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# Co-producing safety policy: An introduction


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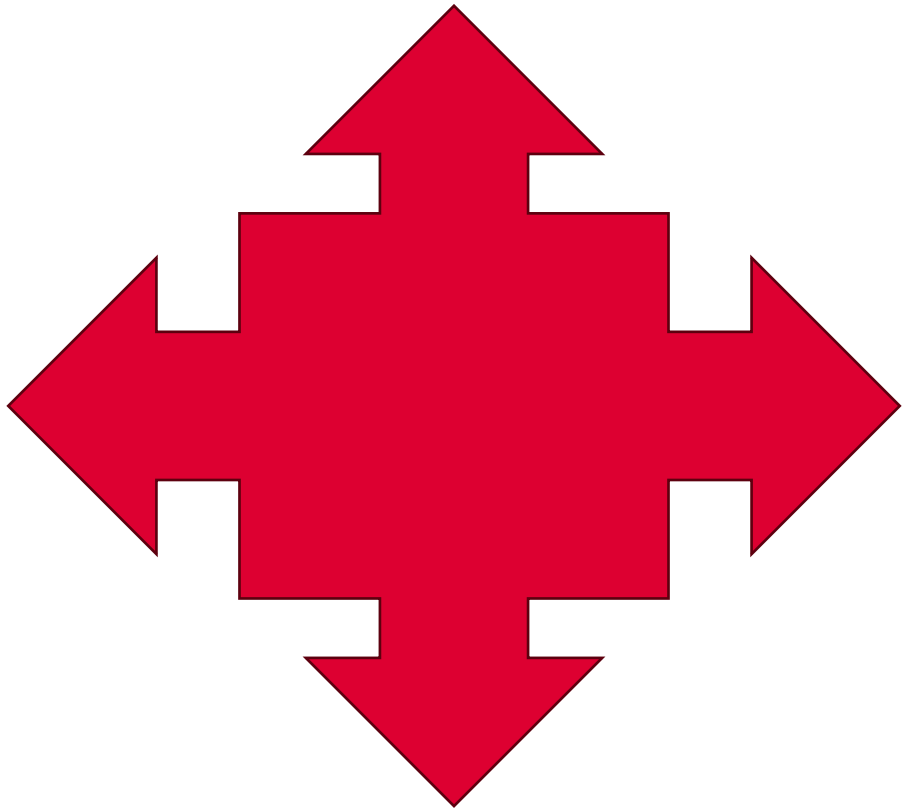
*Patient and family representatives*

*Researchers*



*Policy makers*

*Citizen advocates*

# The Ladder of Co-production

## Where are you on the ladder towards co-production?

think local act personal

### 7 Co-production

Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

### 6 Co-design

People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in strategic decision-making.

### 5 Engagement

Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions about how services are designed or delivered, but this depends on what the people responsible for services will allow.

### 4 Consultation

People who use services may be asked to fill in surveys or attend meetings, however this step may be considered tokenistic if they do not have the power to influence or affect change.

### 3 Informing

The people responsible for services inform people about the services and explain how they work. This may include telling people what decisions have been made and why.

### 2 Educating

The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

### 1 Coercion

This is the bottom rung of the ladder. People who access services are made to attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

## Co-production: It's a long-term relationship

Based on Arnstein's Ladder of Participation, the TLAP ladder of participation describes a series of steps towards co-production which can be used in strategic commissioning across health and social care. It is designed to support greater understanding of the various stages of access and inclusion before full co-production is achieved.

