

# Requirements for ICB Patient Safety Specialists

## Who are patient safety specialists?

Patient Safety Specialists (PSSs) are the key patient safety experts in healthcare organisations. If more than one PSS is in post, they will work together as a team to ensure all the requirements of the role are met.

They are ‘captains of the team’ and provide dynamic, senior leadership, visibility and expert support to the patient safety work in their integrated care board, including primary care.

## What do patient safety specialists do?

ICB PSSs provide system level oversight of the implementation of the NHS Patient Safety Strategy.

ICB PSSs lead, and may directly support, patient safety ‘insight’, ‘involvement’ and ‘improvement’ activity and ensure that systems thinking, human factors understanding and just culture principles are embedded in all patient safety processes. They promote patient safety thinking beyond why things go wrong in healthcare (Safety I), to examining why things routinely go right and how that can be maximised (Safety II).

ICB PSSs will support other workforce leads in the ICB in ensuring that all staff are trained in Level 1 of the [NHS patient safety syllabus](#).

On occasions the ICB PSSs will be asked by the NHS England National Patient Safety Team to raise system wide awareness of an urgent national safety concern or help them in understanding a system issue that has been reported or identified.

ICB PSSs will support the national patient safety team in implementing the [NHS patient safety strategy](#) into primary care. This will include enabling cross-system support for primary care for the implementation of the [Patient Safety Incident Response Framework \(PSIRF\)](#), [Learn from patient safety events \(LFPSE\) service](#) and [medical examiners](#). More information on this will be provided in due course.

ICB PSSs will work closely and collaboratively with those within the organisation who have specific patient safety responsibilities, including [patient safety partners](#). The post holder will support an aligned approach to the improvement of safety through these roles and avoid duplication of effort.



ICB PSSs will have a lead role in establishing system wide PSS networks which provide the opportunity to discuss common issues, risks and challenges and support an integrated and standardised approach to improving safety. They are also an opportunity to share good practice and learn from each other. These networks will engage with and support the development of primary care patient safety leads. They will be involved in PSS networks at regional and national level.

ICB PSSs work with region PSSs on system-related issues and also support provider-level PSSs in provider related issues as required and vice versa.

## How are patient safety specialists supported to fulfil their role?

Each ICB should have a minimum of one full whole-time equivalent PSS working in accordance with these role requirements.

ICBs can identify multiple people to work as PSS part time in the role, potentially alongside other roles, and to support flexible working, which can then add up to a whole-time equivalent or more. However, given that the PSS role includes the requirement to respond to urgent safety concerns, organisations must ensure this responsibility is covered by a PSS during normal working hours (9-5, Mon-Fri) even if this is a different individual at different times.

Where a PSS is unavailable due to leave, sickness, or where variations in working hours mean no PSS is available during normal working hours, cover arrangements should be made. The key principle here is that each organisation has a minimum of 37.5 hours a week of PSS time and that during normal working hours there is a route for rapid response to emerging safety challenges.

All ICB PSSs must have time for the role built into their job description. Where there are multiple PSSs they will work closely together to deliver the identified requirements of the role.

ICB PSS(s) should be fully trained in the [NHS patient safety syllabus](#) and be provided with sufficient time and resources to do this. They should have had previous experience working in patient safety.

ICB PSSs have access to a variety of resources available on the [FutureNHS patient safety](#) and [PSS's platforms](#) to support them in the implementation of the NHS patient safety strategy.

## Board and leadership responsibilities in relation to Patient Safety Specialists

NHS boards and organisational leaders are responsible for supporting PSSs to fulfil their role. They are responsible for identifying the right people to be PSSs.

They must ensure the number of whole-time equivalents of PSSs in post is proportionate to the size and complexity of their organisation.

Once agreed, the PSS's name(s) should be provided to NHS England by the executive lead for patient safety. This is also the case when successor/additional PSSs are identified.

They should be supported to use the job title of patient safety specialist, which may be in addition to existing job titles (eg 'Head of Patient Safety and Patient Safety Specialist' or similar).

The PSS(s) should have immediate and direct access to an executive lead for patient safety who they regularly meet with. They should be given the authority to make decisions and influence as appropriate within established operational structures.

The PSS(s) should work with the executive lead for patient safety in reviewing the NHS patient safety strategy, how it relates to local patient safety priorities and agree an appropriate approach to implementation/delivery.

PSS(s) will attend board meetings as required and system quality group meetings to be involved in discussions relating to patient safety.

The PSS should be involved in delivering the level 1 patient safety syllabus training to the board. Additional resources are being developed to support this.

PSSs have a key role in supporting the executive team to understand the most effective approaches to improving patient safety and ensuring that any patient safety-related responsibilities held by different executives are effectively aligned.

The PSSs should also link with the non-executive director who leads on patient safety.