National Patient Safety Alert Committee

PATIENT AND PUBLIC VOICE REPRESENTATIVES

ROLE DESCRIPTION

1. Introduction

1.1 Every year, over 100 messages, instructions, guidance, alerts and other communications are directed at healthcare providers through the Central Alerting System, requiring a variety of types of action, and issued by a number of different bodies and teams, in a range of formats. However, to date, the safety advice and guidance issued to the NHS does not have sufficient impact on the safety of patients, as not all organisations are reliably implementing the required actions.

1.2 The National Patient Safety Alert Committee (NaPSAC) has been set up with the specific remit to clearly identify which nationally-issued patient safety advice and guidance is safety-critical.

1.3 It will do this by ensuring common standards and thresholds in the processes by which every ‘authorised’ body designates any of their communications as a ‘nationally credentialed patient safety alert’.

1.4 The membership of NaPSAC consists of representatives from the authorised bodies which issue patient safety alerts, together with key stakeholders in the health and care services, including patients and public voice representatives and the Care Quality Commission.

1.5 The inclusion of the patient and public voice representatives is an essential part of NaPSAC’s way of working and the term ‘patients and public voice (PPV)’ includes patients, service users, carers and families and the general public. This involvement brings a wealth of insight, perspectives, expertise and experience to NaPSAC. PPV representatives can challenge thinking, help innovate and improve the way the committee carries out its work.

2. Recruitment of Patient and Public Voice Representatives

2.1 NaPSAC is looking to initially recruit two PPV representatives to join the committee and take an equal part in its deliberations and decision-making.
2.2 A structured and transparent process will be undertaken to recruit PPV representatives, to support a diversity of involvement. Information on the opportunity will be circulated to existing patient and public involvement groups, committee members and patient interest charities.

2.3 Interested applicants are asked to complete a short application form, to include a statement of their interest in patient safety in care services. Short-listed applicants will then have a telephone interview with the NHS National Director of Patient Safety, NHS Improvement.

2.4 NaPSAC will keep good records of the approach to participation including securely storing PPV partner personal data in line with the Information Governance Policy.

3. Role Description

3.1 The workload for PPV representatives aims to be set at a realistic and manageable level. PPV representatives will be expected to attend each NaPSAC meeting and to prepare for meetings by reading the papers and other background information in advance. NaPSAC meets quarterly as a minimum, however, the committee is currently meeting approximately every two months and this frequency is likely to continue, as the credentialing programme gets underway. It is estimated that attending meetings and carrying out assessments would require up to two days’ involvement per month initially, reducing to up two days quarterly, once initial assessments of current issuing bodies were complete.

3.2 PPV representatives will be asked to contribute, along with other NaPSAC committee members, to the desk-based assessment of alert-issuing bodies, against the agreed criteria and to submit assessment reports within the timeframe required by NaPSAC (this will usually be within three weeks).

3.3 Credentialing assessments will be carried out using the NaPSAC documentation, which can be used on-line or in paper format. A briefing and training will be provided, with instructions given on how to use the documents with each request to carry out an assessment. NaPSAC will work to support PPV involvement through adaptations to the system, such as large-print documentation, as necessary.

3.4 PPV representatives will provide a brief review for each assessment on the documentation supplied, setting out its strengths and weaknesses as requested, with regard to the credentialing criteria and an overall assessment of whether the application ‘meets the criteria’, ‘partially meets criteria’ or, ‘does not meet criteria’. 
The assessment will be considered, alongside those of other assessors, in the decision-making process.

3.5 PPV representatives are asked to read through this description of the role and if they apply and are recruited as a representative, to accept the requirement to carry out the duties in accordance with this role description.

3.6 PPV representatives will be paid travel and other out of pocket expenses incurred in association with preparing for and attending NaPSAC meetings. In addition, representatives will receive an allowance of £150 per day, or £75 per half day, for NaPSAC duties, in accordance with NHS Improvement’s agreed rating and terms for patient and public involvement at level four.

3.7 When attending meetings and events, PPV representatives will have the opportunity to provide advance details of accessibility needs. Venues should meet the accessibility needs of the delegates (including, but not limited to, accessibility for wheelchair users, or hearing loop users).

3.8 Where applicable, PPV representatives will be able to use technology and remote access engagement approaches, e.g webinars and teleconferences to enable those who live in geographically remote areas, or those who have difficulty travelling to get involved.

3.9 PPV representatives will be appointed to NaPSAC for a period of a maximum of four years. They can write to the Chair of NaPSAC at any point to confirm a desire to withdraw as a committee member.

4. Duties of PPV Representatives

4.1 PPV representatives should maintain the confidentiality of NaPSAC meetings and the assessment process and not share or discuss information with anyone outside the National Patient Safety Alerts assessment process, or use the knowledge gained from assessing applications for any purpose unrelated to the purpose of NaPSAC. Appointed PPV representatives will be asked to sign a confidentiality statement and declaration of interest form.

4.2 All assessment comments need to support the judgement of the assessor, so that the basis for the comments can be understood. These need to acknowledge where the application meets the criteria and identify weaknesses constructively. The assessment comments may be used as the basis of feedback to the applicant organisation, providing insight on the deficiencies of their application.
While assessments are confidential, all comments should be courteous and able to withstand public scrutiny.

4.3 If unable to complete allocated assessments within the timescale, PPV representatives are asked to inform the NaPSAC secretariat as soon as this is known, so that assessments can be reallocated in a timely manner.

4.4 If problems are encountered with any aspect of an assessment, PPV representatives should contact the NaPSAC secretariat, so that these can be addressed, and assessments reviews completed within the scheduled time scale.

5. Support for PPV Representatives

5.1 The NaPSAC secretariat will have a named contact, whom the PPV representatives can contact, with any queries or support needs.

5.2 PPV representatives will be provided with an initial briefing pack, including the relevant NHS Improvement policies and procedures and an induction on the background to NaPSAC and the credentialing approach for alert-issuing bodies.

5.3 Training and development opportunities will be available to PPV representatives to support them in their participation activities.

Final: 30 October 2018