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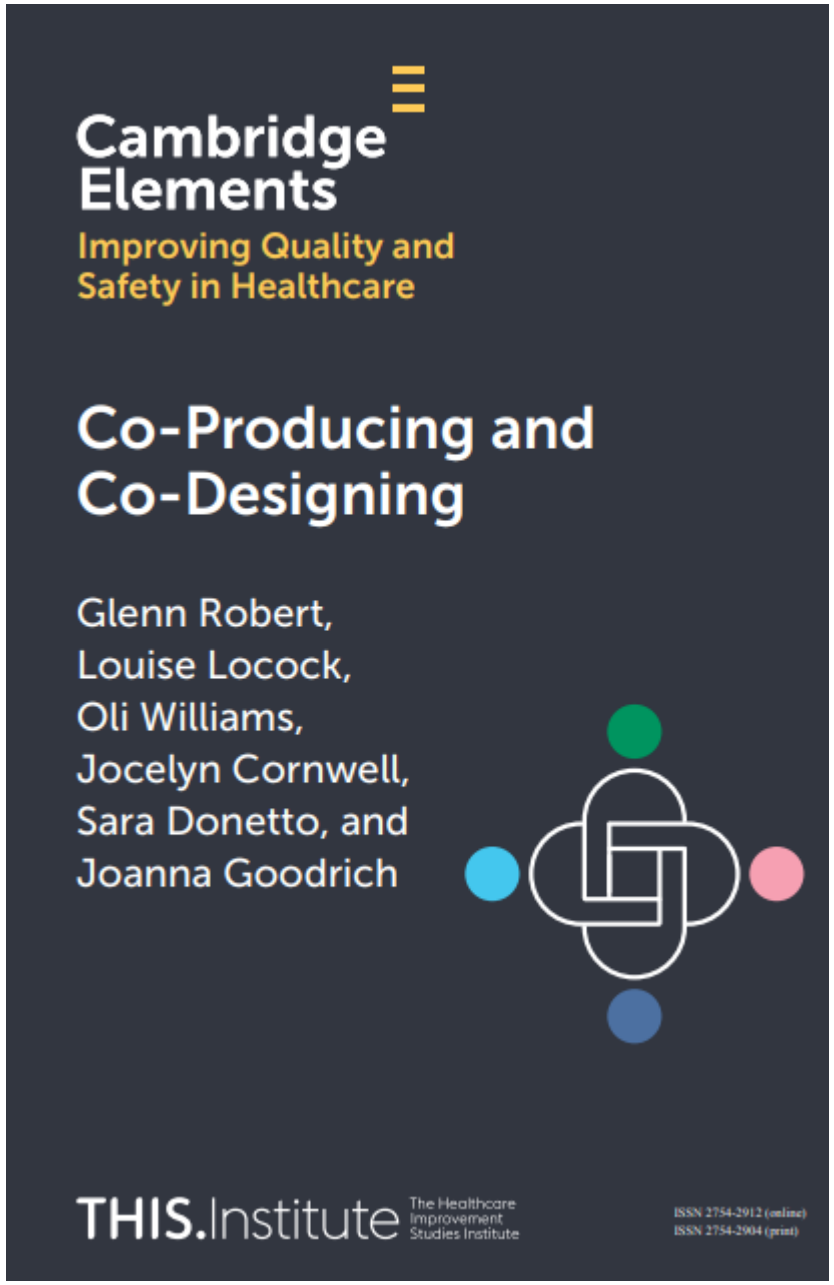
National Co-production Advisory Group NCAG


