



Talking Therapies



Patient safety incident response policy

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Big Life Group Health & Wellbeing Division Patient Safety Incident Response Policy (PSIRF) links to the related policies already in place at Big Life Group listed below:

- Big Life Group Safeguarding Policy
- Comments and Complaints Policy
- Incidents and Serious Incidents Requiring Investigation (SIRI) Policy

Points of note:

- Services to which this policy applies will be referred to as “BLG Mental Health Services” which sit within the Health & Wellbeing Division of Big life Group.
- The term “Client” will be used when referring to service users, The term “Patient” will be used when referring to “Patient Safety”.



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1. Purpose

This policy supports the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out **Big Life Group's** 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.

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.

2. Scope

This policy is specific to patient safety incident responses conducted solely for the purpose of learning and improvement across **Big Life Group Health & Wellbeing division- Mental Health Services**

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 component. Responses do not take a 'person-focused' approach where the actions or inactions of people, or 'human error', are stated as the cause of an incident.



There is no remit to apportion blame or determine liability, preventability, or cause of death in a response conducted for the purpose of learning and improvement. Other processes, such as claims handling, human resources investigations into employment concerns, professional standards investigations, coronial inquests, and criminal investigations, exist for that purpose. The principle aims of each of these responses differ from those of a patient safety response and are outside the scope of this policy.

Information from a patient safety response process can be shared with those leading other types of responses, but other processes should not influence the remit of a patient safety incident response.

3. Our patient safety culture

Big Life Group foster an open and just culture and recognise that staff strive to do their best but sometimes, situations do not go as planned. When this happens, staff will need support and Big Life Group will need to review what happened to ensure that we learn and continuously improve our services. When reviewing and exploring such situations, Big Life Group will ensure that they will adopt a strengths-based approach, and engage their 6 values and the “Big Life Way”:

Big Life Organisational Values:

- Courage
- Inspiring
- Honest
- Valuing Difference
- Creative
- Thoughtful

The Big Life Way:

- Community led.
- First Class.
- Listen, learn, change.
- Never give up.
- People not problems.
- The Big Life Way.
- Treat new ground.



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- Work in partnership.

The Big Life Group supports the principles of the NHS 'Just Culture Guide', promoting an environment focused on learning rather than assigning blame. When things go wrong, we will explore broader system factors to identify barriers and improve patient safety.

Big Life leadership take a trauma-informed approach of collaboration, rather than a “done to” approach when leading on change and provide opportunities for staff to share feedback of their experiences, to contribute to change projects and inform development of improved processes and to make complaints where necessary, all of which foster trust and commitment to best practice.

Where learning responses are identified that relate to skill development following exploration of safety incidents or thematic reviews, Big Life will respond by providing additional training, continuous professional development opportunities, individual coaching or debrief bulletins as well as sharing system issues with the relevant teams within the core business.

Big Life group has a whistleblowing policy, as well as a grievance procedure and a Human Resource (HR) team who can be contacted for guidance and support as staff feel necessary.

Big Life Group carry out staff surveys on a bi-annual basis to obtain staff feedback on a range of topics, such as: job satisfaction and targets, organisational culture, mission and values, group communication, training and development, health and safety, and wellbeing. Ad hoc experience surveys will also be conducted where a particular need for further information has been identified.

Clinical and reflective supervisors undertake annual reviews, with the view to improve and develop the support offered to supervisees.

Big Life group are committed to maintaining training standards as well as appropriate competence of staff, including but not limited to:

- A requirement for clinical staff to be appropriately registered and / or accredited with a relevant governing body.
- A requirement of staff to undertake annual mandatory training.
- Responsive approaches to changes in landscape and current thinking, i.e.: maintaining compliance with new guidelines such as NICE.



