

## Policy and SOP Template



**North East and  
North Cumbria**

<b>Corporate</b>	<b>ICBP049 Patient Safety Incident Response Framework Oversight Policy</b>
------------------	--

<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
<b>2.0</b>	March 2026	March 2029

<b>Prepared By:</b>	Head of Clinical Quality, North East North Cumbria Integrated Care Board.
<b>Consultation Process:</b>	Executive Chief Nurse
<b>Formally Approved:</b>	March 2026
<b>Approved By:</b>	Quality and Safety Committee Executive Chief Nurse

### **EQUALITY IMPACT ASSESSMENT**

<b>Date</b>	<b>Issues</b>
11.02.2026	None

### **POLICY VALIDITY STATEMENT**

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

### **ACCESSIBLE INFORMATION STANDARDS**

If you require this document in an alternative format, such as easy read, large text, braille, or an alternative language please contact [nencicb-nor.comms@nhs.net](mailto:nencicb-nor.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1.0	November 2023	Director of Nursing and Midwifery	Reviewed annually
2.0	March 2026	Head of Clinical Quality	Full refresh of v1.0

## Approval

Role	Name	Date
Approver	Quality and Safety Committee	March 2026

## Contents

Policy and SOP Template.....	1
1 Introduction .....	4
2 Definitions .....	4
3 Purpose.....	5
3.1 Scope .....	5
4 Role & Responsibilities (also outlined in Appendix A) .....	5
4.1 NHS England National Team .....	6
4.2 NHS England Regional Team .....	6
4.3 Integrated Care Board .....	6
4.4 ICB Patient Safety Specialist.....	6
4.5 ICB Patient Safety Partners.....	7
4.6 ICB and commissioned providers.....	8
4.7 Local Maternity and Neonatal System (LMNS).....	8
4.8 Care Quality Commission (CQC) .....	8
4.9 Health Services Safety Investigations Body (HSSIB) .....	9
5 Addressing health inequalities.....	9
6 Engaging and Involving Patients, Families and Staff following a Patient Safety Incident 9	
7 Provider patient safety incident response policies and plans .....	10
8 Approval of Provider Patient Safety Incident response policies and plans .....	11
9 Cross System Investigations .....	11
10 Patient Safety Training .....	11
10.1 Patient Safety Syllabus Training.....	12
10.2 PSIRF Specific Training .....	12
11 Implementation.....	12
12 Documentation.....	13
12.1 Related policies .....	13
12.2 Legislation and statutory requirements.....	13
13 Monitoring, Reviewing and Archiving .....	13
13.1 Monitoring.....	13
13.2 Review.....	13
13.3 Archiving.....	13
14 Appendix A: Overview of organisational responsibilities .....	14
15 Appendix B: ICB Provider Sign Off Process.....	15
16 Appendix C: PSIRF Competencies Learning response leads .....	17
17 Appendix D Schedule of Duties and Responsibilities .....	17
18 Appendix E Equality Impact Assessment.....	19

## 1 Introduction

This policy describes and defines the responsibility of NHS North East and North Cumbria Integrated Care Board (ICB) approach to Patient Safety Incident Response Framework (PSIRF and its oversight of organisations that have transitioned to PSIRF.

In March 2020, NHS England (NHSE) published PSIRF to replace the Serious Incident Framework (2015). PSIRF is a key part of the patient safety strategy (NHSE 2019) and supports the NHS to improve its understanding of safety by drawing insight and learning from patient safety incidents.

PSIRF fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. PSIRF is not an investigation framework to determine the cause of death or to hold any individual or organisation to account.

PSIRF advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents. PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

PSIRF embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Any organisations with an NHS 26/27 standard contract are mandated to adopt PSIRF. This includes Independent Providers of NHS funded care.

As part of the Primary Care Patient Safety Strategy, which launched in September 2024, primary care services are expected to implement PSIRF in a way that is proportionate, flexible, and contextual. In the meantime, they will continue to operate under the Serious Incident Framework (2015).

This policy document will be subject to review on an annual basis or in the event of further national guidance.

