

Commission on Education and Training for Patient Safety

Professor Ged Byrne
Director of Global Engagement

A large, stylized orange bracket shape that spans across the middle of the slide, pointing downwards towards the text below.

Developing people

for health and

healthcare

***“The desire for safety stands against every
great and noble enterprise”***
**– improving patient safety through education
and training**

Developing people

for health and

healthcare

The scale of the patient safety incidents (Europe)

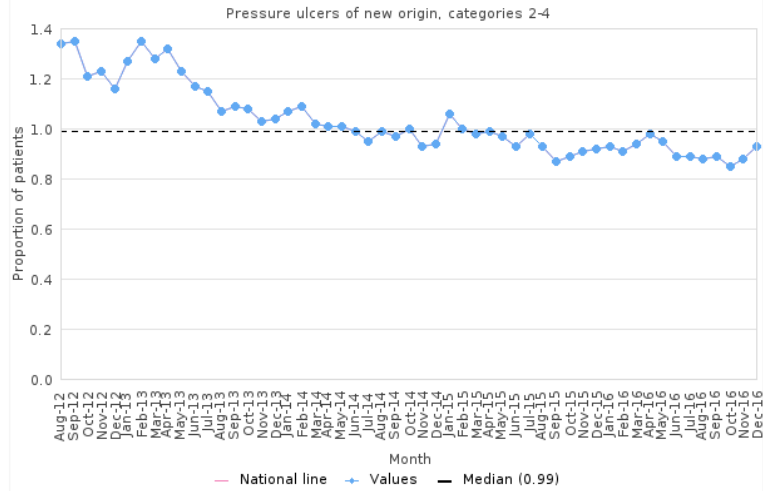
- European data, consistently show that medical errors and health-care related adverse events occur in 8% to 12% of hospitalisations (10% in the UK)
- Infections associated with health care affect an estimated 1 in 20 hospital patients on average every year (estimated at 4.1 million patients)
- 18% of European Union Citizens claim to have experienced a serious medical error in a hospital and 11% to have been prescribed wrong medication
- Evidence on medical errors shows that 50% to 70% of such harm can be prevented through comprehensive systematic approaches to patient safety.

Patient safety in England (Aug 2012- Dec 2016)



Health Education England

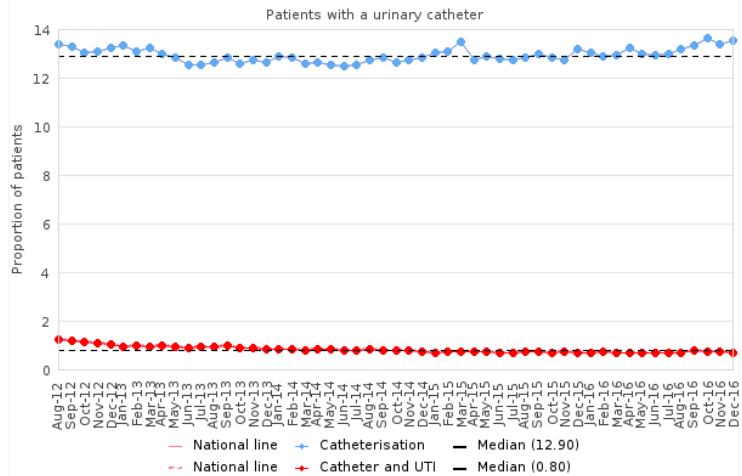
Pressure Ulcers



Falls



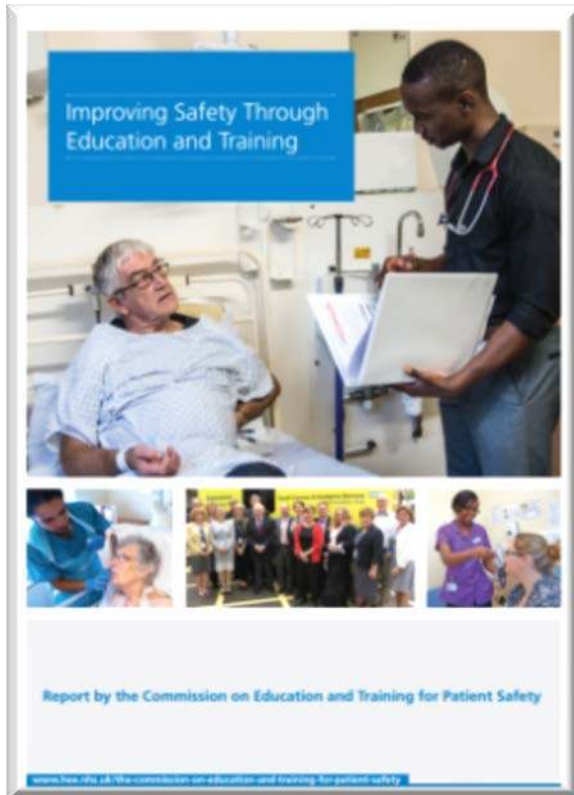
Catheters



Patients with new VTE



Reminder of the Commission



In November 2014 HEE established the independent Commission on Education and Training for Patient Safety to review the current provision of training and ensure that we embed safety at the heart of all future education and training.

We brought together experts, patients, those responsible for and those receiving training in healthcare.

The Commission on Education and Training for Patient Safety published a full report in March 2016 of their findings. The report – **Improving Safety through Education and Training** – outlines 12 recommendations to HEE and the wider system.

What the Commission heard

“Training at the moment on patient safety is not sufficient...there is no awareness of safety at the systems level.”

- Education and training is **fragmented** and needs to change in order to address the wide ranging patient safety issues that exist
- The **lack of robust evidence** on which interventions are most effective is a major drawback
- **Good practice needs to be disseminated.** It is out there but is not being replicated and learning from incidents is rarely shared beyond traditional boundaries



The 12 Recommendations

1. Ensuring learning from patient safety data and good practice
2. Developing a common language
3. Ensure robust evaluation of education and training for patient safety
4. Engaging patients and public in design and delivery of patient safety training
5. Duty of Candour
6. The learning environment supporting response to concerns
7. Mandatory training
8. Patient safety training for leaders
9. Supporting joined up care
10. Increased opportunities for inter-professional learning
11. Principles of Human Factors & Professionalism embedded into training
12. Management of risks

What we have done since the Commission

HEE's approach to implementation:

- **Extensive stakeholder engagement** across the system since the launch of the Commission report
- **Promoting synergy** across HEE, each Region is leading one of four workstream
- **Regional Leads through the HEE Patient Safety Working Group** taking the local lead on delivery
- **'Professional expert'** from the Commission to support each workstream

Workstream 1: Learning and Training Environments (Recs 1, 4, 6, 10)

Workstream 2: Human Factors and Culture (Recs 2, 5, 11, 12)

Workstream 3: Embedding Existing Training Initiatives (Recs 7,8)

Workstream 4: Supporting Joined Up Care (Rec 9)

The relationship between the quality of education and training and patient safety

← Clinical Learning Environment →

High Quality Education and Training



Motivation

Opportunity

Patient safety



Alignment across the system

- A successful implementation plan requires **on-going alignment** with and across HEE's key partners
- It is essential to **share learning and foster synergy** in delivery of the recommendations
- Where we can, we need to deliver **shared outcomes** and **rationalise education and training** interventions
- HEE fully support the CoE initiative in the NW