Incident Reporting Policy and Procedure

Reference No:	P_RM_01
Version:	6
Ratified by:	LCHS NHS Trust Board
Date ratified:	10 November 2020
Name of responsible committee:	Clinical Safety & Effectiveness Group
Date issued:	November 2020
Review date:	November 2022
Target audience:	All LCHS Staff
Distributed via:	Website

Lincolnshire Community Health Services NHS Trust
Version Control Sheet
Incident Reporting Policy

Version	Section/Para/Annex	Version/Description of Amendments	Date	Author/Amended by
1		New Document		
2	Entire Document	Full review and update	January 2012	D Bainbridge
3	Entire Document	Full review – updates to reflect current organisational structure and arrangements for incident reporting, new process of Flash Alerting and inclusion of flash alert form	July 2014	D Bainbridge
4	Entire Document	Full review – updates to reflect current organisational structure and investigation procedures	April 2016	K Rossington/Jo Gooch
5	5.2	Removal of Datix as the recording of the Risk Register	June 2018	K Rossington/Jo Gooch
5	7.5	Removal of SIRS	June 2018	K Rossington/Jo Gooch
5	12	Updated Committee structure	June 2018	K Rossington/Jo Gooch
5	Appendix 5	Updated Committee structure	June 2018	K Rossington/Jo Gooch
5	Appendix 6	Amended Grading in line with datix	June 2018	K Rossington/Jo Gooch
5	Appendix 10	Addition of Pressure Ulcer investigation Standard Operating Procedure	July 2018	K Rossington/Jo Gooch
5	Appendix 11	Pressure Ulcer Reporting instructions	July 2018	K Rossington/Jo Gooch
6	Entire Document	Full review and update	October 2020	R Thackray/J Gooch/ B Vertigan
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Lincolnshire Community Health Services NHS Trust

Incident Reporting Policy and Procedure

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Incident Reporting Policy and Procedure

Policy Statement

Background

This policy is consistent with guidance issued by the Department of Health in June 2000 entitled *An Organisation with a Memory: Report of an expert group on learning from adverse events in the NHS,* which drew attention to the scale of potentially avoidable events within the NHS and *Building a safer NHS for Patients published in April 2001*, which sets out the Government's plans for promoting patient safety.

'Doing Less Harm', (NPSA 2001) provided a framework for incident reporting which has underpinned the development of systems and processes in the Lincolnshire Community Health Services NHS Trust.

Statement

The organisation accepts that things may go wrong and incidents will occur. When this happens, the organisation will respond quickly and positively to ensure the wellbeing of patients, staff and the public. We shall investigate incidents to ensure that we learn the lessons and hence improve the quality of our services and promote a safer environment for all.

All staff have a role to play in identifying and minimising all kinds of risks. The organisation is committed to promoting an open and fair culture where staff feel able to report incidents or near misses and learn from mistakes without fear of recrimination.

Responsibilities

All staff have a responsibility to report near misses, adverse incidents and serious incidents, to ensure that the Lincolnshire Community Health Services NHS Trust Risk Management Strategy is effective and that all statutory reporting requirements are met.

Any member of staff who is involved in an incident or near miss must complete a Datix Incident Report Form (IR1) immediately (i.e. within one working day) for each relevant incident according to the attached procedure.

Managers must ensure that they, and the staff for whom they are responsible, are fully aware of the Lincolnshire Community Health Services NHS Trust Incident Reporting Policy and that access to Datix incident reporting is readily available to all employees at all times.

Training

All new members of staff will be introduced to the principles of risk management, including incident reporting procedures and serious incident reporting, during the Lincolnshire Community Health Services NHS Trust Induction programme.

All staff will also receive an annual update on incident reporting through mandatory training.

The organisation will identify an appropriate interval for training updates. Thereafter it is the responsibility of the staff member to identify their training needs on an ongoing basis, including the need for training updates.

Dissemination

The policy will be disseminated to all staff via Team Brief and be available on the Lincolnshire Community Health Services NHS Trust website.

Resource Implications

The successful implementation of incident reporting requires robust staff training and access to appropriate information systems and analytical tools.

A) POLICY

1. BACKGROUND

This policy is consistent with guidance issued by the Department of Health in June 2000 entitled *An Organisation with a Memory: Report of an expert group on learning from adverse events in the NHS,* which drew attention to the scale of potentially avoidable events within the NHS and *Building a safer NHS for Patients published in April 2001*, which sets out the Government's plans for promoting patient safety.

