



INCIDENT REPORTING POLICY

South Central Ambulance Service NHS Foundation Trust
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DOCUMENT INFORMATION

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1. Introduction

- 1.1 The National Health Service (NHS) provides effective health care to millions of people every year. Although the majority of these people are treated safely and effectively there is a risk associated with each treatment and evidence shows that things will and do go wrong, leading to some people being harmed no matter how professional and dedicated staff are. It is recognised good practice for care providers to recognise/identify and report incidents which occur in services to ensure that learning and improvement takes place.
- 1.2 The South Central Ambulance Service NHS Foundation Trust (hereafter known as the Trust) provides health services across Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Surrey and Sussex. As a provider of NHS commissioned services, the Trust has a duty to report, investigate and manage incidents through procedures aligned with the national requirements. To fulfil this, the Trust has an electronic incident reporting system, Datix, for staff to report all incidents, near misses and issues of concern. The Trust also has arrangements in place for staff to report incidents, near misses and issues of concern should the electronic system (Datix) temporarily go off-line.
- 1.3 Therefore, this policy sets out the arrangements for the reporting, investigation and management of incidents reported using the Trust's Incident reporting system, Datix and the paper-based system when Datix is temporarily off-line.
- 1.4 This policy will be reviewed annually and will be aligned with update documents provided by NHS England which set the national standards for incident management.

2. Scope

- 2.1 This policy applies to all staff who work for or on behalf of the Trust, including Community First Responders, contract workers, temporary workers, bank staff and those who work on an honorary basis. It also applies to contractors and Private Providers.

3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees.
- 3.2 The Trust values differences between members of the communities we serve and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to ensure equality of opportunity and diversity and remove any barriers that could potentially discriminate. Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result. The Trust is entrusted to promoting equality and

diversity best practice both within the workforce and in any other area where it has influence.

- 3.3 The Trust is committed to ensuring equality of opportunity and the absence of unfair discrimination is provided for all employees and stakeholders in line with the Equality Act 2010. We aim to demonstrate this equality of opportunity by removing barriers, for example where an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure.
- 3.4 We seek to demonstrate our commitment to providing equality of opportunity by:
- Ensuring that everyone is treated fairly and with respect.
 - Making sure that our workspaces are a safe, secure and stimulating place for everyone.
 - Recognising that people have different needs and understanding that treating people equally does not always involve treating them all exactly the same.
 - Recognising that some employees need extra support to help them make progress and be successful.
 - Aiming to make sure that no-one experiences harassment, less favourable treatment or discrimination because of:
 - Age
 - Disability
 - Race
 - Gender
 - Gender re-assignment
 - Religion and belief
 - Sexual orientation
 - Marriage and civil partnership
 - Being pregnant or having recently had a baby.

4. Aims

- 4.1 The aims of this policy are to:
- Set out the arrangements the Trust has in place for the reporting, investigation and management of incidents reported on the Trust's Incident reporting system, Datix.
 - Support staff to navigate the system of incident reporting, incident investigation and associated learning.
 - Ensure the health, wellbeing and independence of all service users, patients, Trust staff, relevant private providers, and the public to ensure that care is delivered in a safe environment.

4.2 The objectives of the policy are:

- To advise staff of the arrangements for the reporting, investigating and management of incidents, near misses or issues of concern
- To raise awareness amongst staff of the importance of reporting all incidents, near misses, issues of concern
- To encourage staff to report all incidents, near misses and issues of concern on the Trust's Incident reporting system, Datix
- To ensure all reported incidents, near misses or issues of concern are investigated so that measures can be put in place to prevent recurrence, reduce risk and/or address the issue of concern
- To advise staff about how they should report an incident, near miss or issue of concern
- To ensure that any identified learning is shared with all relevant Trust staff and external organisations to prevent a similar incident, near miss or issue of concern occurring.

5. Roles and responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated Trust policies.
- 5.1.2 It will also ensure that there are suitable and sufficient arrangements for the reporting, investigation and management of incidents reported on the Trust's Incident reporting system, Datix.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall accountability for patient and staff safety, with the responsibility delegated to the Executive Director of Patient Care and Service Transformation/Chief Nurse. The Chief Executive is responsible for:
- Promoting an effective patient and staff safety reporting culture within the Trust
 - Ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved and that there are effective arrangements in place for the reporting, investigation and management of incidents
 - Ensuring that there are robust arrangements in place to share all learning from incidents, near misses and issues of concern
 - Ensuring that Trust policies are reviewed as appropriate in order to secure continuing compliance with existing policies, current legislation and any changes in the law
 - Ensuring the allocation of the resources necessary to maintain robust and efficient incident reporting arrangements
 - The effective implementation of this policy within the Trust.

5.3 Executive Directors

5.3.1 Executive Directors are responsible for the effective implementation of this policy and any related policies within their Directorates, and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Executive Director of Patient Care and Service Transformation/Chief Nurse

5.4.1 The Executive Director of Patient Care and Service Transformation/Chief Nurse is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. The Director of Patient Care and Service Transformation/Chief Nurse has delegated responsibility for ensuring that there are robust and effective arrangements in place for the reporting, investigation and management of all incidents, including near misses and/or issues of concern.

5.4.2 In particular, the Executive Director of Patient Care and Service Transformation/Chief Nurse is the effective lead for quality and safety, and is also responsible and accountable for:

- All aspects of the management of incidents reported on Datix within the Trust and ensuring that management arrangements / frameworks are in place to comply with this policy.
- Ensuring that all relevant Executive Directors have sight of the completed Serious Incident (SIs) and Detailed Clinical Investigation (DCIs) reports. (*This is monitored through: agendas and minutes from Trust Board, Quality and Safety Committee and Patient Safety Group.*)
- Ensuring the implementation and continued development of the Trust's Incident reporting system, Datix and process (e.g. reporting, investigation, management and sharing of any learning)
- Communicating the Trust's commitment to the Incident Reporting Policy throughout the organization
- Ensuring there are arrangements in place to receive and monitor incident reports, claims and complaints reports, identifying trends and producing statistical data for the Trust Board and any other relevant groups and committees
- Ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE) with regards to notifiable incidents as per RIDDOR 2013.

5.4.3 The Executive Director of Patient Care and Service Transformation/Chief Nurse is also the Trust's Accountable Officer for controlled drugs.