Cambridge Elements
Improving Quality and Safety in Healthcare
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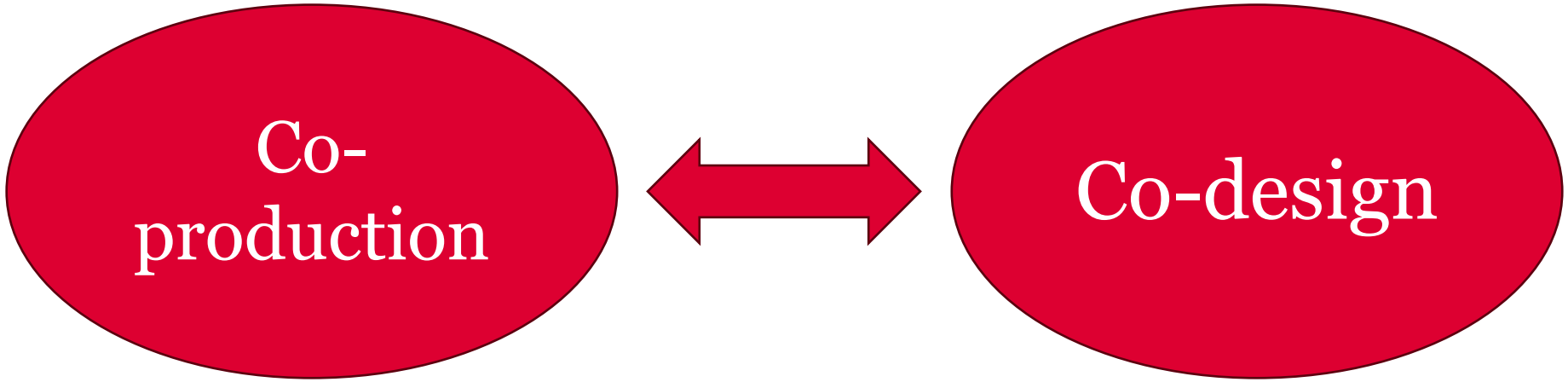
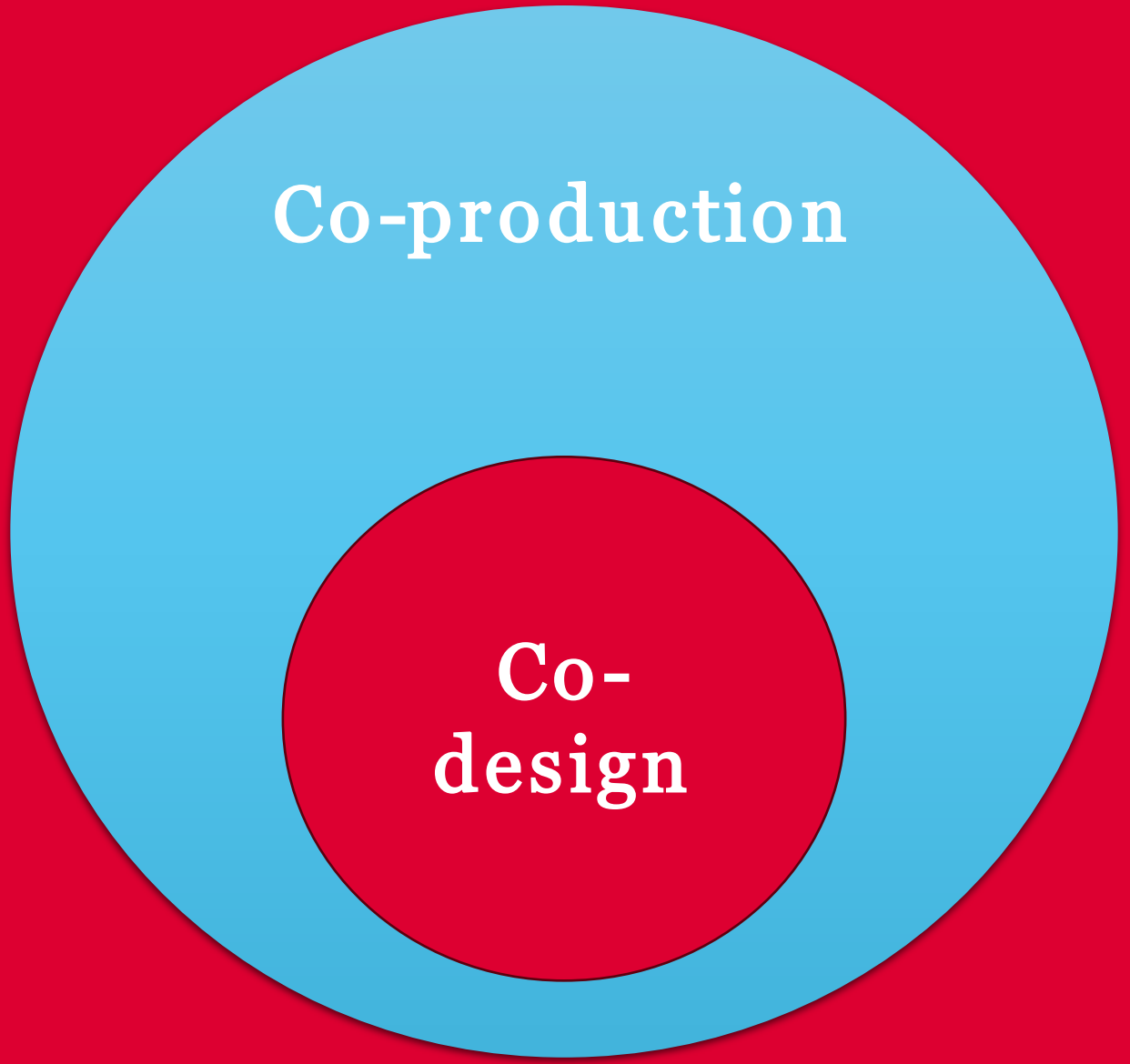



- ***Enables healthcare design and delivery***
  - Subverts hierarchies
  - Supports patients to work together with staff to improve the design and delivery of healthcare services

