

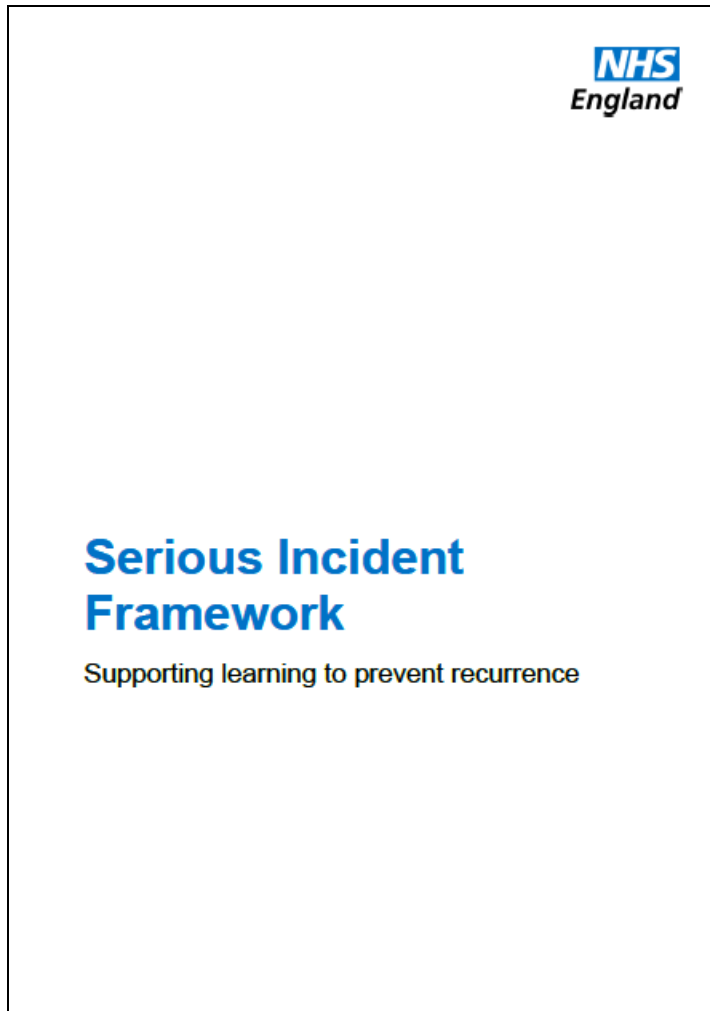
POLICY FOR INCIDENT AND SERIOUS INCIDENT REPORTING

Policy Acceptance	
Applies to:	All staff, patients, & carers
Date Issued:	7 th March 2016
Status	Ratified
Version	4
Date for Review	March 2018
Responsible Person	Dr Sandeep Cliff
Responsible Manager 1	Dr Fiona Emerson
Responsible Manager 2	Dr Russell Emerson

1 Introduction

It is a mandatory requirement for health care organisations to have in place incident reporting policies and procedures. This is an important part of good risk management and is included in both the Controls Assurance Standard for Risk Management and NHS Litigation Authority's (NHSLA) Serious Incident Framework.

This policy and procedure covers management, reporting systems, analysis and learning from incidents. Serious clinical incident reporting within the organisation will follow all recommendations made in the National Framework for Reporting and Learning from Serious Incident Reporting Investigation as detailed below:



NHS England, "Serious Incident Framework", (2015), available at <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incident-framework-upd2.pdf>

2 Policy statement

The Organisation recognises the need for comprehensive and systematic incident reporting as an integral part of risk management. The organisation encourages and supports incident reporting that will help us to share what we have learnt, promoting change and improvement across the service.

It is policy that all incidents are:

- Reported using an Incident Report Form

- Include a risk assessment with a risk score derived using the risk assessment tool
- Are investigated, and an action plan is put in place
- Serious incidents are investigation using the root cause analysis approach as defined by the National Patient Safety Agency (NPSA).
- Reported to external bodies (including statutory agencies) in the timescales required when necessary.

