



We need more Velcro ... can you help?

May 2016

In recent weeks I've picked up on variations of a theme that has recurred across a number of our safeguarding meetings: *'How do we translate the recommendations in an action plan into change? How do we apply lessons to make Norfolk safer?'*

A couple of weekends ago I was out walking and got my woollen scarf tangled in the Velcro on my coat. You may have had a similar experience!

After a couple of minutes I got unstuck and started walking again. As I walked, I thought about Velcro, a really simple but clever invention! It can attach itself to anything. This led me on to thinking, how could we make our adult safeguarding lessons more Velcro-like, more *sticky*?

Many sources attribute the creation of Velcro to NASA, though this is not the case. NASA wasn't responsible for the material's inception, but the space agency's use of the product led to Velcro's popularity in all circles of life. Velcro, the hook-and-loop binding, was invented by a Swiss engineer, George de Mestral, in the 1940's. After returning home from hunting in the Jura mountains, Mr. de Mestral noticed cockle-burs were stuck on his trousers and in his dog's fur, and wondered how they attached themselves. Under the scrutiny of the microscope, he observed the tiny hooks of the burs engaging the loops in the fabric of his trousers.

The challenge of making change 'stick' is not new and is often articulated in a plan in order to make it happen. Having an 'Action Plan' for something implies that a dynamic process is in play – someone somewhere is bringing forward a new way of working which will result in something somewhere being done differently, hopefully with the end result that abuse and harm is less likely to reoccur.

However as John Illingworth noted in his November 2015 paper – *Continuous improvement of patient safety The case for change in the NHS* (The Health Foundation), whether or not change happens, history tells a different story.

Illingworth observes that the factors identified in the 2001 [Bristol Royal Infirmary Inquiry](#) into the deaths of babies undergoing heart surgery: **Isolation / Inadequate leadership / System and process failure / Poor communication** and **Disempowerment of staff and service users** – were the *same* factors that had

been cited some 30 years earlier, in the [1969 Ely Hospital Inquiry](#) into long-stay care for older people and people with mental health problems! He notes:

'The factors are systemic, cultural, contextual and human in nature, and elements of all of them were also identified in the inquiries into failings of care at [Mid Staffordshire NHS Foundation Trust](#) and, most recently, Morecambe Bay, some 46 years after the Ely Hospital Inquiry. While such factors are complex, multifaceted and difficult to eradicate, their persistence across the decades is cause for serious concern.'

Illingworth (2015) pg 9

In a similar way, as a colleague once said to me in a discussion about Safeguarding Adult Reviews, *'you know in some way we could write some of the recommendations before the review starts, as a given, they always come up ... and it is shameful we know this'*.

So, what can we do to make our adult safeguarding changes stickier – more like Velcro and less like Teflon?

A useful read in this regard is the National Institute for Health and Clinical Excellence (NICE) – ***How to Change Practice Understand, identify and overcome barriers to change*** (December 2007). Part 3 looks at overcoming barriers to change. One of the tools for change is *Opinion Leaders* (OLs). Opinion Leaders use their influence to motivate and inspire their colleagues to achieve the best possible care/service delivery for patients/customers. They are well respected among their peers and act as role models for colleagues. They can make a positive difference in a variety of ways.

So here's a suggestion:

Think about someone in your service or organisation (or a colleague you work with in another organisation) who you see as an *Opinion Leader* for our safeguarding adults message. Remember, the most influential individuals may not necessarily be evident from their job titles, it could be a colleague in the team or a team leader/manager. Go and talk with them for five minutes about some of the adult safeguarding lessons from the Safeguarding Adult Review for Mr AA (you can download the Action Plan from the NSAB website) and in particular how they can work to help recommendation 13.3 and 13.9 stick with all their colleagues.

Imagine the changes we could bring about with all of us acting to make adult safeguarding messages like Velcro...

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