



8 June 2018

**By email**

**NHS Partners Network's Response to the Joint Committee on the draft Health Service Safety Investigations Bill**

**Introduction**

1. NHS Partners Network (NHSPN) is the representative body for independent sector healthcare providers. Our members deliver a diverse range of services to NHS and private patients including acute care, primary care, community care, clinical home healthcare, diagnostics and dentistry. We note that as currently drafted, the Bill would change how serious incidents within NHS-commissioned services in England are investigated.
2. We welcome the principle behind this Bill that the healthcare system has much to learn on safety from approaches adopted by the airline industry. The airline industry of course is comprised of highly competitive organisations sharing and implementing safety insights – with remarkable results.

**Should the HSSIB's remit extend to private healthcare?**

3. NHSPN supports the HSSIB's (Health Service Safety Investigations Body) remit being extended to private healthcare. In the context of this response, we mean private healthcare to be NHS-commissioned and privately-commissioned services in independent healthcare providers as well as privately-commissioned services in NHS Foundation Trusts.
4. Safety is the number one priority for all NHSPN members. There are over 200 independent acute hospitals in England<sup>1</sup>. These hospitals provide a range of services to both NHS and private patients. As the CQC recently reported, "*Independent healthcare plays an important role in delivering healthcare services in England, with many providers providing services that are funded either wholly or partly by the NHS*"<sup>2</sup>. In the last year, independent hospitals carried out over 500,000 elective surgical procedures for NHS patients<sup>3</sup> and many more for privately funded patients.
5. The care available to both NHS and private patients in the independent healthcare sector has been found by the CQC to be of good quality – over 70% of independent providers are rated 'Good' or 'Outstanding' overall, with 58% of independent hospitals rated good or outstanding for safety. Nevertheless, the sector is not complacent and welcomes any efforts to improve patient safety, including investigating incidents properly when things go wrong.
6. We believe that there should be a consistent approach to safety across the whole health sector, whether independent or publicly funded. A good example of this is that following protracted representation from NHSPN, independent healthcare providers are now able to contribute data to the NRLS (National Reporting and Learning System) which covers patient safety incidents from all funding sources in the independent sector.

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<sup>1</sup> 210 acute independent non-specialist hospital reports published by CQC as at 1 May 2018

<sup>2</sup> CQC, The State of care in independent acute hospitals, 2018, p9

<sup>3</sup> NHS England monthly hospital activity return covering Dec 2017



7. We support the objective of expanding the remit of the HSSIB to include independent providers and would like to ensure that independent providers are fully able to contribute to the successful operation of the new body and to draw learning from its work.

**Are there any deficiencies in the drafting of the Bill that would prevent it from achieving the Government's objectives?**

8. The Bill mentions NHS foundation trusts but makes no reference to private patient units (PPUs). Should there be safety issues in an NHS Foundation Trust that span NHS and private-pay, it is unclear exactly which issues the HSSIB could investigate. There is a danger that private patients in PPUs would not fall within the scope of investigations.

**Are the accreditation provisions in the draft Bill satisfactory? and Will the HSSIB command the confidence of patients and their families and healthcare professionals?**

9. By extending HSSIB's remit to private healthcare, NHSPN believes that the Bill should make provision for independent healthcare providers to be eligible to be accredited bodies. It is important that healthcare providers of all types are able to become full participants in the work of HSSIB by becoming accredited bodies.
10. NHSPN notes that HSSIB will have "a dedicated team of around 30 people with expertise in the NHS, safety-critical systems investigations, human factors disciplines and other professional investigative areas." NHSPN and its members would welcome the opportunity to use the existing expertise within the sector to support the work of the HSSIB and in particular to help build understanding where approaches differ between the independent and public sectors.
11. The draft Bill states: "It is expected that NHS organisations will cooperate fully with the HSSIB investigations and benefit from the shared system learning that results." NHSPN are concerned that there is no reference to the independent sector having access to the shared system learning. We believe that learning should be shared across sectors for the benefit of patients, as it is with the NRLS.
12. NHSPN believes that further work will be required to clarify how incidents will be identified and selected for investigation so that all providers are fully aware of how the HSSIB conducts its important work. We look forward to working with the new body to feed in the views of members so that it is as effective as possible in driving forward this important work and improving the safety of care.
13. For more information about this response, please contact [disa.young@nhsconfed.org.uk](mailto:disa.young@nhsconfed.org.uk)