'Doing Less Harm', (NPSA 2001) provided a framework for incident reporting which has underpinned the development of systems and processes in the Lincolnshire Community Health Services.

2. INTRODUCTION

The Lincolnshire Community Health Services' NHS Trust Board recognise that the delivery of healthcare is complex and sometimes things can go wrong. The organisation is committed to ensuring the safety of patients, staff, volunteers, contractors and visitors and this is taken seriously at every level in the organisation. The Trust Board supports open and transparent systems of patient and staff safety, and it is unacceptable to prioritise other objectives at the expense of safety. The organisation actively supports the promotion of a positive approach to incidents and near miss reporting in a culture of openness and learning, which is fundamental to effective risk management and quality improvement. The organisation supports the view that the response to incidents should not be one of blame but of organisational learning to encourage participation in the overall process. The organisation is committed to developing a just culture, encouraging a willingness to admit mistakes without fear of punitive measures. Every incident report is seen as a learning and quality improvement opportunity. Incident reporting is more likely to take place in an organisation where there is a well-developed safety culture and where there is strong leadership. Refer to the Trust Being Open Policy and Duty of Candour Policy for further information.

The completion of an incident report does not constitute an admission of liability. The organisation believes that incident investigation and reporting should only trigger or contribute to any disciplinary procedure where one of the following applies:

- Where there are repeated occurrences involving the same individual, despite retraining;
- Where the incident results in a police investigation;
- Where, in the view of the organisation or any professional registration body, the action causing the incident is far removed from acceptable practice;
- Where there is a failure to report an incident in which a member of staff was either involved or about which they were made aware.

In these cases a full investigation will be undertaken to determine the appropriate action.

It is the policy of this organisation to record all incidents that have resulted in harm or loss or have the potential to do so, and staff are to report these incidents to the appropriate person and in a timely manner. This applies to incidents affecting patients, directly employed staff and others including visitors, contractors and volunteers who are visiting or working on the premises. This policy and procedure describes the organisation's approach to the recording, reporting and the management of incidents and is the first step in the

process. It also defines the types of incidents that may occur and clarifies the process of classification of incident severity.

The organisation's approach to incident management is designed to achieve the following objectives:

- A standardised approach to incident management;
- To ensure that learning from incidents is an integral part of the organisation's culture;
- To provide an analysis of trends which may identify the further need for intervention;
- To improve patient, staff and visitor safety by addressing systematic errors;
- To promote a just culture of accountability.

This policy should be read and used in conjunction with the Lincolnshire Community Health Services NHS Trust Risk Management Strategy, Major Incident Policy, Serious Incident Policy and related policies identified in paragraph 17.

3.   **PURPOSE AND SCOPE**

This policy describes how the organisation intends to ensure that all incidents, whether they have caused actual harm, or where a near miss, are reported by staff in a timely manner.

This policy covers all incidents including serious incidents and near misses and the following reporting systems:-

- Incidents
- RIDDOR reportable incidents
- Medical Devices
- Violence and Aggression
- Serious Incident Reporting Policy

The policy applies to all patients, staff, contractors and visitors to Lincolnshire Community Health Services NHS Trust premises where injury, damage, loss or harm occurs in connection with Lincolnshire Community Health Services NHS Trust undertaking. This may be at premises owned and operated by the Organisation, or at other locations where work is carried out by, or on behalf of, the Organisation. The policy also applies where employees are required to travel between locations as part of their job.

This policy describes how incidents will be identified, managed and investigated and ultimately used to learn lessons and promote future best practice. Lincolnshire Community Health Services NHS Trust is committed to developing a learning culture.

4.   WHAT IS AN INCIDENT?

An incident is an event that gives rise to, or has the potential to produce, unexpected or unwanted effects which could be detrimental to the safety of service users, other persons, staff or the organisation.

4.1 **Incidents** are defined as:
Abusive, violent, disruptive or self-harming behaviour
- Accidents that may result in personal injury
- Consent, communication or confidentiality issues – including information governance breach
- Financial loss
- Implementation of care, including pressure ulcers
- Clinical incidents – including treatment/procedure, assessment and diagnosis,
- Infrastructure or resources
- Medical devices and equipment
- Safeguarding
- Security (including fire)

'Near miss', means any incident, which could have lead to harm but did not, because intervention or evasive action was taken.

