

Incident Reporting Policy and Procedure

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

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1. Policy Statement

The CCGs aim to ensure that all kinds of risks are minimised for the protection of staff, patients, visitors, contractors and services through effective management of risks. These include clinical, financial, information governance, health and safety and environmental risks. The CCGs recognise that reporting incidents is a key component of their risk management system and are committed to encouraging staff to report all incidents.

This policy and procedure should be read in conjunction with the CCGs' Whistleblowing Policy, Health and Safety Policy and Risk Management Procedures, Lone Working Policy, Information Governance Policy and Handbook, Risk Management Policy, Business Continuity Plan, Safeguarding policies and Serious Incident Management Policy and Procedure.

This version supersedes any previous versions of this document.

2. Purpose

The purpose of the policy and procedure is to outline the arrangements for identifying, managing, investigating and reporting accidents, incidents and near misses (hereafter referred to as incidents) within the CCGs and to provide staff with a single reference point to explain how incidents should be reported.

The reporting of all incidents is designed to ensure:

- A culture of openness in reporting incidents
- Prompt and precise gathering of information
- Prompt communication with staff, and where appropriate, the media
- Minimisation of distress to those affected by an incident
- Identification of patterns and trends in the occurrence of incidents and near misses
- Minimise, as far as is reasonably practicable, future risk by taking prompt and appropriate preventive action and ongoing monitoring
- Early warning of potential litigation and cost impact
- Fulfilment of the CCGs' legal duties under statutory regulations including RIDDOR 1995, the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

3. Scope

It is essential that all incidents are reported appropriately and handled effectively. This policy and procedure helps managers and staff to identify adverse events and report them to a central point as well as guide staff to the appropriate policies and procedures to follow statutory routes for reporting incidents. It aims to signpost managers and staff to relevant policies, it does not provide a detailed guidance on statutory reporting.

4. Definitions

Incident

Any accident, event or circumstance that could or did lead to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation's ability to achieve its objectives. It may be single or multiple caused by unsafe acts, unsafe conditions or both.

Near miss

An event that has the potential to cause harm or was prevented from causing harm to one or more individuals, damage to property, a security breach or confidentiality breach. Changes in procedures, processes and systems may be required to prevent harm.

Serious incident

A serious Incident (SI), (including Information Governance serious incident, security serious incident, cyber security serious incident or hazard) is an incident that results in moderate or severe harm to anyone in receipt of NHS services.

5. Roles and responsibilities

Accountable Officer

Responsible for ensuring the CCGs have the necessary management systems in place to enable the effective management and implementation of all risk management and governance systems including the reporting, management and investigation of incidents.

Head of Governance and Corporate Affairs

Responsible for writing and implementing the policy and procedure, and monitoring its effectiveness.

All Staff

Responsible for reporting incidents or near misses which they are involved in, or which they witness in accordance with the procedure outlined in this document.

Joint Clinical Executive Committee

Receiving and reviewing incident reports on a bi-monthly basis to ensure that risk management issues have been addressed and that recommendations for improvements are implemented to reduce risk.

Audit Committee

Receiving and reviewing Information Governance incident reports on a bi-monthly basis.

Quality Sub Group/Quality Performance and Resources Committee

Serious Incidents in Healthcare reported by the CCGs will be reported initially to the Quality Sub Group and by exception to the Quality Performance and Resources Committee.

6. Procedure and governance

It is vital that the CCGs recognise and monitor all incidents regardless of their nature and assumed severity. In addition to statutory reporting requirements, the CCGs operate a central countywide database where all incidents are logged. The database is maintained and monitored by the Head of Governance and Corporate Affairs. As some incidents will not have a statutory reporting route, this process ensures that all incidents are captured and learned from. A bi-monthly incident report will be presented to the Joint Clinical Executive Committee.

This procedure and central reporting outlined above does not include provider and third party incidents and SIs.

6.1 Information Governance (IG) Incidents

All staff have a responsibility to report anything they believe may be an incident, even if it transpires to be a near miss, rather than not report it at all. What may at first appear to be of minor importance may, on further investigation, be found to be serious and vice versa.