5.5 The Chief People Officer

5.5.1 The Chief People Officer has a specific responsibility to ensure and provide assurance to the Board and Chief Executive that processes are in place for all staff who are involved in a traumatic or stressful event to be supported throughout and receive continued support after the event, if required.

5.6 Assistant Director of Quality

5.6.1 The Assistant Director of Quality is responsible to the Executive Director of Patient Care and Service Transformation/Chief Nurse for overseeing the Trust's Incident reporting system, Datix.

5.7 Directors and Assistant Directors

5.7.1 Directors and Assistant Directors are responsible to their Executive Director for developing and maintaining a robust governance framework which includes the effective implementation and promotion of this policy and any related policies within their Directorates, and for ensuring that there are adequate resources available to fulfil the requirements of this policy. They are also responsible for:

- Ensuring that their staff adhere to the arrangements in place for the reporting, investigation and management, including the required actions, of incidents.
- Ensuring that all actions required are fully implemented and evidenced, and all identified learning is shared.
- Ensuring that the Datix Systems Manager/Risk Team are notified of any service or organisational changes which impact upon incident reporting on Datix in a timely way.

5.8 All Managers

5.8.1 All managers are responsible for ensuring that this policy and the associated procedures are implemented and applied within their sphere of responsibility; ensuring staff are aware and comply with their responsibilities outlined in this policy. They are also responsible for:

- Ensuring that their staff are aware of how to report an incident, a near miss or issue of concern using the Trust's Incident reporting system, Datix
- Ensuring that their staff report incidents, near misses or issues of concern as soon as possible or within 24 hours
- Ensuring that following an incident or near miss they support the member of staff involved and ensure their wellbeing
- Ensuring that, where applicable, they minimise the potential adverse effects of the incident and ensure that the area/environment is safe
- Ensuring that following the reporting of an incident, near miss or issue of concern an investigation is carried out and arrangements are put in place to reduce risk and prevent recurrence
- Ensuring that the incident report on Datix is updated with all actions taken and, where relevant, identified learning is shared
- Ensuring that when they have concluded their investigation into the reported incident they inform the reporter of any changes to the severity of harm, any changes to the category and sub-category and the actions taken to address the reported incident, near miss or issue of concern, including any shared learning
- Ensuring that following the reporting of an incident, near miss, issue of concern a suitable and sufficient risk assessment is carried out and/or the existing risk

- assessment relating to the activity that was being carried out when the incident/near miss occurred is reviewed
- Ensuring that, where appropriate, they liaise and escalate concerns with other relevant departments
- Ensuring that after they have investigated the incident, they grade the actual severity of harm in the incident report by completing the Incident Outcome and Severity of Harm section on Datix. There is a ‘help text’ box in this section to assist them with this. (There is also the Severity of Harm table in appendix 9 of this policy)
- Ensuring that after they have investigated the incident, they assess and grade the potential risk of the Patient Safety Incident/ non-patient safety incident happening again using the Risk assessment matrix in Datix (which is in the Risk Grading section on Datix.) In this section there is also guidance on ‘Impact’ and ‘Likelihood’ to assist them with this assessment. (The Risk matrix is also in appendix 6 of this policy) and when doing this they use the Likelihood Guidance (Appendix 7) and Impact Guidance (Appendix 8)
- Ensuring that they inform the Risk Team of any staff who have been off work or incapacitated from doing their normal job of work for over 7 days (not including the date of the incident) following an incident/injury sustained at work. Likewise, they should inform the Risk Team of any patient who has been injured and taken to hospital due to a defect in the Trust’s arrangements for health and safety
- Ensuring that, where applicable, they refer staff to Occupational Health and ensure that any recommendations are addressed
- Ensuring that they follow the principles of this policy in an open and transparent manner and provide appropriate support to staff involved in any incident, claim, complaint or court hearing process
- Ensuring that they report any incident where there is any suspicion of fraud, bribery, corruption or a similar offence to Counter Fraud
- Ensuring that where they are requested to, they inform the patient, service user and / or family about the incident and possible requirement to investigate as per the Being Open and Duty of Candour Policy.
- Ensuring, where applicable, they liaise with the Special Patient Notes Team to have a special situation feature placed onto an address and/or amended and/or removed.

5.9 All staff

5.9.1 All staff have a legal duty to ensure their own safety at work and the safety of others who can be affected by their acts or omissions whilst at work. All healthcare staff have a professional and ethical responsibility to ensure that service users in their care come to no harm. They also have a legal duty to report any defects in the Trust’s health and safety arrangements. Therefore, all staff are responsible and accountable for:

- Ensuring that they report all incidents, near misses or issues of concern immediately or within 24 hours using the Trust’s Incident reporting system, Datix; and/or they use the paper based IR1 system if Datix is temporarily

- off-line or off-line for any extended period and report within the said timeframes
- If staff are unable to report the incident, near miss or issue of concern immediately or within 24 hours they should make arrangements to ensure that their manager is aware of the incident, near miss or issue of concern; and as soon as they are able to, the member of staff should report the incident, near miss or issue of concern
- Ensuring that where they can and provided it is safe to do so, they take measures to ensure the immediate safety and wellbeing of individuals and they make the area/environment safe
- Ensuring that they take appropriate action following an incident, near miss or issue of concern, to minimise the potential adverse effects of the incident and to prevent or reduce the likelihood of the incident re-occurring, escalating concerns where needed, and supporting improvements to work processes following incident/near miss investigations and recommendations.
- Ensuring that when reporting the incident, near miss or issue of concern, they assess and grade the severity of harm and complete the Incident Outcome and Severity of Harm section on the incident report. There is a ‘help text’ box in this section to assist them with this. (There is also the Severity of Harm table in appendix 9 of this policy)
- Informing their line manager if they anticipate being off work or incapacitated from doing their normal job of work for over 7 days (not including the date of the incident) following an incident/injury sustained at work. Likewise, to notify their manager if they had to take a patient to hospital following an incident due to any defects in the Trust’s arrangements for health and safety
- Informing their line manager and seek support for any concerns around incidents, claims and complaints and any pending court appearance.
- Co-operating with any investigation relating to an adverse incident, claim or complaint to ensure an appropriate conclusion
- Ensuring that they attend the Trust’s Induction training which includes a section on incident reporting and the Trust’s Incident reporting system, Datix.

- 5.9.2 It should be remembered that the potential exists for the location of the incident to be classified as a “scene of crime”. Where this is the case, or likely to be the case, the immediate location should not be disturbed more than is essential other than to provide first aid and should not be cleared or cleaned until authorised by police.
- 5.9.3 Where the incident involves a death, the body should not be moved other than for resuscitation attempts.

