Patient safety incident response plan

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Introduction

This patient safety incident response plan sets out how Evolve Psychology Services will respond to patient safety incidents over a period of 12 to 18 months. The plan is not a rigid approach that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

Our services

Evolve Psychology Services provides highly-specialist neurodevelopmental assessments for Children, Young People and Adults, for the purpose of identifying Autism and Attention Deficit Hyperactivity Disorder (ADHD). Figure 1 broadly outlines the pathways followed for these services. In addition to these services, during 2025, additional service lines around post diagnostic care, physical health checks for those referred for autism assessment will be added (where applicable). Services are conducted digitally and face to face, solely or in a hybrid model and clients may be self-pay, insured or referred under NHS Right to Choose.

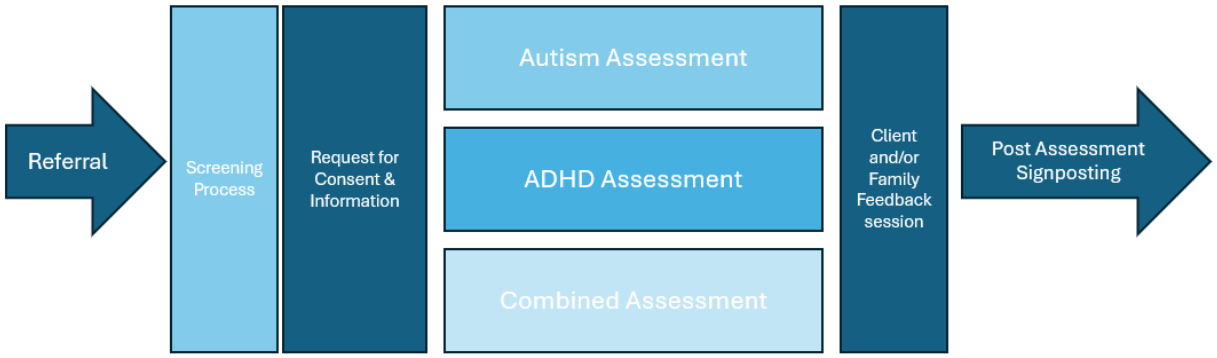

Figure 1 – illustration of Patient Pathways within Evolve Psychology Services

Evolve Psychology Services, is a relatively small but expanding, national organisation, conducting approximately 400 appointments monthly. We operate clinics in Harrogate, Huddersfield and Exeter and our new clinic in Norwich is due to open in early 2025. As demonstrated in Figure 2, all satellite clinics link closely with head office, which is currently situated in Harrogate, alongside our Harrogate clinic.

Each clinic consists of 3-6 rooms, located in easily accessible locations, and situated in serviced office buildings, with serviced reception and meeting facilities. Clients may attend in person appointments, at any clinic of their choosing, regardless of their home location.