As a guide, any incident involving the actual or potential loss of personal information that could lead to identity fraud or cause other significant impact to individuals should be considered as serious. This includes any incident which involves actual or potential failure to meet the requirements of the Data Protection Act 2018 and/or the Common Law Duty of Confidentiality and would be considered an IG Serious Incident Requiring Investigation (SIRI). All types of media are involved, so includes information held electronically as well as paper records.

IG SIRIs should be reported in the first instance to your line manager who will notify the Corporate Services Manager. You will need to complete an IG Incident Reporting Form <http://www.worcestershire.nhs.uk/employee-handbook/information-governance/>. This will support the

reporting of the incident onto the IG incident reporting tool within the Data Protection and Security Toolkit. The Information Governance Incident Reporting Tool is an online tool hosted on the secure Data Protection and Security Toolkit website. The CSU IG Support Officer has access to the Information Governance Incident Reporting Tool and will be responsible for recording incidents on the tool, although access can be granted to other members of staff as required by the organisation.

When notified of an IG SIRI, the IG Support Officer will undertake an assessment by using the Health and Social Care Information Centre checklist guidance to determine the severity of the incident. The CSU Information Security Manager will verify the IG Support Officer's assessment.

6.2 Health and Safety Incidents

The CCGs have a statutory obligation under the Health and Safety at Work Act to ensure a safe working environment. All accidents, incidents, near misses, unplanned events and cases of work-related ill health are to be reported immediately using the incident reporting form in Appendix 1. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents must be reported to the enforcing local authority within the appropriate timescale.

6.3 Serious Incidents (SIs) in Healthcare

SIs in healthcare are relatively uncommon but when they occur NHS organisations and other commissioned providers have a responsibility to ensure that there are systematic measures in place for safeguarding people, NHS resources and reputation.

Most SIs occur within provider settings, however these may also occur in any provider services delivered by the CCGs, i.e. Continuing Healthcare. These will be reported and investigated in line with the CCGs' Serious Incident (SI) Management Policy and Procedure (published on the CCGs' websites).

6.4 Incident reporting

The immediate priority for all staff in the case of an incident is to take steps necessary to secure the safety of the person involved. Prompt action must be initiated to prevent a reoccurrence of any incident or to minimise the risk of a potential incident or near miss materialising into an actual

incident. The type of immediate action required varies according to the nature of the occurrence.

Action may include:

- Administering first aid (where qualified to do so)
- Taking a faulty piece of equipment out of action
- Closing a workplace until repairs can be carried out (this may also involve activation of the CCGs' Business Continuity Plan)
- Changing a working practice to prevent reoccurrence.

All incidents must be reported within 48 hours (or 24 hours for serious, or Information Governance incidents) using the appropriate incident reporting form. Your line manager and the Corporate Services Manager should also be notified of the incident.

The incident form should be used to report the facts of the incident, not opinion, as comprehensively as possible using further sheets appended and secured to the form if required. The member of staff involved in the incident, or anyone witnessing it, should complete the form. Only one form should be completed. Any remedial action that is undertaken or planned should be noted on the form.

All incidents will be logged on the CCGs' central database. Once an incident has been logged, an appropriate individual will be allocated to lead the investigation.

All incidents should be risk assessed by the investigating manager using the matrix set out in Appendix 2, taking advice from internal specialist staff, dependant on the nature of the incident.

Once an investigation has concluded, the results and any actions/lessons learned must be recorded. It is the responsibility of the investigating manager to ensure that adequate feedback has been given to the person reporting the incident.

An incident may only be closed when authorised by the Head of Governance and Corporate Affairs.

6.5 Incident investigation

The following general principles are relevant to investigating incidents. As a general rule, the depth and breadth of an investigation should be proportionate to the level of risk posed by recurrence of the incident and the prospect of the investigation generating new lessons to learn. Any investigation should have the following aims:

- Ensure timely and appropriate follow-up
- Establish the facts
- Identify factors contributing to the events
- Determine what actions are to be taken to remedy any identified deficiency

- Prevent, as far as possible, similar occurrences in the future
- Meet national, regional and legal reporting requirements.