## 2 Definitions

The following terms are used in this document:

- Learning from Patient Safety Events (LFPSE) – system for recording and learning from patient safety events in healthcare.
- Patient Safety Incident Investigation (PSII)
- Patient Safety Partners (PSP)
- Patient Safety Specialist (PSS)
- Patient Safety Incident Response Framework (PSIRF) - This sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
- Serious Incident (SI)
- Serious Incident Framework (2015)

- Strategic Executive Information System (StEIS)- a national database used for recording details of serious incidents which have occurred during provision of NHS funded care.

### **3 Purpose**

The leadership and management functions of PSIRF are multifaceted. PSIRF advocates oversight that enables organisations to demonstrate improvement rather than compliance with prescriptive, centrally mandated measures. To achieve this, oversight of patient safety incident response under PSIRF must focus on proportionate responses to incidents and learning in a no-blame culture.

This policy supports development and maintenance of an effective patient safety incident response that integrates the four key aims of PSIRF and which are aligned to our existing ICB principles:

The following principles underpin the ICB approach to and oversight of PSIRF:

- Improvement is the focus.
- Blame restricts insight.
- Learning from patient safety incidents is a proactive step towards improvement.
- Collaboration is key.
- Psychological safety allows learning to occur.
- Curiosity is powerful.

#### **3.1 Scope**

Responses under this policy follow a systems-based approach. This recognises that patient safety is an emergent property of the healthcare system that is, safety is provided by interactions between components and not from a single source.

Where other processes exist with a remit of determining liability or to apportion blame, or cause of death, their principal aims differ from a patient safety response. Therefore, the following processes are outside the scope of this policy.

- claims handling,
- human resources investigations into employment concerns,
- professional standards investigations,
- information governance concerns
- estates and facilities concern
- financial investigations and audits
- safeguarding concerns
- coronial inquests and criminal investigations
- complaints (except where a significant patient safety concern is highlighted)

### **4 Role & Responsibilities (also outlined in Appendix A)**

#### **4.1 NHS England National Team**

NHS England (NHSE) national team will support the activity of regional teams, provide strategic direction and leadership, and monitor the effectiveness of PSIRF.

#### **4.2 NHS England Regional Team**

The NHSE regional teams will support ICB PSIRF leads, collaborate with NHS England commissioned services as required, support a learning system, support co-ordination of cross-system responses to patient safety incidents and identify incidents that may require centrally co-ordinated and independent PSII.

#### **4.3 Integrated Care Board**

The ICB will respond to patient safety incidents and will work as a system convener :

- Collaborating with their providers in the development, maintenance, and review of provider patient safety incident response policies and plans
- Agreeing provider patient safety incident response policies and plans
- Overseeing and support effectiveness of systems to achieve improvement following patient safety incidents
- Supporting co-ordination of cross-system learning responses
- Sharing insights and information across organisations/services to improve safety.

#### **4.4 ICB Patient Safety Specialist**

The ICB Patient Safety Specialist (PSS), with support from the wider Quality Team, will work collaboratively with ICB colleagues and commissioned services across the system to develop, maintain and review patient safety incident response policies and plans.

The ICB PSS lead will:

- review the application of the national PSIRF standards.
- establish roles, responsibilities, and structures for oversight within the ICB, and at system and provider level.
- Will establish mechanisms for escalation of incidents and risks that may require learning across the ICB and system.

The designated ICB PSS will work collaboratively internally and across the system in the development and review of PSIRP's (Patient Safety Incident Response Plans) to:

- understand patient safety improvement profiles.
- support the selection of appropriate response methods for anticipated patient safety incidents based on an understanding of potential for new learning and ongoing safety improvement work.
- support provider organisations to work in collaboration.

## 4.5 ICB Patient Safety Partners

Patient Safety Partners (PSP) are a key element of the National Patient Safety Strategy relating to the involvement of patients, carers, families, and lay people as partners in improving the quality and safety of NHS care.