5.10 Patient Safety Specialist

- 5.10.1 The Patient Safety Specialist will support the Assistant Director of Quality with regards to developing and maintaining a robust governance framework for patient safety. In particular, they are responsible for:

- Producing reports on Patient Safety Incidents for various groups, identifying themes and any learning, and using this information to support the identification of risks; and taking additional scrutiny and action as required, as well as addressing any concerns.
- Ensuring that all actions in relation to reported Patient Safety Incidents are fully implemented, evidenced, and all identified learning is shared.
- Ensuring that they review all incidents graded by the reporting staff as having a harm level of moderate or above and amending the harm levels where applicable. Once this has been done the Patient Safety Specialist will inform the Datix Systems Manager of the incidents to be reported to the NRLS. In the absence of the Patient Safety Specialist, the Patient Safety Managers will review these incidents and inform the Datix Systems Manager of the incidents to be reported to the NRLS.

5.11 Head of Risk and Security/Risk Department

5.11.1 The Head of Risk and Security/ Risk Department will support the Assistant Director of Quality to ensure that the Trust's Incident reporting system, Datix is robust and accurate. They will provide specialist advice and support to managers and staff with regards incident reporting and investigation. They are also responsible for:

- Providing advice and support to managers and staff on Datix; and in the absence of the Datix Systems Manager will administer the Datix system
- Providing a training session about Datix and incident reporting on Induction, which will include the importance of reporting all incidents, near misses and issues of concern so that the Trust is aware of them and can address them, and lessons can be learned and shared
- Ensuring that non-patient safety incidents are reported in the correct category and sub-category and will make any identified amendments
- In the absence of the Datix Systems Manager, they will ensure that all incidents are reported in the correct category and sub-category
- Where appropriate and provided the reported non-patient safety incident, near miss, issue of concern has been thoroughly investigated and all necessary actions to prevent recurrence have been put in place, they will close the non-patient safety incident, near miss, issue of concern on Datix.
- Providing reports on non-patient safety incidents to the Health, Safety and Risk Group, identifying themes, actions and any identified learning
- Liaising with managers to identify if a reported incident is notifiable to the Health and Safety Executive (HSE) as per RIDDOR 2013
- Reporting all identified notifiable incidents to the Health and Safety Executive (HSE) in accordance with RIDDOR 2013
- Ensuring that all completed RIDDOR investigation reports are attached to the relevant incident report
- In the absence of the Datix Systems Manager, identifying the Patient Safety Incidents that have to be reported to the NRLS and sharing this information with the Patient Safety Specialist/Patient Safety Managers so that they can review the incidents with harm levels of moderate or above and once reviewed, the Risk Team will report them to the NRLS

- Identifying from the reported Patient Safety Incidents and the non-patient safety incidents whether a special situation feature needs to be applied to an address and liaising with the Special Patient Notes Team to have the special situation feature applied to an address.

5.12 Datix Systems Manager

5.12.1 The Datix Systems Manager supports the Head of Risk and Security by managing and maintaining on a day-to-day basis the Trust's electronic incident reporting system, Datix. The Datix Systems Manager has the following responsibilities:

- To provide advice and support to all staff with regards the Trust's Incident reporting system, Datix
- To ensure the accuracy of reporting by checking all of the incidents reported on Datix on a daily basis and ensuring that they are in the correct category and sub-category and where there is any doubt to liaise with the Head of Risk and Security/Risk Team and/or the Clinical Governance leads. The Datix Systems Manager will also carry out a data quality review and approve the contacts in the incident records
- To produce reports upon request for various individuals and groups
- To, upon request, make amendments to the Datix system
- To maintain the administration of the Datix system
- To liaise with the Datix Company to resolve any problems with the system, such as the system temporarily going off-line for maintenance and maintain the system
- To inform the Trust of any problems with Datix, such as the system temporarily going off-line, via Hot News and/or The Hub; and to advise staff what they should do in relation to reporting incidents
- Where appropriate, to restrict access to an incident report on Datix so that only relevant personnel can access and view it.
- To provide further training on the Datix system to Managers and Team Leaders
- Identifying from the reported Patient Safety Incidents and non-patient safety incidents whether a special situation feature needs to be applied to an address and liaising with the Special Patients Notes Team to have the special situation feature applied to an address
- Identifying all Patient Safety Incidents that have to be reported to the NRLS and informing the Patient Safety Specialist/Patient Safety Managers of this so that they can review all of the incidents with harm levels of moderate or above. Once the Patient Safety Specialist/Patient Safety Managers have carried out their review they will notify the Datix Systems Manager who will ensure that these reviewed incidents are reported to the NRLS.

5.13 Head of Patient Experience

5.13.1 The Head of Patient Experience is responsible for coordinating the investigation and responses to all complaints, concerns, and responses from Health care professionals and compliments received by the Trust. They will provide reports to the Patient Experience Review Group and monitor trends of

complaints/compliments to ensure that learning points can be identified and implemented.

5.14 Patient Safety Managers

5.14.1 The Patient Safety Managers will be responsible for carrying out the investigation of Serious Incidents (SIs) and Detailed Clinical Investigations (DCIs). They are also responsible for:

- The sharing of relevant learning as identified by an investigation of incidents
- Reporting serious incidents onto the Strategic Executive Information System (StEIS)
- Informing the patient, service user and / or family about the incident and possible requirement to investigate and fulfilling the Trust's Being Open and Duty of Candour Policy.
- Reviewing, in the absence of the Patient Safety Specialist, all incidents graded by the reporting staff as having a harm level of moderate or above and amending the harm levels where applicable. Once this has been done the Patient Safety Managers will inform the Datix Systems Manager/Risk Team of the incidents to be reported to the NRLS.

5.15 Investigation Officers (IOs)

5.15.1 The Trust can appoint Investigation Officers (IOs) who will be responsible for the carrying out of an investigation of Serious Incidents (SIs) and, where requested, complaints as agreed by an Assistant Director.

