GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

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Guidance on NHS Wales Patient Safety Solutions

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Contents

Background

The National Reporting and Learning System (NRLS) enables patient safety incident reports to be submitted to a national database into which NHS organisations in Wales are required to report all patient safety incidents. Information regarding risks identified by the NRLS was formerly disseminated by various mechanisms developed and operated by the National Patient Safety Agency (NPSA) prior to June 2012. This included Patient Safety Alerts, Patient Safety Notices and Rapid Response Reports.

As a consequence of the abolition of the NPSA, the Welsh Government will now lead this vital role in identifying any significant safety risks and concerns and develop Patient Safety Solutions (Solutions) at a national level for issue to the NHS in Wales.

These Solutions will be informed by a number of patient safety information sources, networks and organisations working in partnership to identify and address potential patient safety risk.

The following are some examples of information that will inform the process:

- Patient Safety Alerts issued by NHS England which are informed by NRLS reporting from both England and Wales. These will be reviewed to ensure they meet the needs of the NHS in Wales
- Serious Incidents reported to Welsh Government
- Ombudsman and Coroners' reports
- Other relevant information from local, national and international sources.

Patient Safety Solutions

NHS Wales Solutions will be developed and issued in two formats:

ALERT: This requires prompt action with a specified implementation date to address high risks/significant safety problems. (See Appendix 1 - Alert template)

NOTICE: This is issued to ensure that organisations and all relevant healthcare staff are made aware of the potential patient safety issues at the earliest opportunity. A Notice allows organisations to assess the potential for similar patient safety risks in their own areas, and take immediate action. This stage 'warns' organisations of emerging risk. It can be issued in a timely manner, once a new risk has been identified to allow rapid dissemination of information for action.

Notices may be re-issued as an Alert if increased risk or further action is identified / required. (See Appendix 2- Notice template)

NHS organisations will be required to comply with specific Solutions or actions to mitigate the risk in line with the Patient Safety Solution by the specified deadline.

Solutions will be issued by Welsh Government through the Public Health Alerts System www2.nphs.wales.nhs.uk:8080/Contacts.nsf/EmailPublicPage?openpage A small number of Patient Safety Solutions have already been issued to NHS Wales to test and inform the final process, which is summarised in Appendix 3. Further information relating to the system for the management of solutions will be used to update this procedure.

NHS Wales Patient Safety Solutions System checklist

The checklist at Appendix 4 will help support NHS organisations to ensure they are "Solution ready" and set up to receive and manage alerts from Welsh Government.

Compliance

NHS organisations internal compliance monitoring

Organisations must ensure that areas of non-compliance are being monitored and reported at Board level including mitigation to manage the risk. The Board must ensure that they have a robust system in place to assure themselves that progress is being achieved against compliance with Solutions. Risk registers should be integral to capturing areas of concern relating to the management of Solutions, so that decision making at Board level is based on a balanced and well informed assessment of risk from the relevant service areas.

Confirming compliance

Organisations will be required to confirm that they have achieved compliance by the date stated on the Solution (see Appendices 1 & 2). Each NHS organisation must identify one designated lead who will be providing Solutions compliance status for their organisation. They will act as the point of contact and will receive a compliance status request for each Solution from the Delivery Unit prior to the return date stated on the solution. The designated lead will be required to state the compliance position of the NHS organisation as either compliant, non-compliant or not applicable.

If an organisation does not respond by the date stated on the Patient Safety Solution non-compliance will be assumed.

A quarterly compliance template will also be issued to organisations by Welsh Government. The returns will be compiled to produce an All Wales Solutions compliance spreadsheet which will be published on the Patient Safety Wales Website.
www.patientsafety.wales.nhs.uk/safety-solutions

Compliance will be monitored through the Welsh Government Quality and Safety systems.

Escalation of non-compliance

Non-compliance will be raised at NHS organisation Quality and Delivery meetings.

Former NPSA Alerts

A number of NHS organisations across Wales continue to report non-compliance against former NPSA solutions. Compliance status will continue to be monitored through the quarterly return to Welsh Government and progress reported through the Quality and Delivery meetings.