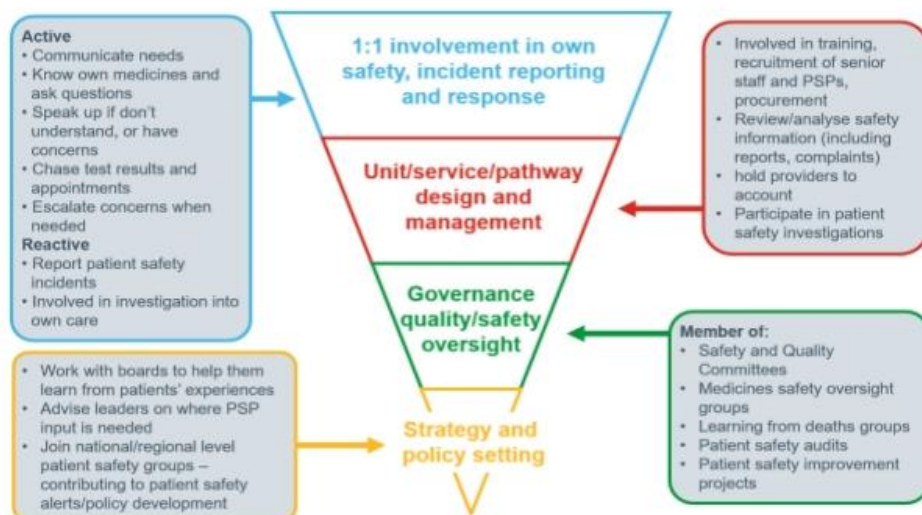
PSPs have an important role with the PSIRF, bringing the patient perspective to patient safety investigation and learning alongside the role of those directly involved in incidents.

The ICB PSPs will support the PSIRF process through active involvement in PSIRF system learning forums, and where appropriate working with provider PSPs to support learning and improvement. All ICB PSPs supporting PSIRF work will have undertaken the specific PSIRF training alongside relevant staff.

The ICB PSPs will also work with the ICB, in line with the national guidance, in wider areas linked to patient safety improvement. These include:

- **Service and pathway design.** Patients should be involved in service and pathway design; in some cases, this may be a PSP or a wider patient representative.
- **Safety governance.** PSPs can contribute and add value to safety governance by, for example, sitting on relevant committees to support compliance monitoring, responding to safety issues, reviewing data and reports, and providing appropriate challenge to ensure learning and change. The ICB PSP is a member of the ICB Quality Committee and the ICS System Quality Group.
- **Strategy and policy.** PSPs can ensure patients' perspectives are considered and provide valuable insights on the risks to patients; for example, where transitions in care and integration of care pathways are being considered.

The potential roles of PSPs within organisations, as outlined in the National Patient Safety Strategy, has been described below.



## **4.6 ICB and commissioned providers**

**4.6.1** Internally the ICB will respond to any patient safety incidents reported through our internal reporting system (currently SIRMS) and in line with the Incident Reporting and Management Policy. (ICBP020) The ICB will respond to any emerging themes and ensure learning is shared within the organisation to promote continuous improvement and prevention of future incidents.

**4.6.2** Providers who have transitioned to PSIRF must ensure their organisations meet the relevant standards while also receiving assurance of learning response outputs. Providers must ensure that standards for the legal duty of candour are adhered to for patient safety incident investigations and reviews.

For some smaller providers, who typically report a very small number of incidents annually, a PSIRP may not be required (Appendix B). Where a full PSIRP is not intended to be completed this must be agreed with the ICB Director of Quality as soon as possible during PSIRF preparation. However, where the provider and the ICB agree a full PSIRP is not required, the provider should update their incident management policy to incorporate PSIRF and the incident response process.

Grant funded independent provision, such as hospice providers, are not required to complete a PSIRP as they are not subject to an NHS Standard Contract. These providers are encouraged to complete a PSIRF checklist or, as per Appendix B, update their incident management policy to incorporate PSIRF and incident response process.

Primary care services will continue to report patient safety incidents in line with the Serious Incident Framework (SIF) until further national guidance is published regarding PSIRF and primary care. This guidance will be amended when further national guidance is received.

## **4.7 Local Maternity and Neonatal System (LMNS)**

The LMNS and other local support networks play a crucial role in supporting improvement and facilitating review of patient safety incident responses. The ICB ensures that provider organisations continuously demonstrate their commitment to engaging with the LMNS and other local support networks as key stakeholders within their patient safety incident response plan.

In addition, the LMNS supports the review of incident responses between Trusts which enables shared learning and understanding of the approaches being taken. This also reduces the risk of organisations becoming isolated and brings a level of standardisation regarding how incidents are being managed and reviewed.

## **4.8 Care Quality Commission (CQC)**

The CQC will assess systems and organisations' ability to respond effectively to patient safety incidents, including whether change and improvement follow its response to patient safety incidents.