4. Patient safety Stakeholders

Big Life Mental Health Risk & Quality (MH R&Q) team will support and promote the application of this PSIRF policy, supporting colleagues in BLG Mental Health Services division to implement the PSIRF principles and to adopt the broader safety perspective that PSIRF promotes. The MH R&Q team will also continue to work closely with the oversight committees identified in the table below – there is a brief description of the function of each committee:

Table 1: Oversight Committees

Name of Committee / Group	Function relating to PSIRF
Integrated Commissioning Group (ICB)	Manage contracts and review Quality Schedule submissions.
Big Life Group Quality Committee	Has oversight of all incidents, safety incidents, safeguarding concerns, and compliance.
Clinical Quality & Assurance Group (CQAG)	Review practice, ensure compliance with Talking Therapies expectations, NICE guidelines, and governing body requirements
Serious Incident Review Groups (SIRG)	Have oversight of all “serious incidents” and will review PSII reports and After-Action Reviews (AAR): check compliance and recommend actions where appropriate
Family & Next of Kin	Have input into patient safety responses, inform terms of reference, and can provide feedback of experiences
Clients (Patients)	Can provide feedback via Patient Experience Questionnaires (PEQs) and “Friends & Family” questionnaires, as well as via Big Life Complaints process

As this policy is adopted and implemented, the existing BLG Duty of Candour processes will also be subject to review in 2024/25.



5. Addressing health inequalities

The Big Life Group is committed to reviewing and responding to local health inequality data, improving access to Talking Therapies in a responsive and proactive way. As an independent provider, The Big Life Group has a core role to play in the mental health services provision the local communities. This includes understanding and reacting to psychosocial factors that may have an impact on our client's experience, implementing measures to support clients to attend and engage with treatment, reducing the likelihood of incomplete episodes of care, and promoting recovery (as defined by Minimum Data Set measures taken throughout the client's episode of care, in line with NICE guidelines).

An annual Equality Impact Assessment is conducted for each service to assess whether service policy, practices, or decision-making processes are presenting any disadvantage or barriers to participation for protected groups. Where areas for improvement have been identified, a remedial action plan will be implemented.

The BLG Mental Health services have several tools and initiatives to tailor support to and engage the needs of our clients in a meaningful way, and BLG Mental Health services offer a range of appointment times to support engagement for those who may require an 'out of hours' appointment, and face to face venues are available in all local populations where BLG Mental Health services are provided.

BLG Mental Health services are committed to identifying areas of development. The Risk and Quality Team undertake continuous audits and analysis, using systems-based tools to identify learning opportunities. This will ensure that safe practices remain in place, and methods used to engage local populations remain appropriate, responsive, and successful.

BLG Mental Health services are committed to identifying areas of development, chiefly through engagement of the Risk and Quality Team who undertake audit and analysis and using systems-based tools support the division in identifying learning opportunities to ensure that safe practices remain in place, and methods used to engage local populations remain appropriate, responsive, and successful.

Feedback is gained directly from clients who have been discharged from service using Patient Experience Questionnaires (PEQ) which enables the division to act learn from the findings and provide a proactive response to support future clients.

BLG Mental Health services are looking to enhance the current Duty of Candour policy, to ensure that this is a more robust policy and provides ample opportunity for



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involvement in learning opportunities to those who are involved in or have been impacted by a patient safety response event.

6. Engaging and involving patients, families and staff following a patient safety incident

The PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. It supports the development of an effective patient safety incident response system that prioritises compassionate engagement and involvement of those affected by patient safety incidents (including patients, families, and staff). This involves working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

As this policy is adopted and implemented, the existing BLG Duty of Candour processes will also be subject to review in 2024/25 – the existing Duty of Candour policy can be found in **Appendix (i)**.

BLG Mental Health services will utilise the support of Experts by Experience Volunteers and staff members to advise on, deliver and review service provision.

Within the review of our Duty of Candour process, this will include mechanisms for clients or family members affected by patient safety events to ensure their voice is heard. BLG Mental Health services are committed to ensuring that the voice of the client and family members is not lost during the process and recognises that these individual experiences are key to providing a framework that supports clients and family members in all future learning responses and outcomes.

