Patient Safety Specialists Consultation

Question 1

We are proposing that someone already in a patient safety-related senior role in a healthcare organisation should be designated as the organisation's patient safety specialist. Do you agree that is appropriate?

(•) Yes ( ) No

Please explain your answer

- It is important to have clear leadership for championing patient safety and we believe that such a role will strengthen the profile of patient safety within the organisation and provide a conduit for advice and expertise.
- Most organisations already have someone in position with responsibilities similar to those outlined for a patient safety specialist. These people will have historic information about patient safety initiatives within the organisation. Perhaps specific additional requirements not currently covered by such existing roles could be incorporated into them rather than appointing a completely new role.
- The draft requirements indicate the specialist will have managerial responsibility of patient safety and risk management teams, so will naturally fall to lead for patient safety teams.
- We would recommend that this role is a senior clinician as this will then be perceived as more credible and important amongst other clinicians and is likely to be more impactful.
- Not all of those currently in similar positions will necessarily have the qualifications in patient safety, although having a syllabus and curriculum would resolve this.
- Over a period of time, junior staff may wish to aspire to the role so this should be enabled from the outset.

Question 2

Is it realistic to expect the patient safety specialist to be full-time?

(•) Yes ( ) No

Please explain your answer

- This will ensure that patient safety is given the prominence it deserves in all organisations
- It is important to have continuity of support and ready access to an individual during normal working hours. This could be fulfilled by a suggestion within the consultation that 2 or more people share responsibility for the role.
- The amount of work required around patient safety would warrant a full-time role.
- If this role is to be undertaken by a registered healthcare professional, they may need to maintain some patient facing contact in order to remain on their register. Having some patient contact may be beneficial to the role.
- Succession planning needs to be factored in from the outset.

Question 3

Is there anyone/any organisations missing from the list of the key relationships that the patient safety specialist should have? (see page 3 of the draft requirements document)

(•) Yes ( ) No

If yes, please list any other people/organisations you think patient safety specialists should have key relationships with and explain why.

- If the role is undertaken by a healthcare professional they would need to build a relationship with their professional and registration bodies. They could then support the development of education and training of future healthcare professionals around patient safety issues and contribute to national and international patient safety initiatives in behalf of the profession.
- There should also be a direct link with those responsible for education within the organisations and links to local deaneries to ensure ongoing two way conversations and the sharing of knowledge.
- The person may also need to build relationships with local and national media, particularly if there is a patient safety incident in their organisation.
- The person could also build relationships with research bodies who are conducting patient safety research.
- The person should build a relationship with the local CDAO so that they have direct access to the LIN and awareness of the local patient safety risks around controlled drugs.
- With the increasing digitalisation of healthcare another key relationship should be with the CIO or CCIO.

Question 4

Does the draft requirements document effectively describe the patient safety specialist's remit?

( ) Yes (•) No

Please explain your answer

- Overall the remit is clearly described but we believe there should be more clarity on the difference between safety and governance / regulatory responsibilities. The document alludes to ensuring the specialist focuses on safety and is not involved in HR processes, but it should be more explicit in describing exactly what can and can't be managed by the patient safety specialist to ensure it is implemented as intended
- The remit could also include a responsibility for co-ordinating patient safety research within the organisation and also, potentially initiating research.
- The person should also be aware of quality improvement projects happening in the organisation as these could impact on patient safety.
- They should be involved in investigation of incidents which require completion of a Patient Safety Incident Response Framework.
- The person should report directly to the board.

Question 5

Does the draft requirements document effectively distinguish the patient safety specialist from existing posts and functions?

Yes No

Please explain your answer

- It seems to have a clear distinction for other existing functions such as the medicines safety officer role but some more detail may be necessary on separating out this role from MSOs and others working in “clinical governance”.
- There needs to be more information about how these roles will be supported and what work that the current patient safety teams do that may need to be redistributed elsewhere.
- The document assumes that applicants for this role already understand the remit of all other existing patient safety roles and this may not be the case.

Question 6

Does the list of required knowledge and experience describe a unique role for someone with up-to-date specialist patient safety expertise? (see page 3 of the draft requirements document)

Yes No

Please explain your answer

- It describes a unique role for overall safety but there will be others within the organisations such as medicines safety officers with this expertise within their areas.
- It should also specify how current or recent experience within this area should be
- The criteria that have been identified are appropriate for someone in this role.
- More IT skills may be required in the future as technology develops.

Question 7

The knowledge and experience list is deliberately ambitious and we do not expect specialists to meet all requirements in the first instance. However, is it realistic to expect them to do so in the medium to long term? (see page 3 of the draft requirements document)

Yes No

Please explain your answer

- The organisation would need to support the person with time and resources to enable them to achieve the learning to plug the gaps in their knowledge.
- Yes, if the role is to be taken seriously we would put a 3-5 year term limit on meeting requirements for the role.
- Clarity is required around how training will be funded, what format the training will take, how long the training will take, whether training will be part of the working day and if a qualification or accreditation will be obtained at the end of the training.