'Harm' means, "injury, ill-health, damage, theft or loss relating to persons, property, income or reputation".

4.2   **Serious Incident**

Some incidents have serious outcomes that require formal investigation and are reported via the Strategic Executive Information System (StEIS), StEIS is hosted by NHS Improvement. These are known as serious incidents.

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.

The occurrence of a serious incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm[1] to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organisations involved. Serious incidents therefore require investigation in order to identify the factors that contributed towards the incident occurring and the fundamental issues (or root causes) that underpinned these. Serious incidents can be isolated, single events or multiple linked or unlinked events signaling systemic failures within a commissioning or health system.

The detailed procedure for reporting a serious incident and the circumstances in which a serious incident must be declared are set out within the Serious Incident Policy.

4.3 **Major Incident**

A major incident is any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority. For the purposes of Lincolnshire Community Health Services NHS Trust is defined as:

"Any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented."

4.4 **Near Miss**

"An avoided set of circumstances which had the potential to cause harm"

5.   WHY DO INCIDENTS NEED TO BE REPORTED?

Reporting all incidents, however trivial they may appear, enables a profile to be built of the risks to staff, patients and the service delivery and reputation of the organisation, from which a strong and factual basis for targeting resources effectively can be developed. By reviewing themes and trends of incidents, services are therefore better placed to manage the underlying risks and to implement change as appropriate.

Lincolnshire Community Health Services has a statutory duty to report certain types of incidents including The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) which require the organisation to notify the Health and Safety Executive of accidents at work; and incidents concerning medical devices, food, medicines, serious equipment failings and fire as well as serious incidents involving staff, service users or members of the public.

5.1 **Risk Evaluation**

Evaluation of risk is a key component of incident reporting and all incidents, actual or near miss, should be assessed to determine the level of risk and the type of action to be taken to reduce or eliminate any risk. All staff have a responsibility to identify and (within their level of authority) respond to or escalate the risk to promote its effective mitigation.

When an incident occurs the staff member who reports it should take action to manage any immediate safety concerns, escalating the incident to their line manager (or relevant other individual as determined by the nature of the incident) immediately, if any risk remains.

The line manager and Quality Assurance Manager are responsible for checking that all necessary steps have been taken to manage the incident and its aftermath and to ensure the risk grading is accurate.

All risks should be escalated in line with the Trust's Risk Management Strategy and considered for inclusion on the organisational and/or corporate risk registers.

5.2 **Risk Registers**

Each service line holds its own operational risk register and risks are escalated to the Lincolnshire Community Health Services NHS Trust corporate risk register as per the Risk Management Strategy.

6. **DUTIES WITHIN THE ORGANISATION**

6.1 **Lincolnshire Community Health Services NHS Trust Board**

The Trust Board supports a fair and open culture in the reporting and management of incidents and are responsible for ensuring there are effective incident reporting, learning and quality improvement arrangements within the organisation.

The Trust Board formally receive a monthly report describing incident reporting, key risks identified and actions taken to enable them to be informed and assured that the Incident Reporting Policy is working effectively.

6.2 **Quality and Risk Committee**

The Quality and Risk Committee have overarching responsibility for the management of risk.

Implementation of this policy and related procedures by employees and managers will be monitored and reviewed by the Quality and Risk Committee and Trust Board. The Policy and Procedure will be reviewed on a bi-annual basis.

6.3 **The Chief Executive of Lincolnshire Community Health Services NHS Trust**

The Chief Executive has ultimate responsibility for the incident reporting, and management of adverse and serious incidents. Operational oversight of the associated processes is delegated through the designated Trust Board member, the Director of Nursing, AHPs and Operations.

6.4 **Director of Nursing, AHPs and Operations**

The Director of Nursing, AHPs and Operations has delegated responsibility for Clinical Risk Management, including the reporting and management of adverse incidents and associated investigations.

The Director of Nursing, AHPs and Operations will, through the Deputy Directors, be responsible for receiving information and ensure trends are identified and lessons learned are acted upon and , reporting activity to relevant organisation strategic committees, including the Lincolnshire Community Health Services Trust Board and the Quality and Risk Committee.

6.5 **Quality Assurance Manager / Corporate Assurance Team**

The Quality Assurance Manager / Corporate Assurance Team will have operational responsibility for reporting to external agencies. The Quality Assurance Manager / Corporate Assurance Team may request further clarification, investigation or action as a result of an incident and will advise the manager of the incident, accordingly.

