

**NHS Patient Safety Strategy Oversight Group
(SOC) Meeting
05 May 2020:**

Meeting Notes

Present

National Director for Patient Safety, NHSE/
CEO, West of England Academic Health Science Network
HEE Regional Chief Nurse and Senior responsible Officer for the patient safety syllabus
National Medical Examiner
Acting Joint Regional Chief Nurse and Clinical Quality Director, NHSE/
Deputy Medical Director of Primary Care, NHSE/
Patient safety partner
Patient safety partner
Patient safety partner

In Attendance

Deputy Director of Patient Safety (Policy and Strategy) NHSE/
Head of Patient Safety Policy and Partnerships, NHSE/
Deputy Director of Patient Safety (Insight) NHSE/
Head of Patient Safety Cross-system development NHSE/
Policy and programme lead, Medical Examiner system NHSE/
HEE Quality, Transformation and Patient Safety Lead

Apologies

1) SOC notes and actions from the last meeting

The drafted note of the February meeting was approved by SOC.

- Links had been made with the NHSI/E Improvement directorate, and the teams are in touch about prospective work on harm in non-covid care during the covid pandemic.
- There was a discussion about the potential role of Medical Examiners in a proposed non-covid mortality review. The Patient Safety team are going to follow up with the ISCS team.
- HEE are revising the project management structure for production of the patient safety syllabus and are taking an active delivery role alongside the Academy of Medical Royal Colleges. They are linked up with the Patient Safety Collaboratives (PSC), and plan to make use of the HEE patient forum for insight. It was noted that Patient Safety Partners are intended recipients of the essentials training for all NHS staff, and that Patient Safety Specialists can test the specialist training as an important intended recipient.

- The action to align patient safety team activity and PSC activity for Patient Safety Congress requires clarity about postponement or cancellation of this year's conference.

Actions

- Upload the February 2020 SOC meeting note to the website.
- The Patient Safety team are going to follow up with the ISCS team about mortality review role of Medical Examiners.
- Clarify when the next patient safety congress will be.

2) Overview of strategy implementation progress

Context was provided about the Patient Safety Update issued to the system via regional teams as part of the patient safety response to Covid, Future editions are planned every 2/3 weeks. SOC members were invited to suggest content. The overview report was presented

Headlines February to April 2020:

Significant milestones have been achieved in the previous quarter, including the Patient Safety Incident Management System (PSIMS) project gaining Government Digital Service approval to move into the public beta phase, and publications of the draft Patient Safety Incident Review Framework, and draft Patient Safety Partner (PSP) Framework for consultation. Consultation on the Patient Safety Specialist (PSS) requirements document was also completed

Status updates for specific objectives were provided:

- The clinical review and response team has established a process by which to feed covid data to the national incident management team while continuing to review all death and severe incidents.
- PSIMS has revised the work plan to continue within the original overall timeframe while minimising the requirement to engage frontline clinicians at this time.
- The team need to decide when the requirement to nominate a PSS will begin. There was a discussion about the added value PSSs could bring to organisations as the NHS moves into recovery phase. The SOC steer is to aim for implementing PSSs at pace, with specialist training from HEE to support this.
- The patient safety improvement team have achieved a heroic pivot of focus in three weeks to identify how the improvement programmes could be revised to contribute to the covid response and have rapidly commenced implementation through the PSCs. The Academic Health Science Networks have been supporting NHSX in the digitisation of primary care, and the further extension of digitisation into care homes (while social distancing). The Mental Health Safety Improvement programme may shift focus to community rather than ward-based services. The work is linked into e-learning for healthcare, which has critical care and care home sections on the learning platform.
- A question was raised about capacity for mental health provision in the wake of Covid. The mental health safety improvement programme is developing its plan in the next three/four weeks and will be considering how PSCs can support quality and safety improvement with the available provision. They will be working with the mental health team to align where possible. SOC was reminded that there is huge resource and expertise in the voluntary and charity sector.

Action:

- Drive forward the implementation of PSSs (and the training to support them) to contribute towards remaining pandemic management and transition to service recovery.

2) Patient Safety Syllabus

SOC heard an update on the syllabus development process.

HEE reported a revised focus towards agreeing a set of core standards for existing training and education providers to meet, rather than creation of a number of new courses. The aim is to deliver the standards by April 2021, and then implementing delivery through Continued Professional Development and workforce development funding.

HEE will be rapidly establishing task and finish groups to resolve the issues raised in the syllabus consultation, alongside development of a detailed programme plan. The importance of planning the timing of specialist training alongside delivery of PSSs was noted, and that a timeline for this component would be helpful.

Actions:

- HEE to work with NHSE/I to finalise an aligned timeline for PSSs and the PSS training offer.
- NHSI/E to review proposed task and finish group memberships.

3) Medical Examiners

The Coronavirus Act contained elements relevant to the Medical Examiners programme, and these are being included in the first patient safety bulletin. 574 medical examiners have completed training, and many trusts have continued with implementation despite Covid. The timeline for the overall programme is inevitably impacted, but the team hope to accelerate delivery when system capacity allows. The team want to reinforce the message around the principles of medical examiner scrutiny, begin the quarterly oversight process when new data collections are enabled, and clarify funding sources for 20/21. As some service delivery has transferred to non-acute settings during covid, there is a challenge around ensuring capacity in the community to extend medical examiners beyond hospitals. It was noted that the medical examiners that are established have been important in the Covid response, and that the importance of the role will continue to be elevated in a context of excess deaths. The steer from SOC is to seek expansion into community deaths at pace so that the opportunity is not lost to add value to the NHS providers and bereaved families.

SOC heard that the medical examiner digital system had passed the GDS assessment to move into public beta phase, but that further development was being sought with Department of Health and Social Care as the product owner.

Action:

- Aim to increase the pace of medical examiner roll out into community deaths.

4) Risk register and next quarter objectives

The risk register was reviewed. No further risks were raised.

5) Strategy refresh

SOC agreed that we should publish a report on implementation progress in year one, aiming for July 2020 publication - or as soon as possible after non-Covid publication process is resumed. A second publication taking a forward look to year two will be produced in line with other national strategies that are being reviewed to account for lasting changes following Covid. This is provisionally planned for publication in November 2020.

A discussion was had about engaging stakeholders – patients and the public – in the planned forward look. The committee agreed that when we have a plan for how the strategy could account for the new NHS landscape, we will conduct an interim feedback exercise to gain input from providers, regions, other central teams, patients and the public. Feedback received will inform the final refresh.

Action:

- Draft an implementation report for publication in summer 2020
- Continue participation in central planning and maintain links with colleagues in central and regional teams to start building a picture of the changed NHS context that the PS strategy must reflect.
- Incorporate a feedback exercise into the strategy refresh production timeline.

6) AOB

It was noted that HEE are joined up with the mental health safety improvement team to join up delivery with suitable training and education support.

7) Date of next meeting: 08/09/20 10.30 – 12.00

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- Clarify when the next patient safety congress will be.
- Drive forward the implementation of PSSs (and the training to support them) to contribute towards remaining pandemic management and transition to service recovery.
- HEE to work with NHSE/I to finalise an aligned timeline for PSSs and the PSS training offer.
- NHSI/E to review proposed task and finish group memberships.
- Aim to increase the pace of medical examiner roll out into community deaths.
- Draft a strategy implementation report for publication in summer 2020
- Continue participation in central planning and maintain links with colleagues in central and regional teams to start building a picture of the changed NHS context that the PS strategy must reflect.
- Incorporate a feedback exercise into the strategy refresh production timeline.

