

Classification: Official

Publication approval reference: PAR1465



Patient Safety Incident Response Framework

Preparation guide

Version 1, August 2022

Contents

Overview.....	3
Summary of phases.....	5
Summary of roles for PSIRF preparation and transition.....	6
Using this guide	8
Patient safety collaboratives	8
Provider requirements	9
1. PSIRF orientation (months 1–3).....	9
2. Diagnostic and discovery (months 4–7).....	13
3. Governance and quality monitoring (months 6–9)	19
4. Patient safety incident response planning (months 7–10).....	20
5. Curation and agreement of policy and plan (months 9–12)	25
6. Transition	27
ICB requirements.....	28
1. PSIRF orientation (months 1–3).....	28
2. Diagnostic and discovery (months 4–7)	30
3. Governance and quality monitoring (months 6–9)	33
4. Patient safety incident response planning (months 7–10).....	34
5. Curation and agreement of policy and plan (months 9–12)	35
NHS England region requirements	37
1. PSIRF orientation (months 1–3).....	37
2. Diagnostic and discovery (months 4–7)	39
3. Governance and quality monitoring (months 6–9)	39
4. Patient safety incident response planning (months 7–10).....	40
5. Curation and agreement of policy and plan (months 9–12)	40
Patient safety collaborative requirements	42
1. PSIRF orientation (months 1-3)	42
2. Diagnostic and discovery (months 4–7)	44
3. Governance and quality monitoring (months 6–9)	44
4. Patient safety incident response planning (months 7–10).....	44
5. Curation and agreement of policy and plan (months 9–12)	45
NHS England national patient safety team requirements	46

- 1. PSIRF orientation (months 1–3)..... 46
- 2. Diagnostic and discovery (months 4–7) 47
- 3. Governance and quality monitoring (months 6–9) 47
- 4. Patient safety incident response planning (months 7–10)..... 48
- 5. Curation and agreement of policy and plan (months 9–12) 48

Overview

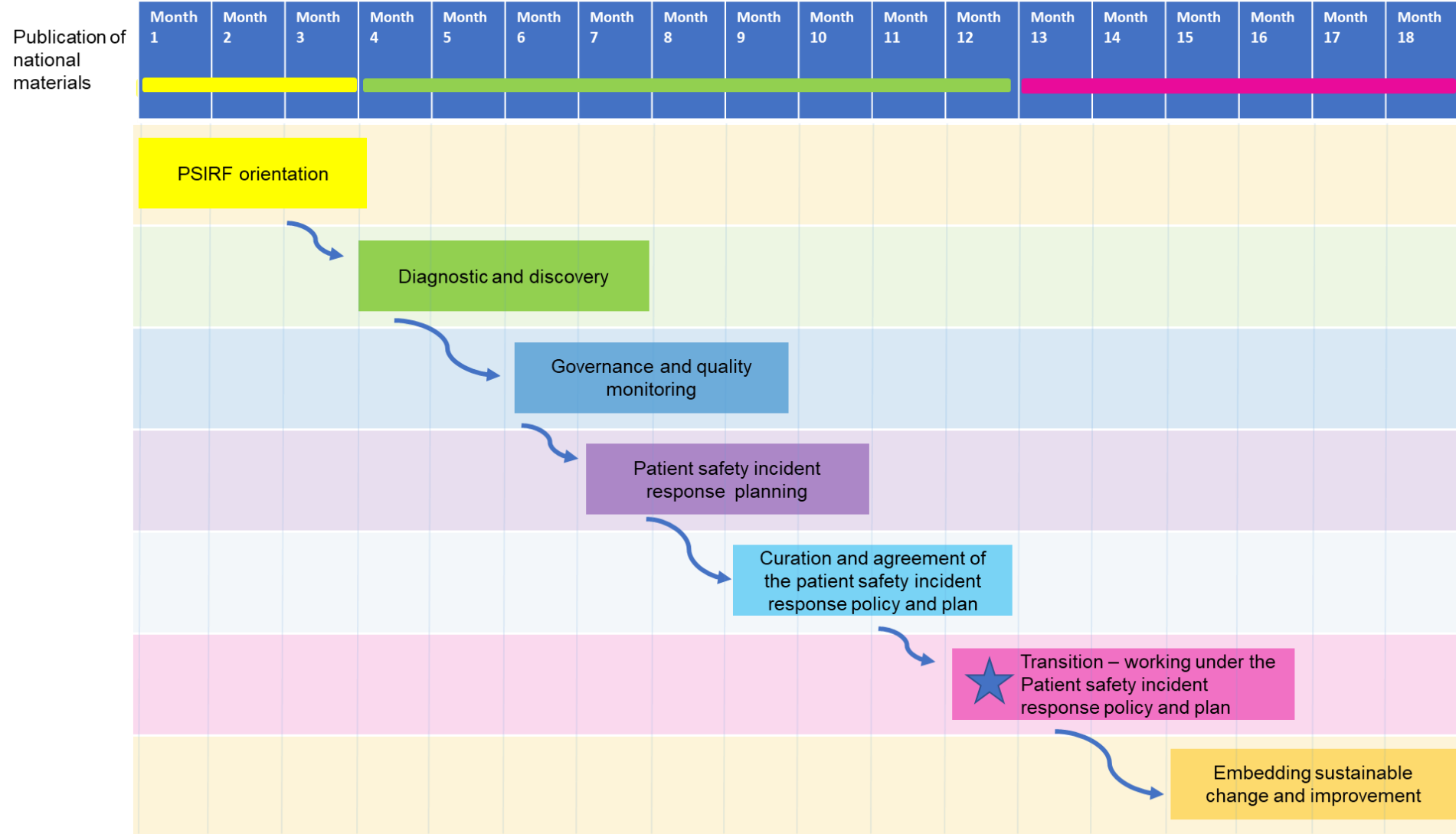
The Patient Safety Incident Response Framework (PSIRF) fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. PSIRF is **not** an investigation framework that prescribes what to investigate, instead, PSIRF:

- advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected
- embeds patient safety incident response within a wider system of improvement
- prompts a significant cultural shift towards systematic patient safety management.

Implementation of PSIRF will not be achieved by a change in policy alone, and it cannot be implemented in days or weeks as it requires work to design a new set of systems and processes.

We have developed this preparation guide using insight from 17 early adopters. The guide aims to support those leading PSIRF implementation across the NHS during 2022/23. Figure 1 below gives an overview of the phases that those leading PSIRF will need to work through, but not necessarily in sequence, to deliver the new way of working.

Figure 1. Overview of PSIRF preparation phases



Summary of phases

Organisations are expected to transition to PSIRF within 12 months from September 2022.

This guide breaks PSIRF preparation into six phases to ease transition and provide detail around discrete activities that will set strong foundations for implementation.

Table 1 describes the purpose of each proposed PSIRF preparation phase.

Table 1: Purpose of PSIRF preparation phases

Phase	Duration	Purpose
PSIRF orientation	Months 1–3	<p>To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated requirements.</p> <p>This phase establishes important foundations for PSIRF preparation and subsequent implementation.</p>
Diagnostic and discovery	Months 4–7	<p>To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement.</p> <p>In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined.</p>
Governance and quality monitoring	Months 6–9	<p>Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF.</p>
Patient safety incident response planning	Months 7–10	<p>For organisations to understand their patient safety incident profile, improvement profile and available resources.</p> <p>This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy.</p>
Curation and agreement of the policy and plan	Months 9–12	<p>To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases.</p>

Phase	Duration	Purpose
Transition	Months 12+	Organisations continue to adapt and learn as the designed systems and processes are put in place.

