

## **National Advisory Group on the Safety of Patients in England**

### **Terms of Reference**

#### **Background**

David Cameron, on 6 February 2013, while responding to the publication of the Mid-Staffordshire Public Inquiry report stated that he had asked Don Berwick to “make zero harm a reality in our NHS”

This was in response to a key theme of the Francis report – that at Mid-Staffordshire NHS Trust, many chances were missed to identify and eliminate harm, both in terms of individual patients’ treatment and in terms of overall systems and processes.

There has been an increasing focus on reducing and eliminating harm throughout the NHS in recent years: the Prime Minister alluded to this, in highlighting that “Quality of care means not accepting that bed sores and hospital infections are somehow occupational hazards and a little bit of these things is somehow OK.” It is understood throughout the NHS that although big strides have been made in reducing hospital-acquired infections and pressure ulcers, more needs to be done to ensure a system-wide commitment to harm-free care in all treatments and pathways.

#### **Terms of Reference**

Dr Berwick has been asked by the Prime Minister to Lead a National Patient Safety Advisory Group which will report to the NHS Commissioning Board.

This group will make recommendations on how to quickly and efficiently move to a whole-system approach to make “zero-harm” a reality.

The ultimate aim for the NHS is to ensure patient safety is an ever-present and constant concern for every NHS and NHS-funded employee: ensuring risks to patient safety are always acted upon as soon as they are identified – no matter who makes the initial identification.

Development of a whole-system approach must take account of the new NHS structures: the roles, responsibilities and interdependencies of each type of NHS body.

The group will bring together leading experts from a broad range of backgrounds, in the UK and internationally. Dr Berwick will advise on the membership of the Group.

The group's key responsibilities will be:

- To reflect on the findings of the Francis Inquiry's final report, in relation to the quality of care and safety of patients in the NHS
- To form a set of principles for, and approach to implementation of, a whole-system approach to achieving harm-free care throughout the NHS in England.

The group will consider the following actions and approaches, in the context of ensuring accurate and appropriate measurement of existing capability and additional support required to achieve the highest possible levels of patient safety

1. Designing and delivering a Patient Safety Improvement Programme for England - a framework of work programmes to deliver:

- Patient Safety Interventions
- Capacity for patient safety in NHS-funded care; and
- Capability in patient safety for the entire NHS

2. Assessment and implementation of the Francis recommendations in relation to patient safety processes and structures within the NHS.

3. Engagement to develop and maintain momentum for action in implementing a Patient Safety Improvement Programme across England

4. Delivery of a genuine culture change in the NHS to ensure patient safety and avoiding harm are fundamental parts of every single employee's role, with leaders at every level of the system understanding and championing a culture of patient safety and harm-free care.

5. Ensuring that patients and their families are actively listened to and engage in the delivery of safer care throughout the NHS.

6. Development of an ongoing National Patient Safety Advisory Board or similar, with representation from international experts

Dr Berwick's advisory role will continue until July 2013. The recommendations of the National Patient Safety Advisory Group will be delivered to the NHS Commissioning Board by 31 July 2013.

The Group will be supported in its work by officials from the Patient Safety Domain of the NHS Commissioning Board

The members of the Board will meet as many times as required, both formally and informally.

It will meet formally in April to consider its findings to date. It is also expected that the group will meet and engage with NHS staff and patients from across England in developing its recommendations.

The agenda for each meeting and any papers for review will be issued at least 3 working days in advance. Members will be advised of location and time at the earliest opportunity ahead of each meeting.

Action points and key matters arising will be recorded and circulated among members after each meeting.