The engagement and support of staff during and following a patient safety event is crucial to the learning process. Staff will be supported from the identification of the event through the agreed process (AAR, PSII etc) and after the conclusion of the learning response. Support and oversight will be available to all staff impacted and will include those undertaking the PSIRF response.

There are several avenues of support available to staff members who are involved in and/or affected by a learning response:

- Supervision with line managers
- Reflective practice sessions



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- Debrief sessions with line manager and/or service manager and/or members of Risk and Quality Team
- Peer support sessions
- Access to Lifeworks

As part of the reflective nature of PSIRF, there will be ongoing opportunities for staff to reflect and share their experience of being involved in a learning response, in the hopes that these first-hand reflections can offer guidance to any necessary/relevant changes to the PSIRF processes and how these are undertaken within the BLG H&W division.

It is important to allow the response leads ample opportunity to reflect on the successes and learning from their completed responses. With this in mind, a reflective session will be available to discuss and review any previous responses and those that are currently being undertaken.

7. Patient safety incident response planning

Big Life Group adopts a patient safety culture and works to address health inequalities (see section 5), seeking to engage the communities in which it provides services to inform delivery models. BLG invites feedback and responds to comments, complaints, and suggestions with a view to improve and develop services to best meet the needs of service users.

The PSIRF supports organisations to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm. Beyond nationally set requirements, organisations can explore patient safety incidents relevant to their context and the populations they serve rather than only those that meet a certain defined threshold.

This section will describe the tools and resources BLG will use to ensure optimum responses are taken both following a patient safety incident, and to identify where potential incidents may occur with a view to taking a generative approach, thus preventing such incidents.

Examples of responses to a patient safety event / incident may include, but not be limited to:

1. **Tabletop review** – including a debrief with all team members who touched the event / incident
2. **After Action Review**



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3. **Patient Safety Investigation (PSII)**
4. **Thematic reviews**

These responses are further detailed in section 11: Responding to Patient Safety Incidents

Examples of taking a generative approach may include, but not be limited to:

1. Horizon Scanning

- Identifying emerging trends in presentations & planning to meet the increased / changing needs of patients.
- Identifying emerging pressures on services & planning to mitigate against any associated risks.

2. Taking a creative and proactive approach to long term system challenges

- Safer Waiting initiatives.
- Taking a partner approach with patients to manage wellbeing: empowering patients to take an active role in their wellbeing and readiness for therapy / intervention by providing psychoeducation, tools and resources at the earliest opportunity.

3. Thematic reviews

- Whilst thematic reviews are predominantly responsive, they can also be used to identify patterns of behaviours, patterns in presentations and existing responses that can be improved and developed.

8. Resources and training to support patient safety incident response

When a PSIRF learning response is identified, the responsibility for completing the response will be allocated to an investigator within the Risk & Quality team (referred to as a PSIRF response lead). All PSIRF response leads will have who have completed Level 2 in Safety Investigation and will have previously completed investigations under the Serious Incidents framework.



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Staff within BLG Mental Health Services roles listed below will be required to complete the Big Life Group 'Essentials of Patient Safety for Talking Therapies Access to Practice 1 & Access to Practice 2 – Level 2' – accessed via Learn well (the Big Life Group online learning platform):

- Administrators
- Case & Community Workers
- Managers & Team Leaders
- Senior Managers
- Business Support

Staff within the following roles will be required to complete the Essentials of Patient Safety for Talking Therapies Managers (Level 1) – Accessed on E-learning for Healthcare (Known as 'Elfh') via Learn well:

- Managers & Team Leaders
- Senior Managers
- All other respective team members with management responsibilities of those who are frontline staff

Members of the Quality Committee will be required to complete the following training - Accessed on Elfh via Learn well:

- Essentials of Patient Safety for Talking Therapies Staff (Level 1)
- Essentials of Patient Safety for Board and Senior Leadership

It is desirable that members of the Board of Directors have completed the following training - Accessed on Elfh via Learn well:

- Essentials of Patient Safety for Talking Therapies Staff (Level 1)
- Essentials of Patient Safety for Board and Senior Leadership

Training compliance can be monitored through reports generated by the Learn well Training Team.



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9. Our patient safety incident response plan

Our plan sets out how Big Life Group intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent set of rules that cannot be changed. We will remain flexible and consider the specific circumstances in which each patient safety incident occurred and the needs of those affected, as well as the plan.

The patient safety plan can be found here for internal staff and can be shared externally on request: [BLG PSIRF Plan v.1 \(08 04 2024\).docx](#)

10. Reviewing our patient safety incident response policy and plan

Our patient safety incident response plan is a 'living document' that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will review the plan every 12 to 18 months to ensure our focus remains up to date; with ongoing improvement work our patient safety incident profile is likely to change. This will also provide an opportunity to re-engage with stakeholders to discuss and agree any changes made in the previous 12 to 18 months.

Updated plans will be published on our website, replacing the previous version.

A rigorous planning exercise will be undertaken every four years and more frequently if appropriate (as agreed with our integrated care board (ICB)) to ensure efforts continue to be balanced between learning and improvement. This more in-depth review will include reviewing our response capacity, mapping our services, a wide review of organisational data (for example, patient safety incident investigation (PSII) reports, improvement plans, complaints, claims, staff survey results, inequalities data, and reporting data) and wider stakeholder engagement.

11. Responding to patient safety incidents

11 (i) Patient safety incident reporting arrangements

It is first important to outline what we mean when we describe something as a patient safety incident:



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Anything can be an incident such as a complaint from a patient, routine care delivery, something that happens outside of routine care expectations, where the incident differs from expected and routine care and may or may not result in the death of a patient but still requires an exploration of all events leading up to the incident, or an incident that differs from expected and routine care and has resulted in harm or death of a patient and requires thorough exploration of all events throughout the patient journey.

The processes for reporting of safety events and incidents along with the response decision and response options are outlined in the following sub-sections.

11(ii) Reporting procedures for a notification of a client death

The following process is in place to manage a new notification of a patient safety event, specifically a notification of the death of a client:



Notification%20of%20client%20death%20e

All local coroner's offices have contact emails and telephone numbers for our services and will alert the service manager and head of risk and quality when they suspect a deceased person subject to inquest may have been connected with our services.

The Service Manager or Head of Risk & Quality will respond to the enquiry (usually submitted via email directly to those members of the team) within the same working day.

If the Service Manager or Head of Risk & Quality are not available, an out of office reply will provide contact details of an alternative person who will be able to provide the response.

Within the Health & Wellbeing division is Living Well (Tameside) partnership service delivered by several organisations.

The non-clinical pathway is overseen by the Big Life Group and the clinical pathway is overseen by Pennine Care. Due to this structure, clients are often seen by staff from different organisations during their engagement with Living Well (Tameside).

The following communication process has been approved and implemented by both Big Life & Pennine Care, to ensure a prompt and seamless approach when processing and managing a notification of client death.



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- When a service is informed of a client's death (either by the coroner/a frontline worker/family member) the first step is for their Head of Quality to be notified
- Once the Head of Quality is informed, they will email their equivalent other
- The email should also be sent to:
 - o BLG Quality & Assurance Lead
 - o BLG & Pennine Service Managers, (so they complete service manager tasks, as outlined in this SOP)
 - o BLG & Pennine Informatics Leads (as actions may be required to obtain client notes)

The email should state:

- Who has died (include name, DOB, initials, and any client reference number)
- The date of client's death
- How the client died (if known)
- Who is leading the investigation (i.e., Pennine Care or BLG)

All future communication relating to the client will contain the client's BLG & Pennine reference number in the subject box.