## **4.9 Health Services Safety Investigations Body (HSSIB)**

HSSIB investigations identify the contributory factors that have led to harm or have the potential to cause harm to patients. HSSIB recommendations aim to improve healthcare systems and processes to reduce risk and improve safety.

## **5 Addressing health inequalities**

The ICB recognises there is a no one-size-fits-all-approach to support patients, families including unpaid carers and staff in response to a patient safety incident.

The ICB is committed to providing equality of opportunity for all individuals involved in an incident. While recognising that effective engagement and involvement and the consideration of differential needs of individuals, will enable opportunities for learning as well as embedding quality improvements at both a local and system levels.

Further benefits of PSIRF include supporting the implementation of a just culture. This will help to reduce the ethnicity gap in rates of disciplinary action across the NHS workforce in relation to patient safety incidents.

The flexible approach for PSIRF also supports addressing concerns specific to health inequalities. It provides an opportunity to learn from patient safety, whilst tools made available in the patient safety incident response toolkit also prompt consideration of inequalities in the development and maintenance of patient safety incident response plans.

## **6 Engaging and Involving Patients, Families and Staff following a Patient Safety Incident**

The ICB will ensure those affected by patient safety incidents have the opportunity to participate in any subsequent patient safety investigation. This enables an understanding of what has happened, allows for any questions to be answered and for any signposting to be actioned.

In addition, the ICB will ensure that the regulatory and professional requirements for Duty of Candour (DoC) are delivered.

The ICB promotes and embraces a just culture to ensure that staff are treated fairly and appropriately following patient safety incidents. When supporting investigations or providing system oversight for patient safety reviews the ICB will ensure that engagement from staff has been sought.

When considering PSIRF plans the ICB will ensure that organisations have systems and structures in place to enable managers and wider staff to:

- be confident about which incidents are being investigated and why.
- understand the potential impact of patient safety incidents on staff.
- recognise and help to manage the signs and symptoms of stress (including those associated with post-traumatic stress disorder) in themselves and colleagues.
- have access to support following patient safety incidents.

## **7 Provider patient safety incident response policies and plans**

The ICB will work collaboratively to support the development and review of patient safety incident response plans and policies ahead of formal ratification and approval by the respective quality committees and Boards.

Where a provider has multiple commissioners of services, the lead commissioner will take a lead role and involve associate commissioners and wider stakeholders (e.g. LMNS) proportionate to the levels of interest in the provider.

The ICB when considering PSIRF plans must ensure that it is clearly stated how the organisation intends to deliver an effective response to patient safety incidents. The response methods the organisation intends to use to respond to patient safety incidents for the purpose of learning and improvement must also be detailed as well as how they will engage with, and support, those directly involved in the incident.

The ICB quality teams will seek assurance that there has been engagement with staff and patients in the drafting and reviewing of any PSIRF plans and policy, including in the identification of local priorities.

Monitoring and regular review of the PSIRP must form part of the overarching quality governance arrangements and be supported by clear financial planning to ensure that appropriate resources are allocated to review, investigation and improvement activities.

The ICB PSS and quality team will collaborate with providers to assess whether the systems and processes put in place to respond to patient safety incidents have achieved demonstrable improvement.

Where a regulator or oversight organisation has concerns regarding the safety of NHS commissioned services, additional information and assurance will be sought from the provider. If this involves the commissioning of an independent investigation or review, this will be additional to those in the provider's PSIRP.

## **8 Approval of Provider Patient Safety Incident response policies and plans**

The ICB is required to approve and sign off the incident response policies and plans for provider organisations within the North East and North Cumbria system or where it has been agreed that the ICB is the lead commissioner. Approval of an organisation's policy and plan demonstrates the ICB acknowledgement that the documents have been developed according to PSIRF guidance and meet (or demonstrate a plan to meet) PSIRF standards.

The ICB Provider sign off process can be found in Appendix B

## **9 Cross System Investigations**

There is often more than one organisation involved in the care and service delivery in which a patient safety incident has taken place; and all providers and commissioners are required to have a process in place to recognise incidents that require a cross system learning response.

The organisation that identifies the incident is responsible for recognising the need to alert other providers, commissioners, and partner organisations via their respective risk management or governance teams. A lead organisation should be identified to coordinate the investigation; this should be agreed by all organisations involved.