To ensure the achievement of these aims, an investigation, which will be carried out by a nominated manager, may include the following components:

- Collection of evidence about what happened
- Consideration of the evidence, including comparison with relevant standards, protocols or guideline, whether national or local
- Establishment of the facts and, based upon these, the drawing of conclusions and making of recommendations for action to minimise risk
- Drawing up an action plan with prioritised actions, responsibilities, timescales and strategies for measuring the effectiveness of actions
- Implementation of the improvement plan and tracking progress, including the effectiveness of actions.

7. Lessons learned

The key purpose of collecting information from incidents/near misses is to learn from them and act upon them. Line Managers, through reviewing and investigating incidents/near misses, will identify factors and improvements. These may be useful in other areas and should be shared when appropriate. Where appropriate, incident outcomes will be shared with CCG staff through team meetings, staff briefings and the Staff Council.

Learning from incidents will be shared at an organisational level through bi-monthly reports to the Joint Clinical Executive Committee. Learning and subsequent actions from CCG-related SI investigations will be shared through the Quality Sub Group (and Quality Performance and Resources Committee by exception).

8. Monitoring and review

This policy and procedure will be reviewed every two years or when required due to:

- Legislative changes, good practice guidance, case law
- Significant incidents reported, new vulnerabilities, or
- Changes to organisational infrastructure.

APPENDIX 1 – Incident Reporting Form

An electronic version of this form can be found on the intranet

INCIDENT FORM		
<i>Please complete this incident form immediately after the incident has occurred.</i>		
Section 1 Details of the person affected by the incident	Name of person affected	
	Date of birth	
	Gender	
	Name(s) of Witness(es)	
Section 2 Details of the incident	Date of incident	Time
	Location of incident	
	Type of incident	<ol style="list-style-type: none"> 1. Personal Accident 2. Violence, abuse or harassment 3. Ill health 4. Fire incident 5. Security incident 6. Vehicle incident 7. Finance 8. Other (please specify)
	Result	Was the person harmed? Yes No Degree of harm <ol style="list-style-type: none"> 1. None 2. Minor 3. Moderate 4. Major 5. Death/catastrophic
Section 3 Summary of the incident <i>Please describe clearly and concisely what happened.</i> <i>Please describe any injury sustained.</i>		

<p>Section 4 Summary of action taken</p> <p><i>Please describe what actions you took immediately following the incident.</i></p>				
<p>Section 5</p> <p>What changes will be implemented as a result of this incident?</p>				
<p>Section 6</p> <p><i>To be completed by the person reporting the incident.</i></p>	Full name		Date form completed	
	Job title			
	Work address			
	Team/department			
	Telephone number			
	Email address			
<p>PLEASE SEND TO YOUR LINE MANAGER IMMEDIATELY</p>				
<p>LINE MANAGER TO COMPLETE SECTION 7 within 48 hours of the incident and submit to the Corporate Services Manager</p>				
<p>Section 7</p> <p>Actions taken by Line Manager</p> <p><i>What actions have been taken?</i></p> <p><i>What immediate steps have been taken to minimise the likelihood of reoccurrence?</i></p> <p><i>Is a risk assessment necessary?</i></p>				

Guidance notes for completing the Incident Form

Please read these notes carefully before completing the incident report form. For further advice contact your line manager or the Corporate Services Manager. For the purpose of this form an incident is defined as an unplanned and uncontrollable event which may, but does not have to, result in personal injury, property damage or loss.

- Completing this form does not constitute an admission of liability of any kind on any person
- Any equipment etc involved in the incident should be retained in safe keeping for examination
- Where death or serious injury occurred this must be reported to a Director.

Use this form to report all incidents including:

- Work-related incidents resulting in injury to an employee of the CCGs, patients, clients, visitors, contractors, or members of the public
- Incidents resulting in damage to property
- Near misses which may have no immediate effect but where serious consequences were avoided by luck
- Personal violence, abuse or harassment
- Security, finance, vehicle
- Other occupational injury or ill-health.

The individual affected by the incident is the person who suffers or potentially suffers injury, ill health and including theft and any other property damage or loss. If an incident involved more than one person, a separate incident form must be completed for each individual. No more than one affected person's name should be on a single incident form. Certain sections of the form require reference to pick lists for guidance.

SECTION 1 – Give the details of the affected person.