They will be responsible for collating and analysing data for presentation within required reports/associated trends analysis.

The Quality Assurance Manager / Corporate Assurance Team supported by managers, will ensure that all incident reports submitted are correctly referenced, graded, data entered, collated, reported and archived in order to provide a permanent record of reported incidents for statutory and organisational purposes. They will monitor incoming incident reports to ensure that actions are completed in a timely way and risks escalated within the organisation.

6.6 Investigating Manager

An investigation manager will be identified by the operational lead, in liaison with the Quality Assurance Manager for the relevant area, for Serious Incidents.

The identified Investigation Manager for a Serious Incident will be required to carry out an investigation using Root Cause Analysis (RCA) tools. The Investigation Manager is responsible for completing an initial management review (see paragraph 7.2 and detailed Serious Incident Policy) within three working days of the initial Serious Incident report. Thereafter a full investigation report should be completed, no later than forty-five working days after the initial Serious Incident report.

The investigation manager will collate relevant evidence and confirm the final investigation report and any associated recommendations. Completed investigation reports are to be sent to the Quality Assurance Manager to obtain sign off via the governance structure.

6.7 Line Managers

Managers have a responsibility to manage incidents within their own service.

Managers must ensure that they, and the staff for whom they are responsible, are fully aware of the Lincolnshire Community Health Services NHS Trust Incident Reporting Policy and have access to Datix for incident reporting.

Following every incident or near miss, managers must take immediate action to make the situation safe.

The manager will assess whether the incident is likely to be a serious incident by assessing it against the serious incident criteria, see 4.2 and refer to the Serious Incident Policy for full details. If the incident is judged to be a serious incident, the manager will report it immediately by telephone to the Deputy Directors. The detailed procedure is identified within the Serious Incident Policy.

Where an incident has resulted in, or has the potential to result in, significant harm, and there is a possibility that it could occur within other areas of the organisation, the manager will contact their Service Clinical Lead/Locality Lead who will complete an urgent communications alert via the organisational cascade.

The line manager, supported by the relevant Quality Assurance Manager, will be responsible for determining when there is a need to involve relevant external agencies in the investigation.

Managers will review the incident forms submitted to them by their staff, and will be responsible for completing the Datix investigation form (IR2) related to the initial

incident report, completing it within one month of receipt and taking all necessary steps to escalate and mitigate risk associated with the incident or its aftermath.

Managers are responsible for reviewing the grading of the incident according to the severity of the actual outcome, as soon as possible after the incident. Escalating incidents with an outcome graded as moderate or above, for consideration as a Serious Incident requiring more detailed investigation using root cause analysis. Refer to Serious Incident policy for further detail regarding the management of serious incidents.

The manager to whom the incident was reported would commonly be responsible for undertaking the investigation of non serious incidents. This responsibility may however, be delegated to an alternative individual or team if the original manager does not have the specific expertise required to investigate the incident, or where there is a potential conflict of interest. In this circumstance the Head of Clinical Service will nominate an alternative individual / team.

The manager responsible for the investigation will be responsible for completion of the Datix investigation form (IR2).

6.8   **All Lincolnshire Community Health Services NHS Trust Staff**

All staff have a responsibility to report near misses, adverse incidents and Serious Incidents, to ensure that the Lincolnshire Community Health Services NHS Trust Risk Management Strategy is effective and that all statutory reporting requirements are met.

Staff should be fully open and co-operative with any investigation process.

Staff have a responsibility to highlight any risk issues which could warrant further investigation

Any member of staff who is involved in an incident or near miss must complete a Datix Incident Report Form (IR1) immediately (i.e. within one working day) for each relevant incident according to the attached procedure

All staff must ensure that "Serious Incidents" are reported immediately to their Line Manager or, if not immediately available, to the On call Manager. Staff working out of hours should report Serious Incidents and RIDDOR incidents to the On call manager.

A flowchart describing the timescales for incident reporting is attached at Appendix 1.

B) PROCEDURE

7. PROCEDURE FOR REPORTING, RECORDING, INVESTIGATING AND LEARNING FROM INCIDENTS

7.1 Incident Reporting Process

All incidents should be reported, recorded and investigated. A flowchart describing timescales for incident reporting is attached at Appendix 1. Reporting should take place immediately using Datix. Staff must be aware how to access Datix incident reporting , and as such this should form part of staff orientation when they work at a new site.

