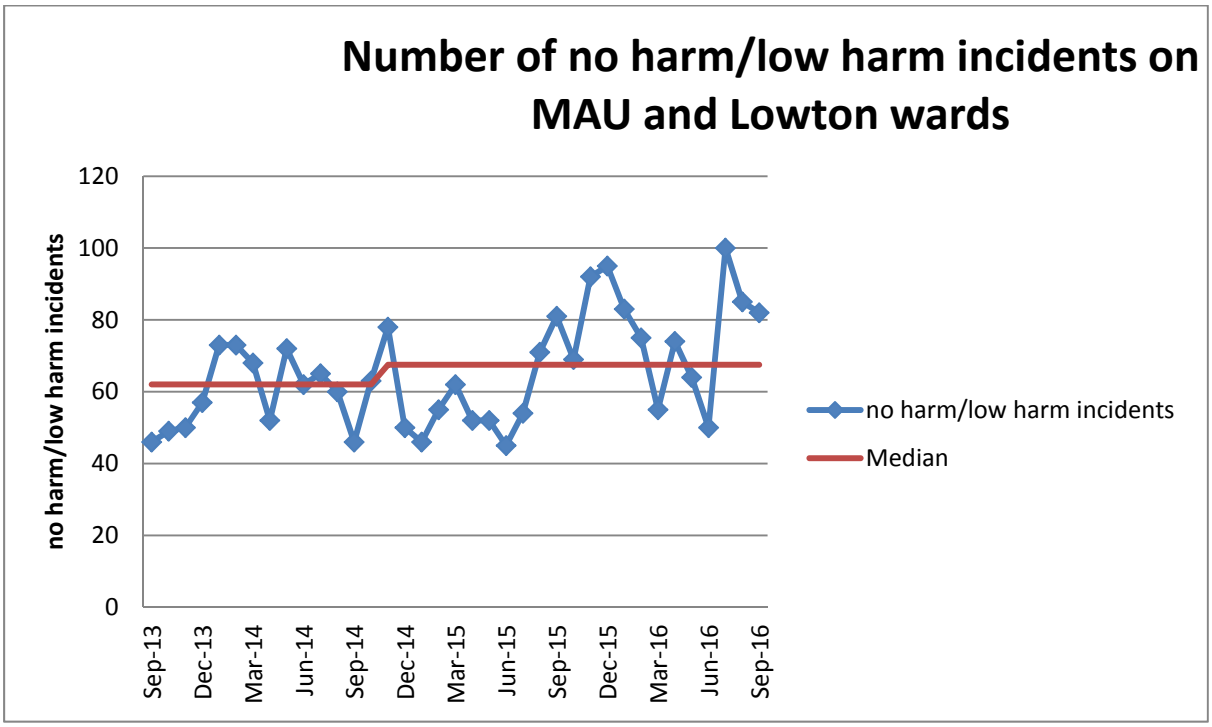


National Grid



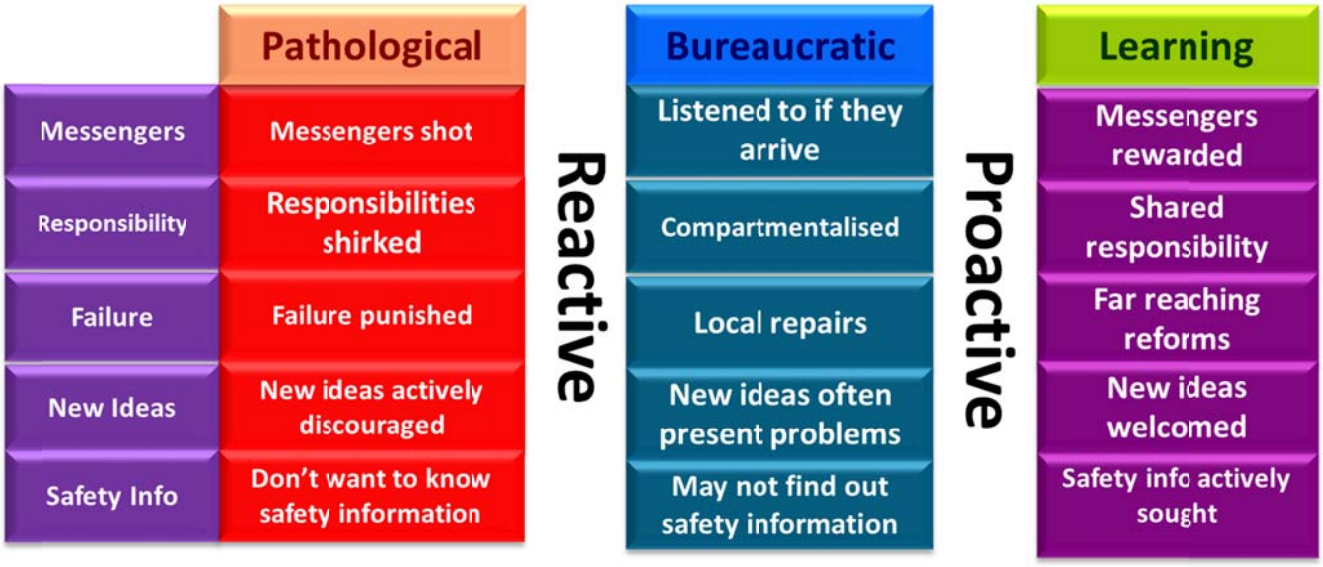
13.0 Appendix Two





14.0 Appendix Three

Manchester Patient Safety Framework



15.0 Appendix Four

15.1 Training System proposal

15.1.1 System of lead trainers in the divisions to be trained over the next 12 months. Each division will identify the most appropriate lead trainers – most divisions have training and education leads, although they may have a different title. Once the multimedia learning package for TalkSafe champions has been completed the lead trainer training will be developed by WWL and Tribe and delivered by WWL and Tribe.

15.1.2 To create culture change a critical mass of champions need to be trained. Looking to industry they have trained between 10 – 20% of their staff to be TalkSafe champions, generally in more senior positions. At WWL it is proposed that all staff members; clinical and non-clinical band 6 and above will be trained as TalkSafe champions. These individuals have more control over their time and the ability to record the conversations on a learning system, which should be a minimum of one conversation recorded a week. This fits in with the proposed governance training framework (Appendix Five)

15.1.3 As well as a mandatory requirement for these staff members there will be an opportunity for any other staff who have an interest to attend the training and become a TalkSafe champions.

15.1.4 Hill Solomon has been engaged to develop a multimedia platform training environment that the TalkSafe champions will complete before attending the face to face training. This platform will take its lead from the existing awareness podcast in its style. The information contained in this platform will be such that it will not replace the face to face training but will be required as precursor to it. This will be developed in conjunction with Tribe and John Bamford. This platform will be WWL's and John's to share freely with other NHS trusts.

15.1.5 Face to face champions training will follow completion of the multimedia platform training – this will be more of a coaching session to practice the TalkSafe methodology

15.1.6 Short (30 minutes – 1 hour) Follow up session at 1 month, 6 months and 12 months post training to address any concerns.

15.1.7 In total training of TalkSafe champions will take no longer than 4 hours. By keeping the time to a manageable amount this will increase the number of champions that are able to access the training, it will also reduce the time burden on the trainers.