- ***Is a subset of coproduction***
- ***Is an applied process***
- ***Uses design methods, tools and processes to:***
  - Understand experiences
  - Improve services based on that understanding


Co-production
Co-design


# Co-producing safety policy

# Co-producing with patients, families and citizens

# Three examples

## Co-designing policy

## Exploring policy impact

## Supporting policy teams

# Case study 1. Co-design community to inform policy


**Dr Lauren Ramsey**
Senior Research Fellow
Yorkshire and Humber Patient Safety Research Collaboration

**Tracey Herlihey**
Head of Patient Safety Incident Response Policy
NHS England

# What was the area of work?

**Aim: To *develop* and *test* new processes and guidance to support the better *involvement of patients and families in serious incident investigations***

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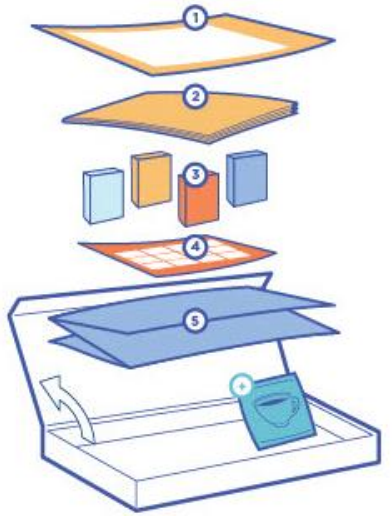
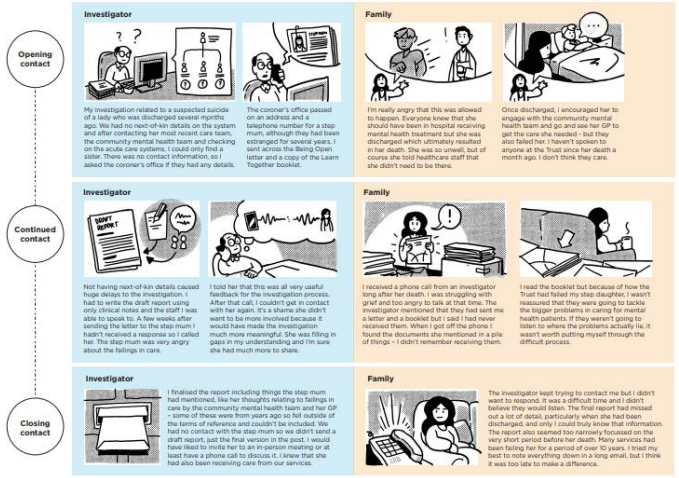
# Research timeline

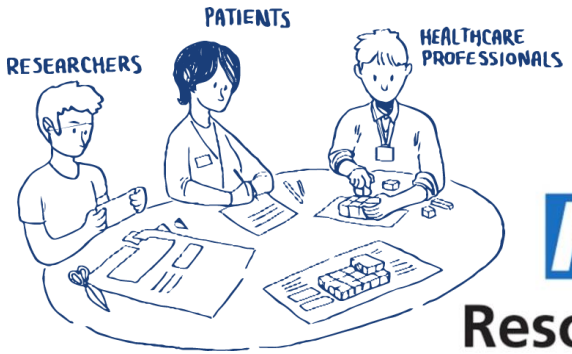
Learn Together
Supporting involvement after safety events in healthcare