Appendix 1: Template and explanatory notes for a Patient Safety Alert

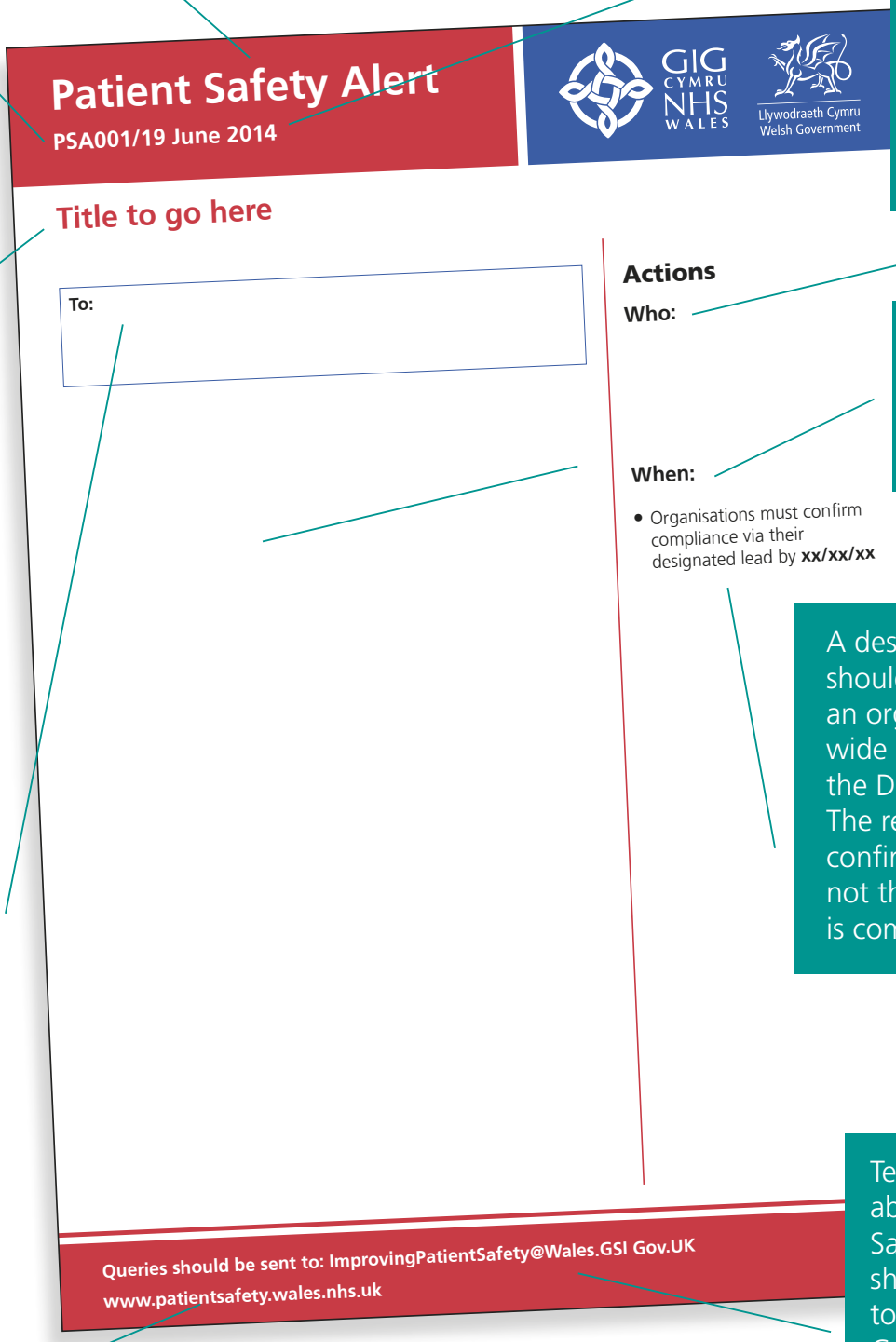
A Patient Safety Alert requires prompt action with a specified implementation date to address high risks and significant safety problems. A blank Patient Safety Alert with explanatory notes of standard headings is shown below:

A Patient Safety Alert requires prompt action to address high risks/significant safety problems.

This is the date the Patient Safety Alert was issued.

This is the reference number of the Patient Safety Alert.

Relevant organisations to which the Patient Safety Alert applies.



The subject of the Patient Safety Alert.

Deadline for implementation of the Patient Safety Alert.

List of relevant healthcare professionals who need to action the Patient Safety Alert. It may also include those who should be aware of the Alert eg independent hospitals.

A designated lead should co-ordinate an organisation wide response to the Delivery Unit. The response should confirm whether or not the organisation is compliant.

Technical queries about the Patient Safety Alert should be emailed to the Welsh Government Improving Patient Safety Team.

Patient Safety Alerts will be published on the Patient Safety Wales website.

Appendix 2: Template and explanatory notes for a Patient Safety Notice

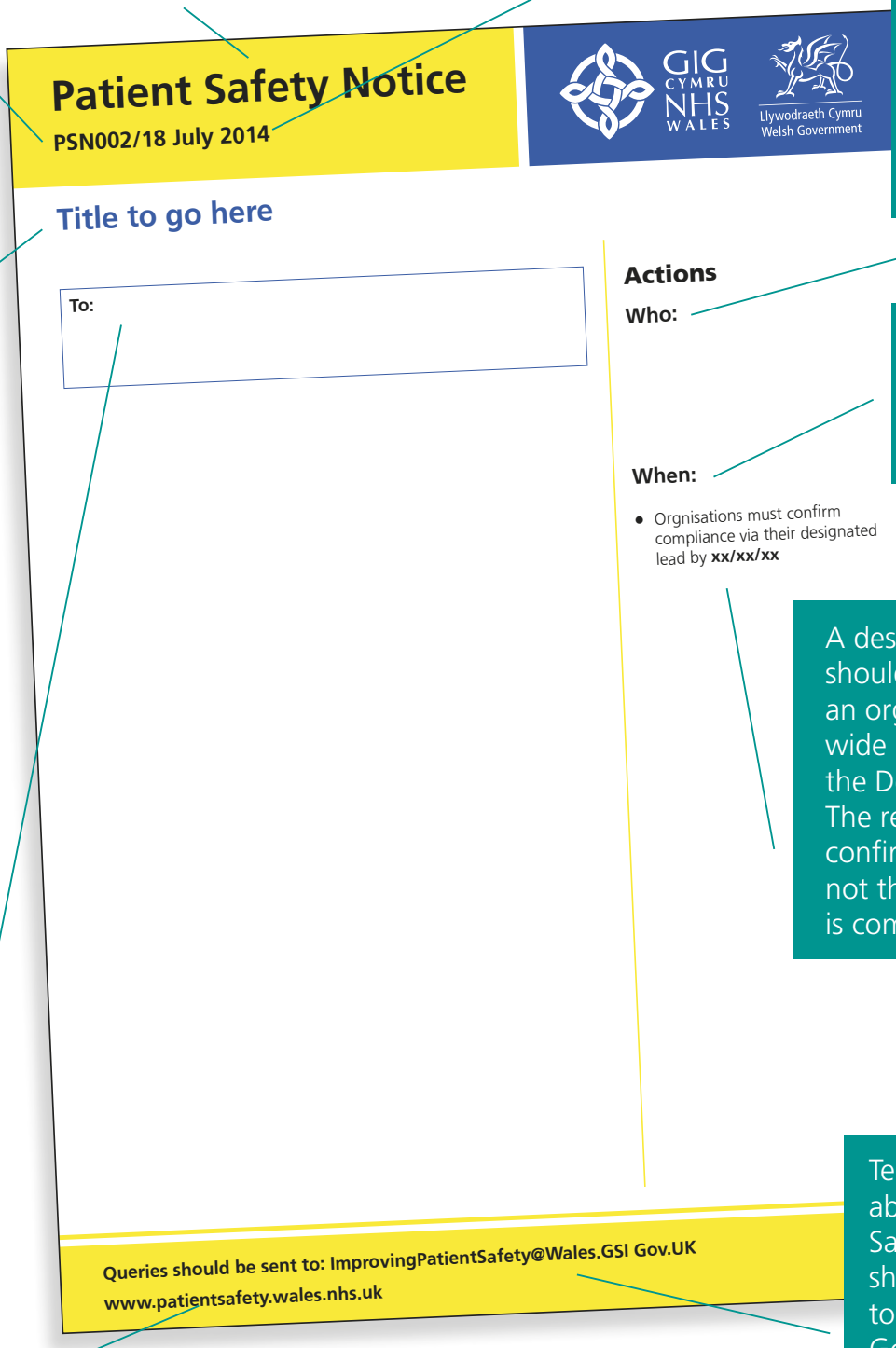
A Patient Safety Notice warns organisations of emerging risk and ensures healthcare staff are made aware of the potential issues at the earliest opportunity. It allows organisations to assess the potential for similar patient safety risks in their own areas and take immediate action. A blank Patient Safety Notice with explanatory notes of standard headings is shown below:

A Patient Safety Notice provides awareness of potential issues.

This is the date the Patient Safety Notice was issued.

This is the reference number of the Patient Safety Notice.

Relevant organisations to which the Patient Safety Notice applies.



The subject of the Patient Safety Notice.

Deadline for implementation of the Patient Safety Notice.

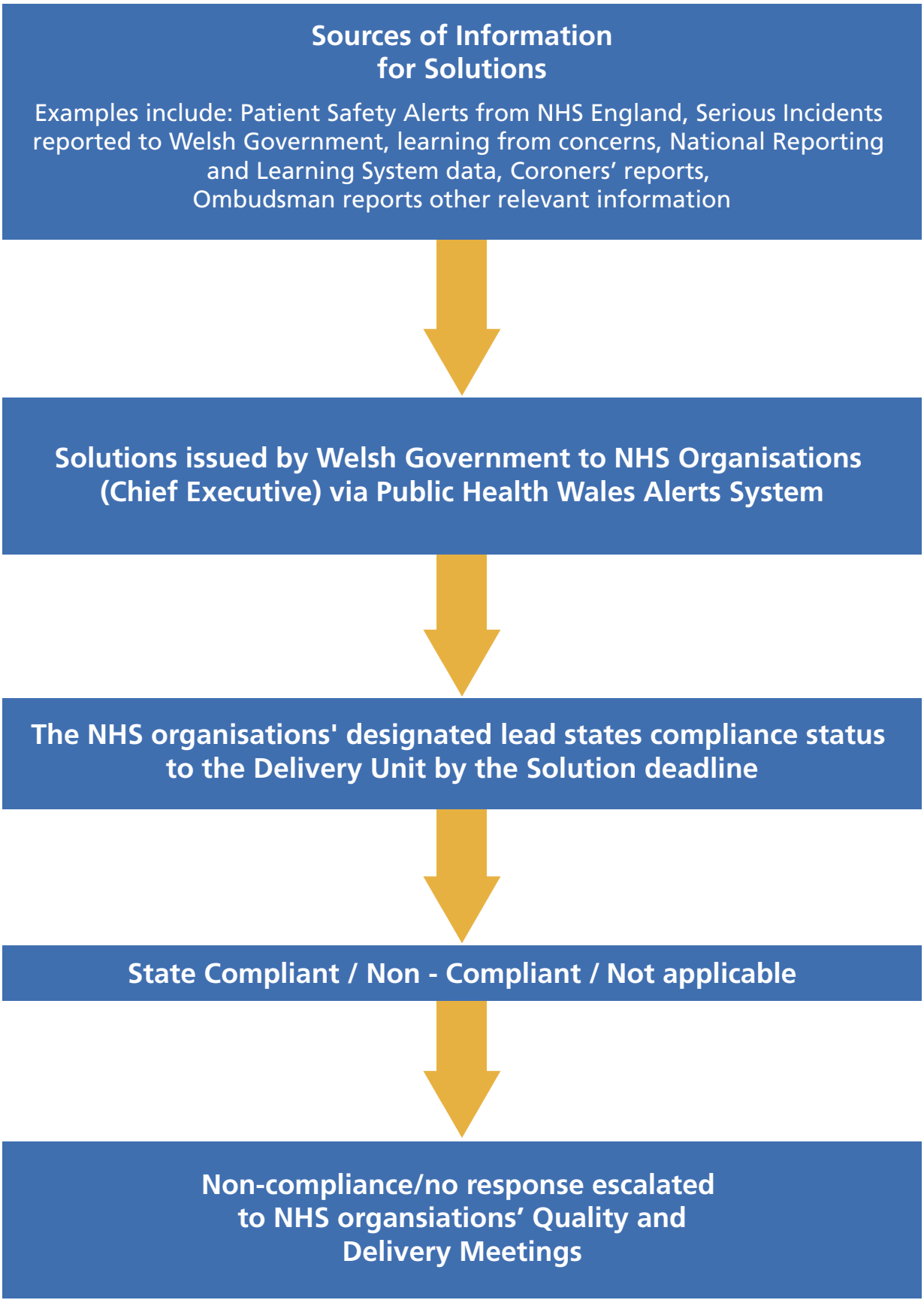
A designated lead should co-ordinate an organisation wide response to the Delivery Unit. The response should confirm whether or not the organisation is compliant.

List of relevant healthcare professionals who need to action the Patient Safety Notice. It may also include those who should be aware of the Notice. eg independent hospitals.

Technical queries about the Patient Safety Notice should be emailed to the Welsh Government Improving Patient Safety Team.

Patient Safety Notices will be published on the Patient Safety Wales website.

Appendix 3: Wales Patient Safety Solutions Flow Diagram



Appendix 4: NHS Wales Patient Safety Solutions System Checklist

Action	Compliance ✓
1.Do you have a designated lead for returning the compliance status of your organisation?'	
2. Do you have systems in place to identify the right people to provide senior clinical advice, and leads who will be responsible for taking the required action forward for each solution? Based on the specific issue of each individual patient safety solution, it is likely that senior clinical advice will be required within your organisation on how the solution should best be acted upon. It is also likely you will require an identified individual to lead on the practical implementation of any necessary actions resulting from each solution.	
3. Have you identified a board member that has personal oversight of solution implementation, sign-off and compliance? Ownership at a very senior level is important if solutions are to be successful in reducing harm to patients.	
4. Do you have systems in place for identifying and categorising which groups of staff will need to know about each solution? Do you also have quick and effective dissemination routes for getting the details of solutions to relevant groups of staff? It is very important that staff, including the whole multidisciplinary team, is made aware of solutions that are relevant to their work area as quickly as possible. However, distributing all solutions to all staff may cause 'alerts fatigue' and there could be a risk that staff will overlook the solutions that are important to the safety of the specific patients they care for.	
5. Do you have systems in place to quickly identify and coordinate what actions are needed locally?	
6. Has the message gone out to your staff that they will be expected to share any existing local learning and resources relating to an individual patient safety solution within the organisation? Do you have systems in place to ensure this happens?	

7. Have you developed local procedures to mitigate risk identified in the solution? When assessing compliance against the required actions in the solution, organisations must ensure it has done everything reasonably practicable to comply with the solution. This must include assessment of local risk and the implementation of actions to mitigate the risk. Where relevant, local procedures should be put in place to strengthen guidance given in the solution to cover any additional risks identified locally.	
8. Do you have mechanisms in place for updating your internal policies and procedures so they reflect the issues and recommendations in any patient safety solution issued? This will ensure the latest guidance contained within a patient safety solution becomes standard procedure and supersedes any previous guidance?	
9.Do you have an agreed mechanism in place for confirming the effective implementation of solutions?	
10. Have you got an agreed 'sign-off' process for solutions? Signing off a patient safety solution as compliant should only be taken when the leadership of an organisation has assurance that all the actions required have been completed in the spirit that they were intended.	
11. Do you have local systems for managing the long term implementation of solutions? The implementation of solutions needs to be included in the organisations internal management systems. If the action in the solution has been implemented across all relevant sites it should therefore be signed off as compliant. Should an incident occur within the associated area this should not affect this compliance but should result in further internal investigation to examine local systems for managing the long term sustainability of compliance with the solution.	
12. Do you have solutions embedded in ongoing audit or training programmes? Where a solution stipulates the need for ongoing audit or training an organisation must ensure that these actions are embedded in an internal rolling programme. Where a programme has been agreed/approved, with an ongoing action plan which identifies the continued process, it can be signed off as compliant.	