



**North West Ambulance NHS Trust
Equality Impact Assessment Form (EIA) - Policies & Procedures**

Name of policy or procedure being reviewed: Patient Safety Incident Response Policy

Equality Impact Assessment completed by: Head of Risk and Assurance

Initial date of completion: 19 July 2023

It is anticipated that this EIA will be reviewed throughout the lifecycle of the policy or guidance. Relevant documentation should be maintained relating to the review. Please also record any stakeholders who input into this now or in the future. There is a longer version of this form for assessing the impact of strategy and major plans.

Section 1 – Overview

What kind of policy/procedure is this – eg clinical, workforce?

The PSIRF Policy is a 'corporate' policy to ensure structured systems and processes for responding to patient safety events and issues for the purpose of learning and improvement.

Who does it affect? (Staff, patients or both)?

The PSIRF Policy affects all our people (staff, bank staff, agency staff, self-employed NHS professionals, trainees, student placements working for NWAS. In addition, all volunteers will be affected by this policy.

How do you intend to implement it? (Trustwide communications plan or training for all staff)?

The PSIRF Policy will be shared via the PSIRF implementation communications plan, placed on the green room for all our people to access, and shared on future PSIRF training cohorts.

Section 2 – Data and consultation

In order to complete the EIA it may be useful to consider the following:-

- What data have you gathered about the impact of policy or guidance on different groups?
- What does it show?
- Would it be helpful to have feedback from different staff or patient groups about it?

Please document activity below:

Equality Group	Evidence of Impact
Age	<p>Older people (e.g., 65 plus) are proportionally more affected by patient safety events than others due to the volume of healthcare they receive and the complexity of their needs.</p> <p>PSIRF is designed to improve the way that organisations learn from patient safety events and so should enhance understanding and improvement of safety thereby positively impacting on older people.</p>

Disability – considering visible and invisible disabilities	<p>There is evidence that people with learning disabilities may be more at risk of patient safety events in NHS settings due to their vulnerable status. PSIRF is designed to improve the way that organisations learn from safety events and so should enhance understanding and improvement of safety thereby positively impacting on those with learning disabilities.</p> <p>The more flexible approaches to prioritising learning responses given in PSIRF may make it easier to address concerns specific to patients with learning disabilities, as there is the opportunity to learn from events that previously did not meet the definition of a Serious Incident, under the NHS Serious Incident Framework.</p> <p>Organisations do not have to take a solely ‘data driven’ approach to their local priorities, they could collectively decide that they will proactively respond to patient safety incidences in an area where the lived experience of a group is an area of concern.</p> <p>PSIRF is designed to work seamlessly with the Learning from Deaths guidance, which specifies that acute, community and mental health trusts are required to review deaths of patients with learning disabilities, and that ambulance trusts must signpost these deaths to LeDeR to lead the review. Routinely reviewing these deaths allows problems in care to be identified and addressed. Wherever there is reason to believe that the death of a person with learning disabilities could have been contributed to by problems in care, the Learning from Deaths policy and PSIRF requires that death to be fully investigated. In this way problems with the care of those with learning disabilities are prioritised for learning, and future care should be improved.</p> <p>There is no current data within NWAS to identify if those with any physical disabilities are more likely to be involved in a patient safety incident/event. As part of PSIRF and involvement with those affected (i.e., staff and their families) this data will start to be captured.</p>
Gender	<p>There is a lack of evidence to suggest that gender affects the likelihood of a person to experience a patient safety event or affects their experience of involvement in the response to the incident. The move to PSIRF, plus improvements in wider data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist.</p>
Marital Status	<p>This protected characteristic is not applicable.</p>
Pregnancy or maternity	<p>MBRRACE-UK's 2018 report found that approximately 10 women per 100,000 die during pregnancy or up to six weeks after childbirth or the end of pregnancy, and there are certain risk factors which increase the likelihood of death. Women with multiple health problems or other vulnerabilities, Black and Asian women, older women and overweight or obese women all have a higher risk of dying in pregnancy.</p> <p>Where adverse outcomes in pregnancy and childcare occur, it is important that the care provided is examined to understand if there were any problems with the safety of the care provided.</p> <p>The Healthcare Safety Investigation Branch (HSIB) is a national body designed to improve safety by independently investigating patient safety concerns in the NHS. The PSIRF states that</p>

	maternity incidents that fulfil the 'Each Baby Counts Criteria must be reported to HSIB for a national, independently led investigation. This includes all maternal and neonatal deaths, still births and neonatal hypoxic ischaemia.
Race including ethnicity and nationality	<p>In relation to the treatment of staff following an event, the PSIRF emphasises the need to be conscious of the risk of bias and discrimination. Guidance states that organisations must ensure that staff involved in making decisions about referrals to other bodies undertake unconscious bias training and that the protected characteristics of staff referred to other bodies are recorded so that analysis of this data can be undertaken, and any patterns can be reviewed and addressed, and that procedures are consistently reviewed, and steps taken to understand and resolve inequality and potential unfair treatment.</p> <p>PSIRF should have a particularly positive effect on staff groups that have traditionally faced disproportionate disciplinary actions and referrals for fitness to practice tests, such as staff from Black, Asian, and other minority ethnic backgrounds and staff who trained overseas.</p> <p>The more flexible and proactive approaches to investigation given in PSIRF that may make it easier to address concerns specific to patients from minority cultural and language backgrounds, as there is the opportunity to investigate events that previously did not meet the definition of a Serious Incident.</p> <p>NWAS may decide collectively that they will proactively review patient safety incidences in an area that highlights an area of concern, in this case for example, related to race.</p> <p>We have considered antidotally feedback in relation to language line and similar technologies for translation, this data is restricted due to lack of information currently available. The move to PSIRF, plus improvements in wider data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist.</p>
Religion or belief	There is a lack of evidence to suggest that religion or belief affects the likelihood of a person to experience a patient safety event or affects their experience of involvement in the response. The move to PSIRF, plus improvements in wider data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist.
Sexual Orientation	There is a lack of evidence to suggest that sexual orientation affects the likelihood of a person to experience a patient safety event or affects their experience of involvement in the response. The move to PSIRF, plus improvements in wider incident data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist.
Trans	<p>There is a lack of evidence to suggest that an individual's trans status affects the likelihood of a person to experience a patient safety event or affects their experience of involvement in the response. The move to the PSIRF, plus improvements in wider incident data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist.</p> <p>NWAS promotes and encourages treatment of all patients in a non-prejudice and person-centred way.</p>
Any other characteristics e.g. member of Armed Forces	Carers

family, carer, homeless, asylum seeker or refugee	<p>NWAS does not hold any evidence around engagement with carers as part of current practices in managing and reviewing events.</p> <p>The move to PSIRF, plus improvements in wider incident data collection mechanisms, will allow more data to be gathered in this area and so determine if any inequalities exist alongside their engagement.</p> <p>Inclusion Health Groups Broadly all health inclusion groups should benefit from better learning from patient safety events, leading to a reduction and improved standards of healthcare.</p> <p>All inclusion groups should benefit from patient safety leads and investigators who understand and apply the proactive measures to address health inequalities outlined in this document.</p> <p>An assessment will be made by individual teams, should a patient safety event occur on the necessity of collating data on any other specific inclusion groups (i.e., sex workers/homeless/drug and alcohol dependency).</p>
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Section 3: Impact Grid

Having considered the data and feedback through consultation, please detail below the impact on different groups (Age, Disability – considering visible and invisible disabilities, Gender, Marital Status, Pregnancy or maternity, Race including ethnicity and nationality, Religion or belief, Sexual Orientation, Trans, Any other characteristics for patient or staff e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee):

Equality Group	Evidence of Impact	Is the impact positive or negative?
Age	PSIRF is designed to improve the way that organisations learn from patient safety events and so should enhance understanding and improvement of safety thereby positively impacting on older people.	Positive
Disability	More flexible approaches to prioritising learning responses are given in PSIRF may make it easier to address concerns specific to patients with learning disabilities, as there is the opportunity to learn from events that previously did not meet the definition of a Serious Incident.	Positive
Gender	No evidence	Neither
Pregnancy or maternity	PSIRF states that maternity incidents that fulfil the must be reported for a national, independently led investigation.	Positive
Race	PSIRF should have a particularly positive effect on staff groups that have traditionally faced disproportionate disciplinary actions	Positive

	and referrals for fitness to practice tests, such as staff from Black, Asian and other minority ethnic backgrounds and staff who trained overseas.	
Religion or belief	No evidence	Neither
Sexual Orientation	No evidence	Neither

Section 4 – Action plan

At this point, you should prepare an action plan which details the group affected, what the required action is with timescales, and expected progress. You may still be seeking further information as part of your plan. You can use the table 3 above to detail any further action.

Section 5 – Monitoring and Review

You should document any review which takes place to monitor progress on the action plan or add any information through further data gathering or consultation about the project. It is sensible for the review of this to be built into any plans. More information about resources can be found on the greenroom.

Further information about groups this policy may affect can be found here pages 10-11.

<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>