Responses should be managed as locally as possible to facilitate the involvement of those affected by the incident and those responsible for delivery of the service where the incident occurred. However, where a PSII involving multiple providers and or services across a care pathway is too complex or costly to be managed by a single provider the ICB will support the co-ordination of a cross system PSII, working with local partners.

The ICB will seek the views of local system partners to ensure that learning responses are co-ordinated at the most appropriate level of the system. Where there is insufficient capacity and or capability, providers should engage early with the ICB who will support the co-ordination of a cross system learning response.

The ICB PSS will liaise with relevant providers (and other ICBs or ICSs if appropriate) to agree how the PSII will be led and managed and how actions will be monitored. Where necessary this will include appropriate record sharing across organisations.

The incident should be reported onto LFPSE. All providers are expected to respond and participate in joint investigations when requested.

The ICB will also ensure that providers have systems in place to support a co-ordinated and measured, systems-based response to high profile or complex incidents such as mental health homicides which includes how to support the needs of those affected during the investigation (as per national guidance). The ICB will work with the NHS England Regional Independent Investigations Team where appropriate, including working with providers to ensure referral of relevant cases.

## **10 Patient Safety Training**

## **10.1 Patient Safety Syllabus Training**

The Patient Safety Syllabus, Curriculum Guidance and e-learning has been developed following the publication of the NHS Patient Safety Strategy. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors.

### **Level 1 and 2**

Level 1 and 2 training has been made mandatory for all ICB staff. Completion of the training will help to ensure health and care services are as safe as possible for patients and service users.

### **Levels 3 and 4**

In addition to the level 1 and 2 training, all Patient Safety Specialists working in NHS organisations and registered with NHS England will be required to undertake level 3 and 4 training via a blended learning approach which commenced in the autumn of 2023.

## **10.2 PSIRF Specific Training**

The ICB recognises that those involved in the review of patient safety incidents and investigations and those providing an oversight function require specific knowledge and skills. This includes knowledge of systems thinking and system-based approaches to learning from patient safety incidents.

NHS England has developed training for staff in PSIRF specific roles, and a national procurement framework has been developed and training suppliers identified. Training includes two days training for staff involved in reviewing and investigating systems incidents, one day training for those staff that will engage with both staff and patients involved in incidents and one day training for those staff that have organisational wide oversight roles.

The ICB is committed to ensuring that all relevant staff have access to appropriate, high quality patient safety training in line with national requirements.

In addition to the training, clear competencies were also developed for those staff involved in patient safety in either leading learning responses, patient and staff engagement and involvement and oversight. These can be found in Appendix C.

## **11 Implementation**

This policy will be available to all staff for use in relation to the specific function of the policy.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **12 Documentation**

### **12.1 Related policies**

Incident Reporting and Management Policy ICBP020

### **12.2 Legislation and statutory requirements**

[NHS England » NHS Standard Contract](#)

## **13 Monitoring, Reviewing and Archiving**

### **13.1 Monitoring**

The ICB Board will agree with the Chief Nurse and AHP Officer a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **13.2 Review**

