REPORTING OF ADVERSE EVENTS POLICY

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	To enable all staff members to report an incident, accident or near miss, which affect the service, premises and property owned and occupied by the Trust and which may involve patients, staff and visitors, or other people who come into contact with the Trust's activities.
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Summary of Policy

This revised Reporting of Adverse Incident's Policy underpins the key principles of Solent NHS Trust's incident reporting procedure in order that risk of recurrence is reduced and subsequent loss or harm is avoided or reduced and that the Trust fulfils its statutory and mandatory requirements for incident and accident reporting.

An adverse incident is any unexpected / unintended incident, occurrence or accident which may result in injury / harm / unnecessary risk, adverse legal or media position, loss or damage of property / assets, or financial loss to a patient, visitor, member of staff or the Trust. These can be clinical or non-clinical events

This policy outlines the scope and good practice to meet standards which are inspected and audited by such bodies as National Health Service Litigation Authority (NHSLA), Care Quality Commission (CQC) and /or any subsequent required standards associated with clinical governance requirements that identify any patient safety issues.

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REPORTING OF ADVERSE INCIDENTS POLICY

1.0 INTRODUCTION & PURPOSE

1.1 This policy should be read in conjunction with the Solent NHS Trust Risk Management Policy.

1.2 The key principles of Solent NHS Trust's incident reporting procedure are that:

- key lessons learned from that which has gone wrong (or near misses) in any part of Solent NHS Trust can be applied in other areas of the organisation, in order that risk of recurrence is reduced and subsequent loss or harm is avoided or reduced.
- A learning and non-blame culture is fostered.
- Loss of reputation or assets of Solent NHS Trust and its staff is minimised.
- To help support effective implementation of the Solent NHS Trust Risk Management Policy.
- An overview of all incidents, accidents and near misses is obtained and appropriate analysis is undertaken.
- The Trust fulfils its statutory and mandatory requirements for incident and accident reporting.

1.3 Solent NHS Trust's Board (via the Chief Executive) makes it clear to staff that no disciplinary action will result from reporting actual untoward incidents and 'near misses' other than when the following applies:

> *"In the view of the Organisation and/or any professional body the action causing the incident was far removed from acceptable practice."*

1.4 Disciplinary action may occur when there is failure to report an incident in which the member of staff was involved or was aware of. There is a commitment by the Trust Board to the concepts of sharing lessons learnt through professional development. This will ensure that from the outset the systems put in place for dealing with any identified poor performance are sympathetic and supportive.

1.5 It should be noted that most incidents are rarely a result of a single action, but usually a combination of events or systems failures.

2.0 SCOPE & DEFINITIONS

2.1 This policy applies to all directly and indirectly employed staff and other persons working within the Trust in line Equal Opportunities Policy.

2.2 **DEFINITIONS**

2.2.1 **Adverse Incident** - An adverse incident is any unexpected / unintended incident, occurrence or accident which may result in injury / harm / unnecessary risk, adverse legal or media position, loss or damage of property

/ assets, or financial loss to a patient, visitor, member of staff or the Trust. These can be clinical or non-clinical events

2.2.1.1 Examples of adverse incidents:

- Accidental injury
- Work-related Ill-health
- Unusual or dangerous occurrences, such as a fire or electrical malfunction
- Medication incidents
- Adverse drug reactions
- Incidents involving violence or aggression to people, plant equipment or property
- Equipment failure or misuse involving clinical and non-clinical equipment
- Information governance / data security incidents
- Infection Control incidents

2.2.1.2 This list is **not** exhaustive and is a guide only. **If in doubt – report it!**

2.2.2 **Near Miss and No Harm incidents** - A '**near miss'** is an unplanned event that did **not** result in injury, illness, or damage - **but had the potential to do so**. Only a fortunate break in the chain of events prevented an injury, fatality, loss or damage

2.2.2.1 A **'near miss by intervention'** incident is an unplanned event that did **not** result in injury, illness, or damage, due to intervention and action at the time of the incident

2.2.1.2 These must be reported as an incident on the web-based system) as a 'near miss' or 'near miss by intervention' incident. Reporting this type of incident is as important as reporting incidents resulting in identified harm. Although no harm was caused at this time, the potential for re- occurrence is likely to exist and this needs to be managed effectively to prevent any future harm.