Summary of roles for PSIRF preparation and transition

This preparation guide describes how providers, ICBs and regional NHS England teams should approach PSIRF preparation and implementation. It also describes the role of patient safety collaboratives (PSCs) in facilitating preparation as well as the role of the National Patient Safety Team.

These roles apply to PSIRF **preparation and transition** and are summarised in Table 2; more specific roles in relation to oversight once organisations have transitioned to PSIRF are described in the [Oversight roles and responsibilities specification](#).

The roles are described individually in Table 2, but collaboration is key to PSIRF success and considerable discussion and partnership are required across the system levels and preparation phases.

Table 2: Overview of roles during preparation and transition to PSIRF

	Role summary during preparation and transition PSIRF
NHS provider	Responsible for development and delivery of local patient safety incident response policy and plan
Integrated care board (ICB)	Collaborate in policy and plan development Develop own systems as required Sign-off policy and plan Support collaboration between the different parts of the system as needed
NHS England regions	Facilitative and developmental Develop own systems as required Support collaboration between the different parts of the system as needed
NHS England commissioning teams	Work closely with ICB leads to support policy and plan development and sign-off as required Develop own systems as required Support collaboration between different parts of the systems as needed
NHS England National Patient Safety Team	Review and develop national tools as appropriate Host national learning events Respond to issues identified via national Implementation Group Host national webinars to provide guidance and information throughout PSIRF preparation
Patient safety collaboratives	Facilitate progression through PSIRF implementation phases Identify and use improvement expertise to support specific activities Support provider PSIRF leads to access support through signposting

Using this guide

This preparation guide provides those leading PSIRF implementation with a structure for their implementation plans. We do not expect the phases and activities described to be completed in a linear fashion. There needs to be a dynamic relationship between the phases and some of the work for a given phase will need to continue throughout implementation; that is, extended beyond the timeframe for that phase.

This document should be used to support collaboration both within and across integrated care systems (ICSs).

Patient safety collaboratives

Patient safety collaboratives (PSCs) were established in 2014 as a recommendation of the Berwick report, A promise to learn – a commitment to act.

The 15 PSCs are commissioned to work with the National Patient Safety Improvement Team to support local delivery of national improvement programmes – this includes the preparation to transition to PSIRF.

Working with regional teams and ICBs, PSCs will support system-level planning, coordinate activities/networking, and provide coaching and improvement support using a range of quality improvement (QI) approaches.

Provider requirements

1. PSIRF orientation (months 1–3)

The activities described may be undertaken by different individuals working as a team. They do not need to be undertaken in the order given below.

Work initiated during this phase is likely to continue as other phases are initiated.

1.1. Create an implementation team

Identify a senior responsible officer (SRO), deputy and team to construct a core PSIRF implementation team.

Ensure there is expertise in patient safety, patient safety incident response, QI, human factors, risk management, and clinical and quality governance. Ensure that [Patient Safety Partners](#) are invited to be part of PSIRF implementation teams and specific activities related to different phases of implementation as required

The patient safety incident response policy and plan that you need to develop to prepare for PSIRF implementation will have connections to many parts of the organisation. Consider including and/or consulting with those working in organisational development (OD), patient experience, human resources (HR), legal and comms as well as all clinical specialties.

Connect with those leading PSIRF implementation in your ICB, region and PSC to ensure you are aware of the programme structure and support that will be offered through the National Patient Safety Team.

1.2. Allocate time for reading and reflection

Ensure the core team have time to read and digest the detail of the PSIRF documents and supporting information. This includes reviewing:

- the revised framework
- this preparation guide and associated templates (policy and plan)
- Engaging and involving patients, families and staff following a patient safety incident introductory guidance

- Oversight roles and responsibilities specification
- Guide to responding proportionately to patient safety incidents
- learning response tools, guides and templates
- patient safety incident response standards.

Attend the PSIRF orientation webinar hosted by the National Patient Safety Team (or watch the recording) and review national communication materials (including videos).

Provide an opportunity for team discussion and reflection (this may be a full or half-day session).

If you are unclear about any detail talk to those more familiar with the PSIRF and its application (eg PSIRF early adopters).

Familiarise yourself with the support offer from your local PSC – make early contact with the PSC lead in your area.

1.3. Identify knowledge and support needs for getting started

Consider if the PSIRF implementation team is well resourced and whether there is sufficient 'buy-in' and support from executive teams.

Consider organisational capacity (eg in terms of system pressures and workforce challenges).

Discuss with your ICB lead your ability to 'get started' and any challenges you anticipate in undertaking any of the recommended activities in this preparation guide within the proposed timeframe.

You may need to allocate specific programme management support – this should be discussed at the earliest opportunity with relevant leads or executives.

1.4. Create a stakeholder list and plan engagement

Connect with your communications team at the earliest opportunity.

Create a stakeholder map and consider how and when to engage stakeholders, eg according to their interest and level of influence.

Consider internal **and** external stakeholders:

- Internal stakeholders may include representatives from different clinical services/divisions and clinical and non-clinical staff (eg governance, safeguarding, HR and OD).
- External stakeholders may include patient groups and patient and public representative organisations (eg local Healthwatch, Local Authority safeguarding, ICB leads, NHS England commissioning leads eg health and justice, NHS Resolution, Maternity Voices Partnerships, local maternity, and neonatal systems (LMNSs) and professional body representatives).
- Coroners and the Care Quality Commission (CQC) relationship owners should be engaged at the earliest opportunity.

Depending on the organisation/service, you may need to link with more than one ICB and NHS England commissioning team (eg for specialised commissioning, armed forces, and health and justice healthcare).

Ensure stakeholders are diverse and understand the PSIRF (and how it will change any existing approaches), how they can be involved in the preparation and implementation process, and how they can keep updated.

Engagement planning and delivery will be ongoing throughout planning and delivery, and beyond. A significant amount of time will need to be allocated to achieve engagement that is meaningful.

Identify the key messages for each stakeholder group and ensure you have a plan for sharing information – this can be through, for example, organisational briefings, newsletters, staff meetings, team briefings and workshops.

Seek support from others and example PSIRF communication plans from your peers.

1.5. Agree structures and processes for programme management

SRO to agree with executive lead how to engage and update your board on PSIRF preparation activities.

Reflecting the spirit of collaboration and partnership working, agree ways of working with relevant ICB lead(s) (and NHS England commissioning and regional leads as required).

ICB lead(s), and NHS England if appropriate (eg where acting as lead commissioner) should be considered active partners. Their engagement will support the agreement and sign-off of your policy and plan by the ICB (and other commissioners as required) at a later stage.

Consider how to facilitate input from colleagues across the wider governance architecture who have a role or interest (eg LMNSs).

Establish how, what and when information will be shared and how key activities will be supported.

Consider how to share data to support planning activities (eg patient safety-related data and insight, challenges, successes, and experience relating to implementation of PSIRF and new ways of working).

Agree how and how often you will update on progress (and to whom, including relevant external bodies), noting information should be more descriptive than numerical.

The [Oversight roles and responsibilities specification](#) can help teams develop and evolve new approaches over time.

1.6. Set ambition for PSIRF implementation

Using this preparation guide, the PSIRF documents, and policy and plan templates, start to construct the **implementation plan** that will support your organisation to move through the preparation phases. This should be a living/evolving document.

You will likely encounter some challenges when enacting your implementation plan. As these arise discuss them with your executive lead and ICB lead (and/or other commissioners) as required, and with stakeholder groups to seek their help.

The PSIRF acknowledges that measurement is fundamental to understanding impact. Without it, organisations may invest time and effort implementing changes that have little or no impact or, in the worst case, increase the risk of further harm.

Your implementation plan should consider how you intend to monitor progress and effectiveness during the first 12 months of PSIRF preparation and implementation. Dimensions to consider monitoring when assessing PSIRF **implementation effectiveness** include the:

- perception among stakeholders that planned changes are agreeable – if change is not acceptable to stakeholders, the PSIRF will be challenging to implement
- perceived fit, relevance, or compatibility across different services in an organisation.

Risks should be monitored throughout the implementation process and discussed with relevant stakeholders to support escalation and input from others as required. You may also wish to develop a risk register to identify and document potential risks to PSIRF preparation (eg service pressures and workforce challenges) and any potential mitigations. Oversight of risks should be assigned to appropriate team members (within the PSIRF implementation team or more widely as required).

2. Diagnostic and discovery (months 4–7)

During this phase you will develop your understanding of how developed your systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. You will identify strengths and weaknesses, and ultimately define the necessary improvement in areas that will support PSIRF requirements and transition.

Key questions and considerations are proposed below to guide you, but you should supplement these as you see fit. It may be helpful to share practical insight and developments with your patient safety network. **Note:** The questions and activities do not need to be approached in a sequential fashion.

Organisations will be starting at different places, as will the teams and departments in those organisations. You should bring together those leading relevant work in different departments across your organisation (clinical and non-clinical) and/or the wider local system (eg relevant leads/partners within or across ICBs and representatives from LMNSs).

The output of this phase should be:

- a comprehensive understanding of current systems and processes to support patient safety incident response, learning and improvement
- an agreed plan to improve or maintain the development of systems and processes in place as required. The agreed plan to support this work should be

referenced in the relevant sections of the patient safety incident response policy.

This phase is expected to take 3–6 months to complete but should be revisited as required throughout preparation and as part of ongoing organisational development work thereafter.

2.1. What is being done to support open and transparent reporting?

The following questions cover the key lines of enquiry to support this assessment:

- What mechanisms are in place to allow staff, patients, and the public to record patient safety-related issues, concerns and incidents?
- Is (proportionate) feedback provided to those who submit reports?
- Are reporting systems integrated (eg patient safety incidents, safeguarding, complaints, and Freedom to Speak Up reports) to triangulate information and ensure risks are identified and responded to in the most effective way, regardless of how they were first raised or reported?
- What do people who have raised concerns feel about how they were treated?
- What does data from the NHS patient and staff surveys tell you about your reporting culture?
- Are Freedom to Speak Up expectations met?
- What processes are in place to report incidents to regulators and other stakeholders as required (eg National Patient Safety Team, HM Coroner, NHS Resolution, CQC and Medicines and Healthcare products Regulatory Agency (MHRA))?
 - You may wish to consider reporting expectations for non-patient safety incidents (eg information governance incidents) that may have previously been captured under the Serious Incident Framework (SIF). This will support later patient safety incident response planning discussions.
- What strategies are in place to overcome issues that could undermine reporting?

2.2. How do you engage and involve those affected by patient safety incidents?

You should consult the [Engaging and involving patients, families and staff following a patient safety incident](#) during this preparation phase. The guidance provides detailed considerations regarding the systems and processes that should be in place to support

compassionate engagement and meaningful involvement in patient safety incident response.

As part of your review you should seek feedback from those previously involved in patient safety incidents and work with other relevant staff members, particularly investigation and family liaison leads, and patient safety partners, to consider the following questions:

- How far are the relevant [patient safety incident response standards](#) met by the current systems in place?
- Are the required systems and processes in place to establish the foundations for effective and compassionate engagement (eg leadership, training and support structures)?
- How does your process of engagement compare to the steps outlined in the engagement guidance?

You should also consider the following questions:

- How are Duty of Candour requirements met, evaluated, and improved where required?
- Do General Data Protection Regulation (GDPR) and information governance policies and procedures provide clarity and confidence, and enable openness and transparency?

Using your responses to the above questions, you should plan how your current processes need to be adapted.

2.3. What is being done to support the development of a just culture?

Activities to support this assessment should include a review and revision of policies (and associated processes) to:

- make clear that patient safety incident responses are conducted for the sole purpose of learning and identifying system improvements to reduce risk (not accountability, liability, avoidability and cause of death)
- ensure they do not undermine just culture by requiring inappropriate automatic suspension of staff involved in patient safety incidents or their removal from business as usual activities.

Key questions to consider include:

- Are the differences between patient safety incident response, legal and HR processes understood? PSIRF leads may suggest or facilitate introductions and/or team meetings or shadowing opportunities to support this as required.
- Are these types of investigation separately undertaken but with relevant teams working together to ensure staff are not unfairly exposed to punitive disciplinary action? This may be a key item for a joint team meeting or workshop as required.
- Do those managing concerns or investigations about individuals receive appropriate training?
- Are recognised tools (such as the '[A Just Culture](#)' guide) applied (outside the patient safety incident response process)?
- Do patient safety incident response outputs blame, directly or indirectly, individuals by inappropriately focusing on training and self-reflection?

To support your assessment, you should consider seeking help from colleagues with appropriate training and competencies (see [patient safety incident response standards](#)) to review a sample of recent patient safety learning response (including patient safety incident investigation) reports. If the necessary expertise does not exist within your organisation, contact your ICB and/or PSC lead for advice. This review should consider the following questions:

- Is blame avoided?
- Are contextual factors prioritised for investigation over behaviour and decision-making?
- Is 'local rationality' considered (that is, how and why did decisions make sense at the time)?
- Are safety actions system based?

2.4. What is your incident response capacity and what are your training needs?

This analysis is likely to require the involvement of multiple stakeholders across the organisation. You should refer to the [PSIRF, Oversight roles and responsibilities specification and patient safety incident response standards](#) which include:

- timeframes for starting and completing learning responses

- methods applied to learn from patient safety incidents (that is, are national tools and guides or similar system-based tools used?)
- cross-system response support requirements
- resources including availability of subject matter experts.

The main questions to consider are:

- What type of incident response methods do you currently use?
- How are current incident response methods agreed? **Note:** existing 'SI panels' which pass judgement on threshold for investigation are not required under PSIRF. Instead, there should be mechanisms to support consideration of which method is appropriate according to the patient safety incident response plan (see governance and quality monitoring below) and allocation of appropriate resource and support for that response.
- Who undertakes learning responses following a patient safety incident (including investigations and after-action reviews and other methods used by the organisation)?
- Who engages with those affected and leads on their involvement in the patient safety incident response?
- How are timeframes for learning responses set and how long do different response methods usually take?
- Are PSIRF training and competency expectations met?
- Have members of the board received required PSIRF training to support their responsibility to sign-off response outputs and oversee development of patient safety incident response systems more broadly?
- How will roles and responsibilities described in the Oversight roles and responsibilities specification be upheld?

Findings should be used to determine:

- your incident response 'budget' (in terms of time, capacity and expertise to support incident response), and where resource may need to be increased or adapted to meet standards
- organisational and personal development needs to support the roles required in a new patient safety incident response system.

You will use the output of this work to develop your patient safety incident response plan.

2.5. How do you use learning from incident responses to inform improvement?

Improvement and patient safety approaches must align – to ensure a joint approach from relevant teams. Consider how all learning response outputs will be combined to inform organisational improvement.