# What was the model used?






NHS England and NHS Improvement

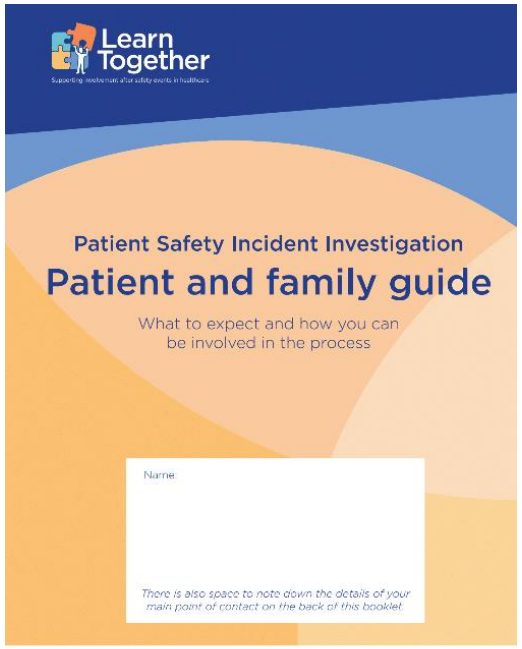
NHS Resolution

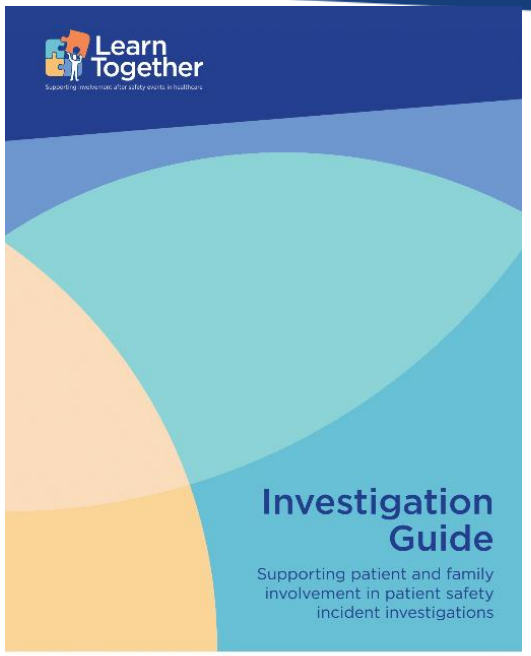
HSIB
HEALTHCARE SAFETY INVESTIGATION BRANCH


Identifying the problem
Hearing each other's perspectives
Understanding the wider context
Co-design community to inform policy
Developing the guidance
Refining the guidance
Disseminating the evidence