2.2.3 **Serious Incident Requiring Investigation** (SIRI) - has been defined by the National Patient Safety Agency as "*an incident that occurred in relation to NHS-funded services and care resulting in one of the following:*

- *Unexpected or avoidable death*
- *Serious harm*
- *A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services*
- *Allegations of abuse*
- *Adverse media coverage or public concern about the organisation or the wider NHS*
- *Information Governance Breach*
- *One of the core set of 'Never events'"*

2.2.3.1 In the case of a Serious Incident Requiring Investigation (SIRI) the Senior Manager of the service should be alerted so that the SIRI policy can be activated. This should happen without delay and **within 24 hours**. In order '*to ensure that the needs of individuals affected by the incident are attended to which may reduce the harmful impact '* and also that all identified SIRI are notified to relevant bodies without delay and within **two working days**.

2.2.3.2 Please refer to the Risk Management Team for more information on SIRI.

2.2.3.3 Please refer to Solent NHS TRUST SIRI Policy for guidance.

2.2.4 **High Risk** Incidents - A High Risk incident is an incident which the Trust considers to be of high risk, but which do not meet the full criteria of a SIRI. The level of investigation and

monitoring is comparable with the SIRI process, with the option to reclassify if SIRI criteria is established.

2.2.5 **Hazard** - A hazard is something with the potential to cause harm, or a situation/factor that may cause an incident or make it more likely to happen.

3.0 WHY REPORT?

3.1 Under the Health and Safety at Work Act (1974) and other associated legislation, both management and staff have legal obligations, including obligation to report, investigate and keep a record of events that have caused injury or which have the potential to do so.

3.2 It is vital to report all incidents and near-misses in order for actions to be taken to prevent / mitigate the risk and impact of future occurrences. A **high** reporting organisation is generally a **safer** Trust as all incidents reported are learning opportunities.

4.0 ROLES & RESPONSIBILITIES

4.1 The Chief Executive has ultimate responsibility for all aspects of risk management, including the management of reported incidents. This includes ensuring services are adequately resourced to comply fully with this policy.

4.2 The Chief Nurse and the Deputy Director of Nursing and Allied Health Professionals (AHPs) have responsibility for ensuring that adequate arrangements are in place to facilitate compliance with the policy

4.3 Clinical Director /Operational Director/Clinical Governance Leads have a responsibility to:

- Ensuring local implementation and compliance of this policy
- Ensuring that appropriate support for staff and patients involved in reporting, incidents and near misses are in place.
- Monitor the quality and effectiveness of incident reporting and subsequent investigations by receiving and commenting on incident trend analysis and investigation reports.

4.4 The Risk Management Team has a responsibility to:

- Ensure all submitted incident forms raised through the safeguard incident reporting system are appropriately reviewed and to highlight to the reporting service (via the Clinical Governance Lead) any areas of concern which have not been addressed by them
- Produce reports showing trends together with a written analysis explaining the trends.

4.5 The Caldicott Guardian and Senior Information Risk Owner (SIRO) has responsibility for having systems and processes in place which are:

- Reflecting patients' interests regarding the use of patient identifiable information
- Ensuring patient identifiable information is shared in an appropriate and secure manner
- Fostering a culture for protecting and using data
- Providing a focal point for managing information risks and incidents.

4.6 Service/Departmental Managers have a responsibility to:

- Be aware of, and comply with this policy

- Investigate all reported incidents and inform the Risk Management Team of the outcome

- Be aware of all reported incidents in their team/department

- Develop action plans and risk reduction measures to reduce the likelihood and recurrence of incidents/complaints/claims

- Raise any concerns regarding incidents with the relevant Clinical Director /Operational Director/Clinical Governance Leads

- Ensure that all incident forms from the web-based system are completed with all relevant details and submitted without delay and within two working days of the incident occurring) to the designated reviewer(s) for review

- The designated reviewer(s) will ensure all incidents submitted are reviewed within two working days (although further management and actions may continue) Incidents reported via paper form to be submitted to The Risk Management Team without delay at this point

- Ensure all staff attend risk management training as detailed in this policy

- Report on the monitoring of incidents to their relevant Senior Manager

- Review the relevant risk assessments following an incident

- Inform the Risk Management Team if the incident results in staff absence from work (even if this does not happen immediately after the incident) or changes to their duties in line with RIDDOR Regulations

