



<b>Name of Policy</b>	Patient Safety Incident Response Policy
<b>Policy Number</b>	C19
<b>What the Policy will achieve</b>	To outline the overarching management of patient safety
<b>Who needs to know</b>	All staff, Trustees and volunteers
<b>Date approved</b>	
<b>Approved by</b>	Clinical Committee, SMT
<b>Version</b>	1.1
<b>Date of review</b>	September 2025

### Version History

<b>Version Number</b>	<b>Version date</b>	<b>Changes made</b>	<b>By Whom</b>	<b>Approved by</b>
1.0	Sept 2022	New policy	Helen Bennett	SMT/Trustees
1.1	Sept 2023	Revised	Helen Bennett	SMT

# **Alexander Devine Children's Hospice Service**

## **Patient Safety Incident Response Policy**

### **1.0 Policy Statement**

This policy supports the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out Alexander Devine Children's Hospice Service (ADCHS) approach to developing and maintaining effective systems and processes for responding to patient safety incidents and issues for the purpose of learning and improving patient safety.

### **2.0 Introduction**

The PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient 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 patient safety incidents
- application of a range of system-based approaches to learning from patient safety incidents
- considered and proportionate responses to patient safety incidents and safety issues
- supportive oversight focused on strengthening response system functioning and improvement.

### **3.0 Aim and Scope**

This policy relates to responses to patient safety incidents for the purpose of learning and improvement. Any response that seeks to find liability accountability or causality is beyond the scope of this policy.

ADCHS promotes a culture of open and honest and transparent reporting of incidents and fosters an approach of learning and improvement from incidents.

#### **4.0 Related Policies/Procedures/Guidelines**

Risk Management Policy  
Safeguarding Policy  
Consent Policy  
Complaints Policy  
Audit Policy  
Quality and Improvement Plan

#### **5.0 Responsibility/Accountability**

The ultimate responsibility for Patient Safety and quality lies with the Board of Trustees and Chief Executive, delegating authority for the implementation of this policy on an operational level to the Director of Care.

The Director of Care will ensure that the organisation meets the expectations set out in this policy and ensure patient safety is central to overarching governance of the organisation. The Director of Care and Quality and Governance Lead will receive reports of incidents, accidents, identified near misses, never events and complaints and assess and manage these in accordance with incident management systems.

All staff have a personal responsibility to be familiar with the patient safety incident policy and report to senior staff any incidents that they become aware of. Staff are required to cooperate with risk management procedures and patient safety processes and take all necessary actions required to reduce risk and manage patient safety.

#### **6.0 Compliance with Statutory Requirements**

CQC 5 Domains  
Health and Safety at Work Act 1974  
NHS Patient Safety Incident Response Framework  
Local ICB Patient Incident Management Policy

#### **7.0 Incident Management**

##### **7.1 Engaging and involving patients, families and staff**

ADCHS seeks to engage with all those affected by an incident and promotes an open and honest culture with compassionate communication. We recognise that learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. ADCHS prioritises compassionate engagement and involvement and seeks to understand and answer any questions that arise in relation to an incident.

ADCHS will seek to involve patients' families and carers as partners in their own care and in providing oversight of incident analysis and service improvement.

## 7.2 Systems approach

ADCHS will proportionally respond to individual patient safety incidents and will conduct an analysis of all incidents on an annual basis with identified actions and improvements using an investigation framework for example SEIPS – The Systems Engineering Initiative for Patient Safety (a framework for understanding the structures, processes and outcomes in healthcare and their relationships).

## 7.3 Response

ADCHS will respond to incidents and safety issues in a way that maximises learning and improvement. All learning and action will be integrated into the Quality and Improvement plan and Risk Management register.

## 7.4 Oversight and improvement

All incidents have oversight from Clinical Committee, SMT and Trustee Board. Data is reported to the ICB's and annual reports aligned to the Quality Accounts.

## 8.0 Staff Training

Training and information will be provided to staff on:

- Patient Safety Incident Framework
- Incident reporting
- Risk Management

## 9.0 Monitoring and Review

All incident management will be overseen and monitored by Clinical Governance meeting, SMT and Trustee Board.

This policy will be reviewed biannually and when there are changes to legal requirements or best practice.