

NHS patient safety strategy oversight committee

Terms of reference



1 Background

- 1.1 The purpose of the Strategy Oversight Committee (SOC) is to provide implementation oversight of the NHS patient safety strategy, which sets out cross-system commitments of aligned activity and objectives for the next decade.
- 1.2 Effective advice and input regarding implementation is required to ensure cross-system delivery of the commitments in the strategy and its continued development.
- 1.3 The SOC will report on progress to the NHS England and NHS Improvement Quality Committee in Common and therefore to the NHS England and NHS Improvement boards in common.

2 Purpose

- 2.1 The SOC will support patient safety strategy delivery so that benefits are realised and communicated.
- 2.2 It will operate on a membership and mutual basis to:
 - Advise on methods and measures for monitoring strategy implementation progress
 - Advise on prioritisation of strategy objective delivery
 - Advise on reporting and communicating progress with implementation internally (within NHSI/E) and externally to national bodies and the service
 - Support decision making around allocation of resources, escalating requirements for additional resources identified internally (within NHSI/E) and externally to deliver strategy objectives.
 - Support relevant arms-length body alignment in how they discharge their patient safety strategy responsibilities.
 - Oversee the risk register and mitigating actions
 - Advise and approve the annual strategy update
 - Periodically review how these arrangements are operating

3 Scope

- 3.1 The SOC is focused on advising and inputting into implementation and annual update of the [NHS patient safety strategy](#)
- 3.2 The work of SOC focusses on patient safety work set out in the strategy within the wider quality remit of NHSI/E and other arm's length bodies.
- 3.3 The SOC's remit applies to NHS services in England but will consider opportunities for alignment with other devolved nations as they arise.

4 Membership

- 4.1 The SOC will be chaired by the NHS National Director of Patient Safety
- 4.2 SOC membership will include key individuals from NHS England and NHS Improvement including nursing and improvement directorates, primary care commissioning and regional teams. It will have standing representation from Health Education England and the Patient Safety Collaboratives, and may invite individuals from other arms-length bodies as necessary to provide updates.
- 4.3 SOC patient and public representation is initially proposed as a minimum of two 'patient safety partners'; this would be kept under review
- 4.4 SOC coordination and secretariat would be provided by the NHS Improvement Patient Safety team

5 Accountability

- 5.1 The SOC advises the NHS National Director of Patient Safety and inputs into reporting on implementation to the NHS England and NHS Improvement Quality Committee in common.
- 5.2 The SOC does not displace or assume direct accountability for patient safety projects and programmes included within the strategy and accountability for implementation remains with the NHS National Director of Patient safety reporting to the NHS England and NHS Improvement Quality Committee in common.

6 Ways of working

- 6.1 The SOC will determine its own ways of working but these initially include the following:
 - To be quorate, SOC must include the Chair or their Deputy and two thirds of members
 - SOC will meet quarterly, with dates agreed two months in advance once established
 - SOC will receive a progress report, forward look, strategy implementation timeline and risk register
 - Agendas, and meeting notes will be circulated. They will not be published.