- Inform the Risk Management Team of any changes to action plans

- Consider and where appropriate instigate the Solent NHS Trust's *Being Open Policy* when reporting incidents

- Provide support to all patients and staff involved in an incident

4.7 All employees have a responsibility to:

- Be aware of, and comply with Solent NHS Trust's Reporting of Adverse Event Policy

- Consider and, when appropriate, implement the Solent NHS Trust's *Duty of Candour Policy* as regards informing patients and carers, as appropriate, when reporting incidents. These actions should be included and documented when reporting or reviewing any incident

- Ensure that serious incidents, which are required to be reported to external agencies, are raised with the relevant Senior Manager, as detailed in this policy and Solent NHS Trust's SIRI policy, without delay and within 48 hours. Details of these actions will be included on the incident form

- Report any and all risks that warrant further investigation

- Be fully open and co-operative with the incident reporting and investigation process

5.0 CREATING A LEARNING AND NON BLAME CULTURE

5.1 The board is committed to the development of a culture within the Trust that welcomes incident reporting as an opportunity to learn and improve the services offered within Solent NHS Trust and the working environment and safety of staff.

5.2 In conjunction with the Solent NHS Trust's Risk Management Policy this policy aims to provide the structure, process and systems in order to embed a fair blame culture. By:

- Creating and supporting a culture of awareness throughout the organisation about the fundamental importance of reporting and managing incidents
- Staff are able to utilise systems and a framework within which all incidents are reported and managed within a fair blame/non-punitive culture
- Enabling incident investigations that supports and prioritises learning from incidents and the decrease on likelihood of recurrence rather than the apportioning of blame/fault.
- Ensuring that all staff have the knowledge, skills, support and confidence to report and manage incidents
- All employees being familiar with the Solent NHS Trust's guidance to staff on raising concerns and The Freedom To Speak Out Policy

6.0 PROCESS FOR REPORTING AN INCIDENT

6.1 Any member of staff who witnesses, discovers or is involved in, an incident / accident / near miss should complete and submit an Incident Report (via the web-based system). This should be brought to the attention of the person in charge at that time (Band 6 or above - in all cases where possible) without delay. This designated reviewer is not always the line manager as staff could be working in a different location and there could be a delay in waiting until the manager of the department comes on duty. Therefore the person in charge at the time of the incident needs to be aware that an incident has occurred.

6.2 It is acceptable for staff to submit an incident report form on behalf of another member of staff who is unable to complete the form personally.

6.3 If a member of staff has an incident / accident on the premises of another organisation they should report it to an appropriate person on that site and their own line manager, ensuring a Trust incident report is completed and submitted as normal as soon as possible. The Risk Management Team or applicable Manager will where required seek a formal response from that organisation and feedback to the individual concerned. If a member of staff has an incident whilst on Trust business in another type of premises e.g. a patient's home, they should complete and submit an incident report as soon as they return to their place of work.

6.4 Contracted staff will complete and submit an incident report via the Trust systems for any incidents that occur on Trust property during the course of their work.

6.5 With regards to a safety incident, the immediate safety and well-being of the patient, staff member or visitor affected or involved is of paramount importance. Any remedial first aid or emergency treatment must be given and the patient's medical team informed if relevant. In the case of a medication incident where the patient has been given the wrong drug / dosage, the patient's doctor must formally review the patient's condition and the results of any examination recorded in the patient's health record.

6.6 If possible, where a Health and Safety accident has occurred involving plant, machinery, equipment or furniture and fittings, label it for the attention of the Health and Safety Manager but do not alter it in any way until it has been seen by the Health and Safety Manager, except to move it to a safe place if it is causing a hazard to others. If the incident is rated as major or catastrophic the 'scene' must not be altered. It may be advisable to check other pieces of similar equipment and label them as unsafe if necessary until they are able to be checked for safety. If the incident involves a medical device it must be quarantined.

6.7 In most circumstances environmental hazards should be reported to the Estates Department for them to deal with in the normal way. However if the hazard has resulted in an incident or near miss, this should be reported at the same time on the Incident reporting system.

6.8 For any Health and Safety advice please contact the Health and Safety Manager.

6.7 Incidents concerning issues of Security or Violence and Aggression will be managed in line with the Trusts Prevention and Management of Violence and Aggression polices.

6.8 Any breach of information security involving the confidentiality, integrity or availability of data (both hard copy and electronic and clinical and non-clinical data) must be reported as incidents (as per 6.1 above). The Risk Management Team/system will then notify the Information Governance Team.