The Organisation will:

- Have systems for monitoring and reporting incidents to the management
- Participate in the NPSA National Reporting and Learning System.
- Encourage all individuals directly or indirectly involved in its work to report incidents without fear of repercussions or disciplinary action. To reflect this, incidents may be reported anonymously.
- Follow the seven key principles for incident reporting:



3 Definitions and scope

1.1 Incident

The term 'incident' is defined as any clinical or non clinical adverse event including near misses that resulted in harm or a risk to:

- Staff
- Patients

- Members of the public
- Contractors
- Property (including loss of property)

1.2 Serious Incident

A 'serious incident' is defined as one where actual (or potential) major, permanent harm or death occurred. Incidents scored 15 and above using the risk assessment matrix are defined as serious.

4 Responsibilities

1.3 The Medical Director

The Medical Director is corporately responsible for pursuing the aims and objectives of risk management including incident reporting.

1.4 The Clinical Governance Director/Clinical Nurse Manager

The incident reporting policy and procedure applies equally to all staff. It is the directors/managers responsibility to ensure risk management processes including incident reporting procedures are in place across the workplace. The Clinical Director and Clinical Nurse Manager will liaise with external agencies if deemed appropriate.

1.4 Individual staff

Individual staff are responsible for reporting incidents appropriately and assisting in any incident investigations, which may require their assistance. This includes:

- **All** employees of the Organisation
- Bank and agency staff
- Volunteers

Every member of staff must be aware of the incident reporting policy and procedure. Staff must be familiar with policies and should complete induction, local and external training in order to ensure continued competence when carrying out their duties.

5 Incidents relating to services provided by commissioned providers and private contractors to The Organisation

Where there is an agreement between The Organisation and an NHS service provider or private contractor, the provider/contractor will be responsible for responding to and reporting incidents occurring in respect of any services provided under the agreement. In doing so the provider/contractor must observe all requirements of this policy and procedure. This should be a formal condition of all service level agreements and contracts. As a minimum, this will include timely quarterly and annual reports on all incidents relating to any services provided under the agreement including the nature of the incident, grading, the findings of any investigations, and any remedial action

resulting from the incident. The provider/contractor will notify The Organisation immediately of any serious incidents relating to the services provided under the agreement.

All serious clinical incidents will be reported to the Clinical Commissioning Group within 6 hours of an incident occurring or sooner as required. All relevant organisations will be notified as determined in relevant policy documentation as specified by the National Framework for Serious Incident Reporting and Investigation. The process of reporting and eventual closure is listed in Figure 1.

