

# Identifying patient safety specialists

August 2020

## Purpose of the role

The NHS Patient Safety Strategy<sup>1</sup> set the ambition for the new role of patient safety specialist to be introduced in every NHS organisation in England; this includes providers and commissioners of NHS-funded care. We consulted on a draft specification for patient safety specialists earlier in 2020 and this final specification is informed by the views of those who responded.

Patient safety specialists will be the lead patient safety experts in healthcare organisations, working full time on patient safety. They will be 'captains of the team' and provide dynamic, senior leadership, visibility and expert support to the patient safety work in their organisations. They will support the development of a patient safety culture and safety systems, and have sufficient seniority to engage directly with their executive team. They will work in networks to share good practice and learn from each other.

Patient safety specialists will lead, and may directly support, patient safety improvement activity and ensure that systems thinking, human factors understanding and just culture principles are embedded in all patient safety processes. They will promote patient safety thinking beyond why things go wrong in healthcare (Safety I), to examining why things

<sup>&</sup>lt;sup>1</sup> <u>https://improvement.nhs.uk/resources/patient-safety-strategy/</u>

routinely go right and how that can be maximised (Safety II). They will support their organisations' 'patient safety partners' (patient and public representatives specifically involved in patient safety) as identified in the NHS Patient Safety Strategy.

We know significant patient safety expertise and experience already exist across the NHS; with people in many places effectively fulfilling the role of a patient safety specialist in all but name. Formally creating this role will provide status and the expectation that having a patient safety specialist who is fully trained in the national patient safety syllabus is standard across the NHS.

As the senior leader for patient safety in their organisation, the patient safety specialist will work with many people who already have specific patient safety responsibilities. The patient safety specialist role does not diminish the fundamental principle that patient safety is everyone's responsibility and they will be key in supporting work to make patient safety a core element of training for every member of staff in their organisation.

## Implementation

Each **NHS trust, foundation trust and clinical commissioning group (CCG)** will identify one or more individuals as their patient safety specialist(s) and notify the national patient safety team who these individuals are by the end of November 2020. This will enable us to directly engage with them. Once identified, we will undertake further work with the patient safety specialists to agree specific responsibilities and develop the role further.

Other organisations should designate a patient safety specialist if they are able to, but we recognise that some organisations, particularly smaller providers outside the secondary care sector, may not yet be in a position to do so. For this reason, at this point only NHS trusts, foundation trusts and CCGs are required to identify their own specialist. Smaller organisations should however start to consider their future approach. They may wish to consider accessing appropriate input from a patient safety specialist working across multiple organisations or part time. In time, our ambition is for all healthcare organisations, irrespective of size, to be able to identify and work with their patient safety specialist to improve safety.

It should not be necessary to recruit new people to fill this role, unless an organisation wishes to, but it may be necessary to reorganise responsibilities between individuals. We expect patient safety specialists will be identified from people in existing patient safety-related roles, which may be clinical, although organisations can create new posts and increase their number of patient safety-related roles if they consider this appropriate.

The patient safety specialist(s) role should be full time, although this may not be possible immediately for some individuals as they may need time to hand over non-safety responsibilities to others. We expect patient safety specialists to be focusing solely on patient safety from April 2021.

Two or more people, possibly of different seniority, may fulfil this role by sharing the responsibility. This will enable people to combine being a patient safety specialist with, for example, clinical work. The most important thing is that a patient safety specialist is always available and working on safety within an organisation. Organisations are of course free to specify more than one full-time patient safety specialist. This may depend on their size, complexity or number of sites.

When identifying or recruiting their patient safety specialist(s), organisations should pay particular attention to the importance of equalities and should ensure that opportunities to become patient safety specialists are equitable. They should consider how best to ensure specialists contribute to a wider leadership cohort that is representative of their staff and the patients they serve.

## Accountability and responsibilities

The existence of the patient safety specialist role does not alter overall accountability for the safety of healthcare services provided by an organisation. This still sits with the leadership of the relevant organisation.

Similarly, creation of this role does not alter responsibility or accountability for patient safetyrelated areas set out in statute or elsewhere, such as safeguarding, health and safety, controlled drug responsibilities, HR processes or fitness-to-practice activities.

The patient safety specialist should be able to influence and have direct access to their executive/leadership team, including access at no notice to escalate immediate risks or issues. One option is for the patient safety specialist to be directly line managed by a member of the executive team, but this is not a compulsory arrangement.

Patient safety specialists should have an overview of and ability to influence and interact with all patient safety processes within the organisation. This may include managing teams that lead on patient safety processes, such as patient safety incident reporting, risk management and investigation.

Further responsibilities for the patient safety specialists will be agreed in collaboration with the specialists once their role has been established.

# Key relationships

The patient safety specialist(s) will work as part of a wider team to ensure that patient safety is appropriately prioritised and considered in the work of the organisation. They should build and maintain good working relationships with a broad range of internal and external stakeholders on issues relating to patient safety.