6.9 Incident reporting by all members of staff is a requirement of the Health and Safety Policy and the Risk Management Strategy. An incident report will be completed and submitted without delay and within two working days of the event to the designated reviewer(s), inclusive of grading of the actual impact.

6.10 The key requirements are as follows:

1. The entries must be clear and legible and if possible in block capitals and black ink; (paper incident form only)

2. All sections should be completed;

3. Facts only should be reported, not opinion. In the event of litigation, the form could be requested for disclosure and therefore should be accurate and factual.

4. A severity grading of this incident should be made (see section 8).

5. Any factors that could have led up to the incident should be determined and completed in the relevant section. These could be lack of signage of a wet floor, lack of training, alcohol abuse by the patient, low staffing levels, illegible documentation etc.

6.11 The completed form should be submitted on the safeguard reporting system or to the person in charge or relevant manager / designated reviewer, for review, identification of Lessons Learnt, completion of the action plan and risk assessment where appropriate. The person in charge or relevant manager / designated reviewer should ensure that all sections have been completed (both the report and the reviewer fields) and submits the reviewed report to the Risk Management Team without delay.

6.12 The Risk Management Team e-mail address is RiskManagementTeam@solent.nhs.uk
Contact telephone number: 023 8053 8721

6.13 If via **web-based system** – management of the incident will be tracked and documented within the system – however initial review will take place without delay and within two working

days of notification of incident.

6.14 The Risk Management Team will carry out ongoing review of adverse event forms graded moderate and above in actual severity, to ensure that all necessary corrective action has been taken. The Risk Management Team will also ensure that the wider context of risk arising from separate incidents is investigated appropriately. The Health and Safety Advisor and other specialists will undertake further enquiries as necessary in relation to incidents as requested by the Risk Management Team.

6.15 If staff feel that they cannot submit an incident report to their manager: for whatever reason, further guidance can be sought from the "Whistle Blowing Policy" available on the Trust intranet.

7.0 SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI)

7.1 In the case of a Serious Incidents Requiring Investigation (SIRI) (see definition in section 2.4) the Senior Manager of the service should be alerted without delay and **within 24 hours** so that the SIRI policy can be followed and relevant processes activated. The Solent NHS Trust's SIRI Policy must be referred to.

7.2 All potential SIRI are alerted to the Risk Management Team via Safeguard incident reporting system/e-mail system/telephone and also by Safeguard incident reporting system /e-mail system /telephone to the relevant Director.

7.3 The Risk Management Team will make further enquiries regarding the incident and will alert NHS England via the Strategic Executive Information System STEIS IT system. The relevant Commissioners will also be alerted at this point by telephone, SIRI process will then be followed as per SIRI Policy

7.4 Other Trusts policies/plans may also need to be invoked at the same time, such as Major Incident Plan. These will be invoked according to the type of incident by the appropriate Director or Chief Executive

7.5 In the event of an accident or unusual incident resulting in a death or which is otherwise suspicious, the police may need to be informed immediately by the person in charge at the time of the incident. **However** where at all possible the emergency on-call arrangement should be followed where Director level support can be quickly accessed.

8.0 GRADING OF INCIDENTS

8.1 Grading an incident for its severity and the likelihood of recurrence is a key component of the incident reporting process, as well as other risk management processes. Grading incidents will also help the manager determine at what level the incident should be investigated and whether specialist help should be sought to prevent recurrence. Incidents should be graded as soon as possible after the incident.

8.2 **Step 1: Likelihood Scoring Matrix**

8.2.1 **What was the actual harm / severity of the incident today?**

8.21.1 This is the harm that has occurred on this occasion, using the below matrix:

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/ recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently
Probability	**<0.1 per cent**	**0.1 – 1 per cent**	**1-10 per cent**	**10 - 50 per cent**	**> 50 per cent**

8.2.2 **Risk Assessment – Potential Likelihood - What are the chances of this incident occurring again?**

8.2.2.1 This is decided by the person designated to review the incident and is recorded as part of the incident report

8.2.2.2 This assessment is made on the assumption that the actions that has been identified and submitted within the incident report as being required after the incident occurred, have been carried out.

8.2.2.3 Example 1 - if the incident involved a slip on wet floor, actions would be to ensure that all persons knew about the wet floor (for example using appropriate signage) and that it is reported and cleaned up - therefore the likelihood of the incident recurring is much reduced.

