



## **Safe Anaesthesia Liaison Group**

### **TERMS OF REFERENCE**

#### **1. Purpose**

- 1.1. To review anaesthesia specific incidents reported to NHS Improvement and other UK national healthcare safety bodies.
- 1.2. To provide regular reports (SALG Patient Safety Update) for wider dissemination and to assist in establishing action, training and education needs.
- 1.3. To support the development of the new Patient Safety Incident Management System in enabling learning by specialties
- 1.4. To maintain a mechanism of prioritising, advising and taking appropriate action for specific anaesthesia incidents as appropriate through the core expert group.
- 1.5. To maintain a mechanism of prioritising and taking appropriate action as advised by the coroner's court in matters relating to anaesthesia.
- 1.6. To maintain and support the SALG Regional Leads, as a national safety network linking with other quality, research and educational network leads within the specialty.
- 1.7. To ensure RCoA/Association of Anaesthetists representation on the NHS National Patient Safety Response Advisory Panel and that written support for draft Patient Safety Alerts is provided routinely.
- 1.8. To provide a central reference point for calls and enquiries from healthcare professionals, the media and patients through the SALG Administrator.
- 1.9. To maintain confidentiality at all times, no individual incidents will be discussed by patient or hospital identifiers, and all incidents will remain anonymous, and referred to by the incident ID number.
- 1.10. Where serious causes for concern are raised (including incidents that indicate less than good practice) the co-chairs will deal with each case appropriately.
- 1.11. Where appropriate, to work closely with national safety bodies in other disciplines including those outside of healthcare e.g. the Health and Safety Executive.
- 1.12. To evaluate anaesthesia safety reports for further investigation, research or audit.
- 1.13. To evaluate Healthcare Services Safety Investigation Board reports relevant to anaesthesia and to act on recommendations arising.
- 1.14. To convene task groups in order that specific safety issues can be addressed in detail.
- 1.15. To encourage and oversee formal training and mentoring of advanced training in anaesthesia safety.

## **2. Constitution**

- 2.1. The Association and the RCoA will each nominate a member to act as co-chair for the group. Terms of office shall be set as per the policy of the respective parent body. The SALG co-chairs will designate the chair for each meeting.
- 2.2. The Group shall be steered by a core membership, supplemented by Advisory Members as required, and as appropriate to the subject matter and as decided by the co-leads.
- 2.3. Each specific action arising at SALG meetings will be owned by an individual or individuals who will take responsibility for seeing it through to a conclusion. The ownership for each action will be recorded in the minutes.
- 2.4. The partners in SALG are the Royal College of Anaesthetists, the Association of Anaesthetists and NHS England Patient Safety team. The Core Group shall consist of the following individuals:
  - Two representatives from the RCoA including co-chair
  - Two representatives from the Association of Anaesthetists including co-chair
  - One representative from NHS England Patient Safety
  - One representative from each of the devolved nations of the UK
  - One trainee representative each from the Association's Trainee Committee and the RCoA trainee committee
  - One SAS representative each from the RCoA and Association SAS committees
  - One representative of the MHRA
  - One NHS risk manager
- 2.5. Co-opted Members will be invited as required and may be organisation representatives or individual advisers as agreed by the Group. Examples of organisations / individuals include;
  - The Chairman of the Faculty of Intensive Care Medicine Professional Standards Committee
  - The RCoA Clinical Quality Advisor
  - Medical Defence Organisations
  - HSIB
  - Barema
  - Independent Sector
  - Association's Scottish Standing Committee Convenor
  - Chair of Scottish Advisory Board, RCOA
  - Chair of Welsh Advisory Board, RCoA
  - CAI Safety
  - Association's Irish Standing Committee Convenor
- 2.6. Association core and advisory members will normally serve on the Group for two years; reviewed annually. RCOA core and advisory members will normally serve on the Group for three years; reviewed annually.
- 2.7. SALG is committed to ensuring that the views of patients are reflected in its work and outputs. We will proactively identify instances where the views of patients are required and we will engage with the Patient and Public Involvement team at the College to agree engagement activities tailored to specific projects and workstreams as they arise. This may include working with the PatientsVoices@RCoA or people with lived experiences or specific patient

communities to achieve the most impactful and productive model of patient engagement.

**3. Quorum and voting**

- 3.1. The quorum of the Group shall be five core members.
- 3.2. Decisions will be reached by a basic consensus method. If a vote is required to be taken for a decision to be reached, this will be through a majority of core group members eligible to vote on the issue.

**4. Meetings**

- 4.1. The Group will meet routinely four times a year; more frequently when required.

**5. Finance**

- 5.1. Funding for SALG will be met jointly by the RCoA and Association of Anaesthetists as laid out in Appendix 2 of the MOU.
- 5.2. Supplementary project and research funding will be sourced as required.

**6. Review of terms of reference**

- 6.1 The Group shall review its terms of reference every year.