

## Standard Operating Procedure (SOP)

### Patient Safety Incident Response Framework (PSIRF) ICB sign off process for smaller independent providers.

February 2023

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The NHS [Patient Safety Incident Response Framework](#) (PSIRF) was launched in 2022 and is intended for full implementation by Autumn 2023. The PSIRF is a contractual requirement under the [NHS Standard Contract](#) and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. PSIRF will replace the [Serious Incident Framework 2015](#) (SIF 2015) and change the way that patient safety incidents are responded and investigated.

PSIRF requires ICB's to work collaboratively with providers to develop a Patient Safety Incident Response Plan (PSIRP) and Patient Safety Incident Response Policy.

Within the PSIRP, each organisation must work with their ICB and other stakeholders to identify how it will respond proportionately to all incidents requiring investigation. This includes, where applicable, priority incidents for Patient Safety Incident Investigation (PSII) and also those meeting the national requirements for investigation such as those within the Learning from Deaths Framework and Never Events. Providers are advised to mine the following types of data sources to profile these patient safety incident risks: patient safety incident reports; complaints; whistleblowing incidents; Patient Safety Incident Investigations (PSII); mortality reviews; case note reviews; staff survey results; claims; and risk assessments.

The PSIRP is essentially a strategic plan to address the findings of the above data review and outline how incidents should be responded to within the organisation. It should also identify the appropriate resource to ensure the requirements within each PSIRP can be achieved.

Once the provider and ICB are satisfied with the plan, they can agree transition to the new Framework. When providers transition to PSIRF requirements under the SIF 2015 will cease to apply in relation to incidents reported after the agreed date of transition.

PSIRP changes the way incidents are responded to. For smaller providers, **the focus will be ensuring incidents with greater potential for learning receive a response that explores system issues in greater depth (e.g. patient safety incident investigation, with the appropriate thematic analysis, and a plan for how all other incidents with lower potential for learning will be responded to.** There will be circumstances where no individual response is required including where there is ongoing improvement work which is being monitored or because the risk(s) represented by the incident is believed to be managed (i.e. it is as low as reasonably practicable). For all providers, there is a broader range of patient safety incident response methods under PSIRF than seen under the SIF 2015 which can include.:

- incident timelines

- structured judgement review/case note review/clinical review
- after-action review
- Patient safety incident investigation (PSII)

Traditional Root Cause Analysis is not recommended under PSIRF in favour of safety investigations and alternative system based methods. It is important to note that patient safety investigations are conducted for systems learning and improvement rather than for (or in relation to) individual patients, families or staff. Other investigation types are designed with differing remits to meet any other types of investigation-related requirements e.g.

- HR investigations (for concerns about individual competency/performance)
- legal investigations (for concerns surrounding liability, avoidability, etc).
- Coroner's investigations (to determine cause of death)

As part of PSIRF transition, all providers will need to review training requirements for safety investigation.

For smaller independent providers, ICB's will need to ensure as part of the sign-off process that each provider can demonstrate that full organisational data has been reviewed in order to determine a workable incident response plan which prioritises significant risks for more robust and detailed systems based responses (e.g. PSII). Additionally, there must be a rationale for determining which incident types will be responded to using alternative methods, and how decision will be made for an unexpected incidents which is not represented by the plan but offers significant opportunities for learning and system improvement.

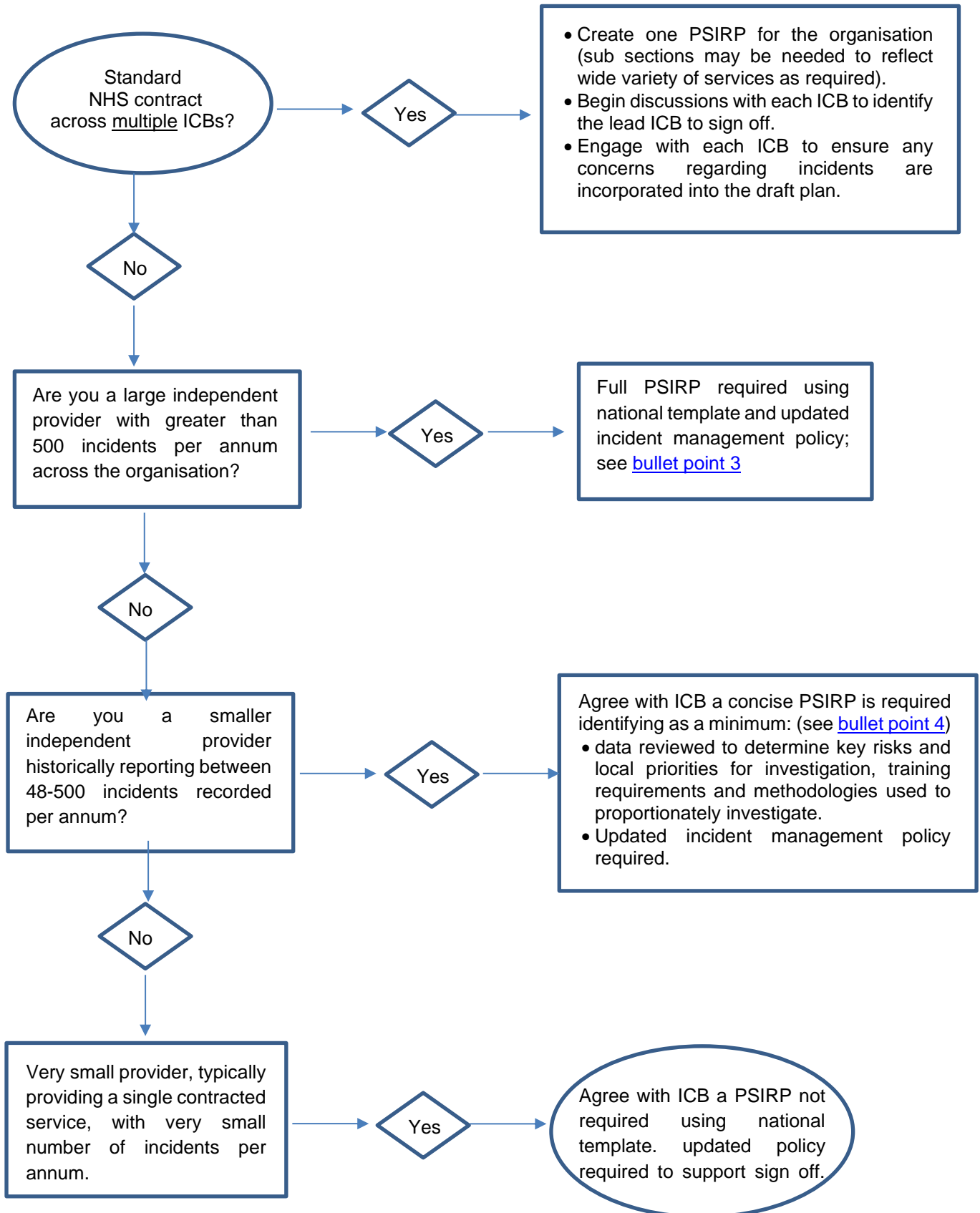
### **Independent and smaller providers of NHS funded care**

