**St Elizabeth Hospice - Patient Safety Incident Response Plan**

| Patient Safety Incident Type | Required Response | Anticipated improvement Route |
|---|---|---|
| Incidents meeting a national priority such as Never Events & those meeting the Learning from Deaths criteria | PSII – as soon as possible after the patient safety incident is identified | Led by Clinical Governance Lead or Medical Team.<br>Completed within 1 – 3 months from the start date.<br>To be reviewed by QAIG (Quality Assurance & Improvement Group).<br>ICB Head of Patient Safety to be informed |
| Patient related incidents resulting in moderate or above harm (including near misses) | Initial swarm huddle – as soon as possible after the patient safety incident is identified.<br><br>To review in governance meetings for appropriate proportionate response which could include PSII or AAR | Led by Clinical Governance Lead.<br>Completed no later than one month from the start.<br>Reviewed by QAIG.<br>Involvement of patients / clients / relatives & staff in developing safety actions & improvement plans. |
| Pressure ulcers Category 1 – 2 | Audit monthly. | Led by Clinical Governance Lead.<br>Completed within one month from the start.<br>To be reviewed by QAIG. |
| Pressure ulcers Category 3 and above | Initial swarm huddle – as soon as possible after the patient safety incident is identified.<br><br>To review in governance meetings for appropriate proportionate response which could include PSII or AAR | Led by Clinical Governance Lead. Completed no later than one month from the start.<br>Reviewed by QAIG.<br>New Pressure ulcers Category 3 and above reported to CQC. |
| Drug / medication related incidents resulting in level 3 or above harm (including near misses) | AAR using elements of SEIPS.<br><br>Use SEIPS to identify focus of investigation. | Led by IPU Team Leaders / Medical Team.<br>Completed within 7 days from the start.<br>Reviewed by QUAD (Quality Assurance of Drugs)<br>Involvement of patients / clients / relatives & staff in developing safety actions & improvement plans. |

| | | |
|---|---|---|
| | | All controlled drug incidents submitted to LIN. |
| Drug / medication related incident harm level 0-2 | Audit monthly | Led by IPU Team Leaders.<br>Completed within one month from the start.<br>Reviewed by QUAD.<br>All controlled drug incidents submitted to LIN. |
| Slips, trips, falls – no and low harm | Audit monthly | Led by therapy team.<br>Completed within 1 month from start.<br>Reviewed by QAIG. |
| Multiple incidents identified as need for further investigation ie. Multiple near miss falls incidents / medication related incidents | AAR (after action review) | Led by:<br>- Clinical Governance Lead / Therapy team (for patient related incidents)<br>- IPU Team Leaders / Medical Team (for drug / medication related incidents)<br>Completed within 1 month of start.<br>Reviewed by QAIG / QUAD<br>May involve multiple stakeholders including patient representatives. |
| Delayed or failed admission, discharge or transfer into or from the community | AAR (after action review) – as soon as possible after the incident identified | Led by IPU Team Leaders.<br>Completed within 5 days from start.<br>Reviewed by QAIG |
| IT / Information Governance (IG) incident resulting in data breach | AAR (after action review) – as soon as possible after the incident identified | Led by DPO (Data Protection Officer)<br>Completed within 5 days of start.<br>Reviewed by QAIG |
| Theme identified by QAIG as requiring further investigation | SEIPS | Learning from incident Response.<br>Developing Safety Actions.<br>Improvement plans. |

**After Action Review (AAR)**

A structured approach for reflecting on the work of a group and identifying strengths & weaknesses and areas for improvement. Takes the form of a facilitated discussion following an event or activity. It enables understanding of the expectations and perspectives of all those involved and it captures learning, which can then be shared more widely. Can be used for any activity or event that has been particularly successful or unsuccessful and aims to capture learning from these tasks to avoid failure and promote success for the future.

### Swarm huddle

Swarm based huddles are used to identify learning from patient safety incidents. Immediately after an incident, staff "swarm" to the site to quickly analyse what happened and how it happened and decide what needs to be done to reduce the risk.

### MDT (multidisciplinary team) review

The multidisciplinary team (MDT) review supports health and social care teams to: identify learning from multiple patient safety incidents; agree the key contributory factors and system gaps in patient safety incidents; explore a safety theme, pathway, or process; and gain insight into 'work as done' in a health and social care system.

### PSII (Patient Safety Incident Investigation)

A PSII offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how.

A patient safety incident investigation (PSII) is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning.

### SEIPS (System Engineering Initiative for Patient Safety)

SEIPS ( System Engineering Initiative for Patient Safety (SEIPS) is a framework for understanding outcomes within complex socio-technical systems. SEIPS can be used as a general problem-solving tool (eg to guide how we learn and improve following a patient safety incident, to conduct a horizon scan, and to inform system design).

## St Elizabeth Hospice Data Analysis

| | No of incidents over period 1 Jun 21-31st May 23 | Average - Month | Average - Year |
|---|---|---|---|
| Complaints | 32 | 1.3 | 16 |
| Concerns | 17 | 0.71 | 8.5 |
| Falls, slips and trips | 224 | 9.33 | 112 |
| Pressure Ulcers | 317 | 13.21 | 158.5 |
| General Incidents (not drug or falls) | 127 | 5.29 | 63.5 |
| Drugs | 289 | 12.04 | 144.5 |
| Safeguarding | 5 | 0.21 | 2.5 |

In addition to the above incidents, St Elizabeth Hospice do receive complaints / concerns which are dealt with appropriately and according to the hospice complaints policy.

Plan to be reviewed April 2026.