

Human
Factors
Reflections



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The Safety Culture Series

Learning and Effecting Change

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Let's talk about the Manchester Patient
Safety Framework...





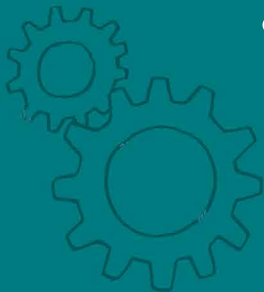
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What is 'Learning and Effecting Change'?

What happens after an event?

What mechanisms are in place to learn from the incident?

How are changes introduced and evaluated?



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Levels of Culture

1. Pathological

- . No attempt to learn from incidents unless imposed by external bodies
- . The aim is to 'paper over the cracks' and protect the organisation
- . A marker of success is that the media isn't aware of an incident
- . No changes instigated after an incident apart from those directed at individuals

2. Reactive

- . Little if any organisational learning occurs, and what does occur is related to the amount of disruption experienced by senior staff.
 - . Learning is focused on just the specifics of that event
 - . Changes are 'knee-jerk' and not sustainable. Actions are generally focused on individuals' behaviour
- . Actions are devised and implemented by senior managers with little worker involvement.



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Levels of Culture

3. Bureaucratic

- . Some systems in place to support organisational learning, which may include some representation of the patient perspective.
- . Lessons aren't well disseminated across the organisation.
- . Enforced changes usually focus on the local teams involved
- . Committees and senior managers define and implement actions with little worker engagement
- . Patient engagement is often performative to meet regulator expectations

4. Proactive

- . Learning culture and processes exist.
- . Boards/ senior managers support in-depth investigations, and system changes
- . Front line staff are involved in the process and there is a commitment to sustainable change
- . Horizon scanning occurs for broader learning opportunities.
- . Learning is used in forward planning.
- . The organisation is open and self-confident



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Levels of Culture



5. Generative

- . It is a learning organisation: learning from both external and internal opportunities.
- . It is committed to sharing its own learning with others
- . Incidents, complaints, and feedback are discussed in open forums where all staff are empowered to contribute.
- . Both individual and organisational learning are evaluated
- . Improvements in practice occur without the trigger of an incident, as the culture is focused on continuous improvement.
- . Patients play a key role in learning and contribute to change processes



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How does your team and organisation fare?

Use these characteristics to reflect on:

- . What's your team's local culture (or climate) like?
- . What's the organisation's culture like?
- . How is it changing over time?

As a service user:

- . What evidence of these do you see in the services you use?



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Culture is critical!

Building a strong culture is critical,
but can take a long time.

If you would like advice and support
on improving your culture, comment
below and we'll be in touch

References

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Westrum, R (1992) Cultures with Requisite Imagination in: Wise, J, Hopkin, D and Stager, P (eds.), Verification and validation of complex systems: human factors issues (pp. 401–416). Berlin: Springer-Verlag.
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