**Speaker biography.**

I trained to be a Nurse as a mature student. I had worked in learning disabilities and mental health care settings as an unregistered worker which gave me some great experiences, but now I’m a Registered Nurse with an MSc in Mental Health and Law. At first, I thought I would become a Midwife, but this was not for me. I’ve worked in both acute physical healthcare, within a tertiary Neonatal Intensive Care Unit, and drug and alcohol services within community mental health care services for most of my career. Ten years ago, I moved from patient facing nursing into the safeguarding world and from there to patient safety and quality.

**Abstract.**

Initially in 2020 the PSIRF roll out appeared straight forward once we had got our ducks in a row, but Covid 19 hit and settled in.. roll out was in jeopardy, the option to put it on hold was there. However, as we had already made progress with priority setting and new processes we pushed ahead. In January 2021 we launched the new PSIRF across one county of our Trust, which spans two counties, as part of the Eastern region early adopter pilot.

Post both the national evaluation and our own local one in which the findings were similar, we are reviewing our approach in readiness for rolling the framework out across the whole organisation later this year. What we have learnt is that getting your focus right at the start is worth the battle even when faced with conflicting views, needs, anxieties and barriers to change. The priorities must be right for your organisation, your service users, what are the incidents you are all most concerned about, don’t get lost in the data...

There is a fine balance between:

* assuring stakeholders that we will review all patient safety incidents and complete safety actions where needed even if this does not mean a full review
* assuring commissioners that we are doing the same
* assuring our Board that we are doing the same
* being clear what the purpose is of the safety activity you are undertaking; for whom are you undertaking it and/or for what benefit

All of this whilst being resolutely strong based on the evidence about what is a priority, why and what this means in terms of improvement priorities at a systemwide, strategic and local level.

In terms of next steps, we are still on a learning curve. Equally the impact of Covid on the energy and willingness to embrace change cannot be underestimated – plus knowing that it may well increase workload. Our experience has been positive in terms of early safety actions, engagement from families and a willingness to explore different ways of learning. Ongoing uncertainties are: how will assurance within the ICS framework be proportionally monitored and by who, and importantly given the philosophy behind the new framework how will we as a mental health provider in the system be supported by the ICS to influence the systemwide priorities across all statutory partners, based on our findings, for our service users and their loved ones.

Saranna Burgess

Director for patient safety and quality.