8.2.2.4 Example 2 - if the incident was a patient falling out of bed and the action taken was to put up cot sides and placing a mattress on the floor by the side of the bed, both the likelihood and the severity would be reduced.

8.2.2.5 In order to obtain a *realistic* (not worst case) scenario of this incident consider how likely it is that under similar circumstances the incident will happen again.

8.3 **Step 2: Consequence Scoring Matrix – Safety**

8.3.1 Please refer to Appendix C for additional guidance and examples for other types of risks.

8.3.2 Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**No Harm / Near miss**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days Litigation <£50k	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of patients Local adverse publicity / moderate loss of confidence in the Trust Litigation >£50k - £500k Increased length of stay >4-15 days Increased level of care >4-15 days	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects Increased level of care >15 days National adverse publicity / major loss of confidence in the Trust Temporary service closure Litigation >£500k - £1million	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients International adverse publicity / severe loss of confidence in the Trust Extended service closure Litigation >£1million

8.3.3 The person reporting the incident would normally undertake this stage of the assessment process and record the result on the Adverse Incident Report form.

8.4 **Step 3: Risk Assessment – Potential Severity - What might be the outcome if the incident reoccurs tomorrow?**

8.4.1 This part of the assessment process is made by the person designated to review the incident and may not necessarily be the line manager of the person reporting the incident.

8.4.2 Using table above the person designated to review the incident assesses how severe the incident could be if it reoccurred. To make a **realistic** scenario, try to answer the following questions:

- "Could the outcome have realistically been a lot worse?"
- "How many persons might realistically be hurt if it happens again?"
- "Would a person die or would it be more realistic that they would suffer an injury that would recover in time?"
- "What are the resource implications in terms of person and bed resource and are there any public relation risks?"

8.5 **Step 4: What is the overall risk score for this incident? Likelihood X Severity**

8.5.1 The person designated to review the incident can now use the risk grading matrix below (table 3) to determine the overall risk for this incident (likelihood x severity). This risk grading indicates the level of investigation required and the accountability for this (see table 3 below).

8.5.2 **Risk Grading Matrix**

	Risk Grading Matrix	**B - Likelihood**				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain
A - Severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5
	NB: Negligible = Near miss / insignificant					
	Severity X Likelihood = Risk Grading					

9.0 THE LEVEL OF INVESTIGATION REQUIRED

9.1 Incidents are managed according to potential impact (i.e. should the incident recur) as follows:

Table 4 – Management Levels of Mitigated Risks

Low	**Green**	**1 to 3**	Managed at **local** level
Moderate	**Yellow**	**4 to 6**	Managed at **Service** level
High	**Orange**	**8 to 12**	Managed at **Care Group** level
Very High (Extreme)	**Red**	**15 to 25**	Managed at **Board** level

9.2 If as a result of the additional information gathered during an investigation it is found that the incident grading needs to be changed, the Risk Management Team must be informed as it may be more appropriate for the Risk Management Team to be included in the investigation team.

9.3 If the Risk Management Team feel the incident is graded inappropriately, they will discuss this with the appropriate senior manager to agree any changes.

9.4 Incidents reported graded at moderate or above in actual severity will be reviewed by the Risk Management Team who may make further enquiries about the actions taken and may instigate an investigation.

9.5 It is the responsibility of the relevant management team (through the review and management process) to identify learning points or safety improvement measures and those that are not within the control of the local management team are communicated to the relevant groups.

9.6 All the resulting reports and improvement strategies arising from these incidents will be monitored by the relevant groups.

9.7 All incidents (potential or actual) that are graded as moderate and above will be summarised for the monthly Quality Report.

10.0 INCIDENTS OF AGGRESSION AND / OR VIOLENCE

10.1 Incidents involving violence and / or aggression should be reported in the usual way. The Management of Violence and Aggression Policy must be referred to. However where there is concern that there is an immediate threat to the health and safety of staff immediate contact should be made with the local police, Trust Security Manager and Senior Management.

11.0 RISK REGISTERS

11.1 Solent NHS Trust's services maintain risk registers that contain details of all reported significant risks that the services are exposed to. These registers are dynamic documents and will change as risks are managed. Refer to the Risk Management Strategy Policy.

