

Policy: Patient Safety Incident Response Policy

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1. Purpose

This policy supports the requirements of the **Patient Safety Incident Response Framework** (PSIRF). It sets out the Stroke Association's approach to developing and maintaining effective systems and processes for responding to safety incidents for the purpose of learning and improving safety.

The PSIRF is an NHS England initiative and a requirement to adopt for the services that we are contracted to deliver by the NHS. At the Stroke Association we deliver commissioned services in England, Wales and Northern Ireland. To ensure that we are consistently identifying learning to inform quality improvements this policy applies to all our commissioned support services.

The PSIRF advocates a co-ordinated and data-driven response to safety incidents. It embeds safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic safety management.

This policy supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF:

- Compassionate engagement and involvement of those affected by safety incidents.
- Application of a range of system-based approaches to learning from safety incidents.
- Considered and proportionate responses to safety incidents and safety issues.
- Supportive oversight focused on strengthening response system functioning and improvement.

This policy provides an overarching approach to respond to and learn from safety incidents, with the purpose of identifying and embedding improvements.

This policy does not replace our existing organisational policies related to specific types of safety incidents, but it should be read in conjunction with the ones listed below:

- Risk Management
- Health and Safety
- Information Governance
- Data Breach
- Complaints
- Safeguarding
- Freedom to Speak Up & Whistleblowing Policy
- Crisis Management Protocol

2. Scope

This policy is specific to safety incident responses conducted solely for the purpose of learning and improvement. The particular processes to follow in response to a safety incident are contained in the policies listed above.

We will follow a systems-based approach and recognise that safety is not provided from a single component. We will not take the approach where the actions or inactions of people, or 'human error', are stated as the cause of an incident. Our aim is to support staff to feel confident to speak up when things go wrong and support a culture of fairness and openness to enable learning and improvement. There is no remit to apportion blame.

3. Our safety culture

Our culture

Our culture is built around flexibility, trust and ownership of the way we work.

We are personally and collectively inspired, guided, and motivated by our purpose, values, and principles. Our priorities, practices and behaviours across the organisation reflect this. We are powered by a vibrant network of teams, who are trusted to own their work and be accountable for it.

We support each other to become our very best through high quality mentoring and coaching – as equals. Mindful of the complexity of our organisation and the world around us, we continuously learn by doing, building relationships, experimenting and being responsive to the opportunities that arise. Initiatives that fail are not treated as a risk to be prevented but as an opportunity to learn and grow.

We are committed to openness and transparency and we're not afraid to engage with tensions below the surface so that teams can thrive in a productive environment. We share knowledge and insight and harness the collective experience and understanding within the organisation and the communities we work with. We are like this so we can do the best work for people affected by stroke.

Our organisational values support our safety culture to promote a consistent, constructive, and fair evaluation of the actions of staff involved in safety incidents.

Our values

We are human

We put ourselves in the shoes of the people we support. Recognising and promoting everyone's **individuality with kindness**. We embrace this to achieve the best possible outcomes for stroke survivors, our charity and our partners.

We believe in better

We are optimistic for the future. For the people living through the devastating effects of stroke, ourselves and our charity. **Driven by our desire for improvement, however big or small**. To focus on the possibilities for a better future. **To learn from mistakes. And move forward stronger than before.**

We give our all

Our **resolve to make a difference motivates everyone we work with**. So we can continue to empower people affected by stroke to **retake control of their lives and speak up for themselves**.

We say it how it is

Working together, we set realistic but challenging goals for ourselves and the people we support. **Listening to everyone's needs**. So we can deliver what we said we would.

4. Patient safety partners

The [NHS Patient Safety Strategy](#) promotes the involvement of patients, families, and carers as partners both in their own care and in the wider oversight of healthcare.

In the creation of this policy, we have worked with Hertfordshire and West Essex Integrated Care Board Patient Safety Specialist.

Our vision for involvement is 'the expertise of people affected by stroke shapes decisions at the Stroke Association'. This requires a commitment to listen to and act on the views of people affected by stroke.

We will involve stroke survivors, families and carers in our reviews and learnings from safety incidents. This will bring a unique and essential perspective to our work, helping us make better decisions by understanding what is important to people affected by stroke.

5. Addressing health inequalities

When stroke does strike, it doesn't discriminate. But people, organisations, and systems do. Some communities are more at risk of stroke, and often have poorer experiences with the health and social care system, which leads to worse outcomes.

Our Solving Inequity in Stroke approach brings together our teams working on health inequalities, accessibility, diversity and inclusion. This means we take into account the many different ways that people are disadvantaged by prejudice and systemic exclusion. We will focus on accessibility and inclusion through the lens of fairness, equity, and justice. This approach means that we can overcome those barriers and improve the lives of everyone affected by stroke.

Our PSIRF plan incorporates improvements that we will make to our systems. This includes how we capture demographic data in relation to safety incidents, so that we can identify wider determinants to be able to learn and make impactful improvements.

Our safety tools will prompt consideration of inequalities, including when developing safety actions. We will utilise our existing accessibility resources, tools and approaches to enable meaningful interaction.