Review the processes you have in place for translating learning into action for improvement and compare these against the [Safety action development guide](#). Consider the following questions:

- How is change and improvement currently monitored? Are safety actions monitored to ensure they are having their intended effect – or is the focus monitoring the completion of specific activities?
- Are processes established to support measurement of improvement over time?

Use these questions to consider your start point for designing processes to enable your organisation to focus on monitoring the continuous learning and improvement activity arising from your safety improvement work informed by responses under PSIRF. This may be revisited as part of the governance and quality monitoring phase (see below).

2.6. What do you need to do next?

From your review identify where improvement is needed and where you might want to sustain ongoing work.

Bring relevant stakeholders together to agree what actions need to be taken (this may involve finance teams if investments are required).

Some actions may be completed ahead of transition to PSIRF and others may take longer. Outstanding actions to meet required standards and anticipated timeframes should be documented in your patient safety incident response policy and regularly reviewed.

3. Governance and quality monitoring (months 6–9)

In this phase you start to define the oversight structures and ways of working that will come into place once you transition to PSIRF. Bring relevant stakeholders together to support this, this should include Patient Safety Partners.

You should refer to the [Oversight roles and responsibilities specification](#) for further detail throughout this phase.

When defining how systems will be monitored post-transition to PSIRF, it is important to distinguish between the effectiveness of the systems put in place for learning and improvement and that of your implementation approach (eg stakeholder engagement and data review). Both can influence outcomes but require different strategies to ensure improvement.

3.1. Develop processes for incident response decision-making

Work with your ICB lead(s) to ensure sound processes are in place locally to decide how to respond to patient safety incidents as they arise, and how these decisions will be consistent with your patient safety incident response plan. There should be a shared understanding about how emergent issues (ie those not considered in the plan) will be considered and responded to.

Panels and formal committees developed under previous frameworks that required those reporting an incident to 'make a case for or against a response' must be discontinued and not reinstated.

3.2. Define how system effectiveness will be monitored

Work with relevant partners (including your executive lead and ICB lead) to determine how the quality of incident response systems and outputs will be reviewed in line with the [Oversight roles and responsibilities specification](#).

As part of quality monitoring you should have an agreed process for seeking support from your ICB or other organisations with challenges or where you would like to learn from others about how to develop incident response processes.

3.3. Develop processes for reporting cross-system issues

You should have an agreed process for relevant teams in the organisation (eg patient safety) to identify and report cross-system issues, so that the organisation can initiate

and/or support the relevant response as required. Refer to the [Oversight roles and responsibilities specification](#).

3.4. Define how PSIRF implementation will be monitored

Monitoring your implementation approach will inform when interventions may be needed to ease the transition to PSIRF. Monitoring these outcomes should be considered:

- degree to which the PSIRF policy and plan have been implemented post transition –your policy and plan may need to be change in response to this information
- integration of the PSIRF across different services in your organisation
- extent to which the PSIRF has become a routine way of working.

4. Patient safety incident response planning (months 7–10)

Your patient safety incident response plan will form part of your organisation’s patient safety incident response policy to guide agreed responses to patient safety incidents.

You should consult the [Guide to responding proportionately to patient safety incidents and the plan template](#) during this planning phase.

4.1. Map your services

Organisations provide different services and pathways and there are often organisations within organisations. You should begin your incident response planning work by engaging with relevant representatives to map the services across your organisation. This will ensure that the shape and structure of your plan reflects the likely incidents for the services offered. For example, your plan may need a maternity sub-section. It is essential organisational safety teams and those in specific departments collaborate, to prevent siloed working and ensure aligned approaches in responding to patient safety incidents for learning and improvement.

4.2. Examine patient safety incident records and safety data

Draw on earlier stakeholder mapping and engagement work to identify sources of information to support this activity.

You should review a variety of organisational data covering the last 2–3 years. **Note:** it may be appropriate to consider data over a longer time as your safety focus may have changed in response to the pandemic. Data types include, but are not limited to:

- patient safety incident investigation reports
- complaints
- Freedom to Speak Up reports
- Safeguarding cases
- mortality reviews
- case note reviews
- staff survey results
- claims (including NHS Resolution annual maternity trust claims scorecard)
- staff suspensions
- risk assessments
- data from quality surveillance processes
- inequalities data.

Ensure qualitative information (obtained through discussions) as well as quantitative information inform this work.

Ensure your review actively looks to understand inequalities in patient safety and that you consider new risks (eg those relating to future service changes and changes in demand) that existing data sources may not reveal.

4.3. Describe the safety issues revealed by the data

You should list all the issues and/or incident types identified in the previous step that you feel should feature and describe them in a way that is meaningful to you and your stakeholders.

Initially you are likely to have a mixture of issues, such as broad incident types (eg medication incidents) and safety concerns (eg safe discharge) as well as more discreet incident types (eg missed diagnosis of cauda equina) or specific outcomes.

Stakeholders will need to agree your list: that it provides a true ‘incident profile’ (register of key issues and incident types) – it may need to be reviewed several times before it can be agreed. The board (or executive lead with organisational accountability for patient safety incident response) and ICB lead (as well as other stakeholders identified

through engagement planning and service mapping) should be engaged in developing the profile and must agree the list that will be taken forward as part of the planning process (noting that this is not fixed thereafter).

4.4. Identify work underway to address contributory factors

Work with stakeholders to identify national, regional, and locally designed patient safety improvement plans that are planned or underway. **Note:** these need to be full plans, rather than individual actions to respond to a single patient safety incident.

You should review ongoing individual actions separately and in doing so ensure these are considered collectively to prevent the number of individual action plans becoming unmanageable and disconnected from wider organisational improvement efforts. Wherever possible consolidate actions and incorporate these in organisational improvement plans where appropriate.

If your organisation does not already have an overarching organisation safety improvement plan, consider producing one, and this can then be reviewed and further developed over time.

This step will help to ensure that repeat responses to individual incidents or issues are avoided where improvement work is underway.

4.5. Agree how you intend to respond to issues listed in your patient safety incident profile

Organisations should first estimate the resources they need to meet national requirements for incident response and ensure these are available.

Organisations should then work with stakeholders to plan how they will use their remaining resources to respond proportionately to the other issues and/or incident types listed in their patient safety incident profile to maximise learning and improvement.

Use the output of the workforce gap analysis undertaken as part of Section 2.4. What is your incident response capacity and what are your training needs? to support this step.

The type of response will depend on capacity and:

- what is known about the factors that lead to the incident(s)
- whether improvement work is underway to address the identified contributory factors

- whether there is evidence that improvement work is having the intended effect/benefit
- if an organisation and its ICB are satisfied risks are being appropriately managed.

The patient safety incidents and/or issues identified in the patient safety incident profile may, depending on their nature, benefit from a combination of approaches to gather as much insight as possible to inform safety improvement design and delivery. For example, horizon scanning can help to explore a safety issue in a more proactive way, and swarm huddles or Patient Safety Incident Investigation, can be used alongside this method to provide an additional 'window' into the system if an incident relating to the issue should occur.

If a specific incident type is identified, then it may be appropriate to undertake several Patient Safety Incident Investigations (until similar interlinked contributory factors are being identified). However, other types of responses (such as audit, After Action Review, and/or proactive hazard analysis for example) can be used alongside Patient Safety Incident Investigation (or indeed as part of a Patient Safety Incident Investigation) to generate insight where appropriate.

Consideration should be given to the number of individual responses that may be required as this is needed to inform the allocation of time and resources to support the required response(s). This can be reviewed at any time in response to the amount of insight generated following response activity.