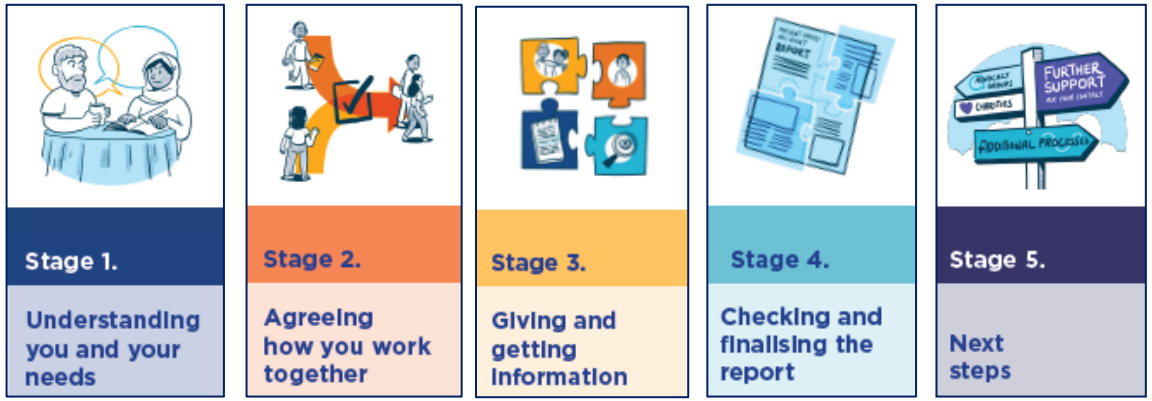
Learn Together

Supporting involvement after safety events in healthcare

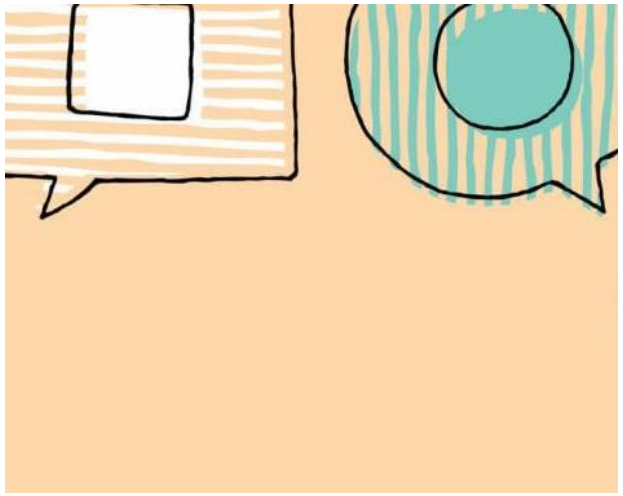


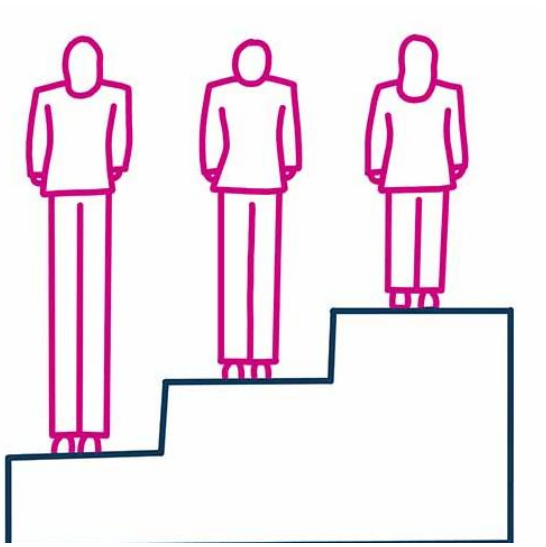




# What did we learn? Research perspective



1. Work together throughout the project life cycle



2. Value in a flattened hierarchy

3. Collaboration maximises impact of research AND policy

# What did we learn? Policymaker perspective

1. Co-design doesn't 'just happen'

2. Psychological safety required to think freely

3. Being open to an iterative approach

# Questions?

- Does this resonate?
- How might you use this model within or outside research?
- What would stop you using this model?

# Case study 2. Working with citizens to explore policy impact


## Angela King
Patient advocate
Response Study Citizens' Panel
Independent Chair

## Gemma Louch
Associate Professor
Response Study Programme Manager
University of Leeds

# What was the area of work?

response

Evaluating the Patient Safety Incident Response Framework

**Aim: To understand the *implementation* of the PSIRF policy in *real time* across the NHS in England, and what impact it has.**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# Research overview


- **Timeline:** 3 year project started in 2022
- **Focusing on:** Before, during and after PSIRF implementation
- **Breadth:** Across all NHS organisations in England
- **Depth:** Working closely with 6 NHS organisations in England
- **Formative feedback:** NHS England, NHS organisations
- **Key output:** Patient Safety Policy Implementation Handbook

# What was the model used?


## Why form a Citizens' Panel?

**Help guide the project team**

**Help make sense of findings – not solely from an academic perspective**

**Help us answer the difficult questions**

It will act as the eyes and the ears of the public.

## Independently chaired

**Angela King**
Patient advocate
Response Study
Citizens' Panel
Independent Chair

**James Titcombe**
Patient advocate
Response Study
PPIE Advisor

Ensure public accountability for, and scrutiny of the focus and conduct of the research

Support wider discussions about the emergent findings of the research and what they mean for fairness, equality, equity, diversity and inclusion

Support the dissemination of findings in creative and accessible ways

# Working with citizens to explore policy impact

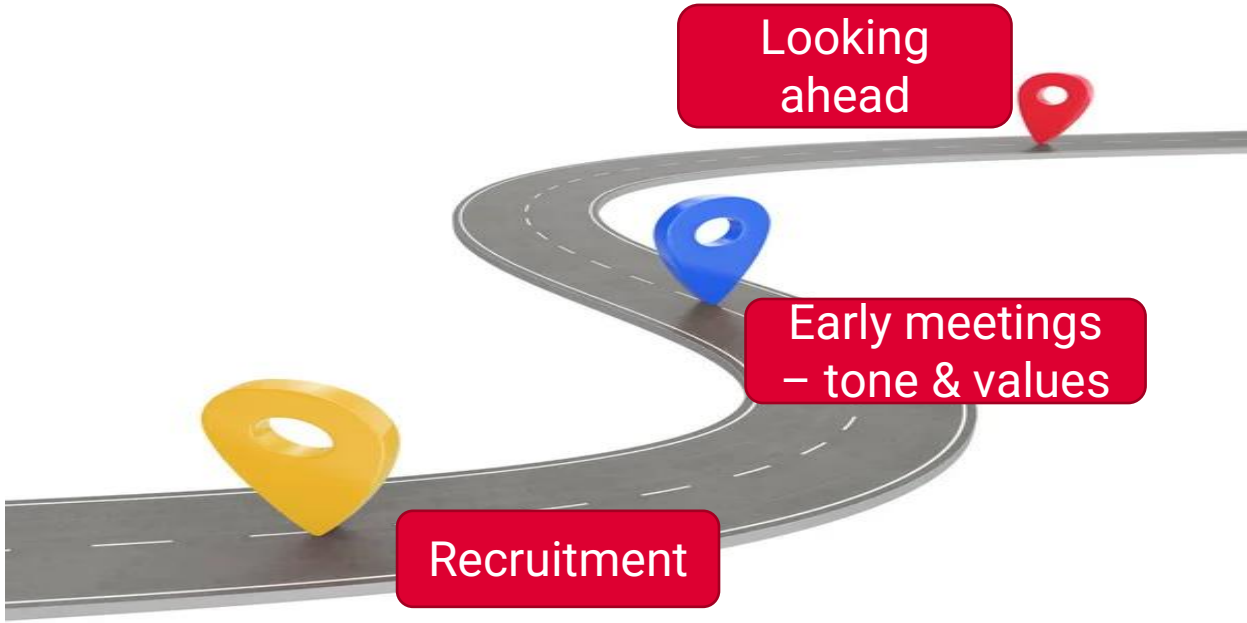
# What was the model used?