SECTION 2 – Details of the incident and the location. Please be as precise as possible regarding the location e.g. building, toilet, stairs, car park etc. Only one type of incident should be ticked. The following definitions apply:

Personal Accident: Any accident, no matter how small which did or could have adversely affected any person. This does not include any incident that is caused deliberately (e.g. act of violence or fire).

Violence, Abuse or Harassment: Any incident involving verbal abuse, unsociable behaviour, racial or sexual harassment or physical assault, whether or not injury results.

Ill Health: Any case of known or suspected work or environment related ill health

(headaches, infections etc).

Fire Incident: Any incident, no matter how small, involving fire or fire warning system.

Security Incident: Any untoward incident involving theft, loss or other damage to organisational or personal property, intrusions, false alarms (but not fire alarms), absconded patient and other security issues.

Vehicle Incident: Any incident involving a vehicle e.g. road traffic accident, excluding vandalism or theft which would be classified as security incidents.

Finance: Theft, loss, misuse incurred as a result of e.g. out of date goods, materials, consumables etc.

Other: This type of incident should be marginal in number and might include items which do not fit in previous categories. Please give as much detail as possible.

Grading the Incident: Grade the incident using the matrix by taking into account the consequences and the Recurrence/ Likelihood.

NONE: No obvious harm. No injury/minor injury not requiring first aid.

MINOR: Non-permanent harm, less than 3 days off work, complaint possible, inefficient short to medium term operational management.

MODERATE: Semi-permanent harm, 3+ days off work, complaint likely, potential long term service disruption.

MAJOR: Major permanent harm, complaint expected, temporary service closure.

CATASTROPHIC: Death, complaint certain, extended service closure.

SECTION 3 – Please give a full summary of the incident, describe clearly and concisely what happened. ONLY FACTS SHOULD BE REPORTED NOT PERSONAL OPINIONS.

SECTION 4 – What actions did you take immediately to prevent the incident happening again?

SECTION 5- What changes will be made as a result of this incident? You may require the support of your Line Manager for this part.

SECTION 6- Please ensure you print your name clearly and provide us with all the appropriate details.

SECTION 7 – This section is to be completed by the Line Manager. It is the role of the manager to make suitable and sufficient assessment of any risk implications, which may arise from the incident reported and take appropriate action. Please state whether a risk assessment is required. If no, clearly state why not.

Appendix 2 - Risk Assessment Matrix

All incidents should be risk assessed by the investigating manager using the matrix set out below. Further information on risk assessment can be found in the CCG's Risk Management Policy.

Likelihood	Score	Consequences		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Rare	1	Negligible	Negligible (1)	1	2	3	4	5
Unlikely	2	Minor	Minor (2)	2	4	6	8	10
Possible	3	Moderate	Moderate (3)	3	6	9	12	15
Likely	4	Major	Major (4)	4	8	12	16	20
Almost Certain	5	Fatalities/ Catastrophic	Fatalities/ Catastrophic (5)	5	10	15	20	25

The basic principle is to multiply the consequence by the likelihood. The resulting number is the risk grade. The risk grade obtained from the risk matrix is assigned levels and investigations as set out in the table below

Low	1 – 3	Normal risks which can be managed by routine procedures.
Moderate	4 – 6	Remedial action plan monitored locally 6 monthly.
High	8 – 12	Requires actions which are to be implemented as soon as possible, remedial action plans to be monitored by Executive, 3 monthly.
Extreme	15 - 25	Immediate action, remedial action plans to be monitored by Executive, 3 monthly.

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

APPENDIX 3

Equality analysis initial assessment

Title of the change proposal or policy:

Incident Reporting Policy and Procedure

Brief description of the proposal or policy:

This document outlines the arrangements for identifying, reporting and investigating accidents, incidents and near misses.

Name(s) and role(s) of staff completing this assessment:

Lynda Williams, Corporate Services Manager

Date of assessment: 20th August 2018

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

CCG employees, temporary staff, contractors, Governing Body members, visitors

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

From an initial assessment of this policy and consideration of employees with protected characteristics under the Equality Act 2010 there is no anticipated detrimental impact on any equality group. There are no statements or conditions within this policy or requirements of this policy that disadvantage any particular group of people with a protected characteristic.

On behalf of:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG