

# Incident Reporting and Management Policy

<b>For use in (clinical areas):</b>	All areas of the Trust
<b>For use by (staff groups):</b>	All Trust staff (Hospital and Community)
<b>For use for (patients / treatments):</b>	Adverse incidents and near misses
<b>Document owner:</b>	Patient Safety & Quality team
<b>Status:</b>	Approved

## 1. Scope

This policy is a Trust-wide document and applies to all West Suffolk NHS Foundation Trust (WSFT) staff. It should be read in conjunction with the Trust’s Incident Reporting & Management Procedure.

This policy has been updated to reflect the Trust’s move from the Serious incident framework (SIF) to the Patient safety incident response framework (PSIRF) as an early adopter.

## 2. Introduction

The WSFT is committed to ensuring high quality healthcare in a safe environment. By providing a system for incident reporting and management, incidents can be reported and investigated. Incident trends can be analysed to understand where development and learning can improve patient experience and quality of care. Lessons can also be learned from incidents and shared across the organisation to prevent recurrence.

Effective incident reporting, investigation and the institution of appropriate control measures will reduce the likelihood of incidents recurring. This will help contribute to improved patient safety and service provision and make the hospital a safer place to work and visit for staff, patients and the public.

The Trust’s Incident Reporting system must be used to report an incident which has resulted in or could have resulted in harm to a patient, visitor or member of staff or if, as a result of the incident, there has been harm to the Trust, either financially or by way of reputation.

The objective of incident investigation is to understand what happened, why it happened and to identify any actions that need to be taken to prevent a similar incident in the future. The depth and scope of the investigation will be as described in the trust’s patient safety incident response plan (PSIRP).

Professional staff should also ensure they comply with their own professional guidelines (e.g. General Medical Council & Nursing & Midwifery Council) regarding the reporting and investigation of incidents. Members of Trust staff must ensure that incident reports are made promptly and accurately.

The Trust is committed to a culture which promotes openness, honesty and that focuses on improving practice, rather than focusing on individual deficiencies and blame. The board of directors accepts that fear of disciplinary action may deter staff from reporting incidents and has therefore chosen to adopt an open approach, where all reports are viewed as an opportunity to learn rather than punish. Disciplinary proceedings will only result in exceptional circumstances, for example where there has been a breach of the law, gross negligence or professional misconduct.

The Trust advocates a fair and just system where staff are held to account for their actions and behaviors, without being unduly blamed. Every effort will be made to ensure that reported incidents are managed and investigated positively as a way of improving safety through learning.

### 3. Definitions

**Incident:** any event or circumstance arising that could have, or did, lead to unintended or unexpected harm, loss or damage to a person, property or the organisation.

An incident can cover a wide range of situations but generally a reportable incident is an event that contains one or more of the following components:

- Harm to an individual
- Financial loss to an individual or the Trust
- Damage to the property of an individual or the Trust
- Disruption to services provided by the Trust
- Damage to the reputation of the Trust

**Harm:** Injury (physical or psychological), disease, suffering, disability or death.

**Near miss:** Any event or circumstance that did not result in harm, loss or damage, but had the potential to do so.

**Serious incident:** This is an incident which has resulted in significant harm or disruption to services or has the potential to do so if action is not taken to address the underlying risk.

**Patient safety incident response framework (PSIRF)** national initiative designed to further improve safety through learning from patient safety incidents. The PSIRF outlines how providers should respond to patient safety incidents, and how and when an investigation should be carried out. It includes the requirement for the publication of a local **Patient Safety Incident Response Plan (PSIRP)**.

**Patient Safety Incident investigation (PSII)** An in-depth investigation resulting in the production of a written report using a national template

**Never Event** - all Never Events are defined as serious incidents although **not all Never Events necessarily result in serious harm or death**. Never Events are a particular type of serious incident that meet **all** the following criteria:

'They are **wholly preventable**, where guidance or safety recommendations that provide strong systemic protective barriers **are available at a national level, and should** have been implemented by all healthcare providers'

The current Never Events List can be found at <https://www.england.nhs.uk/publication/never-events/>

### 4. Responsibilities

#### Chief Executive and Executive Chief Nurse

The overall responsibility for effective risk management in the Trust, including incident reporting and management lies with the Chief Executive. At an operational level, the Executive Chief Nurse is the Director designated with responsibility for governance and risk management. Accountability for management of financial (business) risk including the correct application of Standing Financial Instructions and Standing Orders lies with the Executive Director of Resources. The Executive Chief Nurse will liaise with the Executive Medical Director for medical issues relating to clinical risk management, patient safety and staff concerns regarding service delivery.

The Executive Chief Nurse's key responsibilities in respect of incident reporting and management are:

- Notifying the Board of Director of incidents reported as Never Events
- Notifying the Board of Director of incidents considered as meeting the criterion of a PSII
- Presenting reports to open and closed board which provide details of new cases, issues of concern, outcome and learning and assurance.

### **Executive Directors**

Responsible for ensuring that risk, including incident reporting and management, is managed appropriately in their area of responsibility. Key responsibilities include:

- Through a shared schedule of attendees ensure executive presence at panel meetings to coordinate the management of incidents meeting the requirements of the organisation's PSIRP

### **Board of Directors**

The Board of Directors has delegated authority for incident reporting and management to the Patient quality & safety governance group. The Board of Directors will be directly appraised of:

- New PSII's, claims, complaints graded as 'red' and dated inquest hearings.
- Never Events
- Performance against agreed Key Performance Indicators as part of the agreed performance monitoring arrangements.
- Receive an aggregated learning report which incorporates learning from incidents and wider integrated governance functions (complaints, claims, inquests, learning from deaths, clinical audit compliments, and other pathways).

### **Patient quality & safety governance group (PQASG)**

The PQASG is responsible (as per its terms of reference) for identifying deteriorating trends and/or areas where the Trust is a potential outlier or underperformer, gaining assurance on effective and/or improving systems, seeking to understand the rationale for any improvement or deterioration in performance, identify and prioritise scope for improvement opportunities, ensure the best utilisation of resources (staffing/financial/information/training) and cooperative working to support patient safety and quality.

Its key responsibilities in relation to incident reporting and management include:

- Approve and monitor relevant key performance indicators
- Approving the trust policy PP105 (this document)

### **Clinical Directors Meeting**

The key responsibilities in relation to incident reporting and investigation include:

- Providing a point of escalation for any aspects of incident reporting that relate to Medical staff

### **Specialist advisory committees**

A number of specialist advisory committees are identified in the Trust Risk Management strategy & policy PP093 with responsibility for incident management. Their key responsibilities in relation to incident reporting and investigation include:

- Review incident trends according to the defined function to ensure organisational learning takes place.
- Escalating any outstanding issues or concerns to the committee they report to.

## Quality & Safety team and Risk Office teams

Are responsible for communicating and co-ordinating the process of risk management throughout the Trust. Their key responsibilities in relation to incident reporting and investigation include:

- Managing the Trust's system for reporting incidents and near misses and encouraging prompt reporting of all incidents.
- Liaising with statutory and other official bodies, for example the Health & Safety Executive, Care Quality Commission, NHS England, the Information Commission, NHS Resolution and the Clinical Commissioning Group (CCG).
- Supporting the review of incident trends and providing information and analysis on incident trends to assist responsible committees and individuals.
- Supporting the review of incidents reported as moderate, major or catastrophic harm to ensure statutory requirements for Duty of Candour are complied with.
- Reporting of PSII through the Strategic Executive Information System (STEIS) to NHS England, providing progress reports regarding investigation and learning as and when required.
- Reporting of all patient related incidents through the National Reporting and Learning System (NRLS) and its successor the Learning from patient safety events (LfPSE) via an online portal.
- Providing investigator training to relevant staff
- Promoting lessons learned and initiatives which can be used to reduce incident causes.
- Identify issues arising from incident investigations for inclusion in the Trust clinical audit programme.

## Divisional responsibilities

Each division's key responsibilities in relation to incident reporting and investigation include:

- Reviewing incident data and trends
- Addressing any significant concerns or issues.
- Communicating any lessons learnt locally.
- Ensuring all relevant lessons learned are shared both Trust wide and in the wider health community.
- Escalating any significant concerns outside the control of the division to the relevant trust forum.
- Ensuring the timely completion of incident investigations by all staff within the division

## Triumvirate / senior leadership team

Responsible for ensuring that risk, including incident reporting and management, is managed appropriately in their area of responsibility. Key responsibilities include:

- Addressing significant concerns/issues from incident investigation escalated by Lead Clinicians, Heads of Department, Service Managers and Matrons or by local departmental / specialty meetings.
- Ensuring that actions from incident investigations are implemented within given timescales.
- Escalating any significant concerns outside the control of the senior leadership team to the relevant trust forum
- Ensure appropriate action is taken to deliver Divisional KPI relating to incident reporting and management.

## Lead Investigators

Individuals identified as a Lead investigator for an Incident are responsible for:

- Leading an investigation into the specific incident
- Producing a report using the Trust templates.
- Ensuring National and local practice is reflected within the investigation

## Managers

All managers are responsible for:

- Ensuring that all incidents that occur in their area of responsibility are reported in a timely manner and in accordance with Trust Policies and Procedures.
- Receiving all Datix reports occurring in their area(s) of responsibility and ensuring that immediate action has been taken to manage the incident.
- Identifying causes of incidents and putting in place measures to minimise the likelihood of recurrence by establishing any lessons to be learnt and implementing these locally.
- To review investigation of incidents reported for their area(s) of responsibility.
- Informing their head of department, service manager, locality manager of any lessons to be shared both Trust wide and in the wider health community.
- Escalating any significant concerns to their head of department, service manager, locality manager, matron, clinical lead or other appropriate individual.
- Ensuring that staff are adequately supported following an incident and as required during an investigation (in accordance with Supporting staff during an investigation of an adverse incident, complaint or claim PP198). Support can either be provided via their manager, their GP, the Trust's counselling service and/or by referring the member of staff to the Trust's Occupational health service.
- Liaising with the Human resources department regarding any precautionary measure, capability or disciplinary action proposed regarding a member of their staff following an incident.

## Senior member of staff on duty when a serious incident occurs in a hospital setting

The member of staff must immediately:

- Inform the Associate Director of Operations/ Deputy Directors (or equivalent) / Clinical Director. If out-of-hours contact the Senior Manager on-call via switchboard who will manage the incident until the next working day.
- Contact the consultant/medical team if the incident has involved a patient. The consultant must take any necessary clinical action to minimise the effect of the incident and also inform the patient and/or patient's relatives of what has occurred. In cases of death or serious injury, the consultant/medical team must contact the patient's next-of-kin. Where there is difficulty in locating the next-of-kin, the police may be contacted to assist. It is the responsibility of the patient's clinician to notify the Coroner of all cases of death as a direct result of an incident. If the consultant is unavailable, another consultant in the same specialty should be advised of the incident and asked to attend immediately.
- Preserve the scene to prevent unauthorised entry or tampering with evidence, this may include taking photographs (consider whether consent is required) and recording the position of equipment and people involved in the incident.
- Isolate/retain all evidence i.e. medical records, equipment, drugs and other documentation. This is particularly important where foul play is suspected/has been confirmed.

## Member of staff present when a serious incident or unexpected death occurs in a community setting

The member of staff must immediately:

- Inform the Senior Manager on duty. If out-of-hours support is required, contact the Community Manager on-call (via the Care Coordination Centre) who will manage the incident until the next working day.
- Notify the GP if the incident has involved a patient death or serious injury. The GP will contact the police to notify of any unexpected death in the community.
- Clinician must contact the patient's next-of-kin. Where there is difficulty in locating the next-of-kin, the police may be asked to assist.

- It is the responsibility of the GP to ensure the Coroner is notified of all cases unexpected death in the community.
- In the case of an unexpected child death the SUDIC (Sudden or Unexpected Collapse and Death in Infancy or Childhood) policy should be followed

### **All staff**

Staff responsibilities include:

- Reporting incidents and near misses promptly. Staff working in the Trust on a locum or agency basis, or as a contractor or volunteer must also report incidents. Where a member of the public has been involved in an incident, staff must complete an incident form on their behalf.
- If a witness to or directly involved in an incident, addressing the immediate health needs of the person(s) involved in an incident, ensuring that the situation is made safe, informing their Manager and completing a Trust incident on Datix.
- Undertaking immediate action to manage the incident and identifying actions needed to minimise the chances of recurrence.
- Engaging in the investigation of incidents and providing information if and when required.

### **On-Call Managers**

On-call managers are responsible for co-ordinating and managing incidents requiring immediate actions during out-of-hours and at weekends in accordance with the Incident Procedure.

## **5. External Reporting and Informing Key Stakeholders**

Depending on the type of incident, it may require reporting to an external agency or key stakeholder, for example, the Care Quality Commission, the Health & Safety Executive, NHS Digital or the Information Commissioner. PP105b (Incident Reporting and Management Procedure) lists the different external agencies / stakeholders and the types of incidents they need to be notified of.

## **6. Incident Reporting and Management Training**

All staff new to the Trust will receive mandatory Risk Management/Health & Safety Training as part of their induction which covers how to report incidents. Staff are also required to undertake three yearly updates as set out by the Trust's Policy and procedure for Mandatory and Statutory training (PP244).

Specialist training for staff undertaking specialist incident investigations will be provided as part of the trust's training programmes.

## **7. Investigations Involving the Police and/or HSE**

Where an incident requires investigation by the police and/or HSE and information is required to be shared, the Trust will follow the guidance contained in the Trust Data Protection policy (PP110).

## **8. Duty of Candour**

The Trust encourages all staff to be open and honest to any person affected by an incident and provide them with an apology. For incidents graded as actual moderate, major or catastrophic harm there is an additional statutory Duty of candour. Please refer to the Trust's Being Open (Duty of Candour policy) (PP197) for further guidance and information.

## 9. Process for Staff to Raise Concerns i.e. Whistleblowing

Should a member of staff have legitimate concerns about someone's practice then this can be raised in accordance with the Trust's policy on Whistle blowing – Staff Concerns about patient care and other healthcare related matters (PP056).

## 10. Legal Proceedings

Reporting of an incident does not constitute an admission of liability by any person. However, incident report forms may be made available to all parties in the event of legal proceedings and it is therefore essential that they are completed accurately and factually. Never express opinions.

The Trust is vicariously liable for the acts and omissions of its employees whilst at work. Where it is considered that staff have acted in good faith, the Trust will take full responsibility in the event of any legal action arising from an incident.

## 11. Monitoring the implementation and effectiveness of the policy

The Trust's Incident Reporting & Management Policy will be monitored by the Patient quality & safety governance group. This will include compliance with the defined KPIs and any resultant improvement plans developed

## 12. Document configuration information

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