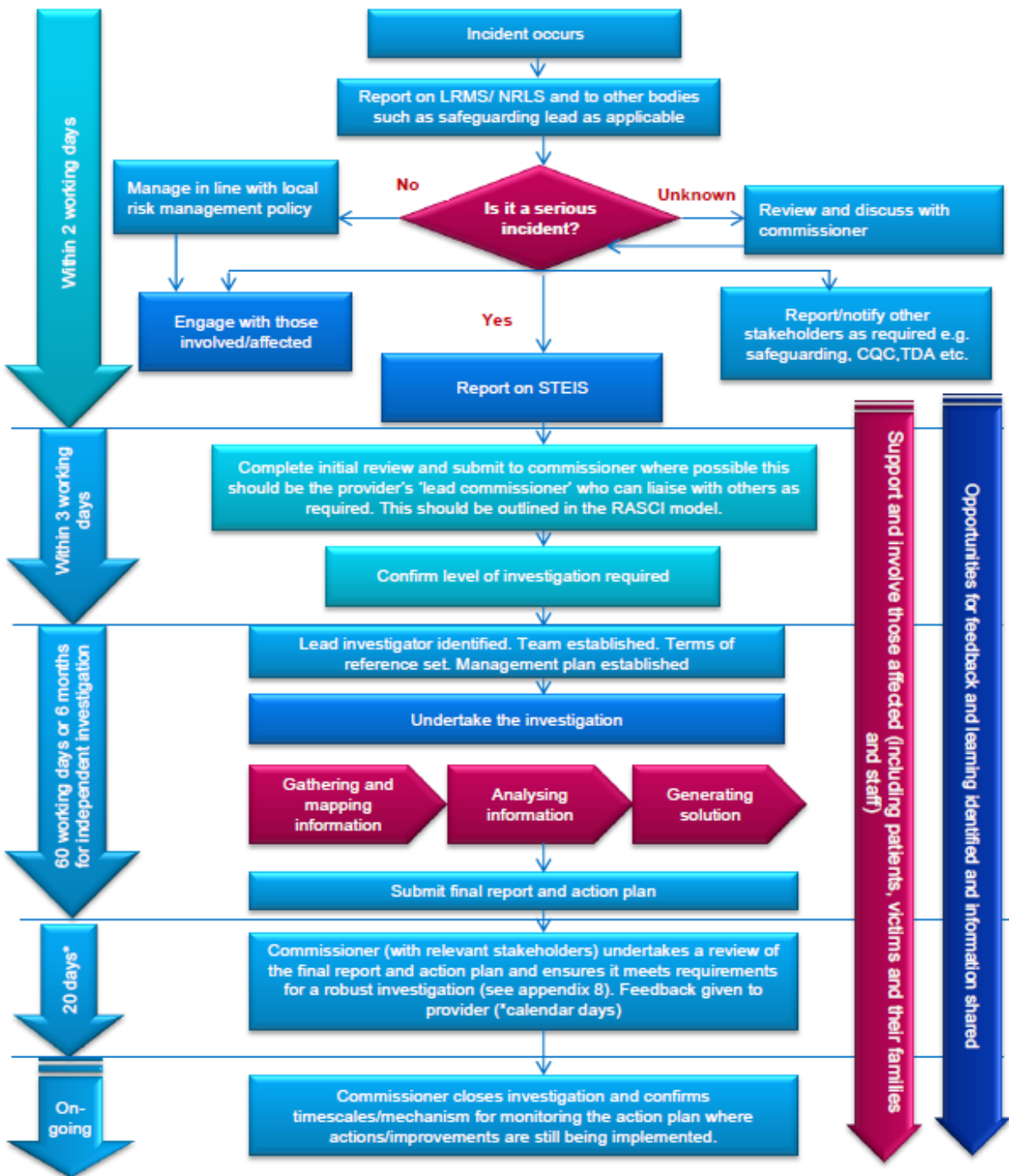


Figure 1 – Serious Incident Management Process and Closure

6 Incident reporting and independent contractors

Incident reporting is not a statutory requirement for independent contractors. However, The Organisation wishes to achieve the highest standards of clinical incident reporting and risk management, and will therefore comply with all reporting recommendations.

7 Incident report form

The Organisation has one Incident Report and Risk Assessment Form (appendix 1). The following incidents are reported using this form, including incidents that are:

- **Information governance** issues such as breaches in confidentiality both for patients and for staff, or
- Impact on the **health and safety** of patients, staff and the general public using our services

The Incident Report and Risk Assessment Form is in two parts. The first part requires details of the incident, what happened, when and who was involved. The second part is the Risk Assessment Form. This part requires a risk score to be given using the risk assessment matrix. Existing control measures, action plans for new controls and resource implications are recorded in this part.

8 Managing and reporting an incident - a brief summary

Detailed information on reporting procedures are contained in the Incident Reporting Resource Pack that supports this policy. A brief summary of procedures is given below.

1.5 Immediate action

When an incident has happened it is important that:

- The immediate needs of those involved are dealt with.
- The environment is made safe to prevent further incidents and to safeguard others.
- All evidence is retained intact and in safekeeping for examination.
- Any defective drugs or equipment are withdrawn from use.

