

Clinical Human Factors Group
Minutes of the fifth meeting of the Trustees
0945, 2 June 2010
At Granborough (Mandy's House)

Present: Martin Bromiley (Chair & Trustee), Julie Cresswell (Trustee), Mandy Putman (Trustee)

1. Martin Bromiley opened the meeting by reviewing the current finances sharing the current account as of 30 April 10 which stood at approx £27,000. This was broken down as follows:

Item	Budget	Spent	Actual position
Money for Risky Business Website	£10,000	£0	Cheque approved and signed by Trustees for £10k
Strategy Workshop	£2,600	£3,655	Debt £1,055
Advocate Training	£6,000	£4,068.63	Credit £1,931.37
HF Seminars	£2,000	£0	
Admin Support	£5,000	£0	See below
Remaining money	£1,147.40		

2. Martin Bromiley then outlined a proposal to work with Murray Anderson-Wallace to improve the sustainability of the group and to seize the current opportunities to get human factors centre stage. A copy of the proposal attached was discussed at length.

3. Martin Bromiley explained how he'd circulated and asked for feedback on phase one of the proposal from the Standing Group. There were messages of support and no disagreement with phase one. The Trustees agreed that Martin should now approach the Health Foundation to see if they would fund phase one.

4. There was detailed discussion of phase two and the benefits and costs. It was mentioned that one Standing Group member had suggested it be put out to open tender. Martin Bromiley explained that phase two was subject to ratification from the Standing Group but that he strongly opposed the idea of open tender. This was based on his experience of working with MAW over the last two years as part of Patient Safety First and Murray's knowledge and experience as well as his contacts. It was agreed by all three Trustees that while open tender has benefits for certain projects given the nature and credibility of MAW it was inappropriate in this case; and may even cause harm by delaying work and increasing workload on Martin Bromiley which would be detrimental to the overall group. The Trustees await approval of the Standing Group for Phase two at which stage it was agreed that Martin will approach the Health Foundation with a request for funding this phase.

5. Martin Bromiley shared copies of the Manifesto and talked about the CHFG Stand at the Patient Safety Congress. It was recognised that this was an excellent opportunity which the CHFG seized, it had incurred costs around £2-3K but that the money could appropriately come from the budget for Admin Costs. It was agreed that this was a better use of the money. Martin Bromiley will discuss this in detail when he meets the Health Foundation later June.

6. The next meeting is planned for early mid 2010.

7. The meeting closed after 40 minutes.

Strategic Development Support to Clinical Human Factors Group
Draft Outline Proposal
v1.2

The Cause

The CHFG is an independent campaign group whose goal is to accelerate the impact of human factors adoption in healthcare by using its influence to stimulate dialogue and action amongst key stakeholders at all levels of the system.

The CHFG enjoys support from people with experience and expertise in a wide variety of industries where an understanding of human factors has proved effective in improving safety and quality. Many of its supporters also have experience of the effective implementation of human factors in the uniquely challenging world of healthcare. As such the CHFG acts as a “junction box” for different experiences to be shared and translated across contexts.

The Vision

The CHFG has a vision of healthcare in the UK over the next five years in which accelerated and significant steps in safety and quality will have been made, facilitated by major improvements in understandings of the role of human factors in healthcare.

Improvements will come about through shifts in culture, belief, knowledge and skills, so that all healthcare professionals (clinical and non-clinical) will be able to apply human factors knowledge in their work as well as starting to develop their own non-technical skills.

In this way, safe local systems will be developed by staff to enhance safety; safe behaviours will be developed from undergraduate to revalidation (and reinforced through simulation); good non-technical skills will be assessed and valued equally with clinical skills.

Developing focus and pace

In order to achieve this vision the CHFG has a crucial role to play, especially over the next two years. In order to maximise the leverage of expertise and influence in the group, an accelerated communications strategy covering six key areas is proposed.

- **Building the “organising infrastructure”**

The CHFG is developing rapidly both in terms of influence and support. This development reflects both its own success and also a shift in the overall context around safety and quality in the NHS. Although there is a growing awareness of the role of human factors in healthcare and the subject occupies a less marginal position it still far from mainstream. The conditions for the CHFG to exert influence and to maximise the potential of the current interest are therefore very good.

The CHFG is at a transitional stage in its development. As a “loose network” organisation it operates for the most part on the basis of voluntary contributions of time and effort. Some examples of commissioned support do exist but this has been on a project –by-project basis. The recently refreshed and refined strategy for CHFG and the emerging “manifesto” of the group has led to some discussions about how the organising infrastructure might need to be developed to support this.

- **Brand Awareness & Reputation Management**

CHFG currently enjoys strong support from a wide range of organisations both inside and outside the healthcare environment and at a strategic and political level. The reach and depth of its influence is currently limited, however, and in order to achieve its stated vision stronger awareness of the “brand commitment” of CHFG will be needed.

The voluntary and inclusive nature of the group is clearly part of its strength, and therefore maintaining and protecting this spirit as the group develops will be a key challenge. Development of a clear and consistent CHFG “manifesto” which is well understood and articulated through strong internal communications and dialogue with key supporters will be a crucial aspect of this work.