The aim of this communication process is to ensure all relevant members of staff from BLG & Pennine are notified in a timely manner. It also provides clarity in terms of which service will be leading on any subsequent investigation. (See section 13 "Responding to cross-system incidents/issues")

As the two pathways that form Living Well (Tameside) operate on separate client databases, client notes will be shared between services to support with decision making and responses (*if the client died within 6months of involvement with services then Pennine will automatically ask for notes*).

Once initial communication between the two services has been established, BLG and Pennine Risk & Quality Leads will maintain separate email communication between the two organisations, to ensure both services are kept up to date with the response progress.

11(iii) Reporting procedures for identifying emerging issues

There are multiple mechanisms in place for identifying and subsequently reporting emerging issues and exploring themes to identify safety improvement actions in a more generative way. Below is a list, although not exhaustive of these activities:

- Weekly case management supervision.
- Fortnightly clinical supervision.



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- Monthly supervision.
- Quarterly reviews of all incidents and safeguarding concerns.
- Audits: routine and ad hoc.
- Thematic reviews of complaints or incidents.

12. Patient safety incident response decision-making

Whilst Big Life Group will routinely take a generative approach to patient safety, a retrospective response approach will also be required so that safety and quality improvements can be identified following an incident.

To facilitate this process when it is known that an incident has occurred, a Response Decision Meeting will be held within 48 hours of receiving the information.

This can be seen in the document embedded below:



Response%20decision%20meeting.docx

In line with PSIRF guidance, any patient safety response identified will be proportionate and for the purpose of identifying actions that enhance patient safety. A patient safety response will not be undertaken to meet 3rd party requirements such as reporting or data collection, and in such circumstances a more appropriate response will be undertaken.

PSIRF response leads / investigators within the mental health Risk & Quality team and staff within these roles will be supported to prioritise PSIRF responses and investigations as they arise.

13. Responding to cross-system incidents/issues

BLG Mental Health services are committed to partnership working and have developed robust relationships with external agencies such as local safeguarding boards and partner providers.

As such when notified of a patient safety event such as a Safeguarding Adult Review (SAR) by one of these agencies, we can respond following the processes already outlined within this policy.



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Where BLG Mental Health services become aware that a patient safety event also affects an external or partner agency, the Head of Risk & Quality will lead on a coordinated response, linking in with the relevant agency’s Patient safety team or equivalent. Where agreed, BLG Mental Health services will also support the agreed Patient safety response by contributing to the process or providing required information to inform the process. Any safety improvement plans developed by the lead agency should be reviewed and agreed by the service manager and relevant director and shared with the quality team prior to being finalised so that assurance can be gained for completion and embedding of improved practices.

We will work with partner agencies to facilitate smooth delivery of patient safety responses, the development of safety plans and the implementation of actions. When a patient safety event is deemed complex and cannot be managed by a single partner BLG Mental Health service will seek support, direction, and guidance along with that partner agency from the ICB Serious Incident Group.

14. Timeframes for learning responses

BLG Mental Health services have agreed 4 learning response tools that will be utilised in the first phase of PSIRF implementation, as noted earlier the policy will be reviewed after 6 months (October 2024) in operation and additional learning response tools can be included if beneficial.

The most appropriate learning response will be collaboratively agreed at the Response Decision Meeting (RDM) which is held twice weekly, on Tuesday and Thursday to minimise time between receiving a notification of death or becoming aware of an incident.

The menu of learning response tools is in the table below:

Learning response	Time for completion*	Who will be involved	General criteria
Tabletop Review	5-10 days	Head of Risk & Quality (or person deputising)+ 1 of: <ul style="list-style-type: none"> - Relevant service manager. - Investigations officer. - Member of Risk & Quality team - Director. 	The RDM panel do not identify any learning actions at their initial review of an incident.