## Inviting people to join the Citizens' Panel

## Journey so far



Commitment to recruiting a diverse group of people




- 16 members
- Mix of in-person and virtual meetings
- 3 meetings to date

# What did we learn?
## Our reflections

# Questions?

- Does this resonate?
- How might this model apply at a local level?
- What would stop you using this model?

@ptsafetyNHS

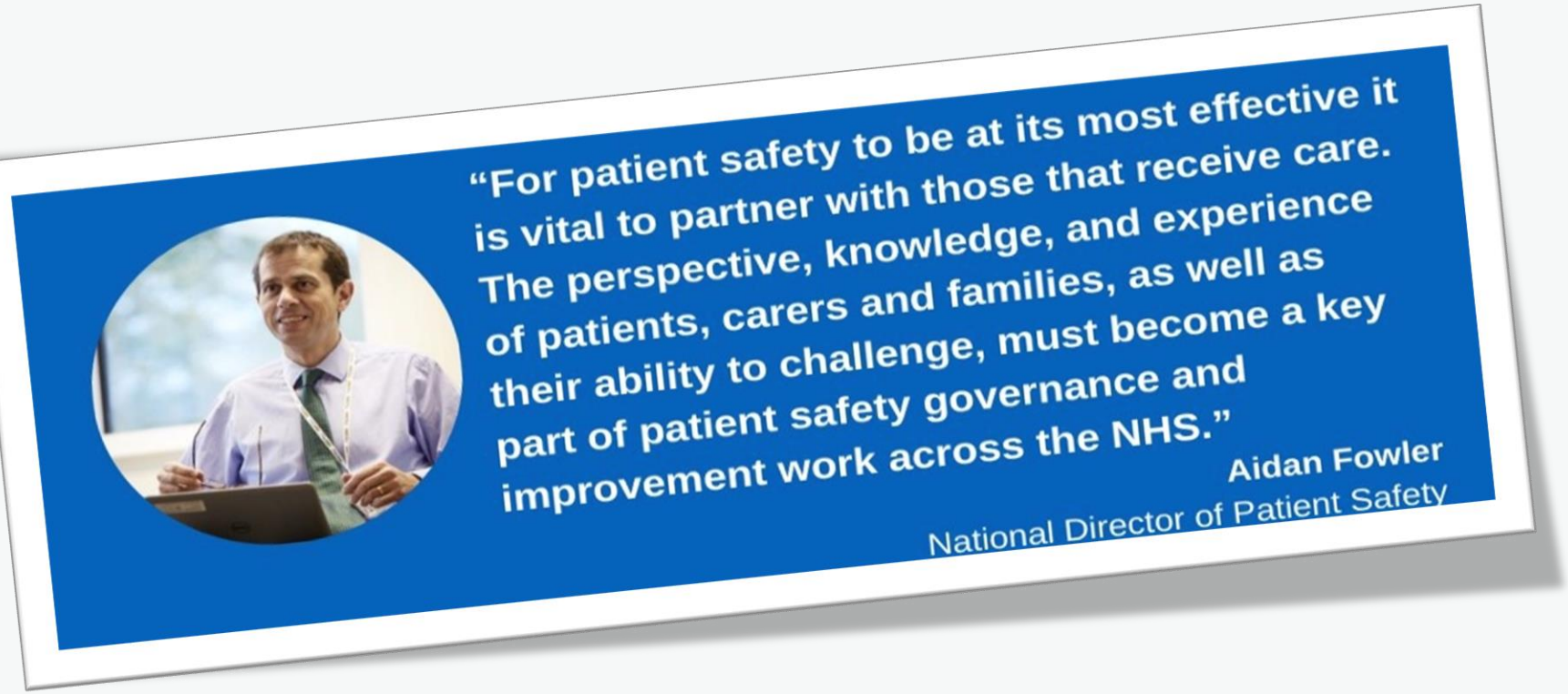
# Case Study 3:
# Patient Safety Partners