1.6 Initial reporting

When an incident occurs, it is reported to The Clinical Director or Clinical Nurse Manager using the Incident Report and Risk Assessment Form. The person reporting the incident completes part 1. This is done **within 3 working days**. This is to ensure that The Organisation complies with health and safety legislation.

1.7 The Clinical Governance Director/Clinical Nurse Manager

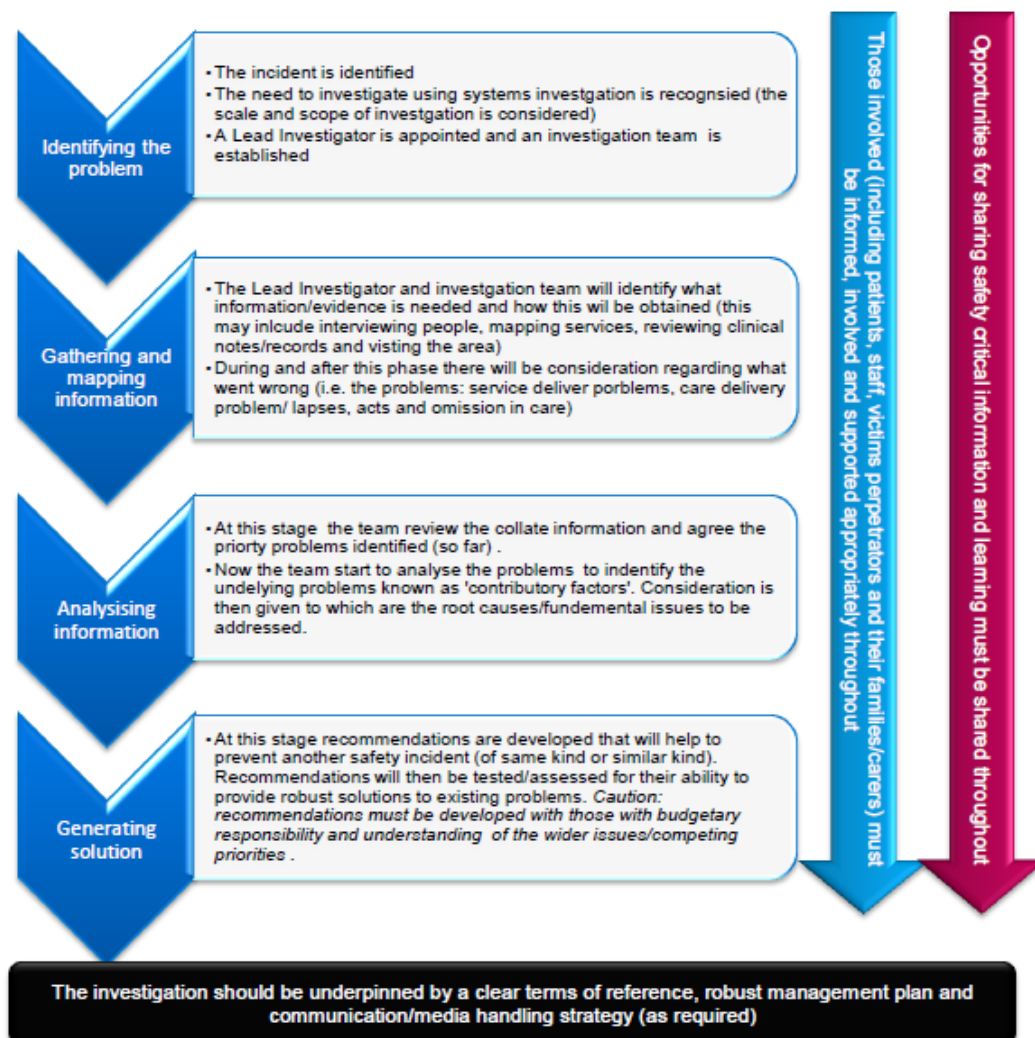
The manager:

- Checks that the incident reporting form has been completed correctly.