12.0 STAFF TRAINING

12.1 All employees will receive relevant ongoing training to help with the management of risk, as per the Trusts Training Needs Analysis (TNA).New employees will also receive induction training, which will include incident reporting and risk management.

12.2 The Risk Management Team will also provide a range of risk management related training which will support the Trusts risk management policies.

12.3 Those members of staff required to undertake investigations of SIRI or incidents that fall under the safe guarding umbrella will receive appropriate training.

12.4 PROCESS FOR STAFF SUPPORT FOLLOWING AN INCIDENT

12.4.1 Staff involved in an incident will be provided with post incident support to enable reflective learning. Counselling services should be offered and accessed as required. This service is provided by the Occupational Health Service which can be accessed via the Human Resource Department.

12.5 PROCESS BY WHICH TO RAISE CONCERNS

12.5.1 Staff share a responsibility for being alert to the behaviour of their employer, other employees, co-workers or colleagues. Individually staff members must be aware that anything they notice at work that appears to be unusual practice or behaviour or causes them to feel uncomfortable should be raised. If individuals have concerns about raising an incident, they should refer to the Trust whistle blowing policy

13.0 EXTERNAL REPORTING PROCEDURES

13.1 There are arrangements in place to ensure that incidents are reported to external bodies in accordance with their requirements, which is overseen by the Risk Management Team.

13.2 *All Patient Safety Incidents (including near misses)* will be reported to the *National Patient Safety Agency (NPSA)*. The NPSA require a minimum data set to be sent to them and it is the responsibility of the Risk Manager to carry out this reporting to the NPSA via the risk management database.

13.3 All *Serious Incidents Requiring Investigation (SIRI)* will be reported to the NHS England via the Strategic Executive Information System (STEIS) (by a Risk Manager or designate).

13.4 The minimum data set comprises:

- Date of making report;
- Reporting organisation (code or organisation name);
- Reporter (name, job title, telephone, e-mail);
- Apparent outcome of incident in terms of harm (none/major/catastrophic – from matrix);
- When the incident occurred (specialty/location);
- Who was involved? (patient and staff descriptions, not names, gender, age and ethnic group);
- What happened? (including medical devices/equipment and/or medicines involved);
- What immediate action was taken?
- Whether information on the incident has been or will be reported to another agency or body.

13.5 This will be done without delay from the point of identification and agreement that an incident fulfils SIRI criteria and will be followed up by a full root cause analysis report by the investigating group and delivered to monthly SIRI Panel within the timescales dictated by the grade and level of investigation agreed . Please refer to SIRI policy

13.6 Allegations of *abuse against children or vulnerable people by any TRUST employee* **must** be reported to the Human Resources Department, the Responsible (Associate) Director and the appropriate TRUST Safeguarding Lead

immediately who will report to the Department of Health and the Department for Education and Employment.

13.7 Adverse incidents involving *Medical Devices* or adverse reactions to *Medicines* **must** be reported to the Medicines and Healthcare products Regulatory Agency (MHRA), including those involving users and others, and those where user error might be suspected. Serious cases should be reported by the fastest means available, preferably on-line, fax or e-mail followed up by a confirmatory telephone call. The Health and Safety Advisor will be informed of all incidents involving medical equipment and will carry out any further reporting required. The MHRA form can be completed on-line: http://www.mhra.gov.uk or on the report forms from the MHRA can be downloaded from their website and sent or faxed to:

Adverse Incident Centre
Medicines and Healthcare products Regulatory Agency
2/2 G Market Towers
1 Nine Elms Lane
London
SW8 5NQ

Fax: 020 7084 3109

13.8 Telephone reporting to the MHRA is only for incidents involving death, serious injury or serious public health concern. Tele: 020 7084 3080.

13.9 Incidents involving *Non-Medical Equipment, Engineering Plant, Installed Services and Building Fabric* must be reported to NHS Estates. The Estates Manager will carry out this reporting, using the guidance in EPL (95) 16.

13.10 Incidents involving *Food* should be reported immediately to the Head of Facilities Management who may inform the Director of Public Health who will, if necessary, pass it to the Food Standards Agency in accordance with statutory Code of Practice No 16. General guidance on the management of food hygiene and food services is given in HSG (96) 20.

13.11 *Centre for Communicable Disease Control* will receive reports from the Public Health Doctor on infectious outbreaks.

