

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 Safety Link 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 NHSI 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-leads 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 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.
- 2.2. 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.
- 2.3. The partners in SALG are the Royal College of Anaesthetists, the Association of Anaesthetists and NHS Improvement. The Core Group shall consist of the following individuals:
 - Two representatives from the RCoA
 - Two representatives from the Association of Anaesthetists
 - One representative from NHS Improvement Patient Safety
 - One lay member
 - One representative from each of the devolved nations of the UK
 - One trainee representative each from GAT and the RCoA trainee committee
 - One SAS representative each from the RCoA and Association training committees
 - One representative of the MHRA
 - One NHS risk manager
- 2.4. 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
 - Scottish Standing Committee Convenor
 - Chair of Scottish Advisory Board, RCOA
 - Chair of Welsh Advisory Board, RCoA
 - CAI Safety
 - Irish Standing Committee Convenor
- 2.5. 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.

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.