The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision

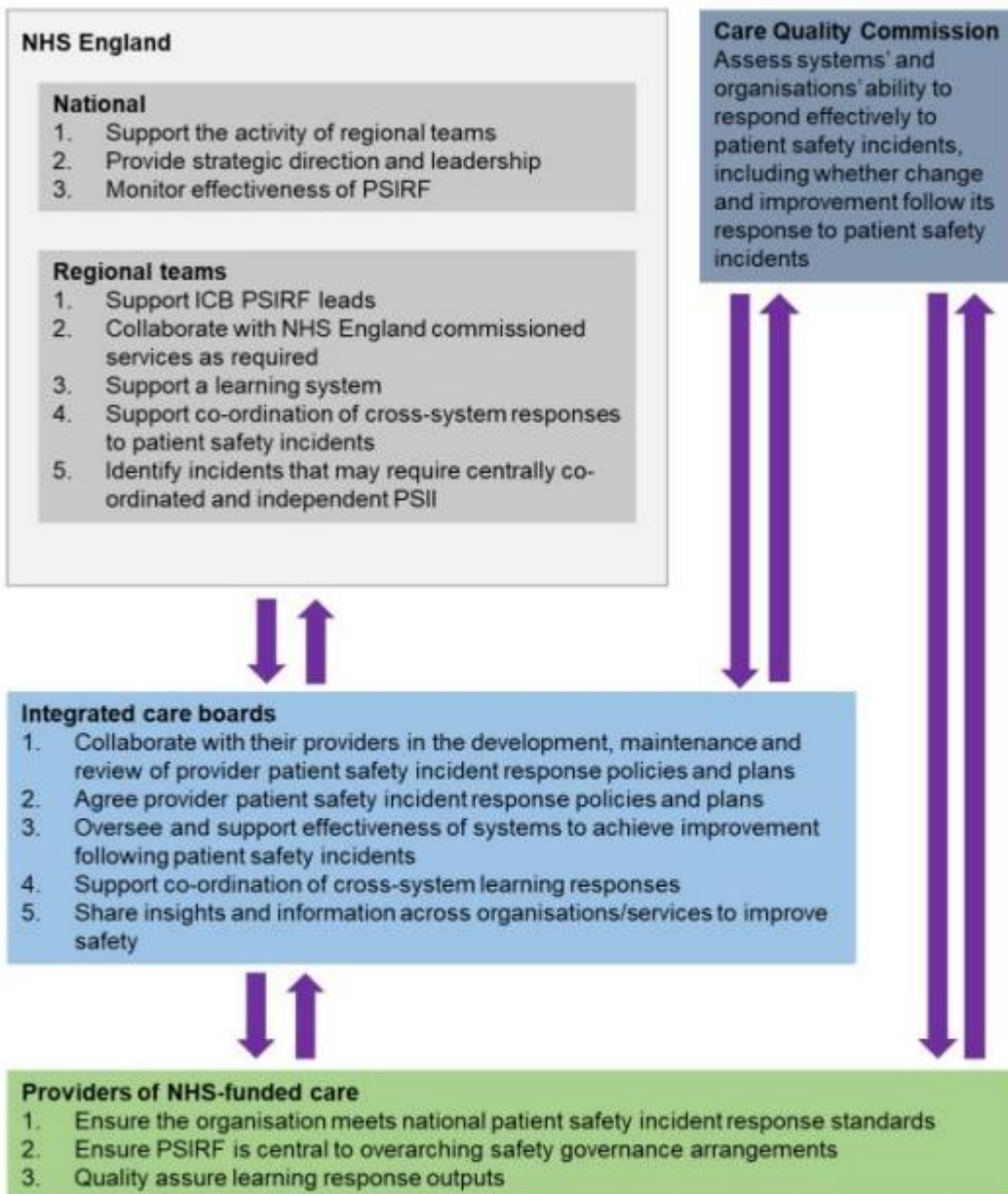
For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director, and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **13.3 Archiving**

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

## 14 Appendix A: Overview of organisational responsibilities



## 15 Appendix B: ICB Provider Sign Off Process

The ICB sign off process for Patient Safety Incident Response Plans (PSIRPs) and Policies should be followed.

The Quality team should assess if the policy and plan meet the required standards. Ultimately a PSIRF **policy** should describe the provider's approach to responding to patient safety incidents for the purpose of learning and improvements. The **plan** should set out the organisations patient safety profile and detail the methods it will use to respond in a way to maximise learning and improvement.

Once the policy and plan are supported, they can be submitted to the ICB for approval. The below checklist will be used to review and approve the plan and policy.

### Implementation Checklist

An implementation check list supports the process and covers the following:

- Is there a clear plan for engaging and involving those affected by patient safety incidents?
- Is there a PSIRF policy in place? Does the PSIRF policy articulate how PSIRF is embedded into the organisations governance arrangements? Will the current Policy be published on the providers website?
- Is a Patient Safety Plan in place? Does the plan demonstrate a thorough analysis of relevant organisational data? Is there a clear rationale for each response to each patient safety incident type? Has the plan been agreed at executive level?
- Is there a planned arrangement to enable the ICB to discharge their responsibility regarding 'ongoing' oversight and collaboration?
- Are there dedicated learning response leads?
- Is there a dedicated staff resource to support engagement and involvement of those affected?
- Is there a training needs analysis and training plan?
- Is there a plan for enabling proportionate responses to be met?
- Is there a plan to implement LFPSE?