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After Action Review (AAR)	Up to 60 days	Head of Risk & Quality (or person deputising) + 1 of: <ul style="list-style-type: none"> - Relevant service manager. - Investigations officer. - Any staff involved in the provision of care. - Family / friends / next of kin - Director. 	The RDM panel identify potential key learning at their initial review that would benefit from exploration, discussion, collaborative response planning and implementation or; the family, friends, or next of kin wishes for an aspect of care to be explored with a view to answering questions they may have.
Patient Safety Incident investigation (PSII)	UP to 6 months	Head of Risk & Quality (or person deputising) + 1 of: <ul style="list-style-type: none"> - Relevant service manager. - Investigations officer. - Any staff involved in the provision of care. - Family / friends / next of kin. - Director. - BLG medical director. 	The RDM panel identify potential key learning at their initial review that would benefit from exploration, discussion, collaborative response planning and implementation or; the family, friends, or next of kin wishes for an aspect of care to be explored with a view to answering questions they may have, and a fuller investigation into an episode of care is indicated.

**Working days.*

When considering which response will be undertaken, the RDM panel will also consider the following aspects of an individual case:

- Recency of engagement / access with the service.
- Frequency of engagement / access to the service.
- Level of risk of harm known during engagement / access with the service.



15. Learning actions: development and monitoring improvement

On completion of an incident response, an action plan will be produced in collaboration with all involved. Within the plan, timeframes and stages of implementation will be identified and each action will be owned by a lead professional and monitored by the Head of Risk & Quality.

The action plan should capture all learning opportunities and any quality & safety improvements that have been identified during the response

16. Action plans

As part of an appropriate and proportionate patient safety response there will be an action plan produced. The purpose of this plan is to bring together the findings from the event that impacted on the patient or informed the safety of the patient during their engagement with the service.

The action plan will be developed collaboratively with the PSIRF response lead and relevant service manager as part of the PSIRF response. The service manager and / or other appropriately qualified / experienced staff member will own the plan and will be responsible for the completion and implementation of the actions.

The Head of Risk & Quality will update an action plan tracker which will be updated by the action owner and reviewed by the Head of Risk & Quality.

Action plans will be proportionate, and actions will be SMART (Specific, Measurable, Achievable, Realistic and Timely) and will be recorded on the action plan tracker, stored on a shared but secure file in Teams accessible to all interested parties.

An action plan is likely to focus on areas that can be developed to enhance patient safety, actions that will be introduced into policy and process but should also include areas of good practice noted that can be recognised and shared across services within the wider Big Life Group.

The Head of Risk & Quality will share action plans with directors to be presented at Big Life Group Quality Committee meetings on a quarterly basis. Updates of any attendances and conclusions of inquests following patient deaths will also be fed



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through this mechanism where the opportunity for thematic and / or emerging trends will be realised.

Where appropriate the actions within an action plan will be added to the division's continuous improvement plan and / or risk register. Actions will also be submitted to the relevant ICB as part of the response where required.

Any action plans which have included enquiries from family or carers will be shared with the family / carer in line with the Group's Duty of Candour policy and to ensure that assurance is provided to family that their concerns have been taken into account and improvements made

BLG Mental Health services have several overarching quality plans such as:

- Quality Schedules – Completed on a quarterly basis to provide assurance to the Commissioning Board on Service Quality. This includes elements such as service delivery, staff training, staff wellbeing (satisfaction and supervision), safeguarding and incidents.
- Risk Register (RR) – This is a live document which is used to record operational and clinical hazards which may impact the ability service delivery. The risk register and action plan are monitored on a monthly basis via the senior management team. Where applicable, information will be escalated to the Big Life Leadership team and local ICB's.
- Continuous Improvement Plan (CIP) – This is a live document which is used to record all tasks identified to improve the quality and performance of services. The CIP actions are identified via multiple routes, including audits, observations, and investigations. The CIP is monitored monthly via senior management meetings. Where applicable, information will be escalated to the Big Life Leadership team and local ICB's.
- CQC Framework self-assessment – Completed on an annual basis. Each service has been internally assessed against the 5 quality domains 'safe' 'effective' 'caring' 'responsive' 'well-led'. A remedial action plan has been developed to address areas for improvement.