Key relationships include the following:

#### Internal relationships:

- executive team although the patient safety specialist is not a board-level role, there is a requirement that they have direct and immediate access to a member of the executive team and are able to influence this team to enable effective change management
- their organisation's patients, families and carers
- medication safety officers (MSOs), medical device safety officers (MDSOs) and other leads with responsibility for aspects of patient safety in their organisation (existing MSOs or MDSOs may be suitable people to become patient safety specialists)
- chairs of relevant internal patient safety and/or clinical governance committees, often non-executives, and divisional/directorate managers and members of other safety departments, teams and initiatives, including medical examiners and Learning from Deaths leads
- their organisation's patient safety partners<sup>2</sup> as these roles develop
- their organisation's Caldicott Guardian, information governance lead, Freedom to Speak Up guardian, director of infection prevention and control, equalities lead, PALS and complaints teams, quality improvement teams, education teams and safeguarding leads.

#### **External relationships:**

- patient safety specialists in other organisations
- the national patient safety team
- NHS England and NHS Improvement regional teams
- local integrated care systems
- local Healthwatch organisations as statutory representatives of patients' views and concerns
- local patient and carer representatives

<sup>&</sup>lt;sup>2</sup> 'Patient safety partners' are patient and public representatives specifically involved in patient safety.

- Healthcare Safety Investigation Branch
- patient safety collaboratives and Academic Health Science Networks
- Health Education England
- Care Quality Commission and relevant parts of profession regulators such as the Nursing and Midwifery Council.

## Knowledge and experience

In the medium to long term we intend all patient safety specialists to be able to demonstrate the knowledge and experience listed below. It is unlikely that anyone nominated as their organisation's patient safety specialist will have this full set of knowledge and experience to begin with, and we expect organisations to identify individuals who meet some of these criteria and are willing to develop further. More work will be undertaken to determine the further training and education that patient safety specialists may need.

Patient safety specialists should:

- be educated to Master's or equivalent level, or equivalent experience of working at a senior level
- have worked in a patient safety-related role for at least two years, with an understanding of the principles that underpin approaches to improving patient safety in health systems
- have knowledge and experience of driving improvement for the safety of patients
- be willing and committed to developing expertise in all aspects of patient safety science, such as human factors, systems thinking, investigation, quality improvement, change management, prospective and reactive risk analysis and management, error theory and just culture
- have had previous responsibility for/involvement in clinical governance systems
- have significant knowledge of local organisation's patient safety policy and strategy
- have significant knowledge of national patient safety policy and strategy, and levers for change in the NHS system; and ability to interpret national advice, guidance and requirements and advise their organisation on how these should be implemented
- have knowledge of safeguarding and the legal duties expected of NHS organisations

- have proven ability to develop and communicate a long-term vision for patient safety and convert that into plans, objectives and deliverables for their organisation
- be able to develop and maintain strong relationships across an organisation
- have proven and significant leadership experience
- have knowledge and understanding of the Equalities Act 2010, including the importance of collecting and analysing data on protected characteristics, and wider understanding of the impact of discrimination and bias on the safety of patients.

Being a healthcare professional with a relevant clinical qualification and registration can be useful but is not essential for a patient safety specialist.

## Skills and attributes

Patient safety specialists should have the following skills and attributes:

- ability to provide senior leadership and work with senior leaders
- ability to use informed persuasion to influence others
- credibility and enthusiasm for patient safety
- expert communication skills and ability to provide and effectively communicate highly complex, sensitive and contentious information to staff, patients and relatives/carers, particularly where a potentially antagonistic or highly emotive atmosphere may present significant barriers to acceptance
- ability to use established networks and create new ones to share good practice and facilitate engagement with regional colleagues and the national patient safety team
- ability to analyse complex information (including patient safety incident data, administrative data, mortality data) that may conflict and where expert opinion may differ
- ability to develop, maintain and monitor information systems to support improvement initiatives
- ability to manage time effectively and to prioritise
- strong self-awareness and coping strategies
- enthusiasm and interest in ensuring others are trained and developed in patient safety, as appropriate.

## Values and behaviours

Patient safety specialists should demonstrate the following values and behaviours:

- commitment to quality work; promotes high standards in all they do
- courage to speak truthfully and challenge appropriately
- values diversity and difference; operates with integrity and openness
- works well with others by being positive, helpful and listening to them; involving, respecting and learning from others
- involves patients and the public in their work
- commitment to and proactive in addressing inequalities in healthcare in general and in patient safety in particular.

## Learning and development

The NHS Patient Safety Strategy stresses the importance of in-depth training in patient safety for patient safety specialists. This will be based on the national patient safety syllabus we are developing with Health Education England. A gap analysis will be undertaken to understand the particular training needs of patient safety specialists. Ultimately they will be trained in all elements of patient safety science.

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This publication can be made available in a number of other formats on request.

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