15.1.8 Hill Solomon have been commissioned to develop a more intuitive recording system, similar in style to a graffiti wall

16.0 Appendix Five

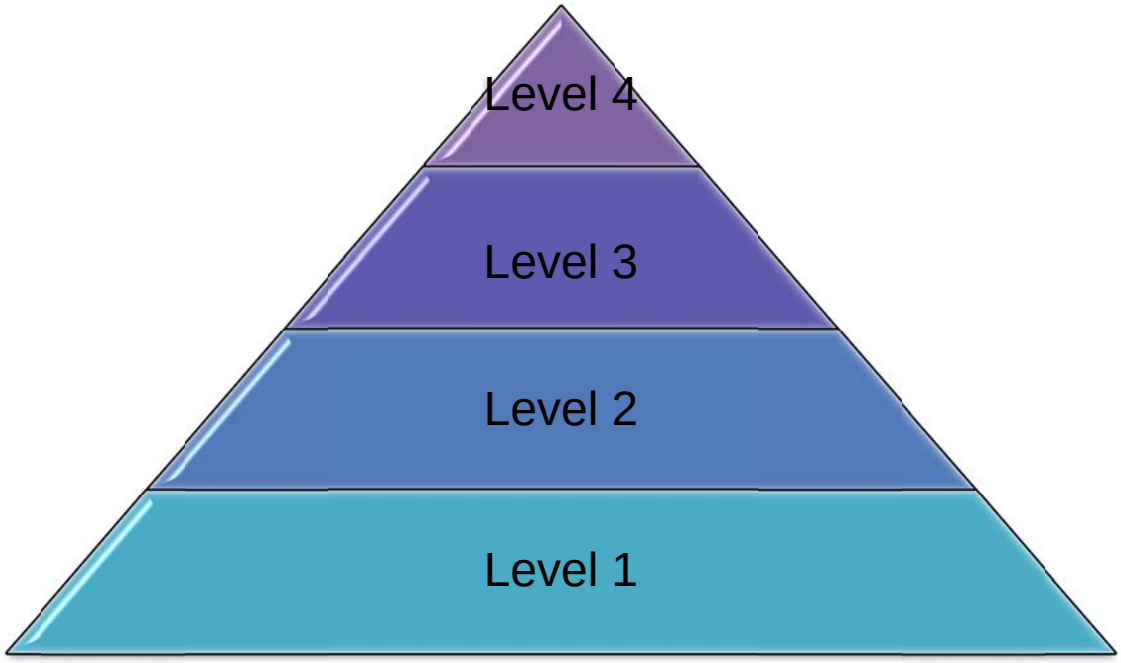
16.1 Governance and Assurance training framework

16.1.1 In order to be a learning organisation it is important that we use all opportunities to learn, particularly when things have gone wrong so we can ensure that we do not make the same mistakes and that the lessons learnt are disseminated across the organisation.

16.1.2 To promote this learning culture we need to equip staff to fully investigate and learn from incidents, complaints, complements and disciplinary episodes. Currently we do not offer staff structured training and support to gain these skills.

16.1.3 This proposal is designed to offer a skills escalator for groups of staff and individuals to progress through the different levels. For the organisation this will provide assurance that staff who are being asked to deal with events are properly trained and supported.

Levels of skills and knowledge for each level



Level 1 – everyone in the organisation. All staff in the organisation should have an understanding of risk management. They should understand what is appropriate to report as an incident. The prime aim of education for this group is to make them aware of a safety culture and to ensure they see safety as the prime concern of the organisation

Level 2 – this group of staff will undertake simple investigations such as those that result in low/moderate harm. These staff will be responsible for closing incidents in Datix. These staff will be the first line for complaints/concern responses. Ward and department sisters/charge nurses, deputy directorate managers, HR advisors

Level 3 – more complex investigations such as rapid reviews and departmental in-depth reviews. This will also include sickness and disciplinary procedures and more complex complaints. Ward and department managers, matrons, directorate managers, heads of service, HR business partners.

Level 4 – serious incident review, external to division reviews for complaints, disciplinary actions. A small team drawn from across the organisation that will be responsible for leading an investigation team with appropriate experts dependent on investigation.

16.1.4 RCA training outline

Aim is to produce practitioners who are able to investigate incidents and events using a methodology that identifies the root and contributory causes and the external factors that impacted upon the incident. The practitioners will also be able to identify learning opportunities to prevent future recurrence.