These plans are routinely reviewed, updated, and adapted to respond to the outcomes of improvement efforts as well as to other external influences such as national guidelines (NICE, NHS England).



17. Oversight roles and responsibilities

PSIRF guidance encourages organisations to have oversight systems which allow them to demonstrate improvement rather than just compliance with centrally mandated measures. It asks that the following principles of oversight are adopted:

- Focus is on improvement rather than compliance.
- A no blame culture – blame limits insight.
- Making safety improvements from patient safety incidents is a proactive step towards improvement.
- Collaboration is key.
- Psychological safety allows learning & improvement to occur.
- Curiosity is powerful.

Alongside NHS England and local ICB structures BLG have specific organisational groups and committees who will support and oversee the development, review, and approve the new Patient Safety Response policy and its subsequent implementation. Ensuring that the following PSIRF responsibilities are met:

1. **Ensuring that the organisation meets the national patient safety standards**
2. **Ensuring that PSIRF is central to overarching safety governance arrangements**
3. **Quality assuring learning response outputs**

Groups & Committees:

The Big Life group is overseen by **The Big Life group board**, which comprises non-exec directors and charity trustees. A separate Multi-Academy Trust Board oversees Big Life Schools.

As well as sitting on the board, our medical director, chairs our Quality Committee. Their job is to ensure that we continually strive to improve the quality and safety of services we deliver. The committee meets quarterly and produces a report each year assessing our standards.

Big Life Group Quality committee (QC) – The Quality Committee is responsible for monitoring and assuring the Board and Trustees on clinical and service quality and safety across the group. It reports directly to the Boards. It receives reports on:

- a. Health and Safety
- b. Safeguarding
- c. Information Governance
- d. Training
- e. Incidents & Accidents
- f. Comments and Complaints



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The Quality Committee is chaired by the group Medical Director and attended by the Executive Team, and Leadership Team members with operational responsibilities for: Safeguarding, Information Governance and Health and Safety and Learning and Quality.

Clinical Quality and Assurance Group (CQAG) – CQAG is a non-hierarchical group whose members bring a mix of clinical and operational experience, and Bi-monthly to address quality and assurance within the Health & Wellbeing division.

The Head of Risk & Quality chairs the meetings, and at least one director attends each meeting to facilitate decision-making where appropriate.

Expert by Experience Groups – BLG supports and facilitates a number of specialist interest groups including expert by experience and will seek guidance on best practice, cultural and diversity difference and needs from these groups to ensure optimum levels of safety is delivered to all.

Suicide Prevention Alliance - BLG has membership in multiple suicide prevention alliance groups across its geographical offer and is able to utilise the expertise within these groups to inform service delivery and various aspects of care (for example, a recent review of our “Assessment Outcome” letter identified as benefiting from improvement in an After-Action Review)

Development of pathways (LTC / Perinatal / Neurodiversity) – Within services there are developed referral pathways which facilitate safer care.

18. Complaints and appeals

BLG Mental Health services recognise that there will be occasions when service users, family members or carers may be dissatisfied with aspects of the care provided and welcomes feedback to aid improvements.

BLG Mental Health services will always acknowledge errors and provide a sincere and meaningful apology when things go wrong, the Group is committed to identifying improvement areas, and will work closely with clients, families and carers as desired to implement safety changes.

Please see The Big Life Group Comments and Complaints policy for further information (appendix (ii))

In the event that staff wish to make a complaint, they will be supported by their line manager and Human Resource team to do so. Where a staff member does not wish to seek support from their line manager, their complaints can be submitted in line



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with The Big Life Group Whistleblowing Policy and can be supported by the Freedom to Speak Up Guardian.

Appendices

Appendix (i) – Duty of Candour policy



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Appendix (ii) – Complaints policy



BIG011 Complaints and Complaints Poli