# **Board of Directors**

Subject:	Patient safety update		Date: 2/12/21		
Prepared	Dr John Tansley, Clir				
By:					
Approved	David Selwyn, Medical Director				
By:					
Presented	David Selwyn				
By:					
Purpose					
The purpose of	of this paper is to update Trust Board with Approval				
	opments in the NHS Patient Safety Strategy, Assurance				
	Patient Safety Specialist role and the patient Update x				
	safety curriculum. An update following the release of a Consider x				
draft HSIB report is also included together with information					
on future training opportunities.					
Strategic Objectives					
To provide	To promote and	To maximise the	To continuously	To achieve	
outstanding	support health	potential of our	learn and	better value	
care	and wellbeing	workforce	improve		
X	X	X	X		
Overall Level of Assurance					
	Significant	Sufficient	Limited	None	
D' 1 /		X			
Risks/Issues					
Financial	Patient safety training opportunities which have become available will require				
Detient Immed	<ul> <li>commitment and additional time to undertake</li> <li>t Improvements to services and care will be realised through the timely and</li> </ul>				
Patient Impact	comprehensive review of patient safety incidents to maximise learning				
	opportunities.				
Staff Impact	Changes to practice and care identified through the review of patient safety				
Stan impact		incidents and continuing progress in the development of a human centred			
		approach and a Just Culture will impact on staff satisfaction and wellbeing			
Services	Changes to practice and care will be identified through the patient safety				
	incidents review process.				
Reputational	The Trust is at the forefront of developments in patient safety. Dr Tansley was				
part of the consultation on the recently- released patient safety sylla					
experience in recruiting patient safety partners is feeding into a natio					
	steering group.				
	The Trust is one of a small number that has participated in a HSIB trial				
extending their investigation methodology to more local investigations.					
Committees/groups where this item has been presented before					
None					
Executive Summary					
Executive Sul	innai y				

#### • Patient safety specialists letter and executive briefing

The attached letter (appendix 1) from the National Director of Patient Safety in England and associated executive briefing document (appendix 2) outline a request to arrange a board discussion to reflect on the board's expectations and responsibilities in patient safety.

The MD Office has recently identified a second patient safety specialist to help meet the requirement for this to be a full time role and ensure role resilience

## • Patient Safety Partners

We are working with our Corporate Matron for Patient Experience and Community Involvement Team to begin the recruitment process for patient safety Partners <u>https://www.england.nhs.uk/publication/framework-for-involving-patients-in-patient-safety/</u>. Our experience of this process is feeding in to a national steering group to help inform the national roll out.

# • Patient Safety Curriculum

The NHS Patient Safety Syllabus training has five levels, building on each other and the material for levels 1 and 2 are now available. Level one, Essentials for patient safety, is the starting point and all NHS staff, including those in non-patient facing roles. Level two, Access to practice is intended for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training. There is specific training targeted at board-level leaders.

This is brand new training developed by Health Education England, in partnership with NHS England and NHS Improvement, The Academy of Medical Royal Colleges and E-learning for Healthcare. Dr Tansley was part of the consultation for this training.

The training has been devised following the publication of the NHS Patient Safety Strategy which contains a patient safety syllabus. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors, all of which has been incorporated into the training.

The package can be accessed here <u>https://www.e-lfh.org.uk/programmes/patient-safety-syllabus-training/</u> It is also available to NHS Healthcare staff via the Electronic Staff Record (ESR).

## • Healthcare Safety Investigation Branch (HSIB) Trial

The Trust has been participating in a trial assessing the use of the HSIB national investigation methodology at a more local level. The draft report is now available for feedback from the Trust. This report is a valuable example of what might be achieved from a move to the professional, systems-based investigation described by the Patient Safety Strategy and this has been a great opportunity for the Trust and local partners. HSIB have also recently announced a comprehensive investigator training package (30 hrs, free of charge) and also a concise session (2hrs) detailing how Board level leaders might respond to a new-style investigation. https://www.hsib.org.uk/hsib-investigation-education/investigation-education/#investigation-educati

## Trust Board is asked to:

- Note the updates regarding patient safety specialists, patient safety partners, patient safety curriculum and our involvement with the HSIB
- Recognise that the patient safety curriculum training is currently unfunded but should help deliver improvements in our patient safety agenda and with time, help embed a 'just culture' across our origination
- Consider which of their membership should participate in the training opportunities signposted in this report
- To receive future updates via the Quality Committee as the training program evolves