It may help to consider each identified safety incident type or issue as a 'project' for which a safety improvement programme will be designed. The responses you undertake provide the insight needed to design that safety improvement programme. Once there is sufficient knowledge and understanding about the underlying, interlink system issues that need to be acted on, effort should focus on activities to support improvement, rather than repeated learning responses to individual incidents or issues.

This planning process supports proactive allocation of patient safety incident response resources, but some reactive allocation will always be needed. Resource to support a proportionate response (using the learning response method that is most suited to the circumstances) to emergent issues (or incidents not identified in the plan but you later feel warrant a response) should be estimated and allocated in your plan. The process for identifying incidents or issues requiring an 'unplanned response' should involve

regular consideration of patient safety data (including incidents and complaints for example). Assessment techniques can be used to help inform where further insight may be needed but an assessment and/or in-depth review is not required for every incident. There should be agreement regarding processes to support proportionate responses to unplanned incidents.

For small providers – that may have fewer reported incidents or limited past data to support incident response planning – if there aren't many identified issues or incident types, consideration should be given to the application of proactive methods to identify potential risks/safety issues within and across care pathways/services. Given that patient safety teams will be smaller, there may need to be a more selective range of methods for response leads/ teams to be skilled in. Collaboration with patient safety leads/teams across partners/networks/neighbouring organisations should also be explored. There should be an agreed process to ensure appropriate and proportionate response methods are initiated when incidents do occur and that those affected are appropriately engaged and involved.

At the end of this phase ensure you have agreed (with relevant stakeholders) which method(s) you will use to respond to the incident types that form your patient safety incident profile. You will then be able to complete the patient safety incident response plan template.

This plan should be an active document; updated as required (see requirements in the [Guide to responding proportionately](#)) and reviewed fully alongside the patient safety incident response policy (a minimum of every 4 years) with input from and the agreement of relevant stakeholders.

Note: Several other types of investigation may be conducted for or around individuals. Examples include complaints, safeguarding, claims, and HR, professional regulation, coronial or criminal investigations. As the aims of each of these differ, they need to be conducted separately, to meet their specific intended purposes.

Non-patient safety incidents (eg information governance, health and safety, or estates and facilities unless also associated with a patient safety incident) are outside the scope of the patient safety incident response policy and plan.

You should have an agreed process for reporting and responding to non patient safety-related incidents, including reference to specific reporting systems/pathways (eg the IG

toolkit). This should be discussed with your ICB so there is shared understanding about the management of other incident types.

The system-based learning response methods applied under the PSIRF can also be used to support the response to non-patient safety incident types provided that the remit of their investigation is learning (and not accountability and individual assessment).

5. Curation and agreement of policy and plan (months 9–12)

In this phase you draft and agree your patient safety incident response policy and plan based on your findings from your work in the preparation phases described above.

Your patient safety incident response policy describes your organisation's approach to responding to patient safety incidents for the purpose of learning and improvement. This will include how you work with Patient Safety Partners, how you support health equality and reduce healthcare inequalities as part of PSIRF, how you engage with those affected by patient safety incidents, and the training offered to staff and all relevant governance processes (including those newly designed to meet PSIRF requirements).

Your patient safety incident response plan is akin to a 'plan on a page' – that is, it outlines your patient safety incident profile and details the methods you will use to respond in a way that maximises learning and improvement.

ICB (and/or NHS England in commissioning role as require) and provider board agreement will be required to transition to the PSIRF. The output of this phase will be an agreed patient safety incident response policy and plan and agreed date for transition from the SIF to the PSIRF.

5.1. Populate the policy and plan templates and share these with stakeholders

Ensure there are regular check-ins with stakeholders (including the ICB lead) as required. This will ensure everyone is informed and enable smooth sign-off.

Ensure patient safety issues that affect different groups are considered for inclusion.

5.2. Respond to stakeholder feedback on the draft policy and plan

Ensure you allow sufficient time in your drafting process to obtain and respond to stakeholder feedback.

Consider formal committees and publication requirements that might affect timeframes for transition to PSIRF.

5.3. Agree how to manage transition

Together with relevant stakeholders you should discuss and agree how to manage the transition to PSIRF, including:

- a cut-off date for accepting incidents for investigation under the SIF
- a date for completing investigations under the SIF or agreement on an overlap phase
- ensuring that all relevant staff know the transition date, what they are required to do and how this affects them (eg changing how to report on StEIS). **Note** wherever possible it is recommended that organisations plan to transition to LFPSE compatible local risk management systems to support incident response recording under PSIRF
- a date for switching quality assurance of learning response reports from the ICB to the provider board (this may occur before the transition from SIF to PSIRF if desired and the provider board have the correct systems and training in place)
- when the ICB will be able to support cross-system responses.

5.4. Ensure commitment to delivering required improvement

The patient safety incident response plan should reflect the work undertaken as part of phase 2: Diagnostic and discovery.

Processes should be agreed and documented for acting on identified areas for improvement and monitoring as part of ongoing organisational development after transition to PSIRF.

5.5. Seek policy and plan approval/sign-off and agree 'transition date'

The organisations patient safety incident response plan must be agreed by the integrated care board (ICB), other commissioning leads where required, and the board (or leadership group if they do not have a board) of the organisation.

A proposed transition date (that is, when everyone across the organisation will follow the new documentation) should be agreed pending final sign-off.

Once your ICB and provider board have signalled their approval of the documentation and transition date, publish your policy and plan on your website. Work should then begin to deliver the policy and plan.

6. Transition

Congratulations! You have agreed your new approach to patient safety incident response. Getting to this phase is an achievement and should be recognised as such.

In this phase you will learn and develop what it really means to work under PSIRF. This will include:

- applying new response methods (with fidelity to national guidance)
- using the groups established to support patient safety incident response processes (eg patient safety response review groups/decision-making groups)
- reflecting on your agreed plan with internal and external stakeholders and considering adaptations that may be needed
- continuing to develop work identified in phase 2: Diagnostic and discovery to ensure that your organisation, ICB, and region have the foundations for successful delivery
- collating insight: developing safety actions and safety improvement plans
- collecting data to support quality monitoring
- supporting and collaborating with others.

National work will continue to be undertaken to develop resources to support providers and systems to embed PSIRF. Further information will be made available to continue to support the PSIRF programme.

ICB requirements

1. PSIRF orientation (months 1–3)

This phase supports PSIRF leads at all levels of the system to familiarise themselves with the revised framework and associated requirements.

This phase establishes important foundations for PSIRF preparation and subsequent implementation.

1.1. Create an implementation team

Identify a lead in the ICB to support the implementation of PSIRF over the next 12–18 months. This should be someone with the training and competencies outlined in the patient safety incident response standards or, if no such person is available, someone who will undertake the required training within 12–18 months.

Connect with the PSIRF provider (or place) leads, those in the region and your PSC lead. Consider what methods/groups can support PSIRF Implementation.

1.2. Allocate time for reading and reflection

Allocate sufficient time to read and digest the key documents, including national communication materials and videos.

If you are unclear about any detail talk to those more familiar with the PSIRF and its application (initially this may be facilitated by regional colleagues or the PSC).

Book time for you and your PSIRF provider leads to discuss and reflect on your understanding as required (this may be in a 'standalone' workshop or a wider workshop facilitated by the PSC once this is established in your area).

Attend the PSIRF orientation webinars hosted by the National Patient Safety Team (or watch the recordings).

1.3. Identify knowledge and support needs for getting started

Meet individually and/or collectively with PSIRF leads or teams in all secondary care providers to build an understanding of the commitment and capacity to implement PSIRF across your area.