6. Engaging and involving stroke survivors, families and staff following a safety incident

The PSIRF recognises that learning and improvement following a safety incident can only be achieved if supportive systems and processes are in place. It supports the development of an effective safety incident response system that prioritises compassionate engagement and involvement of those affected by safety incidents (including stroke survivors, families and staff). This involves working with those affected by safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

We are committed to continuously improving the support services we provide. We want to learn from any incident where our support does not go as planned or expected by stroke survivors, their families and carers to prevent recurrence and improve quality.

We recognise and acknowledge the significant impact safety incidents can have on stroke survivors, their families, and carers. Getting involvement right with stroke survivors and families in how we respond to incidents is crucial, particularly to support improving the services we provide.

We will uphold the principles of Duty of Candour. This requires us to be open and honest whenever there is a concern about our support not being as planned or expected or when a mistake has been made. We want to be open and transparent with our stroke survivors, families, and carers because it is the right thing to do. This is regardless of the level of harm caused by an incident.

As part of our implementation of the PSIRF we will create procedures that support stroke survivors, families, and carers to be involved in a learning response.

7. Patient safety incident response planning

The PSIRF supports organisations to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm.

We will explore all safety incidents, not just those that meet a defined threshold to determine a proportionate and compassionate response.

We will establish an overarching PSIRF Learning Group, formed by staff with expertise in relevant areas, including safeguarding, complaints, health and safety, information governance, people practices, quality improvement and contract compliance. In this forum we will explore the insights from our safety data to identify and act on areas requiring improvement.

8. Resources and training to support a patient safety incident response

Our PSIRF resources and training will complement our existing training packages which will be updated to include PSIRF and made available to staff in Locality Impact Directorate who deliver our commissioned services. Resources will be reviewed on an ongoing basis to ensure there is sufficient capacity to respond appropriately to incidents.

In addition:

- Our organisational PSIRF lead at Executive Director level will complete Patient Safety Syllabus level 1 and level 2.
- Staff carrying out the PSIRF specialist role will complete Patient Safety Syllabus level 1 and level 2.
- Staff carrying out learning responses and engagement roles will complete Patient Safety Syllabus level 1 and level 2.

9. Our patient safety incident response plan

A copy of our plan can be found [here](#).

10 Reviewing our patient safety incident response policy and plan

Our patient safety incident response plan is a 'living document' that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will formally review our PSIRF policy annually to ensure our focus remains up to date and in line with best practice.

Updated plans will be published on our website, replacing the previous version.

11. Responding to safety incidents

Safety incident reporting arrangements

All staff are responsible for reporting any potential or actual safety incident and will follow the relevant process in place.

Most incidents will only require review within the local commissioned service, however where it is felt that the opportunity for learning and improvement is significant, these will be considered at the PSIRF Learning Group meeting.

Service Delivery Leads (SDLs) within each locality will inform the service commissioner about reportable incidents in line with contractual obligations.

Safety incident response decision-making

We will have arrangements in place to allow us to meet the requirements for review of safety incidents under PSIRF. As a provider delivering non-Care Quality Commission (CQC) regulated services our responses will be proportionate to the nature of our service delivery.

Incident responses will include immediate actions taken to ensure the safety of stroke survivors, their family and/or carers, the public and staff. Escalation arrangements are in place to support decision making about appropriate actions to be taken in response to a safety incident. Any response to an incident should be fed back to those involved or affected and the appropriate support offered.

The PSIRF Learning Group will consider all incidents for learning and determine when a Patient Safety Incident Investigation (PSII) is indicated based on national and local priority areas defined in the PSIRP, or when an alternative learning response is appropriate. They will adopt a systems-based approach to identify areas for improvement. The group will ensure that learnings are shared and improvements are implemented.

Our Beneficiary Quality Oversight Group will have oversight of PSIRF and provide assurance to the Audit and Risk Committee of the Board of Trustees that we are meeting the national patient safety incident response standards, proportionate to our organisation.

Responding to cross-system incidents/issues

We will report safety incidents occurring in England on the Learning From Patient Safety Events (LFPSE) platform. Where required we will comply with requests from Integrated Care Boards (England) or Health Boards (Wales and Northern Ireland) for input when a cross-system incident occurs.

Timeframes for learning responses

A learning response must be started as soon as possible after the safety incident is identified and should ordinarily be completed within one to three months of their start date. No learning response should take longer than six months to complete.

Safety action development and monitoring improvement

We will have systems and processes in place to agree, implement and monitor safety improvements using an integrated approach to reduce risk and limit the potential for reoccurrence. The PSIRF Learning Group will monitor the implementation of these to ensure best practice.

Safety improvement plans

Following review of safety incidents, we will identify opportunities for improvement and create a safety improvement plan. This plan will address broad areas for improvement such as overarching system issues as well as improvements required in response to individual incidents of significance.

Monitoring of progress regarding safety improvement plans will be overseen by the designated organisational PSIRF Lead.

12. Complaints and appeals

We recognise that there will be occasions when stroke survivors or family carers are dissatisfied with aspects of the services provided by the Stroke Association.

We are committed to dealing with any complaints as quickly and as effectively as possible as set out in our Complaints Policy, which can be found [here](#).

Complaints are defined as expressions of dissatisfaction from a stroke survivor, their family or carer, or a person acting as their representative.

All complaints will be handled respectfully, ensuring that all parties concerned feel involved in the process and assured that the issues raised have been comprehensively reviewed and the outcomes shared in an open and honest manner. We view complaints as valuable aids in developing and maintaining standards of support. Lessons learnt will be used positively to improve services.