5.16 Clinical Governance Leads

5.16.1 The Clinical Governance Leads are responsible for:

- Reviewing Patient Safety Incidents to ensure that they have been reported in the right category and sub-category and, where applicable, ensuring that the incidents are placed into the right category and sub-category
- Reviewing all Patient Safety Incidents perceived as having a severity of harm of moderate or above and investigating them
- Producing an initial incident review for all incidents with a severity of harm of moderate or above which will be presented at the Director-led Incident Review Panel (IRP). Hereafter referred to as the Incident Review Panel (IRP)
- Providing reports on Patient Safety Incidents to the Board and to the Patient Safety Group
- Where appropriate and provided the reported incident, near miss, issue of concern have been thoroughly investigated and all actions to prevent recurrence have been put in place they will close the incident on Datix.

5.17 The Pharmacy Team

5.17.1 On behalf of the Executive Director of Patient Care and Service Transformation/Chief Nurse, the Pharmacy Team have responsibility and accountability for:

- Sharing information within Local Intelligence Networks (LIN) in relation to controlled drug incidents and/or fraudulent behaviour of relevant people: in this context a relevant person is anyone who prescribes, dispenses, administers or transports drugs; and information will only be shared about those individuals where there are well founded concerns in relation to patient safety. This is in-line with the Statutory Instrument 3148 of the Health Bill in relation to the Accountable Officers Responsibilities.

5.18 The Medication Safety Officer (MSO)

5.18.1 The Medication Safety Officer (MSO) is responsible for:

- Ensuring that the Trust effectively learns from medical safety incidents
- Ensuring that the Trust receives national and local medication safety information
- Ensuring that the Medical and Healthcare products Regulatory Agency (MHRA) monthly publication is reviewed and identify whether there are any actions that the Trust might need to address in relation to medications
- Ensuring that any patient safety alerts regarding medicines (including medical gases) are reviewed and where relevant, acted upon.
- Providing a quarterly medication incident report to Medicines Optimisation and Governance Group (MOG).

5.19 Safeguarding Team

5.19.1 The Safeguarding Team are responsible for investigating and managing reported safeguarding incidents in accordance with the Trust's Safeguarding policies. They are also responsible for closing Section 42 incidents reported on Datix.

5.20 Incident Review Panel (IRP)

5.20.1 The Incident Review Panel (IRP) is responsible for reviewing Patient Safety Incidents perceived as having a severity of harm of moderate or above to identify any immediate learning and determine the level of investigation required.

5.21 The Patient Safety Group

5.21.1 In accordance with this policy, the Patient Safety Group will promote within the Trust a culture of open and honest reporting of any situation that may adversely impact the quality and timeliness of patient care. The Patient Safety Group is

responsible for:

- Overseeing processes to ensure the review of Patient Safety Incidents (including near-misses, complaints, claims and Regulation 28 Coroner reports) within the Trust and wider NHS to identify similarities, themes or trends and areas for focused organisation-wide learning.
- Ensuring that the Trust has a comprehensive incident reporting system and incidents are monitored and analysed leading to actions to secure improvements and receive evidence to demonstrate learning.
- Ensuring, within the context of a ‘just and learning culture’, oversight and assurance of themes and trends in relation to serious incidents takes place and any learning from reviews have been identified, actioned and disseminated.
- Identifying areas for improvement in respect of all category incident themes and ensure appropriate action is taken and learning disseminated.
- Ensuring that the Trust incorporates the recommendations from external bodies e.g. National Confidential Enquiries, Healthcare Safety Investigation Branch reports, Coroner’s determinations, Serious Incident reports involving the Trust completed by other NHS organisations or Care Quality Commission reports, as well as those made internally e.g. in connection with incident reports and Serious Incident (SI) reports, into practice and has mechanisms to monitor their delivery and receive assurance of the effectiveness of patient safety actions.
- Ensuring implementation and compliance with NHSE/I reporting systems.

5.22 The Health, Safety and Risk Group

5.22.1 The Health, Safety and Risk Group will receive reports on non-patient safety incidents, including physical assaults and incidents reported to the Health and Safety Executive (HSE) under RIDDOR 2013. These reports will also identify any learning to be shared.

6. Definitions

- 6.1 **‘Incident’** – an event or circumstance that could have or did result in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public as defined by the World Health Organisation. For example, an incident may be a Patient Safety Incident or a non-patient safety incident in nature and include any or all of the following: an adverse reaction in a patient following treatment, failure of medical equipment, breach in security, theft or property damage, fire, major failure in plant or machinery, all injuries sustained by a member of staff, patient or third party to whom the Trust owed a duty of care. This list is not exhaustive.
- 6.2 **‘Near miss’** – Any incident that had the potential to cause harm but was prevented (by chance or appropriate intervention) and resulted in no harm.
- 6.3 **‘Serious Incident’ (SI)** – Some incidents are classified as Serious Incidents (SIs). As defined in the Serious Incident Framework, in broad terms, serious incidents are events in health care where the potential for learning is so great,

or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.

All incidents declared as "Serious Incidents" have to be reported on the Strategic Executive Information System (StEIS) and investigated within specific timeframes.

- 6.4 **'Never Events'** – Some Serious Incidents may also be classified as Never Events. This is a term used by the National Reporting and Learning Service (NRLS) for serious events that are preventable by implementing national safe practice. A national list of Never Events is published and reviewed on a yearly basis. The most recent list can be viewed on the Department of Health Website: <https://www.gov.uk/government/organisations/department-of-health>
- 6.5 **'Patient Safety Incident'** – Any incident that has involved or could have affected the safety of one or more service users. Patient Safety Incidents are reported anonymously to the National Reporting and Learning System (NRLS) database.
- 6.6 **'Duty of Candour' (Being open)** – This is the legalistic term which describes being open and honest in communication of Patient Safety Incidents that result in moderate harm or death with the patient, service user and family members. By 'being open', the Trust will acknowledge the incident has occurred, apologise to the patient/service user/family member, and explain why the incident occurred and what actions will be put in place to prevent reoccurrence.
- 6.7 **'NRLS'** stands for the National Reporting and Learning System which is a central database of Patient Safety Incident reports. The NRLS was formulated in 2003 and uses information submitted to analyse and identify hazards and risks, creating opportunities to continually improve current safety cultures of patient care.
- 6.8 **Strategic Executive Information System (StEIS)** – A reporting system 'hosted' by the Department of Health; all serious incidents (SIs) are reported onto this system by the Patient Safety Managers.
- 6.9 **Root Cause Analysis (RCA)** – Is a formal analysis framework which should be used as part of the methodology when investigating incidents, claims and complaints.
- 6.10 **Severity of Harm** - The severity of the incident is decided on the outcome to the individual due to an act or omission of care, impact on the service or the organisation. The levels are 'no harm', 'low harm', 'moderate harm', severe harm or death. For further details, please see appendix 9. All incidents classified as having a severity of moderate harm and above are reported to the NRLS.