- **Strategic Stakeholder Communications**

Maximising influence at a strategic and political level within the system should be a key priority for CHFG. This will be especially important over the coming months as a new Government administration is established and policy direction determined for the next term. Ensuring that the CHFG has a distinctive voice within key quality improvement initiatives and departmental work streams (such as QIPP) and framing the CHFG messaging to fit with current priorities at local, regional and national level will also be crucial. Working collaboratively at a strategic level with key national agencies to maximise the use of their channels and networks should also form part of this strategy.

- **Proactive Press and Public Affairs (including events & public speaking)**

CHFG has enjoyed good support and interest from the professional and general media. A more systematic approach to working with the press and wider media will help the CHFG to increase the reach of its communications and embed its key messages regarding the role of human factors in improving safety and quality in healthcare. Specific events (such as Patient Safety Congress) provide a great opportunity to communicate with key constituencies. Other opportunities to work with organisations such as Healthcare Events and Emap might also be explored.

- **Targeted campaigns**

In addition to progressing the overall “manifesto” of the CHFG, targeted campaigns also have a role to play. By creating an intensive focus over a defined time frame, key messages can be communicated to specific audiences mobilising all the resources of the CHFG network towards a common aim. The “Difficult Conversations” campaign is the first of these targeted activities.

- **Digital media development**

The use of digital channels to maximise the reach of the CHFG message needs further assessment and planning. Possibilities include re-invigoration of the existing website and the potential for syndicating content across other key websites. Other options include the development of more digital stories to support press and public affairs activities. These could be co-sponsored by agencies such as the NHS Institute and the NPSA

Deliverables

Area	Deliverables
CHFG organising infrastructure development	<p>To work with the Chair, Trustees, standing group and supporters to develop and communicate a flexible organising infrastructure to best utilise the energy, commitment and expertise of CHFG.</p> <p>This will include an appraisal of options that accelerate the impact of the CHFG whilst at the same time managing growth and maintaining commitment from the core constituency.</p> <p>Initial discussions and scoping to take place during phase 1</p>
Brand Awareness & Reputation Management	<p>To distil CHFG “manifesto” and to identify key elements of a “lite” brand strategy (commitments, ethos, tone, language, visual identity) and any associated marketing collateral (to build brand identity and sense of community / membership)</p>
Strategic Stakeholder Communications	<p>To ensure that CHFG briefings are developed and positioned for new administration</p> <p>To develop opportunities to share information / brief key politicians (HSC and Ministerial Team)</p> <p>To establish regular briefings with identified key stakeholders (DH, NHS Institute, NPSA, THF, Royal Colleges, NHS Confederation) either directly or via existing CHFG supporters</p> <p>To establish robust system for regular internal briefing for existing supporters to ensure consistency of messaging and ongoing dialogue</p>
Press and Public Affairs	<p>To seek professional press coverage of CHFG “manifesto” launch at Patient Safety Congress and develop press briefing pack</p> <p>Establish a plan for systematic press engagement to include regular placement of articles and opinion</p> <p>To enact agreed press plan and to provide basic press office support (reactive and proactive)</p>

Targeted campaigns	Organise and co-ordinate the framing, launch and development of the “Difficult Conversations” campaign to run May-Nov 2010 (?)
Digital media development	<p>To support the development of the existing supporter database and consider potential for improved “internal communications” and development of the on-line community of interest.</p> <p>To support the development of the digital media and assess the opportunities for syndication of content and use of social media.</p>

Deliverables that are highlighted in **BOLD** are those which from Phase 1 (April – June 2010)

Phase 1 is estimated at:

Strategic Consultancy Support: 10 days @ £935.00 per day = £9350

Press & PR / Marketing & Comms: 8 days @ £375.00 per day = £3000

TOTAL: £12,350.00

Activity	Days	Rate	Sub Total
<i>Patient Safety Congress</i>			
prep, stand organisation & design	3	£375.00	£1,125.00
conference admin & follow up	3	£375.00	£1,125.00
<i>Supporter Communications & Dbase</i>	2	£375.00	£750.00
review arrangements & recommend			
<i>Strategic Development</i>			
frame & redraft CHFG "manifesto"	2	£935.00	£1,870.00
post election briefing & influencing	3	£935.00	£2,805.00
professional press liaison	1	£935.00	£935.00
organising infrastructure (initial scoping)	1	£935.00	£935.00
other "opportunities"	3	£935.00	£2,805.00
			£12,350.00

Phase 2 activities are to be confirmed and are anticipated to develop from July 2010 and over a 12 month period. This work would also be phased based on 90 day planning cycles starting in July 2010.

Estimated Effort

To achieve the schedule of work outlined above over a 12 month period we estimate that the following resources will be required

Strategic Consultancy Support: 40 days @ £935.00 per day = £37K

Press & PR / Marketing & Comms: 48 days @ £375.00 per day = £18K

TOTAL: £55K

Commercial arrangements

Fees for consultancy support are based on our normal conditions for non-profit organisations. This also includes a 15% discount for volume (applied to contracts in excess of 20 days)

All fees are subject to VAT at the prevailing rate.

All travel and accommodation expenses are charged at cost and supported by receipts if requested. Subsistence rates are £25 per night for overnight stays.

All invoices are due within 30 days, failing which we reserve the right to levy interest charges of 5% above Bank of England base rates.