This will inform implementation planning and the PSIRF support infrastructure required, including the establishment and support from the PSCs, webinar programme, group meetings, shared groups/spaces for collaboration and so on.

Use existing insight and that gained from early discussions with PSIRF leads to identify those providers likely to need more input from other providers and/or the ICB, region, or PSC lead. Extra support may be required because of capacity and other pressures.

Work with providers that are willing and able to start as soon as practicable, to build practical knowledge and advice that can be shared with others that may need more help.

1.4. Create a stakeholder list and plan engagement

Check in with your providers to support the development of their stakeholder lists and engagement and communication plans as needed.

Share useful approaches between organisations.

Help providers seek support where required. PSCs may be able to help with this and therefore early conversations and collaboration are important.

Ensure you support the engagement and communication with stakeholders you have established working relationships with, particularly those in the ICB who need to understand the PSIRF (potentially, those with contracting and quality oversight roles) and the plan for its implementation.

Depending on the organisation/service you may need to link with other ICBs and NHS England commissioning teams (eg for specialised commissioning, armed forces, and health and justice healthcare)

National communication materials and/or regional teams may support you in relation to communication across the ICB.

1.5. Agree structures and processes for programme management

Provide a structure for PSIRF leads to support ongoing discussion about PSIRF implementation (this may be enabled by your PSC and any local PSIRF implementation group/steering committee, for example).

Invite other members of the governance structure to these discussions as required, to develop a shared understanding and collaborative approach.

'Governance' at this stage should take the form of discussion and collaboration between relevant leads about the activities/phases of implementation, barriers to and enablers of the new ways of working, and how you can best work together.

The [Oversight roles and responsibilities specification](#) provides guidance on setting up more formal governance structures and measures at a later stage. Discussion with board members (from both providers and the ICB) may also be required in the early stage at regular or 'ad-hoc' meetings to support PSIRF implementation (this may be an important feature of the engagement and comms strategy above).

1.6. Set ambition for PSIRF implementation

Work with the PSC lead and other relevant stakeholders to draft a system-level plan for PSIRF implementation, to support the delivery of what the ICB needs to do. This should also form the basis for work with provider leads to develop their implementation plans as required.

ICB input may not be required for all aspects of provider implementation plans, but it does need to be aware of any challenges preventing progress. The ICB should maintain a high-level implementation plan for all secondary care providers in their locality (and across other ICS boundaries if required) and use this to monitor progress over the 12 months leading up to transition and identify challenges across the system.

Challenges should be shared with other ICB and/or regional colleagues to support problem-solving and inform local, regional, and national developments. ICB leads should meet regularly and consider how information about progress should be shared.

2. Diagnostic and discovery (months 4–7)

The purpose of this phase is to understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. Providers will identify strengths and weaknesses and ultimately define where improvement is needed in areas that will support PSIRF requirements and transition.

Throughout this phase ICB PSIRF lead(s) should support their providers as required using their connections with others (eg through the PSC) who have already approached this phase of PSIRF preparation.

Key questions and considerations are given below to guide ICB leads in reflecting on their processes for the management of responses to cross-system issues.

2.1. What is being done to support open and transparent reporting?

Reflect on the following questions and consider how interaction and involvement with place and/or specific providers supports or hinders openness and transparency:

- How does the ICB use patient safety incident reporting data? Does this support national data principles for [NRLS](#) and/or [LFPSE](#)
- How does the ICB support and contribute to open conversations about risks/issues and consider issues with interest and curiosity to support system learning and improvement?
- Does the ICB participate in local incident response groups and discussions outside formal governance structures?

2.2. How do you engage and involve those affected by patient safety incidents?

Review the mechanisms in place to enable engagement, support and involvement of those affected by patient safety incidents that are managed or supported by the ICB (eg cross-system learning responses).

ICB leads should refer to [Engaging and involving patients, families and staff following a patient safety incident](#) to understand to what extent expectations and standards are being met.

2.3. What is being done to support the development of a just culture?

The principles of a just culture should be upheld when supporting responses to cross-system issues.

ICB leads should consider the questions in the 'provider' section to reflect on their own processes.

2.4. What is your incident response capacity and what are your training needs?

For this analysis multiple stakeholders are likely to need to be involved to answer the following:

- Who will work with providers to support PSIRF-related work in the future and do they have the required skills and competencies in systems approaches to learning from patient safety incidents and oversight?
- How many cross-system incidents do you expect the ICB to support and what methods of response do you anticipate will be used?
- How will you enable providers across the ICS to respond to cross-system issues? Consider building capability and capacity across the system and having mechanisms to access external support where required.

Findings should be used to determine what incident response resources you need, in terms of time, capacity and expertise, and where resource may need to be increased to meet local needs and PSIRF standards.

2.5. How do you use learning from incident response to inform improvements?

Quality improvement and patient safety approaches must align.

PSIRF ICB leads should consider how learning from patient safety incident response is translated into safety actions and whether processes meet Patient safety incident response standards.

When reviewing processes in place ICB leads should also consider whether there is alignment with improvement plans across the ICB and wider local system, or if work is needed to consolidate safety actions and improvement work.

2.6. What do you need to do next?

ICB lead(s) should work with provider leads to consider the output of their own diagnostic work and support the identification of strengths/weaknesses. Efforts should be made to support learning and sharing of ideas across the system.

ICB lead(s) should also consider the outputs from review of their own systems and processes, identify where improvement is needed and plan for this.

Bring relevant stakeholders together to agree what actions are needed (where investment is required, the finance team should be involved).

Some actions may be completed ahead of transition to PSIRF and others may take longer. Outstanding actions to meet required standards should be reviewed as agreed by key stakeholders.

3. Governance and quality monitoring (months 6–9)

During this phase you will begin to define the oversight structures and ways of working that will come into place once transitioned to PSIRF.

You should refer to the [Oversight roles and responsibilities specification](#) for further detail throughout this phase.

3.1. Develop processes for incident response decision-making

ICB lead(s) should be involved in discussions to support the development of processes for local decision-making on how to respond to patient safety incidents as part of the development of the organisation's patient safety incident response plan.

There should be a shared understanding about how emergent issues (that is, those not considered in a provider's plan) will be considered and responded to proportionately.

IBC lead(s) should ensure panels and formal committees developed under previous frameworks that required those reporting an incident to 'make a case for or against a response' are discontinued and not reinstated.

3.2. Define how system effectiveness will be monitored

The phase facilitates the development of processes for working with providers after transition to PSIRF. New processes should be designed that meet the oversight requirements outlined in the [Oversight roles and responsibilities specification](#), including:

- overseeing the effectiveness of systems in place to respond to patient safety incidents
- supporting co-ordination of cross-system responses
- sharing insights and information across organisations/services to improve safety.

ICB lead(s) should seek feedback from providers regarding ICB engagement and consider what more the ICB can do to support partnership and collaboration.

3.3. Develop processes for reporting cross-system issues

The ICB should work with its providers to establish mechanisms through which they report cross-system issues to it, so the ICB can support the relevant response when required.

3.4. Define how PSIRF implementation will be monitored

Monitoring the success of a provider's implementation approach will inform when interventions may be needed to ease the transition to the PSIRF. Monitoring these outcomes should be considered:

- degree to which the PSIRF policy and plan have been implemented post transition – the policy and plan may need to change in response to this information
- integration of the PSIRF across different services in an organisation – the PSIRF applies to all NHS-funded secondary care services
- extent to which the PSIRF has become a routine way of working.

4. Patient safety incident response planning (months 7–10)

An organisation's patient safety incident response plan will form part of its patient safety incident response policy to guide agreed responses to patient safety incidents.