- 6.11 **Detailed clinical investigation (DCIs)** is an incident that requires investigation but does not meet the criteria of a Serious Incident (SIs) but an investigation is felt to be required for additional learning.
- 6.12 **RIDDOR** stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013), under which the Trust has to report specific incidents to the Health and Safety Executive (HSE) within specific timeframes.
- 6.13 '**Contributory Factors**' is defined as the factors which contributed to the occurrence or incident, which by itself would not have caused the incident to arise.

7. Framework for the reporting, investigation and management of incidents

- 7.1 In order to fulfil the aims and objectives of this policy and follow the best practice of the NHS England Serious Incident Framework published in March 2015 with regards to liaising with external organisations, the Trust has developed a framework for the reporting, investigation and management of incidents and shared learning.
- 7.2 The framework described within this policy and the associated procedures support an open and honest safety culture where employees are encouraged and supported to report all incidents, near misses, issues of concern including those which have occurred due to human error. The Trust operates its incident management framework in an open and 'just and learning' culture where action against individuals will be considered only if there has been reckless intent, and/or a failure to follow Trust Policy or Practice Guidance or have acted outside of their professional boundaries or responsibilities.
- 7.3 The Trust's approach to investigating and learning from incidents focuses on what went wrong and not who is wrong. However, if staff feel unable to report an incident via the Trust's Incident reporting system, Datix then they should follow the Trust's Freedom to speak up policy.
- 7.4 While the emphasis of investigating and learning from incidents focuses on identifying and addressing failures in systems and processes, in certain circumstances it may be necessary for disciplinary procedures to be initiated including occasions where:
- The incident has resulted in a police investigation or an investigation by Counter Fraud
 - There are repeated occurrences involving the same individual
 - In the view of the Trust and/or any professional body, the action(s) causing the incident were far removed from acceptable practice
 - There is evidence of an attempt to conceal the fact that the incident occurred or to tamper with any material evidence relating to the incident.

8. How staff should report incidents

- 8.1 Staff should report all incidents, near misses and issues of concern using the Trust's

Incident reporting system, Datix. They should do this immediately or within 24 hours.

- 8.2 If for any reason, Datix goes off-line, then staff can defer reporting the incident until Datix is back on-line. Alternatively, staff can report the incident, near miss, issue of concern using the paper based IR1 forms which are located in all Trust premises.
- 8.3 When reporting incidents, staff should ensure that they give a clear, concise description of the incident (including key events leading up to and immediately after the event) – bullet points are encouraged if this makes the account clearer. They should also ensure that the incident report contains factual information and clinical judgements only and, where identifiable, the contributory factors or causes. Statements of opinion or assumptions must not be included
- 8.4 When reporting an incident, staff should put their manager's name in the Investigating Manager's field/section on Datix and/or the IR1 form. Once they have completed all of the mandatory fields on the incident report/form they should submit the incident.
- 8.5 All incidents reported on Datix will be retained in accordance with the statutory retention period and the Department of Health guidance.

9. Assessing and grading the potential severity of the incident

- 9.1 It is important that staff assess the actual harm of the incident at the time of reporting the incident so that they can initiate the correct reporting and investigation procedure for the incident, and where necessary, they should seek support from their manager or the Duty Officer.
- 9.2 When assessing the severity of harm of a Patient Safety Incident or a Non-patient safety incident, near miss or issue of concern, staff should assess and grade the severity of harm and complete the Incident Outcome and Severity of Harm section on the incident report on Datix. There is a 'help text' box in this section to assist them with this. (There is also the Severity of Harm table in appendix 9 of this policy). The manager investigating the incident should also review and assess the severity of harm and, where applicable, should amend it.
- 9.3 When assessing and grading the likelihood of a Patient Safety Incident or a Non-patient safety incident recurring, the manager investigating the incident should assess the likelihood of the incident occurring using the Risk assessment matrix in appendix 6 and when doing this they use the Likelihood Guidance (Appendix 7) and Impact Guidance (Appendix 8).
- 9.4 Assessing and grading the severity of actual harm of the patient safety incident and the non-patient safety incident is best done by someone who knows the patient, the environment and the specific circumstances of the incident. For patient safety incidents and non-patient safety incidents, the reporter of the incident assesses the severity of actual when they are reporting the incident. The manager after investigating the incident will

assess the severity of harm and, where appropriate and necessary, amend this. They will also assess the likelihood of the incident happening again using the Risk assessment matrix in appendix 6, and when doing this they will use the Likelihood Guidance in appendix 7, and the Impact Guidance in appendix 8.

10. Management and investigation of incidents

- 10.1 The investigation section of the electronic incident report must be completed by the manager (of the member of staff who reported the incident) or their deputy within 29 working days of the incident. Please see flowchart for managing an incident in appendix 11.
- 10.2 Patient Safety Incidents which are perceived as having a severity of actual harm of moderate or above are reviewed by the Clinical Governance Leads and are presented at the Incident Review Panel (IRP). This Panel will review them for identification, immediate learning and the level of investigation required.
- 10.3 The Incident Review Panel (IRP) will make a decision of whether the incident meets the Serious Incident Framework and requires reporting as a Serious Incident (SIs). The IRP will also define the communication with the patient, family and loved ones as per the Being Open and Duty of Candour Policy.
- 10.4 The Patient Safety Team will report the Serious Incident (SI) onto the national Strategic Executive Information System (StEIS) within 48 hours of the incident being declared as a Serious Incident, where practicable.
- 10.5 For all Serious Incidents a 72 hour report must be submitted to the relevant Integrated Care Board (ICB).
- 10.6 The completed investigation report for Serious Incidents (SIs) must be submitted to the relevant Integrated Care Board **within 60 working days** (unless an extension has been requested and agreed by the Integrated Care Board).
- 10.7 The completed Serious Incidents (SIs) investigation report requires approval at the Incident Review Panel prior to external submission. Should deadlines not be met, numbers and details of overdue incidents and Serious Incidents will be escalated on a monthly basis to the Patient Safety Group by the Patient Safety Specialist.