- Completes part 2 of the form - for procedures for incident scored 15 and above please see the serious incident reporting procedures.
- Investigates the incident and develops an action plan.
- Implements the action plan.
- Copies the clinical incident report to the management team within 3 days of the incident happening.
- On completion of the investigation and implementation of the action plan the risk assessment is reviewed
- Appropriate resources and actions are considered and put into place by the management team
- The Medical Director assumes full responsibility for the overall incident reporting policy

9 Serious incident reporting procedure – A brief summary

Detailed information about the serious incident reporting procedure is given in the Incident Reporting Resource Pack that supports this policy. Incidents scored 15 and above using the risk assessment tool are classed as serious incidents



1.8 Member of staff discovering a serious incident

If a member of staff becomes aware of an incident that they judge to be serious it is reported immediately to the Clinical Governance Director or Clinical Nurse Manager. Part 1 of the Incident Report Form is completed. **All incidents should be reported within 1 working day to a senior member of the management team.**

1.9 The Clinical Governance Director/Clinical Nurse Manager

The manager immediately:

- Completes part 2 – the Risk Assessment Form - of the incident reporting form and takes any immediate action required noting this as part of the form.
- Reports the incident to the appropriate head of service and director, or in the event they are unavailable/ out of office hours, the on-call director.

The senior manager/director:

- Keeps relevant patients, carers, staff and others informed.
- Immediately informs the Medical Director and the manager responsible for public relations.
- Initiates with other appropriate staff a root cause analysis of the incident.
- Audits all serious incidents to ensure that appropriate remedial action is taken.

For further information about root cause analysis see the Incident Reporting Resource Pack that supports this policy.

10 Out of Hours

Incidents occurring out of hours must be reported following the above procedures for incident and serious incident reporting.

11 Record Keeping

The corporate services manager keeps copies of all incident report forms and associated action plans. Details of incidents will be recorded in the incident book. All records are kept in line with the Records Management Strategy of Organisation. Managers are duty bound to keep records of all incident reports.

12 Monitoring and reporting

The Clinical Director is responsible for producing a quarterly monitoring report which anonymises incidents and their associated action plans. The report is presented to the management team and clinical teams at the quarterly postgraduate meeting.

Incident reports will be subject to audits that show:

- Incident forms have been completed in the correct manner

- Action plans are appropriate and taken seriously
- Remedial works identified in the action plan are undertaken
- Those bases or groups of individuals who under-report are identified and the matter addressed
- Persons throughout the incident reporting process understand their roles and responsibilities and have the capabilities to contribute effectively to the incident reporting process
- That the relevant timescales both internal and external are adhered to

13 Implementation and training

All Staff: An introduction to incident reporting is included in induction programmes.

Incident reporting training will be provided to existing staff through meetings and professional staff group meetings.

Managers: Specific training in incident reporting will be provided for Managers.

14 Communication of policy

Responsible individuals and managers: All responsible individuals identified in this policy and managers will receive a copy of the policy. This will include clear instructions on how to communicate the policy and procedure to staff.

All staff: Information about this policy will be given to all staff. The policy will be circulated to all bases for inclusion in the health and safety folders and will be posted on the service website.

External stakeholders: This policy will be circulated to all external stakeholders.

15 Linked strategies and policies

This policy is linked to the following policies and strategies:

- Risk Management Strategy
- Health & Safety Policy
- Training and Development Strategy
- Records Management Strategy
- Whistle Blowing Policy
- Medical Devices Policy
- Infection Control and Decontamination Policy
- Personal Safety Policy & PCT policies relating to bullying & harassment.

This policy and procedure takes into account:

- National Patient Safety Agency Guidance

- The Health & Safety at Work etc Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- Guidance from the NHS Counter Fraud Security Management Service
- Management of Health & Safety at Work Regulations 1999

16 Review

This policy and procedure will be reviewed bi-annually.