Relevant ICB leads (and other stakeholders, including NHS England in a commissioning function) should be active partners and engaged throughout response planning. Some ICBs may find it useful to develop an ICS-level plan although this is not required.

Check in with providers as required through regular or ad-hoc meetings depending on your programme structure.

Provide insight about risks and issues at system level.

Support collaboration between the different parts of the system as needed.

Consult the [Guide to responding proportionately to patient safety incidents and the plan template](#) during this planning phase.

5. Curation and agreement of policy and plan (months 9–12)

In this phase the ICB agrees each provider's patient safety incident response policy and plan, which have been drafted based on findings from the work undertaken in the earlier preparation phases.

Patient safety incident response policy and plan templates are [available](#).

A provider's patient safety incident response policy should describe its approach to responding to patient safety incidents for the purpose of learning and improvement.

The patient safety incident response plan is akin to a 'plan on a page' – that is, it sets out the organisation's patient safety incident and issue profile and details the methods it will use to respond in a way that maximises learning and improvement.

5.1. Populate the policy and plan templates and share these with stakeholders

Check in with providers as required through regular or ad-hoc meeting depending on your programme structure.

Support collaboration between the different parts of the system as needed.

Ensure that relevant ICB colleagues (and other commissioning teams are required) are informed of progress. This will support smooth sign-off at a later stage.

5.2. Respond to stakeholder feedback on the draft policy and plan

ICB lead(s) should plan time to review each provider's draft policy and plan, signalling any changes necessary to support their approval.

5.3. Agree how to manage transition from the SIF to PSIRF

There should be clarity about the transition from the Serious Incident Framework (SIF) to PSIRF processes before a plan is signed off and enacted.

Discussion should focus on (and agreement reached):

- setting a cut-off date for accepting incidents for investigation under the SIF or an overlap phase
- developing a plan to ensure that all relevant staff (at place and system) know the transition date/phase and what they are required to do or how this affects them (eg changing how incidents will be reported on StEIS)
- a date for switching quality assurance of learning response reports from the ICB to the provider board (this may occur before the transition from SIF to PSIRF if desired and the provider board have the correct systems and training in place)
- when the ICB will be able to support cross-system responses.

5.4. Ensure commitment to delivering required improvement

Before signing off a patient safety incident response policy and plan, the ICB must be satisfied that the provider has committed to the agreed approach to addressing identified gaps in its patient safety incident response system.

A provider should only be prevented from transitioning to the PSIRF if its response system is deemed unsatisfactory and it does not have an agreed plan to improve this.

5.5. Seek approval/sign off and agree ‘transition date’

ICB lead(s) should be actively engaged in the development of an organisations patient safety incident response policy and plan to ensure issues can be resolved ahead of final sign-off by the ICB and the provider board.

Once the provider ICB and any other commissioner (where required) has signalled its approval of the documents and transition date, the documents should be published on the provider’s website. Work should then begin to deliver the new policy and plan.

NHS England region requirements

1. PSIRF orientation (months 1–3)

This phase supports PSIRF leads at all levels of the system to familiarise themselves with the revised framework and associated requirements.

It establishes important foundations for PSIRF preparation and subsequent implementation.

1.1. Create an implementation team

Each NHS England region should have an established PSIRF lead. This should be someone with patient safety experience, and who may have a role in supporting oversight of patient safety incident response in systems and links to system quality groups, regional quality groups, LMNSs and colleagues from specialist areas such as specialised commissioning and Health and Justice.

The regional PSIRF lead should establish links with ICB PSIRF leads in their region, and the PSC lead, to identify which groups and/or networks (existing or newly formed) could support PSIRF implementation.

The regional PSIRF lead should be kept informed of the high-level detail of implementation plans and progress across the region through ICB PSIRF leads. The regional PSIRF lead should also be informed of the specific steps the ICB is taking to support preparation for PSIRF (including working with your PSC and development ICB internal systems and processes).

Colleagues should agree how to share information with each other.

1.2. Allocate time for reading and reflection

Attend the PSIRF orientation webinars (or watch the recordings).

Allocate sufficient time to read and digest key documents.

If regional leads are unclear about any details they should talk to those more familiar with the PSIRF and its application (eg early adopters and/or national colleagues).

Book time to meet PSC leads, ICB leads and other colleagues who will need to be involved (eg other commissioning teams and chairs of LMNSs) to discuss and reflect on your understanding as required.

Bring national colleagues into discussions as required.

1.3. Identify knowledge and support needs for getting started

Meet all ICB PSIRF leads as well as internal colleagues to discuss how you will work together to support PSIRF implementation.

Source intelligence to help you understand 'readiness' across local boundaries.

Connect with ICB and PSC leads to define how implementation will be monitored across your region and ensure relevant stakeholders are updated on progress.

1.4. Create a stakeholder list and plan engagement

Check in with your ICB leads to understand how they are supporting the PSIRF preparation and how you may be able to help, eg by signposting to good practice examples.

Ensure you engage with colleagues across NHS England and other colleagues at a regional level who need to understand the PSIRF (eg those involved in system quality group and quality oversight roles, including LMNSs and safeguarding).

1.5. Agree structures and processes for programme management

Provide a mechanism for ICB leads to share their experience and progress.

Ensure meetings with ICB leads focus on supporting learning, change and improvement. Use the support offer and improvement expertise of the PSC.

Provide the system quality group, regional quality group and other groups (or colleagues) with information about how the programme will be supported and managed.

1.6. Set ambition for PSIRF implementation

Through ICB leads – working with the PSC lead – regional leads should be informed of the high level detail of the implementation approach across the region.

Support discussion regarding aspects of preparation and transition as required; where organisations may be struggling to find a solution, share examples of approaches other areas are taking. Share insight with the national PSIRF Implementation Group.

2. Diagnostic and discovery (months 4–7)

The purpose of this phase is to understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. Providers will identify strengths and weaknesses and ultimately define the necessary improvement in areas that will support PSIRF requirements and transition.

Understand how the ICB leads are working with providers to support their diagnostic work and how their own diagnosis work is progressing.

Ensure the region undertakes work to:

- build understanding about how to support openness and transparency
- determine what mechanisms need to be established to support cross-system and regionally led/ commissioned independent investigations
- ensure both regional and ICB colleagues in oversight roles meet PSIRF training requirements.

3. Governance and quality monitoring (months 6–9)

This phase begins to define the oversight structures and ways of working that will come into place once organisations have transitioned to PSIRF

Start developing processes for working with ICB leads and colleagues in the region (particularly those leading LMNSs and commissioning) to understand:

- how provider response system effectiveness will be monitored after transition to the PSIRF (see [Oversight roles and responsibilities specification](#) for further information)
- how providers and ICBs are responding to challenges and gaps in PSIRF requirements
- where there may be opportunities for regional support and/or need for expertise regarding specific areas across systems.

PSIRF ICB leads (and other stakeholders as required) should be involved in discussions about the development of these processes.

4. Patient safety incident response planning (months 7–10)

In this phase providers identify their patient safety incident and improvement profiles, and what resources they have. This information is used to develop a patient safety incident response plan that will form part of their patient safety incident response policy to guide agreed responses to patient safety incidents.

Consult the [Guide to responding proportionately to patient safety incidents document and the plan template](#) during this planning phase.

Check in with ICB leads as required through regular or ad-hoc meetings depending on your programme structure.

Provide insight about risks and issues at regional level (this may be from data or feedback).

Support collaboration between the different parts of the system as needed and bring in other regional colleagues with insight into certain areas.