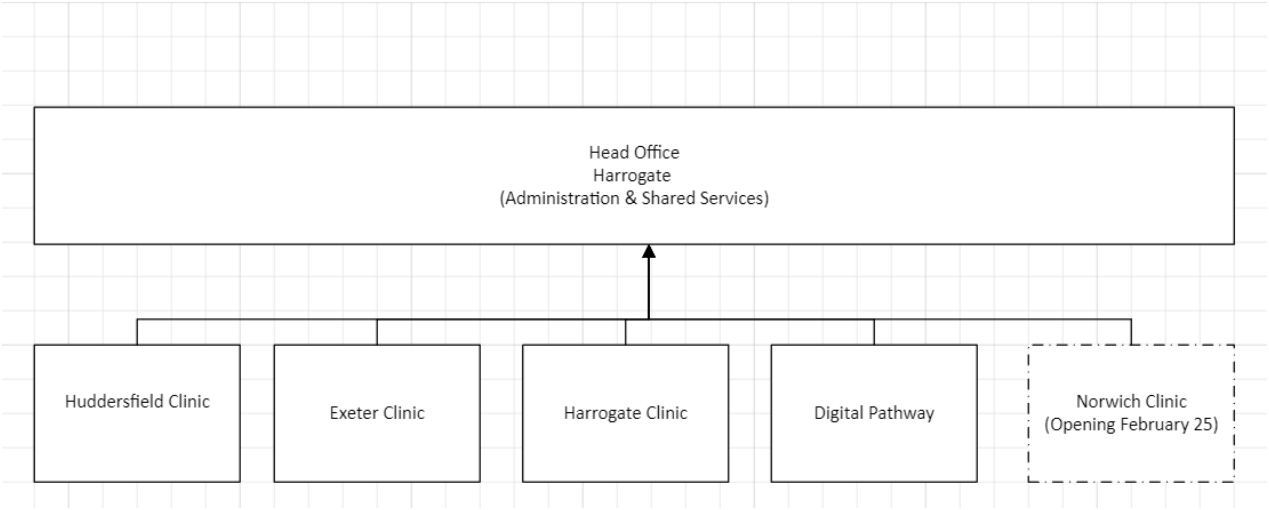

Figure 2 – Service Delivery Locations

Historically, Evolve Psychology Services has seen only a small number of incident reports, adverse feedback and complaints, HR investigations and adverse events. None of these incidents would meet the threshold for PSII review under the PSIRF framework, though we have a solid track record of conducting internal reviews and implementing learning, to positively impact service quality where an incident or issue has arisen. Figure 3 illustrates our current governance structure, and the flow of information through the company,

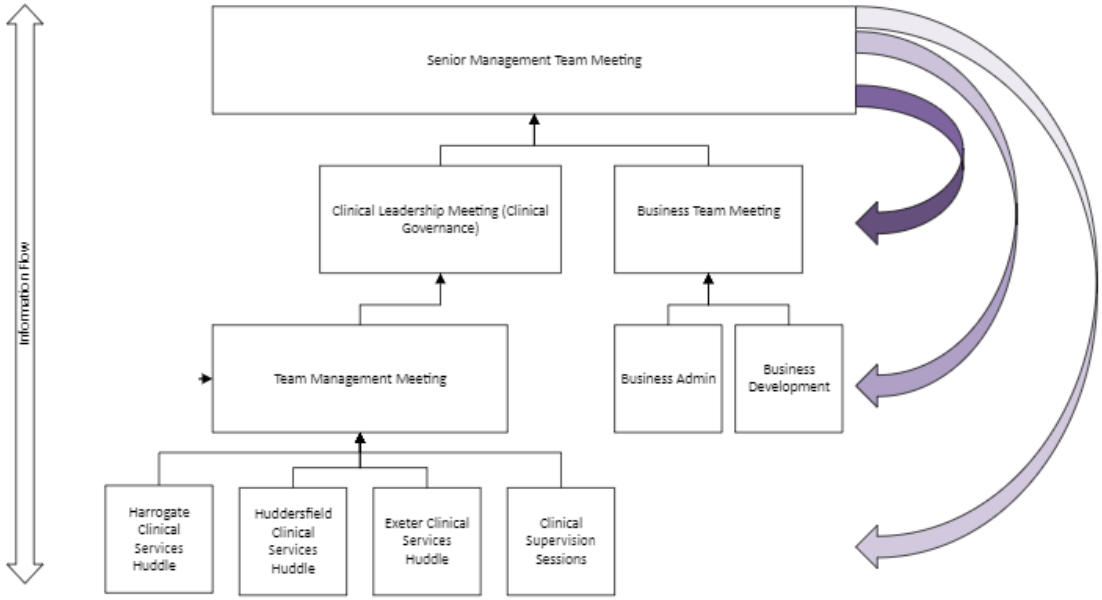

Figure 3 – Clinical and Non-Clinical Governance

Defining our patient safety incident profile

A team has been drawn together from within Evolve consisting of directors, Consultant Clinical Psychologist and Service Manager. We consulted with the West Yorkshire ICB Quality Team to draw on their expertise and learn from earlier implementers of PSIRF. The similarity in the nature of our clinical services and their delivery, lends itself to adopting one plan across the organization. We have also reviewed the following sources of information:

- Staff surveys
- Patient feedback surveys
- Incident reports
- Safeguarding referrals
- Risk recording
- Appeals against diagnostic decisions
- Complaints and compliments
- Incident investigations and reports
- Risk Assessments (operational)
- Risk Assessments (clinical)
- Clinical record Audit
- Quality management and improvement plan
- Exit interviews
- Whistleblowing incidents

PSIRF at Evolve Psychology Services, is underpinned by multilevel and multi system involvement, including, but not limited to:

- Promotion of proactive approach to risk management, with regular team huddles focused on safety, health and wellbeing per location and service wide.
- Clinical Governance structure which informs on and promotes:
- Robust incident reporting process and escalation procedure
- Education and Training
- Statutory and Mandatory Training

- Advanced training in pertinent areas of clinical skills and supportive services (Safeguarding)
- Clinical Competency Framework
- Clinical Supervision Agreements and monthly supervision sessions for all clinicians
- Quality Controls process for the review of all clinical reports prior to submission
- Data driven decision making capabilities.

Any incident, determined to offer a greater potential for learning (for example a new occurrence, an occurrence emerged from adoption of new technology or process, an occurrence of significant impact), shall warrant a separate process to approach learning. In this case, a Patient Safety Incident Investigation (PSII) meeting shall be called by the Clinical Services Manager consisting of:

- Clinical Services Manager (Chair)
- A representative Consultant Clinical Psychologist
- Administration Manager
- 2 Clinical Psychologists
- 2 Neurodevelopmental Practitioners
- An Assistant Psychologist representative
- Any other relevant representative as determined by the Clinical Services Manager
- Monthly Team management meetings, chaired by the Clinical Services Manager
- A monthly Clinical Leadership meeting, at which data and trends regarding patient safety incidents are reviewed. Identified incidents may be further escalated to the Senior Management Team
- A monthly Senior Management Team meeting serving as an escalation point to the Board of Directors (if required)

Defining our patient safety improvement profile

Our patient safety improvement plan has been developed in the context of 12 months of rapid growth for the organisation. Patient safety is a central feature of our clinical and administrative processes and designed to minimise harm through prevention. However, the review of our current processes has revealed that existing process of responding to incidents when they happen need further refinement to fit the needs of a now-national organisation. A programme of work to improve our response to patient safety is a priority over the next six months and will include:

- We have now registered with LfPSE in order to share reports following any PSIRF activity.
- Revision of the existing incident management policy to ensure this is appropriate, consistently applied, and effective.
- To identify and implement the appropriate incident reporting electronic system (either through patient record system or a separate commercially available system) to enable consistent and thorough reporting of all incidents across the organisation and to ensure robust data is gathered on incidents that occur.
- A clear incident triage process to determine the level of response needed and where this sits within the structures of the organisation.
- Further embedding of our current process for investigation incidents (where this is triaged as necessary) with a focus on a system-focused analysis, reparation, and accountability and to enable consistent and just outcomes, with an aim of developing a set of recommendations for service and system improvement
- Clear support structures for all those involved in an incident (clinicians, patients) to enable good communication, avoid further harm and to seek repair.
- A programme or training and education which starts at the level of leadership, all the way through to clinicians and administrative roles to enable a culture or transparency and confidence in reporting incidents and raising concerns and to ensure all employees are clear on their responsibilities and the safety around incident reporting. Continuing to use a robust infrastructure to promote this

culture. Facilitating access to mandatory training for all staff as well as specific training to those in designated roles is in motion at present.