Appendix 1: Glossary of terms

- **Controls assurance standard:** Controls Assurance is a process designed to provide evidence that NHS bodies are doing their reasonable best to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds.
- **Counter Fraud & Security Management Service:** CFSMS is a Special Health Authority which has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud and corruption and the management of security in the NHS. The PCT is required to report to CFSMS certain incidents of attacks against staff by members of the public. CFSMS also require the PCT to have measures in place for managing staff security.
- **Management of Health & Safety at Work Regulations 1999:** These Regulations include the requirements for employers to assess health & safety risks within their organisation and to put in place protective measures to reduce those risks to an acceptable level. These Regulations are seen as a key piece of health & safety legislation.
- **National Patient Safety Agency:** The NPSA is a Special Health Authority created to collate and co-ordinate patient safety reports and initiate preventative measures, so that the whole country can learn from each incident, and patient safety throughout the NHS can be improved. The PCT is required therefore to report and liaise with the NPSA concerning patient safety incidents.
- **NHS Litigation Authority:** The NHSLA is a Special Health Authority who indemnify NHS bodies in respect of both clinical negligence and non-clinical risks and manage claims and litigation under both headings. They also have risk management programmes in place against which NHS trusts are assessed.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995:** These Regulations require employers to report certain occupationally acquired injuries and diseases (e.g. a broken leg or asbestosis) to the Health & Safety Executive. Certain workplace occurrences must also be reported (e.g. collapse of scaffolding). The Regulations include timescales for reporting.
- **Risk assessment:** A Risk Assessment is a structured way of looking at a particular task or part of The Organisation and ascertaining where hazards could, or have, occurred and minimizing them, wherever possible, to an acceptable level. Risk Assessments are therefore useful in prioritising and managing e.g. training needs, resources, and finances.
- **Risk assessment matrix:** The 5 by 5 table used by The Organisation in order to determine the risk score. Persons undertaking a risk assessment must use the risk assessment matrix to:
 1. Measure the consequences/ severity of harm if the risk happened.
(Score of 1- 5)
 2. Measure the probability/ likelihood of the risk occurring.
(Score of 1- 5)

- **Risk assessment score:** Multiplying the 2 above scores together determines the risk assessment score, which can be from 1 to 25. This assists The Organisation in managing risks appropriately.

Confidential Incident Report and Risk Assessment Form and Guidelines

The Organisation

- This form should be used with reference to the incident reporting policy & procedure and the Risk Management Strategy.
- If the form relates to a patient a copy must be kept with patients notes.
- Record only known facts – do not record opinions.
- Where death, serious injury or serious incident (including a near miss that could have resulted in a serious outcome) has occurred, follow the **serious incident procedure**.
- This incident / risk assessment form must be completed within 2 working days of the incident and notified to the Clinical Director or Clinical Nurse Manager

Part 1 – Incident Form

Incident Details:	Place & exact location of incident:
Date of incident:	
Time of incident:	
Description of Incident: (Tick box)	
<input type="checkbox"/> Accidental Injury <input type="checkbox"/> Client referral/ omission of referral <input type="checkbox"/> Clinical risk due to low/unsafe staffing levels <input type="checkbox"/> Clinical waste or sharps incident <input type="checkbox"/> Drug Error <input type="checkbox"/> Equipment failure <input type="checkbox"/> Fire <input type="checkbox"/> Inappropriate patient discharge	<input type="checkbox"/> Loss or damage to property <input type="checkbox"/> Unexpected client death <input type="checkbox"/> Violent incident <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Vulnerable child/ adult incident <input type="checkbox"/> Work related ill health <input type="checkbox"/> Near miss <input type="checkbox"/> Other (please state)

Details of incident (continue on separate sheet if necessary)

Who was affected by the incident? (Tick box)				
<input type="checkbox"/> Employee?	If yes, name, job title and base of employee			
Patient (please give name, address of patient and date of birth)				
<input type="checkbox"/> Visitor	<input type="checkbox"/> Trainee/student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Public	<input type="checkbox"/> Other
Details of other organisations involved				

