



NHS Patient Safety Strategy: 2021 update

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Foreword

When we published the NHS patient safety strategy in 2019, we committed to updating it periodically to maintain our focus in an evolving healthcare landscape on those activities that will have greatest impact on safety improvement. While the principles and high-level objectives of the strategy remain unchanged, we have recognised the need for some shift in scope.

We have updated our tables of deliverables to include the extra work we will be doing. An explicit new objective I would like to highlight is the development of an evidence base to identify how we can most effectively contribute to reducing health inequalities. There is increasing evidence of disparities in healthcare outcomes and interactions between different ethnic groups, e.g. in [COVID-19](#) outcome, maternal mortality and mental health provision. Socioeconomic status and where in the country someone lives also impact on morbidity and mortality. Evidence about disparities in the safety of healthcare experienced by different groups is often lacking or inconclusive; this limits our ability to design system-level initiatives that may help to address these health inequalities. We must also look at our existing programmes and ways of working to ensure that we take every opportunity to address issues of equality, diversity and inclusion.

After a year establishing the strategy initiatives and adapting them for what is becoming the 'new normal', we expect to meet some significant progress milestones in 2021: expansion of the patient safety specialist network, publication of the patient safety partners framework and roll out of the new patient safety incident management system. As ever we are grateful for the continued support and energy of colleagues and patients in bringing such strategies to life, working towards a shared vision for patient safety in the NHS.



Aidan Fowler
NHS National Director of Patient Safety

- The national patient safety improvement programmes focused on supporting the NHS COVID-19 response, e.g. how to manage deterioration.
- Medical examiners provided their acute trusts with invaluable on the ground support.
- The national team issued a regular COVID-19 patient safety update for patient safety leaders.

The COVID-19 response has underlined the value that medical examiners and patient safety specialists could have in any future pandemic response or other national health crisis. We have sought to accelerate the rollout of these programmes. The Royal College of Pathologists adapted the medical examiner training for online delivery, and the patient safety specialist initiative was launched.

We continue to issue regular (monthly) communications to patient safety colleagues, to keep our growing community of patient safety specialists sighted on national patient safety news.

Patient safety infrastructure

This refresh translates the high-level objectives for the safety culture and safety system strands of the strategy into more tangible deliverables. We will create a dedicated space to share insight on safety culture indicators and offer guidance on how to identify and address culture issues. We do not intend safety culture indicators to be used to assess organisation performance or for regulatory purposes. The goal of this programme is solely to support and enable organisations to improve their safety culture through embedding a continuous cycle of understanding the issue – developing a plan – delivering the plan – evaluating the outcome.

We have also updated the principles underpinning all the national safety improvement programmes to reflect our exploration of a cross-cutting ‘key enablers’ workstream.

What may not be apparent from the updated objectives and deliverables is the ongoing work to develop the networks of organisations and individuals who are working directly with us to achieve the strategy’s goals. We held our first online meeting with registered patient safety specialists in October 2020; their energy and enthusiasm will galvanise the formation of effective local networks over the next few months. Trusts had until the end of November to let us know who they had identified as their patient safety specialists and we look forward to involving them in our work to develop the role, notably that on the patient safety syllabus and patient safety education and training. We