7.2 Serious Incidents

Serious Incidents as defined in 4.2 must be reported immediately to your line manager / senior manager or director. If none of these officers are available please contact the Quality Assurance Manager, stating that you wish to report a Serious Incident.

If the incident occurs out of hours, please report the incident to the manager on call. The Director on call will report the Serious Incident in accordance with the Serious Incident policy and notify the relevant Deputy Directors at the earliest opportunity.

Serious Incidents should, at the same time, be reported on the Datix and investigated according to the procedure. The Deputy Directors will monitor the progress of the investigation and provide follow up reports to the relevant Commissioner either to Clinical Commissioning Group using the STEIS reporting system or Lincolnshire County Council. Any lessons learned from a Serious Incident will be disseminated as appropriate.

7.3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents

Full compliance with the RIDDOR regulations will be met.

RIDDOR regulations require the organisation to report and keep records of all work related deaths, serious injuries, certain diseases and dangerous occurrences.

RIDDOR reportable incidents will be reported to the Health and Safety Executive after discussion with the Corporate Health and Safety team. RIDDOR reportable incidents should, at the same time, be reported on Datix) and investigated according to the procedure.

Full guidance is available on the Trust website 'Health and Safety' section and by contacting the Trust's Health and Safety Advisor.

7.4 Incidents involving medical devices or equipment, medication or blood reactions/events (SABRE)

Incidents which involve any fault, failure, defect, or unreliability of a medical device must be reported to your line manager. Your line manager will inform the Medical Devices Liaison Officer.

The Medical Devices Liaison Officer supported the Health and Safety Advisor will provide immediate advice and support for reporting the incident to the Medicines and Healthcare Products Regulatory Agency (MHRA) as appropriate. A Datix Incident Report should be completed and the incident investigated according to the procedure. The Investigation Manager should consult the appropriate experts for support and advice.

Any equipment involved in an incident should be retained in safe keeping for future examination. Configuration and settings on equipment must not be altered before the preliminary examination has been completed. If possible, do not turn off or reset any medical device until the medical electronics staff have approved clinical operation. However, the first consideration must always be patient or staff safety and welfare.

Such equipment should not be re-used without the approval of either the Clinical Engineering Department, Estates Department or MHRA.

7.5 Security and Violence and Abuse

All such incidents must be reported using the Incident Reporting System and a Datix completed. A copy of the Incident Report will be forwarded to the Organisational Security Management Specialist who will support the staff and manager. In serious incidents the line manager should contact the Organisational Security Management Specialist immediately for advice.

7.6 National Reporting and Learning System

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports and is operated by NHS Improvement (NHSI). All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. The overall aim of the NRLS is to support the NHS to learn from things that go wrong. The responsibility for the investigation and management of the incidents, however, remain firmly with Lincolnshire Community Health Services NHS Trust.

Lincolnshire Community Health Services NHS Trust reports patient safety incidents through the electronic extraction of data from the Datix incident reporting system. Data will be uploaded to the National Reporting and Learning System (NRLS) on at least a monthly basis. The trust receives a feedback report from NRLS every six months which is used to monitor the timeliness of reporting, monitor overdue Datix and the work that is ongoing to improve these timescales. This feedback and NRLS reporting is also monitored externally by the CQC.

Staff are able to report independently to the NRLS should they wish through completing an online electronic reporting form:
https://www.eforms.nrls.nhs.uk/staffreport/

7.7 Major Incident

Major Incidents should be managed according to the Major Incident reporting policy.

7.8 Media Involvement

All communication is to be undertaken through the Communications Team. The Head of Communications and Deputy Directors to be made aware of media interest as soon as possible.

7.9   **Procedure for responding to an incident**

Before completing the Datix staff must determine whether the incident is a Serious Incident or RIDDOR reportable, or involves a medical device or equipment. Assistance can be sought from the Quality Assurance Manager and Health and Safety Manager if staff are unsure. See also 7.2 above and Appendix1 within this policy.

Following every incident or near miss, staff member must take immediate action to make the situation safe. This may include the wearing of protective clothing, removal of similar pieces of equipment, undertaking/reviewing risk assessments and change of clinical procedures. This action should be entered on Datix The line manager should be informed of the incident within a maximum of one working day, immediate notification is required if the incident is assessed as serious, falls within the Serious Incident criteria or where the staff member requires line management support.