13.12 *Reports of Injury or Diseases and Dangerous Occurrences* will be reported under the RIDDOR Regulations 1995, to the Health and Safety Executive, by Health and Safety Manager. A copy of the adverse incident form must be sent immediately to the Risk Manager. The Risk Manager will complete the necessary forms. The following must be reported to the HSE by the **quickest available** means:

- Death at Work

- Major Injury to a person (fracture other than fingers, toes; amputations; dislocation of shoulder, knee hip or spine; loss of sight; chemical or metal burn to eye; electrical shock causing injury; injury leading to hypothermia, heat induced illness or unconsciousness or requiring resuscitation or admission to hospital for over 24 hours; unconsciousness caused by asphyxia or exposure to harmful substance; acute illness requiring medical attention; loss of consciousness arising from the absorption of any substance by inhalation, ingestion or through the skin.)

- Injuries to people not at work (patients, member of the public)

- Dangerous Occurrences (collapse of load bearing parts of equipment, e.g. hoists, explosion of pipe work or pressure vessel, electrical short circuit causing fire or explosion, collapse of scaffolding, fire or explosion causing suspension of work for over 25 hours)

13.3 The following must be reported to the HSE **within 10 days**:

- Incapacity to carry out normal work for over 3 days

- Prescribed diseases

- The death of an employee if this occurs some time after a reportable injury that led to their death.

13.4 For an accident to be reportable, it must arise out of, or in connection with, work. Accidents that arise solely from the condition of the injured person are not reportable, neither are suicides. The forms and further information about RIDDOR incidents can be found at http://www.hse.gov.uk/riddor/index.htm.

14.0 EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

14.1 Solent NHS Trust embraces and accepts its legal, social and moral responsibility in relation to Equality & Diversity. The Trust is committed to delivering equality of opportunities for all service users, carers and staff and wider communities and to the elimination of ALL forms of discrimination.

14.2 As part of Trust policy an equality impact assessment (Steps 1 & 2 of cycle) was undertaken (Appendix B). Solent NHS Trust are not aware of any evidence that different groups have different priorities in relation to this frame work, or that any group will be affected disproportionally or any evidence or concern that this Policy may discriminate against a particular population group. Thus, the equality impact assessment result is: no negative impact (Appendix B).

15.0 MONITORING THE EFFECTIVENESS OF THE INCIDENT REPORTING POLICY

15.1 The Incident Policy will be reviewed on a three yearly basis by reviewing its implementation and application across the organisation in line with the requirements of the relevant NHSLA standards

15.2 Its day to day effectiveness will be subject to informal reviews by the risk management team.

15.3 Formal review will be led by the Risk Management Team and approved by the Policy Steering Group Meeting.

15.4 The effectiveness of this policy will be monitored through the following:

15.4.1 Incident trends reviews, included within the Quality Reports and these will be presented at the Quality and Risk Group Meeting.

15.4.2 The quality report contains an SIRI report which will be monitored as a standing item at the quality and Risk Group Meeting.

15.4.3 The Risk Management Team will routinely identify areas/services which do not

comply with timelines or process

15.4.4 Operational Directors will be monitored against the implementation of actions designated to them as Leads within any action plans published within SIRI Root Cause Analysis final reports via SIRI Panel.

15.4.5 The Policy Steering Group Meeting will monitor the effectiveness of other policies which have been amended as a result of actions identified and agreed from investigations/analysis.

15.4.6 Governance and Quality Leads will gain intelligence from the services within their service groups regarding the identification / reporting and management of risks in order to response to enquiries from the Risk Management Team.

15.4.7 Governance and Quality Leads will lead services within their service groups regarding the identification / reporting and management of risk by ensuring that all Service / Department leads are following process in line with policy.

15.4.8 Health & Safety Committee will review relevant reports and action plans.

16.0 REVIEW OF POLICY

16.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after three years.

17.0 COMMUNICATION & CONSULATION

17.1 Communication and Consultation are important consideration at each step of the risk management process and staff and managers are to ensure this occurs. This will also be achieved through the relevant committees and groups responsibility for the management of risk and incident reporting. It is important to develop a communication plan for both internal and external stakeholders at the earliest stage when required

17.2 This policy will be consulted upon during the approval processes. It will be published on the Trust intranet and staff will be made aware through training sessions and by Team Brief.