Did any person suffer injury or ill health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, What was the injury or ill health and to what part of the body?		
If a member of staff – were they able to continue working? If no – how long were they absent for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of any witnesses to the incident.	
Name:	Name:
Title:	Title:
Base:	Base:

Office use only	Is this incident reportable?		
<input type="checkbox"/> HSE/RIDDOR	<input type="checkbox"/> Police	<input type="checkbox"/> CFSMS	<input type="checkbox"/> NPSA
Other (please state)			
Date reported:			
Further investigation required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Part 2 Risk Assessment Form

If the risk assessment relates to a potential problem, rather than an incident that has occurred, please complete the following details where appropriate:	
Location:	Patient Name:
Department:	ID No/ DoB:
No of staff:	GP Name:

Please complete the following sections for Incident Reports and Risk Assessments

Job/ Task/ Activity	
Hazard	
Who is at risk?	
Consequences/ Severity	Risk Score (i.e. multiplied) =
Probability/ Likelihood	
What are the existing control measures?	
Are they adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Control Measures	

Financial/ other resource implications	
Review Date	
Revised risk score following review	

Contact details:	
Person completing Parts 1 & 2 of form:	Manager/Senior staff reported to:
Name:	Name:
Title:	Title:
Phone number/extension:	Phone number/extension:
Signature:	Signature:
Date:	Date:

Part 3 Action Plan

This part of the form should be completed when you have any of the following:

- A incident where action needs to be taken as a result
- A risk assessment with a score of 15 and above
- A risk assessment where something could be done to reduce the risk.

Please continue on an attached sheet if necessary.

When and who was the incident / risk discussed with (e.g. line manager)?
Next steps/ action plan

Timescales for action plan
Have relevant policies been consulted (see policy folders)
Is advice needed from others (e.g. professional leads, PCT managers, other Trusts/agencies)?

Contact details:	
Person completing Part 3 of form:	Manager/Senior staff Part 3 of form agreed with:
Name:	Name:
Title:	Title:
Phone number/extension:	Phone number/extension:
Signature:	Signature:
Date:	Date:

General Risk Assessment Guidelines

The Organisation

It is important to try and complete the whole form as this will help all colleagues along the risk assessment process. Remember: there is no right or wrong with risk assessments. The risk score given is your best estimate of the risk to staff, buildings etc. The form is NOT to be used for risks to clients (e.g. clinical risk). If you are in any doubt about how to fill in this form-ASK the Clinical Director or Clinical Nurse Manager. In almost every circumstance, the form should be signed by a senior member of staff.

Scoring Risks

Risks are scored using the matrix below. You should decide the level of consequence which will give you a sum between 1 (trivial) and 5 (fatal); you should then decide the probability of the risk happening this will give you a sum between 1(remote) and 5 (certain). Multiplying the 2 sums together will give the risk score, e.g. consequence 3 x probability 3 would be 3 x 3 = risk score 9. The risk scores are given on the matrix.

Scores between 8 and 12 require action to be taken soon to reduce the risk
 Scores between 15 and 20 require action to be taken immediately to reduce the risk
If a risk score of 25 is recorded the activity must stop immediately and should be reported immediately to the Clinical Director Clinical Nurse Manager.

The Risk Scoring Matrix

Probability Likelihood ↑ Certain = 5 ↓ Remote = 1	5	Act soon	Act now	Act now	STOP
	4	Act soon	Act soon	Act now	Act now
	3	6	Act soon	Act soon	Act now
	2	4	6	Act	Act
	1	2	3	4	5
		← 2 3 →		4	
		Trivial = 1			Fatal = 5
		Consequences/severity of injury			

17. Dissemination of Learning and Closure

Once an investigation has been completed according to recommended guidelines, any learning from serious incidents