

National Patient Safety Committee

Terms of Reference

The National Patient Safety Committee is a cross organisation committee working in a collegiate way to deal with complexity for national patient safety issues.

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Document management

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Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility
NatPSC members	Members of NatPSC
Dr Aidan Fowler	NHS National Director of Patient Safety, NHS England & chair of NatPSC
Dr Matt Fogarty	Deputy Director of Patient Safety, NHS England & responsibilities for alignment with other National PS strategic groups

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Mr Aidan Fowler on behalf of all members of NatPSC		NHS National Director of Patient Safety, NHS England	Feb 2023	V2.0

Document control

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1 Background

- 1.1 The National Patient Safety Committee is an NHS led cross-organisational committee. It works in a collegiate way across national bodies to coordinate strategy on patient safety and to consider safety critical issues that require organisation, at a systematic level due to the complexity of the issue and the need for input from a number of different bodies.
- 1.2 The National Patient Safety Committee has been combined with NHS England's NHS Patient Safety Strategy Oversight Committee and so also provides oversight of the NHS patient safety strategy, which sets out cross-system commitments of aligned activity and objectives alongside the NHS Long Term Plan. Effective advice and input regarding strategy implementation is required to ensure cross-system delivery of the commitments in the strategy and its continued development.
- 1.3 The National Patient Safety Committee therefore supports the NHS National Director of Patient Safety to discharge their accountability for delivery of the NHS Patient Safety Strategy to the Executive Quality Group of NHS England.

2 Purpose

- 2.1 The National Patient Safety Committee will play a strategic role in considering the existing patient safety landscape within the healthcare system and consistently share insight and thinking about how the whole system can improve the effectiveness of these patient safety functions.
- 2.2 The National Patient Safety Committee will support continued development and delivery of the patient safety strategy so that benefits are realised and communicated.
- 2.3 The National Patient Safety Committee will provide strategic advice on how safety issues for which there is no existing system or approach, or inconsistent systems, should be operationally managed. This may include:
 - **where identified national patient safety risks or national patient safety issues do not appear to fit within the existing remit of an Arm's Length Body (ALB) or other national body or.**
 - **where there may be a need to have a coordinated approach across multiple ALBs due to the complex nature of the national patient safety issue.**

- 2.4 The committee may commission work from member bodies/teams, enabling issues to be addressed in a timely manner and will have oversight of this work to ensure a joined-up and consistent response to ensure there are no gaps in national patient safety systems.
- 2.5 The committee will operate on a membership and mutual basis to:
- Advise on methods and measures for monitoring Patient Safety Strategy implementation.
 - Advise on development and prioritisation of Strategy objective delivery.
 - Advise on reporting and communicating progress with implementation including to relevant national bodies and the service.
 - Advise members on decision making around allocation of resources, escalating requirements for additional resources identified as appropriate.
 - Support relevant arms-length body alignment in how they discharge their patient safety strategy responsibilities.
 - Oversee the NHS Patient Safety Strategy risk register and mitigating actions.
 - Receive and consider regular strategy updates.
 - Provide a forum where members can escalate particularly challenging issues requiring national resolution e.g., HSIB/HSSIB recommendations.
 - Periodically review how these arrangements are operating.

3 Scope

- 3.1 The Committee is expected to predominantly operate by agreeing common principles, thresholds and processes and through core members mutually holding each other to account for delivery.
- 3.2 The Committee is not directly accountable itself to any individual organisation, but its members are accountable for their various safety related functions to their own organisations.
- 3.3 The Committee will focus on Strategy oversight and support the NHS National Director of Patient Safety to discharge their accountability to NHS England for

delivery of the NHS Patient Safety Strategy. This does not mean the Committee is accountable for Strategy delivery.