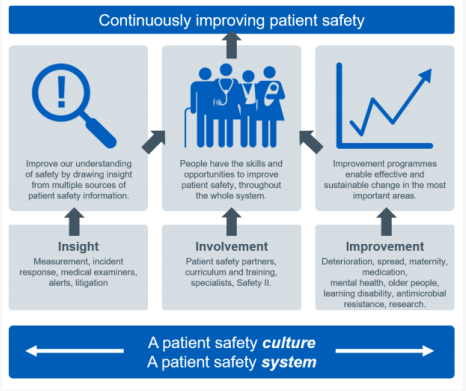
NHS England

**Chelsea Gilsenan**
Head of National Patient Safety Independent Investigations Team (NPSIIT)

**Penny Phillips**
Patient Safety Partner

# Patient Safety Partners: Background

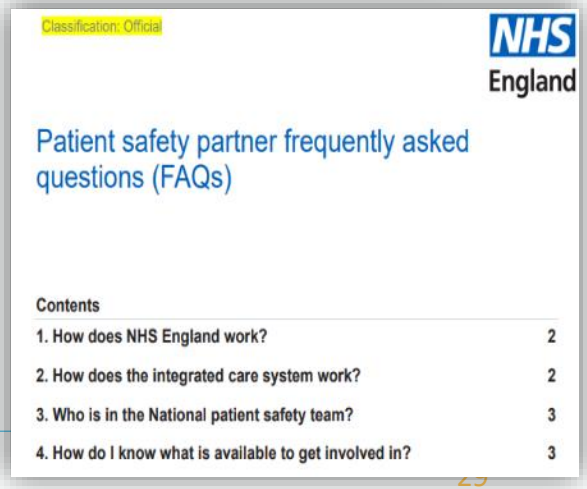



"Patients and their carers should be present, powerful partners" Don Berwick








# National Patient Safety Partners Involvement

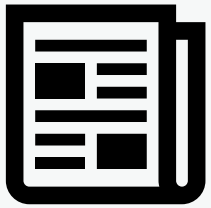
# What was the area of work?

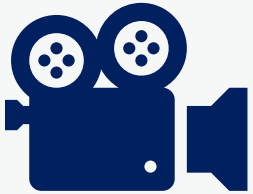
- NHS England
- Independent Investigations
- Policy development
- Patient Safety Partners

# National Patient Safety Partner Task Variety

Programme task and finish and implementation groups

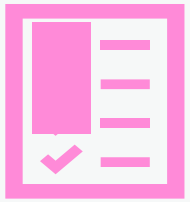
Newsletter development





podcasts and films

Document review



Staff/PSP recruitment

Regular Programme committees

Presenting to national and international audiences

PSP document co-design

# National Patient Safety Partner Support


Patient safety update

PSP Mentors handbook

Mentoring

Drop-ins

WhatsApp group

Annual reflections

Support needs of PSPs

Mentor training

PSP meetings

PSP Matters

Buddy / peer support

Coffee roulette

Temperature check-ins

PSP Mentors handbook 2022

# What have we learnt?

## Independent Investigation Policy

Our Reflections

- Support
- Long Term Relationship
- Policy vs People
- Empowering Voices

# Questions?

- Does this resonate?
- How might this model apply at a local level?
- What would stop you using this model?

Infrastructure and resources

Build relationships

Be flexible

Seek diverse perspectives

Get comfortable with being uncomfortable

# Questions?

- How do you feel about these principles?
- What stops you working in this way? (Fears, practical challenges)
- What would support you or your organisation to work in this way?

Infrastructure and resources

Build relationships

Be flexible

Seek diverse perspectives

Get comfortable with being uncomfortable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