11. Reporting incidents to external organisations

- 11.1 The Trust has to report certain reported incidents to external agencies, for instance, patient safety incidents are reported to the National Reporting and Learning System (NRLS) which is a central database of Patient Safety Incident reports. Incidents that are declared as a Serious Incident (SI) have to be reported on the Strategic Executive Information System (StEIS). Similarly, reported incidents which are identified as notifiable incidents under RIDDOR 2013 have to be reported to the Health and Safety Executive (HSE). For further details of the types of incidents that have to be reported to external agencies, please see the table in appendix 10.

12. Supporting staff involved in incidents

- 12.1 During or immediately after an incident has occurred it may be necessary to provide support for any staff involved. It is the role of the line manager including on-call managers, to be alert to those factors which may necessitate support and secure the relevant resources for this to take place, particularly in relation to psychological trauma or stress.
- 12.2 It is also important for staff to be informed of an investigation into an incident in which they were involved. They should also be kept aware of the progress of the investigation and be informed when the investigation report is completed and be able to discuss the findings, recommendations and actions to be taken and the learning to be implemented. They must also be provided with an opportunity to ask any questions they may have. This will be the responsibility of the investigating officer undertaking the investigation and the Line Manager of the member(s) of staff.
- 12.3 Staff may experience a range of reactions from stress and depression to shame and guilt. The high personal and professional standards of most clinicians and other NHS staff may make them particularly vulnerable to these experiences. It should also be recognised in applying this policy that different individuals will have differing responses to the same incident and will therefore require different levels or types of support. Any support offered must remain confidential to the individual.
- 12.4 It is important to recognise that the need for support is not a sign of weakness. Although the support of colleagues is essential, the Trust recognises that there may be occasions when any member of staff requires additional support outside this immediate circle.
- 12.5 The process of investigation and the procedural issues relating to an incident can occasionally be very time consuming for staff involved. The Trust acknowledges that staff may find the process stressful and recognises it is therefore important that staff are appropriately supported. This applies to all staff, including bank staff, community first responders, agency, volunteers and those on work experience.
- 12.6 Where a case is to go to inquest or criminal trial, support can be provided by the Legal Claims Team who are part of the Clinical Directorate who must be notified that the inquest and/or criminal trial is taking place. Staff involved in a traumatic or stressful event must inform their manager if:
- They are experiencing difficulties associated with the situation or as a result of the requirement to act as a witness, in order to enable their line manager to support them directly
 - They would like to request a referral to relevant support services if they are experiencing difficulties
 - Time is required away from the workplace to attend any meetings associated with the inquest or court proceedings, or, where required, to

attend for counselling or support.

12.7 Managers and Team Leaders are responsible for providing immediate and ongoing support to staff who are involved in a stressful event such as a claim. They will:

- Arrange for the de-briefing of staff following traumatic or stressful events and deal with any subsequent absence in a compassionate manner
- Ensure all support offered is confidential
- Make staff aware of all the internal and external support available (and making referrals and/or seeking support as appropriate) utilising any one or more of the following:
 - Stress risk assessment
 - Trauma risk management (TRiM)
 - Occupational Health
 - Head of Legal Services
 - Trade Unions, including Trade Union Colleagues
 - Other managers
 - Colleagues
 - General Practitioner (GP)
 - Professional bodies.

13. Involvement of patients, service users, families and loved ones in incident investigation

13.1 The Trust is fully supportive of the involvement of patients, service users, families and loved ones in investigations, as appropriate* as they can provide a wealth of additional facts and information. (*In some incidents there will be police investigations taking place. Permission must be obtained from the police to involve people who are also subject to the police interview process or have had associated criminal charges brought against them in relation to the incident before an approach is made.)

13.2 Through the incident investigation process, the Trust is keen to involve patient and families to ensure that their questions are answered in an open and transparent manner and they are aware of the findings of any investigation in a timely manner, with a copy of the final report provided.

13.4 It must be remembered that in incidents that have not led to death or severe harm requiring intensive life support, the patient should be the first line of contact although other family members can be included.

13.5 Patients, service users, families and loved ones who choose not to engage in the investigation process can choose to re-engage at any point in time and at any level, and their wishes should be clearly documented on the incident report form on Datix at each contact. Levels of involvement which can be individually decided and could include the following:

- Ask questions
 - Add Terms of Reference
 - Review Terms of Reference
 - Be interviewed
 - Receive a copy of the investigation report.
- 13.6 In incidents that have resulted in serious life threatening harm or death there is never a right time to make the initial contact with the family. However, the initial contact should be made as soon as possible and should be followed up with contact details of the investigating officer in writing as per the Trust's Being Open and Duty of Candour Policy.
- 13.7 Where indicated, the Investigating Officer should become involved to ensure that the family is comprehensively supported and understands the investigation process.
- 13.8 Where the investigation has proven that there is an act or omission in the care provided by the Trust which has caused the Patient Safety Incident, a formal written apology must be provided. For further details, please see the Trust's Being Open and Duty of Candour Policy.

14. Learning from Incidents

- 14.1 The purpose of reporting and investigating incidents is to ensure that the Trust addresses the incident and learns and prevents or reduces the risk of similar incidents from occurring in the future. Sharing learning is crucial to the Trust.
- 14.2 Learning from incidents should be widely shared with staff and the team involved via a variety of different methods:
- Circulation of the final approval investigation report
 - Team meetings
 - Clinical supervision / one-to-ones / reflective practice.
- 14.3 Learning across the organisation is all important and should be undertaken through a variety of methods:
- SCAScade, Hot News and Staff Matters, Newsletters
 - Immediate learning from Incident Review Panels
 - Alerts from the Central Alerting System
 - Patient Safety page on The Hub.

15. Standards for managing media interest in incidents

- 15.1 Any incident may result in media or public attention. If a media request for any information is received, the Trust's Communications Team must be informed.

It is important that information is only released to the media through the Communications Team to ensure that it is correct and shared in an appropriate format.

16. Training

- 16.1 At Induction, all staff receive training on the Trust's Incident reporting system, Datix. They also receive training on how they should report an incident, near miss, issue of concern and that the Trust has an 'open reporting culture' and a 'just and learning culture'. The training will also include why they should report the incident and what they should include in the incident report.
- 16.2 Managers and Team Leaders will receive further training on the Datix system by the Trust's Datix Systems Manager.

17. Equality and diversity

- 17.1 An initial screen equality and diversity impact assessment has been carried out on this policy and, as per appendix 3, is available on request.