5. Curation and agreement of policy and plan (months 9–12)

In this phase providers draft and agree their patient safety incident response policy and plan, which are based on the findings from work undertaken in the preparation phases.

ICB (and /or other commissioning leads) and provider board agreement of the plan and policy, and the transition date, will be required before a provider can transition to PSIRF.

Check in with ICB leads as required through regular or ad-hoc meetings depending on your programme structure.

Support collaboration between the different parts of the system as needed.

Regional colleagues can be asked to review policy and plan documents and provide feedback, and providers and ICBs should consider any feedback.

If the region has any concerns it feels must be addressed, regional leads must engage PSIRF ICB leads and provider PSIRF leads as required.

Regional leads should understand how transition will be managed across systems and share this knowledge other colleagues (eg those in specialised commissioning roles or regional chief midwives).

Regional leads do not need to be involved in detailed planning conversations (unless they are acting in a commissioning capacity) – these should happen at provider and ICB level.

Regional teams do not need to be involved in sign off (unless they are acting in a commissioning capacity) but should have sight of the final documents and be told the agreed transition date.

Patient safety collaborative requirements

1. PSIRF orientation (months 1-3)

This phase supports PSIRF leads at all levels of the system to familiarise themselves with the revised framework and associated requirements.

This phase establishes important foundations for PSIRF preparation and subsequent implementation.

1.1. Create an implementation team

The implementation team developed by providers and ICB leads will be a core part of any networking activity. The PSC PSIRF lead should work with regional and ICB PSIRF leads to identify stakeholders who can support and co-ordinate a plan for PSIRF implementation across the relevant geographical footprint.

The network should be established as early in PSIRF preparation as possible and should include:

- provider and ICB PSIRF leads
- PSIRF early adopters
- other colleagues who have a role in patient safety incident response and/or oversight in specific areas, eg maternity, specialised commissioning, safeguarding, Health and Justice.

The network will support organisations to work through the preparation phases by convening the system, co-ordinating network activities, and providing coaching and improvement support using systematic methods, such as establishing a breakthrough series or similar learning system approach.

1.2. Allocate time for reading and reflection

Read and digest the national PSIRF documentation.

If you are unclear about any detail talk to those more familiar with PSIRF and its application (eg the National Patient Safety Team and early adopters in your area).

Using this preparation guide highlight areas of PSIRF implementation planning where you have or know how to access expertise that may be useful (eg communications, stakeholder engagement, quality improvement, safety culture and implementation plan writing).

1.3. Identify knowledge and support needs for getting started

Working with the region and ICB leads (and other stakeholders in the PSC) identify support needs within and across different providers and use this to inform how you will support implementation.

PSC leads should understand what stage providers are at in their PSIRF preparation so that they can be proactive in supporting provider and ICB PSIRF leads where this is needed.

1.4. Create a stakeholder list and plan engagement

Consider how to support development of provider stakeholder communication plans, such as by providing guidance, networking, using internal engagement experience and expertise, and signposting to support from others as required.

1.5. Agree structures and processes for programme management

Close working with regional and ICB leads (and other commissioners as required) will be important to ensure any networking events and materials respond to the needs of providers and PSIRF requirements.

Agree how the PSC will work with ICB and regional leads towards a shared aim.

Work in line with the PSC commission and relevant quarterly assurance and stocktake processes.

1.6. Set ambition for PSIRF implementation

Consider appropriate ways to support providers with developing their implementation plans.

2. Diagnostic and discovery (months 4–7)

The purpose of this phase is to understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement. Providers will identify strengths and weaknesses and ultimately define the necessary improvement in areas that will support PSIRF requirements and transition.

Identify and use your expertise to support specific activities (eg system or process mapping or analysis to understand incident response capacity, thematic analysis, and data for improvement).

Support provider PSIRF leads to access support through signposting.

3. Governance and quality monitoring (months 6–9)

This phase begins to define the oversight structures and ways of working that will come into place once organisations have transitioned to PSIRF

Identify and use your expertise to support specific activities (eg establishment of metrics and methods for monitoring system design as outlined in the [Oversight roles, and responsibilities specification](#)).

Support provider PSIRF leads to access support through signposting.

4. Patient safety incident response planning (months 7–10)

In this phase providers identify their patient safety incident and improvement profiles, and what resources they have. This information is used to develop a patient safety incident response plan that will form part of their patient safety incident response policy to guide agreed responses to patient safety incidents.

Identify and use your expertise to support specific activities.

Support provider PSIRF leads to access bespoke support through signposting.

5. Curation and agreement of policy and plan (months 9–12)

In this phase providers draft and agree their patient safety incident response policy and plan based on work undertaken in the preparation phases.

Identify and use your expertise to support specific activities.

Support provider PSIRF leads to access bespoke support through signposting.

The PSC is not required to sign-off provider policies or plans; however, they should provide ongoing support and coaching to facilitate learning.

NHS England national patient safety team requirements

1. PSIRF orientation (months 1–3)

1.1. Create an implementation team

Establish and lead the national PSIRF Implementation Group.

1.2. Allocate time for reading and reflection

Questions will likely arise as PSIRF stakeholders read and digest the national PSIRF documentation.

Invite and respond to questions and comments (through the national PSIRF Implementation Group) and consider whether any guidance needs clarification, and if does how this should be cascaded.

1.3. Identify knowledge and support needs for getting started

The PSIRF Implementation Group should provide information on how relationships are being developed, the identified support needs across systems and if and how these could be addressed.

Consider if any national action or clarification is needed.

Provide insight from or links to early adopter work as required.

1.4. Create a stakeholder list and plan engagement

Review planned engagement including:

- PSIRF webinars at key touch points through the preparation phases
- specific events for key stakeholder groups (eg PSC, ICB, regional leads, maternity leaders, regional safeguarding leads).

1.5. Agree structures and processes for programme management

Agree role of national PSIRF Implementation Group in considering progress across organisations, barriers and facilitators, and reflecting on and adapting national plans as required.

1.6. Set ambition for PSIRF implementation

The national PSIRF Implementation Group will share information nationally about how implementation plans are being developed and any issues that region or PSC colleagues have identified.

2. Diagnostic and discovery (months 4–7)

Continue to review and develop national tools and guidance as required.

Facilitate national learning events relevant to this phase.

Use communication channels (eg through the PSIRF Implementation Group and PSCs) to understand how this phase is progressing.

When issues or challenges are identified, respond through collaboration, or do specific pieces of work.

3. Governance and quality monitoring (months 6–9)

During this phase the national team will establish processes to monitor:

- effectiveness and usability of the guidance and tools provided
- effectiveness and accessibility of national webinars
- effectiveness of support infrastructure in place via PSCs
- quality of training offered by providers on the NHS training and development framework.

An independent evaluation of PSIRF implementation started in May 2022; it will include both formative (throughout implementation) and summative (at the end of implementation) assessments of the application of PSIRF principles and response methodology. Further areas to explore will be considered as this work takes shape.

4. Patient safety incident response planning (months 7–10)

The national PSIRF Implementation Group will share information nationally about how implementation plans are being developed and any issues that regional or PSC colleagues have identified.

It will inform how the national team could collaborate with others (or do specific pieces of work) to respond to any identified issues.

5. Curation and agreement of policy and plan (months 9–12)

The National Patient Safety Team do not need to be involved in sign-off but can be and can provide advice and guidance as required.

Contact us:
patientsafety.enquiries@nhs.net

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of other formats on request.

© NHS England 2022

Publication approval reference: PAR1465