For some smaller providers, who typically report a very small number of incidents annually, a patient safety incident response plan may not be required (see below). **Where a full PSIRP is not intended to be completed this must be agreed with the ICB as soon as possible during PSIRF preparation. However, where provider and ICB agree a full PSIRP is not required, that organisation should update their incident management policy to incorporate PSIRF and the incident response process. This should be in place by Autumn 2023 to evidence preparedness for transition to PSIRF.**

For larger independent providers, who may also have standard contracts with multiple ICBs, one PSIRP may be appropriate for the entire organisation. Providers will need to co-ordinate with ICBs to determine which ICB is best placed to collaborate in the development of and to sign off the plan to enable transition to PSIRF. The provider should inform each ICB of how they intend to produce their plan for the whole organisation.

SNEE ICB proposes each small provider considers the following process map in order to fulfil requirements for PSIRF.

PSIRF process map



Suffolk and North East Essex ICB propose the following sign off process for independent smaller providers across Suffolk and North East Essex. This process is not intended to apply to larger providers of acute services such as NHS Trusts.

1. SNEE ICB will work collaboratively with its smaller providers during 2023 to support PSIRF transition. Network meetings will be scheduled to allow for support and troubleshooting during the implementation phase of PSIRF, including development of patient safety incident response plan.

2. Any associated PSIRF implementation papers taken to the organisations public boards should be shared with the ICB. Each organisation may wish to invite the ICB to attend any governance discussions or internal meeting where the PSIRP is presented for internal sign off. This will help evidence PSIRF preparedness.

3. Where a full PSIRP is required using the national template:

The agreed lead ICB will be an important collaborator during the development of the patient safety incident response plan. The draft should be shared with all ICBs (including the lead ICB) prior to submission at the organisations Board for internal sign off. The lead ICB, in collaboration with other ICBs, will comment on the draft prior to sign off by the organisation internal Board and help ensure it is robust. A meeting between the provider and ICB(s) may be required to discuss the plan in detail in order to support the completion of an effective response plan. Following this meeting further revisions of the PSIRP may be required. Where a meeting takes place and it is deemed the PSIRP requires revision, the updated version should be re circulated to the lead ICB for further comment prior to submission to the organisations board for final approval. Collaboration during the development of the plan may reduce the need for further meetings. Following this the plan should then be submitted to the organisations Board for review and agreement. The draft PSIRP should only be submitted to the provider board for final approval when the lead ICB is has agreed the draft PSIRP is proportionate and supports a robust level of patient safety incident response. After Board review and agreement, the plan will be re submitted to the lead ICB who will share the PSIRP with the appropriate named ICB Executives for official sign off. A formal sign off letter will be issued determining a mutually agreed 'go live' date for PSIRF implementation. The ICB cannot sign off any PSIRP without assurance this has first been reviewed and agreed by the provider board. An updated organisational policy should also be completed to support PSIRF sign off. The PSIRP should then be published on the providers website

4. Where a concise PSIRP is required using the national template as a guide:

A draft plan, using the national template as a guide, will be submitted to the ICB. It will need to contain evidence that the appropriate organisational data has been reviewed for significant risks, resources have been reviewed to ensure compliance against the plan and any priorities for safety investigation have been identified and the types of incidents which will be investigated utilising the most proportionate level of patient safety incident response. When the ICB agrees the plan, this will be indicated via email indicating a go live date for transition. An updated organisational policy should also be completed to support PSIRF sign off. The final documentation should be published on the providers website

5. Where a PSIRP is not required:

The ICB safety team will require a copy of the updated organisational incident management policy (or equivalent) articulating PSIRF principles. On receipt and provided there are no significant queries on the policy, an email will be sent agreeing a go live date for transition. Updated policy should be published on relevant website.

**J Allen, Head of Patient Safety, Suffolk and North East Essex ICB, February 2023**