18. Monitoring

- 18.1 The effectiveness of this policy will be monitored annually by the Head of Risk and Security/Patient Safety Specialist who will provide a report to the Patient Safety Group which will include details on:
 - a) The number of incidents (Patient Safety Incidents and non-patient safety incidents) reported on the Trust's Incident reporting system, Datix during a financial year
 - b) The actual severity level of harm of incidents reported on Datix during a financial year
 - c) The number of incidents reported, investigated and closed within 29 days during a financial year.

19. Consultation and review

- 19.1 A consultation exercise on the policy will be carried out with the stakeholders annually and the policy will be reviewed annually or less if there are any relevant changes to legislation or best practice, or changes to internal processes.

20. Implementation (including raising awareness)

- 20.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

21. References

- Health and Safety at Work Etc., Act 1974
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013
- National Patient Safety Agency – Safer Practice Notice – 2005
- National Patient Safety Agency – Patient Safety Alert – 2009
- NHS Standard Contract – 2014/2015
- NHS Litigation Authority Francis Report Mid Staffordshire NHS Foundation Trust Public Inquiry – 2013
- National Patient Safety Agency – Seven Steps to Patient Safety – 2003
- NHS England – Serious Incident Framework – 2015
- NHS England – Patient Safety Strategy – 2019
- Health and Social Care Act 2008
- Care Quality Commission (Registration) Regulations 2009
- CQC Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20, The regulation in full.
- NHS England (2015), *Serious Incident Framework* <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incidnt-framwrk-upd2.pdf>
- NHS England (2016), *Serious Incident Framework – frequency asked questions* <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/serious-incdnt-framwrk-faqs-mar16.pdf>
- Department of Health (2000), *An Organisation with a Memory*, <https://psnet.ahrq.gov/resources/resource/1568>
- Department of Health (2002), *Building a Safer NHS*, http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084961.pdf
- National Patient Safety Agency (2004), *Seven Steps to Patient Safety*, <http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/>

- Department of Health, Social Services and Public Safety (2014) *Controls Assurance*, <https://www.dhsspsni.gov.uk/publications/reporting-compliance-controls-assurance-standards>
- Serious Incident Framework – Supporting and Learning to Prevent Recurrence March 2015 <https://www.england.nhs.uk/patientsafety/serious-incident/>
- Department of Health (2014) *Statutory Duty of Candour for Health and Adult Social Care Providers*
<https://www.gov.uk/government/consultations/statutory-duty-of-candour-for-health-and-adult-social-care-providers>

22. Associated documentation

22.1 There are also the following documents associated with this policy:

- Serious Incidents Policy
- Being Open and Duty of Candour Policy
- Health and Safety Policy and Procedures
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Patient Experience Policy
- Claims Management Policy
- Risk Management Policy
- Medicines Management Policy
- Controlled Drugs Policy
- Learning From Deaths Policy
- Freedom To Speak Up (Whistleblowing) Policy/Procedure
- Infection Prevention and Control Policy
- Safeguarding Adults Policy
- Safeguarding Children Policy
- Safeguarding Supervision Policy
- Central Alerts Policy.

23. Appendix 1: Review Table

23.1 This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation. A full 'Review Table of Contents' is available on request.

24. Appendix 2: Responsibility

- 24.1 The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.
- 24.2 A full list of all responsible parties can be made available upon request.

25. Appendix 3: Equality impact assessment – Screening

- 25.1 An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of the Trust.
- 25.2 The screening element of the initial ‘Equality Impact Assessment’ is available on request.

26. Appendix 4: Equality impact assessment form – Section Two – Full assessment

- 26.1 Due to the outcome of the initial screening equality impact assessment, it has not been necessary to carry out a full equality impact assessment.

27. Appendix 5: Ratification

Policy Title: Incident Reporting Policy.

Author’s Name and Job Title: John Dunn, Head of Risk and Security.

Review Deadline:

Consultation From the 14/10/22 to the 24/10/22.

Comments Received? (Y/N): Y.

All Comments Incorporated? (Y/N): Y.

If No, please list comments not included along with reasons: Comments about including restraining in this policy were not applicable.

Equality Impact Assessment completed (date): 13/10/2022.

Name of Accountable Group: Patient Safety Group.

Date of Submission for Ratification: 10/11/2022.

Template Policy Used (Y/N): Y.

All Sections Completed (Y/N): Y.

Monitoring Section Completed (Y/N): Y.

Date of Ratification: 17th November 2022.

Date Policy is Active: 23rd November 2022.

Date Next Review Due: November 2023.

Signature of Accountable Group Chair (or Deputy):

Name of Accountable Group Chair (or Deputy): Executive Director of Patient Care and Service Transformation/Chief Nurse.

28. Appendix 6: Assessing and grading the potential risk of the incident occurring again.

- 1.1 The potential risk of the incident happening again should be graded using the standard 5x5 Risk Matrix below, definitions for Impact and Likelihood follow. Potential risk is subjective and is best graded by someone who knows the service user, staff, environment and specific circumstances of the incident.
- The five potential risk grades are:
 - Insignificant/Green
 - Minor/Yellow
 - Moderate/Amber
 - Major/Red
 - Catastrophic/Red.
- 1.2 The colour appearing in the risk assessment matrix corresponds to each of the five grading categories. Guidance on impact and likelihood in the risk assessment matrix can be found below, see appendices 7 and 8.

Risk assessment matrix					
	Likelihood				
Impact	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Insignificant (1)	1	2	3	4	5
Minor (2)	2	4	6	8	10
Moderate (3)	3	6	9	12	15
Major (4)	4	8	12	16	20
Catastrophic (5)	5	10	15	20	25

29. Appendix 7: Likelihood Guidance

Risk Likelihood Guidance		
Likelihood score	Probability - chance of occurrence	Frequency of occurrence (usually used for incidents)
5	Almost certain (> 60%)	Expected to occur at least weekly
4	Likely (26%-60%)	Expected to occur at least monthly
3	Possible (6%-25%)	Expected to occur at least every 6 months
2	Unlikely (1%-5%)	Expected to occur at least annually
1	Rare (< 1%)	Not expected to occur annually

30. Appendix 8: Impact Guidance

Impact Guidance:

Impact Category	Impact Rating				
	Insignificant	Minor	Moderate	Major	Catastrophic
Injury (Physical / Mental)	Minor injury (not requiring first aid)	Minor injury or illness (first aid treatment needed)	Reportable to external agencies/statutory bodies (e.g. RIDDOR, HSE, NPSA, Police, MHRA, ICBs).	Major injuries, or long-term incapacity / disability (loss of limb)	Death or major permanent incapacity
Patient Experience	Unsatisfactory patient experience, no injury	Unsatisfactory patient experience and or involving first aid treatment – readily resolvable	Mismanagement of patient care requiring more than first aid treatment and is likely to take more than one month to recover (breach of working practices)	Serious mismanagement of patient care (Major permanent harm, breach of working practices)	Totally unsatisfactory patient care (breach of working practices)
Complaint / Claims	Locally resolved complaint	Justifiable complaint peripheral to clinical care / management	Justifiable complaint involving lack of appropriate care / management. Claims below excess.	Multiple justifiable complaints. Claims above excess.	Multiple claims or single major claim
Objectives	Ability to achieve Trust objectives is negligibly impacted	Ability to achieve Trust objectives is minimally impacted	Ability to achieve Trust objectives is moderately impacted	Ability to achieve Trust objectives is significantly impacted	Ability to achieve Trust objectives is critically impacted
Projects	One or more of: Negligible impact on budget < 1%; Negligible slippage against plan; Negligible impact on scope.	One or more of: Impact on budget between 1% - 2.5%; Minor slippage against plan < 1 week; Minor deviation to scope against business case	One or more of: Impact on budget between 2.5% - 5%; Moderate slippage against plan/missed milestone; Moderate deviation to scope against business case	One or more of: Impact on budget between 5% - 7.5%; Significant slippage against plan/multiple missed milestones; Significant deviation to scope against business case	One or more of: Impact on budget > 7.5%; Inability to deliver to revised plan; Inability to deliver any of the business case
Business Interruption	Capability Loss / interruption < 1 hour (System, Process or Facilities)	Capability System Loss / interruption > 1 hour and < 8 hours (System, Process or Facilities)	Capability System Loss / interruption > 8 hours and < 24 hours (System, Process or Facilities)	Capability System Loss / interruption > 24 hours and < 1 week (System, Process or Facilities)	Capability System Loss / interruption > 1 week (System, Process or Facilities)
Human	Short term low	Ongoing low	Late delivery of	Uncertain delivery	Non delivery of

Resources	staffing level temporarily reduces service quality < 1 day	staffing level reduces service quality	key objective / service due to lack of staff (recruitment, retention or sickness). Minor error due to insufficient training. Ongoing unsafe staffing level(s)	of key objective / service due to lack of staff (recruitment, retention or sickness). Serious error due to insufficient training	key objective / service due to lack of staff. Very high turnover. Critical error due to insufficient training
Financial	<0.1% of budgeted income	>0.1% and <0.25% of budgeted income	>0.25% and <0.5% of budgeted income	>0.5% and <1.5% of budgeted income	>1.5% of budgeted income
Inspection / Audit	Minor recommendations, minor non-compliance with standards	Recommendations given, non-compliance with standards	Reduced rating, challenging recommendations. Non-compliance with core standards. Reportable to associated external / statutory agencies.	Enforcement action. Low rating. Critical report. Multiple challenging recommendations. Major non-compliance with standards.	Prosecution. Zero rating. Severely critical reports.
Public Relations	Limited social media activity	Local Media interest (short-term)	Local Media interest (long-term)	National Media interest < 3 days. Local MP concern.	National Media interest > 3 days. National MP concern (questions in the House)

31. Appendix 9: Severity of harm grading

For patient safety incidents, the assessment and grading of the actual harm of should be completed. The Trust uses the NRLS definitions for harm, which are:

- **no harm** – a situation where no harm occurred: either a prevented patient safety incident or a no harm incident.
- **low harm** – any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons.
- **moderate harm** – any unexpected or unintended incident that resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused short-term harm to one or more persons.
- **severe harm** – any unexpected or unintended incident that caused permanent or long-term harm to one or more persons.
- **death** – any unexpected or unintended event that caused the death of one or more persons.

In addition to the above NRLS levels of harm, the Trust also includes a '**near miss**' level of harm for reporting purposes on Datix. The definition of '**near miss**' is : Any incident that had the potential to cause harm but was prevented (by chance or appropriate intervention) and resulted in no harm.

32. Appendix 10: External reporting requirements for Incidents

Incident Type	Agency to notify	Person Responsible
Serious Incidents (SI).	Strategic Executive Information System (StEIS). Relevant Integrated Care Board.	Patient Safety Specialist.
Information Governance Incidents graded as SIs.	Information Commissioner.	Information Governance Manager.
Serious injuries to staff at work or incidents which result in 7 or more calendar days off work.	Health and Safety Executive Incident Contact Centre for RIDDOR incidents.	Head of Risk & Security.
RIDDOR reportable Serious Injuries to patients.	Health and Safety Executive Incident Contact Centre for RIDDOR incidents.	Head of Risk & Security.
Patient Safety Incidents.	National Reporting and Learning Service (NRLS).	Datix Systems Manager.
Medical device failures.	Medicines & Healthcare Regulatory Agency (MHRA).	Equipment Services Manager.
Deaths of detained service users.	Strategic Executive Information System (StEIS) Relevant Integrated Care Board. Care Quality Commission (CQC).	Patient Safety Specialist.
AWOLs of detained service users.	Strategic Executive Information System (StEIS) Relevant Integrated Care Board. Care Quality Commission (CQC).	Patient Safety Specialist
Additional information where a service user has been involved in a suicide or homicide.	National Confidential Inquiry into Suicides and Homicides (NCI).	Clinical Lead (Mental Health & Learning Disability).

Medicine contra-indications or suspected adverse reactions to any therapeutic medication.	Medicines and Healthcare products Regulatory Agency (MHRA).	Head of Pharmacy.
Incidents leading to legal and/or insurance claims.	NHS Resolution.	Head of Legal Services.
Notifiable diseases.	UK Health Security Agency (UKHSA). Health and Safety Executive Incident Contact Centre for RIDDOR incidents.	Infection Prevention Control Lead. Head of Risk & Security.
Infection control outbreaks.	UK Health Security Agency (UKHSA).	Infection Prevention Control Lead.
Physical Assault on staff.	NHS England & NHS Improvement.	Local Security Management Specialist/Head of Risk & Security.

There will be situations where Managers may need to notify the Police, Professional Bodies or other organisations dependent on what further support is needed or where stakeholders or partner organisations need to be informed.

33. Appendix 11: Incident management flowchart - overview