18.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

18.1 Other Solent NHS Trust risk management related policies that should be read in conjunction with this policy include:

- Risk Management Strategy Policy
- Incident Investigation Procedure
- Serious Incident Requiring Investigation Policy
- Violence and Aggression Policy
- Duty Of Candour Policy
- The Freedom To Speak Out Policy
- Disciplinary Policy
- Information Governance Policy

All of these can be found on Solent NHS Trust's intranet or by contacting the Risk Management Team.

Appendix A - Quick Guide to Incident Reporting

A -	Risk Gradin	B-				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certai
	5Catastrophic	5	10	15	20	25
		4	8	12	16	20
	4 Major	3	6	9	12	15
		2	4	6	8	10
	3 Moderate	1	2	3	4	5
	NB : Negligible = Near miss/Insignificant					

Likelihood Scoring Matrix

Likelihood	Description	How often might it / does it happen?
1	**Rare**	This will probably never happen / recur
2	**Unlikely**	Do not expect it to happen / recur but it is possible it may do so
3	**Possible**	Might happen or recur occasionally
4	**Likely**	Will probably happen/recur but it is not a persisting issue
5	**Almost certain**	Will undoubtedly happen / recur, possibly frequently

<u>When filling out an incident report</u>

DO

- Ensure that you are reporting an incident or near miss - Is this an unexpected event?
- Make rough notes (if you need to) before filling in form to ensure that you have the details of the event clear in your mind and that you are concise when filling out the form
- What happened?
- When did it happen?
- Where did it happen?
- How did it happen? (It helps to use the order of events as a guide)
- What were your or others actions?
- State the outcomes – i.e. any injuries/damage/harm
- State the facts of any conversations that are relevant to the incident
- Include any information relating to National or Local Guidelines. For example: Nice Guidelines on Pressure ulcers and local policy for Neuro obs following unwitnessed Falls
- If the **actual** harm/outcome of this incident (refer to the first (white) column of the risk grading matrix above), at the time of reporting is above 3 (moderate) this should then be escalated to (at minimum) the Service Lead/deputy as soon as possible in order to complete the Senior Manager Section
- Use a separate continuation sheet if necessary, using plain paper
- Use black ink and ensure what you have written is legible
- If you feel there is a Safeguarding/Occupational Health/HR reason your manager should not complete the

Senior Manager section of the form, seek advice from your Service Manager if appropriate or the Risk Manager

DON'T

- Give opinions
- Stray from the facts

When filling out the Senior Manager Section

- **Must not be** the same person as the reporter of the incident
- **Must be** Band 6 or above
- Any incident graded with a possible outcome/likelihood , on review, at 9 or above must be escalated to the Head of Service as soon as possible (refer to Risk matrix above for guidance for grading)
- Any incident graded, on review, at 12 or above must be escalated to the Clinical Standards Team and Head of Service as soon as possible (refer to Risk matrix above for guidance for grading) *
- If a staff member feels there is a Safeguarding/Occupational Health/HR reason why their manager should not complete this part of the form, they should seek advice from the Service Manager (if appropriate) / Risk Manager

Contacts:

0900-1700 weekdays: Clinical Standards Team & Risk Manager – 02380 60 8947 or via the global email **RiskManagementTeam@solent.nhs.uk**) or on NHS.net email via sensitive/confidential emails.*If you need advice regarding a serious incident occurring out of hours please call the On Call Manager – via RSH Security, telephone number: **023 8082 5913**

APPENDIX B – Equality Impact Assessment
Completed in consultation

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the policy?	To enable all staff members to report an incident, accident or near miss, which affect the service, premises and property owned and occupied by the Trust and which may involve patients, staff and visitors, or other people who come into contact with the Trust's activities.
2. Who will be affected by it?	All SCH staff. Independent Contractors.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Local targets Legal requirements Outcomes
4. What information do you already have on the equality impact of this policy?	–
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None identified

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the policy unlawfully against any group?	☐		Information is in English only. This could mean exclusion of staff with communication difficulties. However this can be provided on request via Access to communications.
2. Can any group benefit or be excluded?		☐	
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		☐	
4. Can this actively promote good relations with and between different groups?		☐	
5. Have you carried out any consultation internally/externally with relevant individual groups?	☐		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods		☐	Consultation within

of consultation/involvement			organisation. Please see above.
Mental Capacity Act implications			
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)			

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?	

Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

Appendix C

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/ key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met

Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment