



Department
of Health &
Social Care

Classification: Official



System-wide Digital Safety Review Group (DSRG) – Terms of Reference



Contents

[TOC \h \z \t "Heading 2,1,Heading 3,2,Heading 4,3,h2 numbered,1,h3 numbered,2,h4 numbered,3"]

Document management

Information

Document name	System-wide Digital Safety Review Group (DSRG) – Terms of Reference
Meeting	System-wide Digital Safety Review Group
Senior Responsible Owner (SRO)	Medical Director - Patient Safety
Programme Manager (PM)	Digital Clinical Safety Specialist
Date Issued	xxxx
Review Date	xxxx

Revision history

Version	Date	Summary of changes
1	Enter Date	Document created and agreed

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Introduction

The System-wide Digital Safety Review Group (DSRG) exists to proactively identify, assess, and mitigate system risks to patient safety arising from digital health technologies before harm occurs. DSRG aligns with NHS England's digital clinical safety strategic objectives to improve the safety of digital technologies and promote their use as solutions to enduring patient safety problems. It also reviews intelligence and data from events where harm has already occurred, prevent any further harm.

Strategic Alignment

The System-wide Digital Safety Review Group (DSRG) aligns with the NHS England [HYPERLINK "<https://www.england.nhs.uk/patient-safety/patient-safety-systems/digital-clinical-safety-strategy/>"], published in September 2021, which sets out two main aims:

1. To improve the safety of digital technologies in health and care, now and in the future.

2. To identify and promote the use of digital technologies as solutions to patient safety challenges.

DSRG supports these aims through three guiding principles:

- **Insight:** Gather intelligence from multiple sources to understand emerging risks and trends.
- **Involvement:** Engage clinical and digital leaders to build a culture of digital safety and share best practice.
- **Improvement:** Recommend actions, update standards, and support continuous improvement in digital safety.

Benefits supported by DSRG include improved reporting and data quality through LFPSE, accelerated adoption of safe digital technologies, and capturing safety benefits from major transformation programmes.

Purpose

To proactively identify and mitigate patient safety risks associated with third party digital health technologies utilised within the wider system by reviewing intelligence from multiple sources, including the Learn from patient safety events service (LFPSE), NHS England Service Desk, Cyber alerts, Regulation 28 reports, media, frontline and industry feedback. The group aims to prevent harm by addressing design, implementation, and operational issues early.

The group aims to prevent harm by addressing design, implementation, and operational issues early and, where systemic action is warranted, to recommend national responses (e.g., alerts, guidance, bulletins).

See [HYPERLINK II "_Appendix_1."] for digital patient safety risk management flow.

Duties and Responsibilities

- Review intelligence from diverse sources to identify patient safety risks.
- Discuss potential design, implementation, or operational failures in digital technologies.
- Work with partners to determine how issues can be best addressed Support compliance with clinical safety standards (DCB0129/0160).
- Advise on systemic improvements and early warning signals.
- Document all actions for governance and audit purposes.
- Consider referral to appropriate regulators or teams (CQC, MHRA, UKHSA, OHID, Screening QA, Commercial Medicines Unit, Estates & Facilities).

Scope

Covers design, implementation, and operational risks in digital health technologies. Includes review of incidents only as part of wider intelligence, not as the primary focus.

Excludes purely localised, non-replicable issues (managed locally) and non-digital risks (referred elsewhere).

Governance & Reporting

The DSRG reports to the Patient Safety Management Team Meeting (MTM). For publication of patient safety alerts, escalation will be made to the National Patient Safety Response Advisory Panel (NatRAP). A monthly report of intelligence and actions will be provided to the System Leadership & Engagement Committee (Transformation Directorate DCI).

Secretariat maintains issue/action log, agendas, papers, minutes, and decision trail.

Membership

- Chair: Deputy Director of Patient Safety (National Patient Safety Team – Medical Directorate).
- Deputy Director of Patient Safety (Digital Clinical Informatics Safety Team [DCIST] – Transformation Directorate).
- Digital Clinical Safety Specialist (National Patient Safety Team – Medical Directorate).
- Representatives as required based on in month topics from Chief Midwifery Information Officer (CMidIO), Lead Clinician for GPIT, Pharmacy Senior Clinical Lead (Technology and Digital), and the Clinical Lead for Cyber Operations.
- Additional subject matter experts as required.

Quorum

Meeting will be quorate when there is a minimum representation from the Digital Safety Team from the Medical Directorate and representative from DCIST within the Transformation Directorate.

Urgent decisions may be taken by the Chair outside a meeting with retrospective ratification.

Meeting Frequency

Meetings will be held monthly via MS Teams. Urgent issues may trigger ad hoc meetings.

Outputs

Outputs may include alerts, guidance, bulletins, case studies, webinars, supplier engagement letters, and communication plans.

Summary of meeting discussions and agreed actions will be documented and shared with relevant stakeholders.

Confidentiality & Declaration of Interest

All materials and discussions are confidential unless otherwise stated. Members must declare any conflicts of interest at the start of each meeting, in line with NHS England policy.

Equality, Diversity & Inclusion: Consider differential impacts on diverse patient groups during risk assessment and mitigation.

Agenda

- Apologies
- Welcome and introductions
- Declarations of Interest
- Updates on previous actions
- Review of new intelligence and associated proactive actions
- Any Other Business

System-wide digital patient safety risk management flow chart

NHS England's Statutory duty for patient safety