- 3.4 The Committee will also focus on the most significant patient safety challenges in terms of scale of harm, and in terms of potential benefits of a cross-ALB approach to improvement. Alongside this, it may have workstreams related to specific safety processes needing an aligned approach.
- 3.5 The Committee will agree and oversee the nationally agreed operational process to improve cross-ALB responses for urgent special patient safety circumstances. These are complex patient safety issues that require a multi-organisational response which does not fall into the already agreed processes such as Emergency Preparedness, Resilience and Response (EPRR), or National Patient Safety Alerts (See Special Patient Safety Circumstances Mutual Response). Reflections of how well the process is working will be collated by NatPSC secretariat. The NatPSC will discuss these and agree any changes to processes in light of learning to improve the response to any future special patient safety circumstances.
- 3.6 The Committee's remit applies to NHS services in England but will consider opportunities for alignment with other devolved nations as they arise.
- 3.7 The Committee will only look at system-wide patient safety critical issues for which there is no other mechanism for delivery or monitoring in place already.

4 Membership

- 4.1 The Committee will be chaired by the NHS National Director of Patient Safety.
- 4.2 The Committee Deputy Chair will be the CQC Chief Inspector of Hospitals.
- 4.3 Committee membership will include key individuals from NHS England and other arms-length bodies (*see table 1*).
- 4.4 All individuals representing their organisation on the Committee are expected to have high-level responsibilities for the function they represent and must be authorised to take strategic and operational decisions on behalf of their body/team in relation to this work. Single representatives are expected for each body/team except for exceptional reasons agreed in advance by the chair.

Academy Of Medical Royal Colleges (AOMRC)
Allied Health Professionals (AHP) – Chief Allied Health Professions Officer (England)
Care Quality Commission (CQC)
Department of Health & Social Care (DHSC) Patient Safety Policy
Healthcare Safety Investigation Branch (HSIB)/HSSIB
Medicines & Healthcare products Regulatory Agency (MHRA)
National Guardian’s Office
NHS England – Chief Pharmaceutical Officer (CPO)
NHS England – Emergency Preparedness, Resilience and Response (EPRR)
NHS England – Estates and Facilities
NHS England – Nursing Directorate
NHS England – National Patient Safety team including Digital
NHS England – Patient Safety Partner representatives (a minimum of two lay members)
NHS England – Workforce, Training and Education
NHS Resolution
NICE
Patient Safety Commissioner for England

Table 1 National Patient Safety Committee Membership

- 4.5 Whilst the Committee cannot have representatives for every main healthcare sector or professional group without losing a strategic focus, it will aim to identify representation as necessary to ensure there is expertise and insight across care sectors and professions.
- 4.6 NatPSC Patient Safety Partner representation is initially proposed as a minimum of two ‘patient safety partners’; this would be kept under review.
- 4.7 The devolved nations have an interest in the work of NatPSC in so far as this has implications for the devolved nations, including where a NatPSC member has UK-wide rather than England only responsibilities (e.g., MHRA). Invitation to attend will be extended to each of the three devolved nations (one associate member per nation) as appropriate.
- 4.8 NatPSC coordination and secretariat would be provided by the NHS England Patient Safety team.

5 Accountability

- 5.1 The Committee supports the NHS National Director of Patient Safety to discharge their accountability for delivery of the NHS Patient Safety Strategy to the Executive Quality Group of NHS England.
- 5.2 The Committee does not displace or assume direct accountability for patient safety projects and programmes included within the strategy or within the remit of Committee members. Accountability for implementation remains with the relevant member.

6 Ways of working

- 6.1 The Committee will determine its own ways of working but these initially include the following:
 - To ensure an effective meeting, the Committee must include the Chair or their Deputy and 50% of members.
 - The Committee will meet quarterly, with dates agreed two months in advance once established.
 - The Committee will also conduct work outside of meetings, by correspondence and through working groups between meetings as appropriate.
 - The Committee will receive reports on Patient Safety Strategy Implementation, updates, and the risk register.
 - Agendas and meeting notes will be circulated. They will be published once approved.