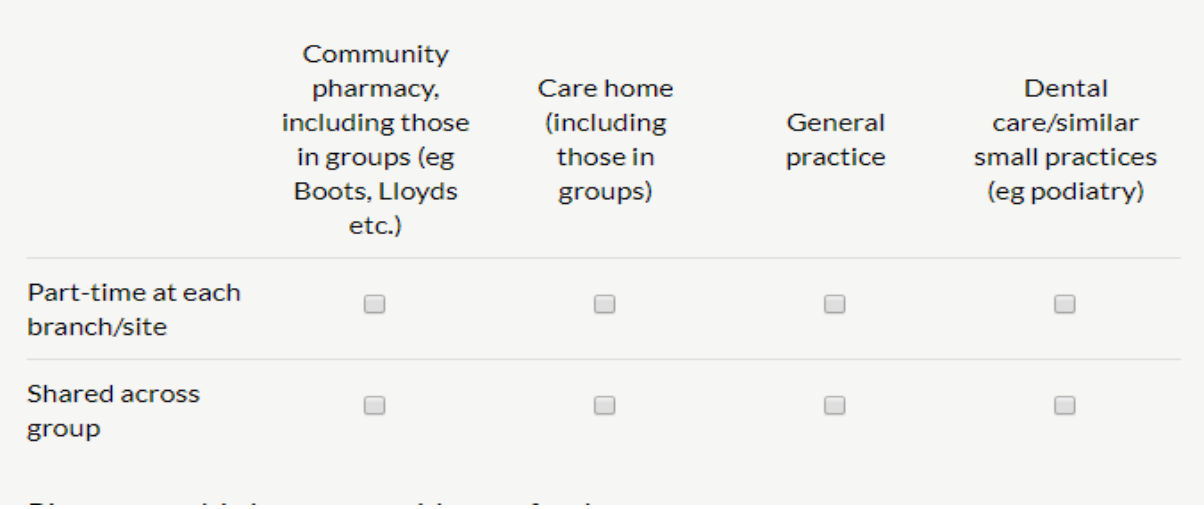
Question 8

Please give the 10 key words that you would expect to see in a description of the patient safety specialist role.
Please list your 10 key words in the box below.

- Patient
- Expert
- Human Factors
- Leadership
- Systems thinking / Systems focussed
- Just culture
- Communication skills
- Accountability
- Collaborative
- Care

Question 9

Some individual sites, branches or practices are part of larger groups or chains of health and care providers. In your view, should the following types of organisation have a part-time Patient Safety Specialist at each branch/site or share a Patient Safety Specialist across the whole group?



	Community pharmacy, including those in groups (eg Boots, Lloyds etc.)	Care home (including those in groups)	General practice	Dental care/similar small practices (eg podiatry)
Part-time at each branch/site	☐	☐	☐	☐
Shared across group	☐	☐	☐	☐

- An overarching specialist should be responsible for the group. However, each branch / site should have an allocated patient safety person.
- There may need to be some flexibility depending on the size of the individual organisations.
- Within community pharmacies, the Superintendent Pharmacist is an autonomous role and has responsibility for patient safety and are held accountable as such by the General Pharmaceutical Council. Therefore, final patient safety decisions need to sit with this role
- Minimisation of inappropriate variation is important. So, there should be someone overseeing the organisation with site specific support person who is accountable to the specialist.

Please use this box to provide any further comments

For those very small individual organisations it may be that a patient safety specialist is provided through a larger organisation such as a CCG or PCN and they would have an oversight role for the independent organisations.

Question 10

How do you perceive that the Patient Safety Specialist roles within NHS organisations could support the role of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs)? Please use this box to provide your answer

- The specialists need to feed issues into the STP / ICS who are likely to have their own patient safety networks.
- STPs / ICSs could facilitate networking and shared learnings for PSSS within their own patient safety networks.

How do you perceive that STPs and ICSs could support the Patient Safety Specialists once they are identified?
Please use this box to provide your answer:

It may be worth considering a trial to establish learnings whist safety specialists are being upskilled

Please use the box below if you have any other comments on our draft requirements for a patient safety specialist.

Further comments on the draft requirements

- One of the crucial aspects of the post is that the patient safety specialist 'should be able to influence and have direct access to the executive team, including access at not notice to escalate immediate risks or issues. This will ensure that patient safety is sufficiently known, appreciated and valued at the Executive Board Level.
- Organisation is not defined. The implication is that the organisation is a hospital or community trust, but safety is an issue wherever patients are cared for and this includes primary care and even social care.
- There should be a process in place that a PSS can bypass a trust board and report concerns directly to NHS England if they are being ignored or even bullied by the board.