### Where a full PSIRP is required using the national template

A formal sign off letter will be issued determining a mutually agreed 'go live' date for PSIRF implementation. Inform Quality Team of 'go live' date.

### Where a concise PSIRP is required using the national template as a guide

The mutually agreed 'go live' date for PSIRF implementation should be recorded in the minutes of the Contract meeting. The PSIRF Oversight Group should be informed once this has occurred. Inform Quality Team of the 'go live' date.

### Where a PSIRP is not required

Updated policy should be ratified at contract meeting; this should be included in the minutes and communicated to the PSIRF Oversight Group.

## **Oversight of PSII post implementation of PSIRF**

Providers not on version 6 of reporting systems are asked to use StEIS to record incidents that are subject to Patient Safety Incident Investigation (PSII).

All incidents reported as PSII post PSIRF implementation will be reviewed internally by the organisation at safety/learning panels with ICB Quality/PSS representation.

The provider should communicate when the PSII can be closed on StEIS, there is no requirement for ICB sign off or assurance documents.

## **16 Appendix C: PSIRF Competencies Learning response leads**

All staff leading learning responses should be able to:

- Apply human factors and systems thinking principles to gather qualitative and quantitative information from a wide range of sources.
- Summarise and present complex information in a clear and logical manner and in report form.
- Manage conflicting information from different internal and external sources.
- Communicate highly complex matters and in difficult situations.

### **Engagement and involvement competencies**

- Communicate and engage with patients, families, staff, and external agencies in a positive and compassionate way.
- Listen and hear the distress of others in a measured and supportive way.
- Maintain clear records of information gathered and contact with those affected.
- Identify key risks and issues that may affect the involvement of patients, families, and staff.
- Recognise when those affected by patient safety incidents require onward signposting or referral to support services.

### **Oversight roles training and competencies**

All staff with oversight roles can:

- Be inquisitive with sensitivity (that is, know how and when to ask the right questions to gain insight about patient safety improvement).
- Apply human factors and systems thinking principles.
- Obtain (e.g. through conversations) and assess both qualitative and quantitative information from a wide range of sources.
- Constructively challenge the strength and feasibility of safety actions to improve underlying system issues.
- Recognise when safety actions following a patient safety incident response do not take a system-based approach (e.g. inappropriate focus on revising policies without understanding 'work as done' or self-reflection instead of reviewing wider system influences).
- Summarise and present complex information in a clear and logical manner and in report form

## **17 Appendix D Schedule of Duties and Responsibilities**

Through day-to-day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the Local Counter Fraud Service (LCFS), alternatively, reports can be made directly to the Executive Director of Finance. If the referrer believes that the Executive Director of Finance or CFS may be implicated in a fraud they should notify whichever party is not believed to be involved, who will then inform the Chief Executive.

<b>ICB Board</b>	The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents
<b>Chief Executive</b>	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
<b>Director of Quality</b>	The Director of Quality will have oversight and management responsibility for this policy
<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul>

## 18 Appendix E Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

The relevance of proposals and decisions to equality, diversity, cohesion and integration.

Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).

Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

**Name:** Maureen Gordon

**Job Title:** Head of Clinical Quality

**Organisation:** North East and North Cumbria ICB

**Title of the service/project or policy:** Patient Safety Incident Response Framework Oversight Policy

### Is this a;

**Strategy / Policy**  **Service Review**  **Project**

**Other** [Click here to enter text.](#)

### What are the aim(s) and objectives of the service, project or policy:

This policy supports the requirements of the PSIRF and sets out the ICB 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.

### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

**Staff**

**Service User / Patients**

**Other Public Sector Organisations**

**Voluntary / Community groups / Trade Unions**

**Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: Eliminating unlawful discrimination, victimisation and harassment Advancing quality of opportunity Fostering good relations between protected and non-protected groups in either the workforce or community	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

This is an internal; Standard Operating Procedure (SOP) based on national guidance. It applies equally to all staff. No staff are disadvantaged by this procedure.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: "If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact <a href="mailto:nencicb-sun.reception@nhs.net">nencicb-sun.reception@nhs.net</a>		
<b>If any of the above have not been implemented, please state the reason:</b>		

N/A

**Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Ann Fox	Deputy Chief Nurse	24.02.26

**Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.