The training will include the following topics

- National reporting and learning system
- Serious incident framework
- Tools i.e. fishbone diagram, 5 whys, change analysis
- Interview techniques
- Communication – listening, questioning
- Human factors
- Teamwork and expert involvement

The matrix below outlines the skill set proposed for each level.

	Level 1	***Level 2***	***Level 3***	***Level 4***
TalkSafe awareness	Mandatory	Mandatory	Mandatory	Mandatory
TalkSafe champions	Voluntary	Voluntary	Mandatory	Mandatory
Human factors	½ day	I day	I day	2 days as part of RCA training
Quality Champions	Voluntary	Voluntary	Voluntary	Voluntary
RCA training	No	No	Voluntary	Mandatory
Datix training	Yes minimum	Yes – understanding of closing of incidents	Yes – understanding of closing of incidents	Yes – understanding of closing of incidents
IOSH Managing Safely	Voluntary	Voluntary	Mandatory	Mandatory
Coaching	Voluntary	Voluntary	Voluntary	Voluntary
Interview/Questioning techniques	No	Voluntary	Mandatory	Mandatory

Table 1: Skills matrix

TalkSafe Training System proposal addendum to report presented at Quality and Safety Committee December 2017

Introduction

At the Quality and Safety Committee in December a report was presented that outlined the TalkSafe project, the progress to date and the proposed way forward. There was significant support for the programme in principal. At this meeting questions were raised regarding the feasibility of the proposed training plan and in particular the recording method of the Talksafe conversations. Since this meeting further work has taken place to offer a more comprehensive training plan to understand whether this is a realistic commitment for both the organisation and for John Bamford.

Proposal

It is known that time is a premium and releasing staff for training is becoming increasingly difficult with this in mind we sought to develop a time and cost efficient method of training that is engaging and fun. Therefore the training will centre on the development of virtual reality learning package using virtual reality googles supplied to each division by John Bamford. These googles immerse the learning in the environment and scenario

It is expected that initially all staff who have contact with patients at band 6 and above will complete this aspect of the training in the next three years. The overall aim will be that over a longer period time as outlined in the original paper all staff will identify with TalkSafe as the "way we talk to each other".

The virtual reality training will be a series of vignettes that last approximately 5 minutes, with the event created from different professionals' perspectives. The learner will choose the perspective they wish to explore. Their learning will be tested through the use of a workbook/app. The idea of these vignettes is to generate some thoughts for the learner around the actor's behaviour and their own. Each module will only take 5 – 10 minutes to complete. This package is being developed collaboratively by Tribe and WWL and funded by John Bamford this will be in addition to his existing financial commitment to the organisation.

A number of these vignettes will be developed to make up the whole course that will last no longer than 1 hour. Once the learner has completed the vignettes they will then have the opportunity to go on to access the face to face coaching. It is the face to face coaching that will allow people to develop the practical skills to hold a successful TalkSafe conversation

A number of no less than 5 TalkSafe champion coaches will be trained across the next 12 months within the divisions, with this figure growing over the next 3 years by the TalkSafe champion coaches training new coaches, this way the programme should become self-propagating. It is expected that

this will be a mixture of individuals who have an interest in TalkSafe from being a Talksafe champion themselves and also those already occupying a training role in the division. This training will be one day in length and will build on the vignettes. The TalkSafe champion coaches will then be expected to support the new TalkSafe champions with a minimum of 2 conversations and a maximum of 4 conversations over a month. Each conversation and debrief would not be expected to take more than 10 minutes each.

A new recording system is being developed by Tribe. In the meantime it is proposed that the organisation uses the Yammer TalkSafe microsite to record conversations. This will also make it easier for executive and senior managers to comment on the conversations. If; and when an appropriate system becomes available from Tribe WWL will evaluate the suitability of this system.

Recommendations

The board is requested to support this proposal and the paper presented to Quality and Safety Committee in December in its entirety.