- A review of all related policies (e.g. safeguarding, appeals of diagnostic outcomes, freedom to speak up) so that these are clearly linked to the incident management process.
- Using the organisational structures that are already in place to escalate data and themes from incidents and to disseminate learning.
- For this information to continue to be shared externally with relevant stakeholders. Use of the LfPSE platform to share learning. We have also proposed that the West Yorkshire Neurodiversity program considers becoming a 'hub' for PSIRF learning relevant to our service user population which is scheduled for discussion. We will work alongside Devon ICB to utilise existing networks to share learning from patient safety incidents, as well as local networks including independent provider collaborative.

Our patient safety incident response plan: national requirements

Patient safety incident type	Required response	Anticipated improvement route
Incidents meeting the Never Events criteria (Likelihood the only Never event applicable to Evolve may be fall from a window)	Locally initiated PSII in conjunction with other involved agencies (eg. Police)	Create local organisational actions and feed these into the quality improvement strategy
Death thought more likely than not due to problems in care (incident meeting the learning from deaths criteria for patient safety incident investigations (PSIIs))	PSII – Locally initiated – In conjunction with other involved agencies	Create local organisational actions and feed these into the quality improvement strategy

Our patient safety incident response plan: local focus

Patient safety incident type or issue	Planned response	Anticipated improvement route
Serious safety incident (e.g. significant harm by misadventure, significant self-harm incident, inpatient admission, forensic services involvement) in relation to a patient whilst on our waiting list for neurodevelopmental assessment	Incident investigation and possible PSII where indicated	Review of referral and triage processes and waiting list support. Review of any requests for expedition of assessment process, information received and decision making process.
Significant safeguarding event relating to a patient with active involvement of our service	In addition to cooperation with external safeguarding investigations we would consider use of PSII where we had any significant role in this event.	Review of compliance with our safeguarding policy and process, review of adequacy of safeguarding policy and process, staff training and knowledge
Events resulting in significant harm relating to mental health (e.g. significant self-harm or suicide attempt) relating to a patient with active involvement from the service	In addition to cooperation with interagency incident investigation processes, we would conduct an internal investigation/ PSII	Review of compliance with our risk recording and response process, review of adequacy of policy, staff training and knowledge
Data breach resulting in significant harm to those involved, including near misses	Incident investigation and review	Review of security of patient record system and administrative processes
Misdiagnosis following neurodevelopmental assessment as identified through application of appeal process	MDT Review of themes from diagnostic appeals	Review of adherence to clinical procedures and pathways; review to identify areas for improvement
Clinical assessment or procedure done without informed consent leading to significant harm	PSII	Review of 'consent journey' through assessment process' identify targeted areas of learning or systemic

		weaknesses to drive service improvement
Violence or aggression (by staff or patient) leading to physical or emotional harm, including near misses	Incident investigation and review using After action review (AAR) technique. AAR is a structured facilitated discussion of an event, the outcome of which gives individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement.	Review of safety measures (service-based risk assessments, patient risk recording and response process, policies relating to all forms of safety) to identify areas for improvement.

This is not an exhaustive list of potential events requiring a response from the safety team within Evolve. A 'triage' system of all incidents reported will support decision-making in relation to appropriate type of response needed.

Clear processes for investigations and responses are being developed to support a robust and consistent approach to managing all types of patient safety incident. This includes all types of investigations leading to a set of recommendations to be reviewed and approved by the senior leadership team and a plan for learning dissemination through the organisation.

Evolve Psychology Services demonstrate a commitment to the improvement of patient experience and in turn, the quality of the services it provides, through the implementation of several initiatives, linked to local, national and international best practise in the deliverance of psychological services and assessments. Additionally, the service has recently implemented an improved Electronic Patient Health Record and CRM system, both of which allow far greater data clarity and reporting to inform all company activities moving forwards. We envisage that over the next 12-18 months, the ability to harness this data and confidently advocate data driven decisions, will positively impact all areas of service. The improvement of data quality is a current priority for the service with much work being undertaken in this area.