7.10   **Completing the Datix Incident Report Form (IR1)**

If the person involved in an incident is unable to complete the Datix incident report form (IR1) for any reason, then a witness or colleague should do so on their behalf.

All information given, including written statements, must accurately state the facts, without expressing personal opinion or allocating blame.

All sections of the Datix Incident Report form (IR1) should be completed as fully as possible and the online prompts should be followed.

7.11   **Managers role on receipt of the Datix Incident**

Upon receipt, the line manager will review the Datix (IR1s) submitted to them by their staff. Managers will be responsible for completing and recording the incident investigation i, completing it within 31 days of receipt and taking all necessary steps to escalate and mitigate risk associated with the incident or its aftermath.

The line manager, supported by the Quality Assurance Manager, will be responsible for determining when there is a need to inform / involve relevant external agencies in the investigation. See also section 7.4 for involvement of external stakeholders in the investigation phase.

If the incident is judged to be a Serious Incident, the manager will report it immediately by telephone to the Deputy Director. The detailed procedure is identified within the Serious Incident Policy.

8.   **INVESTIGATION**

All incidents must be investigated and the responsibility for undertaking the initial investigation rests with the investigation manager.

The Datix Incident Investigation should be completed by the appointed investigator (usually the service manager).

Service managers will review the grade of all incidents as soon as possible after the event. The grading will reflect the actual impact of the incident and the risk to the organisation (likelihood x outcome). The level of local investigation and analysis will be dependent upon this grading.

- All serious incidents, and those which are classified as extreme, will automatically trigger a higher level of investigation.

- Some of the above will, on further assessment against the Serious Incident criteria, be Serious Incident reportable. All Serious Incidents will require a full investigation to be carried out by an individual nominated by the relevant Deputy Directors. Where there is no direct conflict of interest and where the manager holds the relevant expertise to investigate the incident, this may be carried out by the manager subject to the agreement of the Deputy Directors.

- Incidents where the potential for learning, but which may otherwise be of low severity, should also at the manager's discretion, be considered for this level of investigation or a thematic review.

All other incidents reported on Datix should be investigated by the local manager and the actions completed to reflect analysis of the incident and lessons learned. Completion of the Datix Incident Investigation in these instances will be undertaken within 31 days of the incident being reported. This responsibility may however, be delegated to an alternative individual or team if determined to be appropriate by the manager.

The higher level investigation will be carried out according to the principles of root cause analysis. This will look past the immediate causes or active failures, digging deeper for the underlying or latent failures.

If the investigation has not been completed within the designated timescale the Quality Assurance Manager will report this at the service line Quality Assurance Group.

9. CLOSING THE LOOP - Debriefing Staff

Communication with staff when an incident occurs and on completion of the investigation, is essential to promote a positive response to the investigation recommendations, to positively influence culture and practice and minimise the possibility of a similar incident occurring in the future.

The incident manager will provide feedback to staff regarding the outcome of the investigation at the earliest opportunity following completion of the investigation.

10. REVIEW, UPDATING AND ARCHIVING OF THIS DOCUMENT

This policy will be reviewed every two years. Policies will be held centrally by the designated senior managers. Superseded policies will be archived according to the Lincolnshire Community Health Services NHS Trust Records Management Policy.

11. REPORTING AND LEARNING FRAMEWORK

Lincolnshire Community Health Services NHS Trust has a standard reporting system. Incidents are entered onto a secure database (Datix). This data base provides comprehensive reports and trend analysis for Lincolnshire Community Health Services NHS Trust and for audit and research purposes. Lincolnshire Community Health Services

NHS Trust has a lessons learned reporting mechanism which is monitored through the governance structure.

Learning will be identified through the investigation of incidents. Action plans will be developed in response to incidents and these action plans will be monitored in the first instance by the incident manager to whom the incident was first reported. The Quality Assurance Manager will monitor the completion of action plans for serious incidents, ensuring that lessons learned are captured and shared within the service area and where appropriate, with relevant other stakeholders to promote patient safety and quality.

The Quality Assurance Manager will disseminate and escalate incidents and lessons learned through the quality assurance forums to reflect learning and promote patient safety and service quality. Deputy Directors/Senior Managers will be responsible for ensuring learning is disseminated.

Learning with regard to practice/changes in practice will be supplied to Deputy Directors/Senior Managers and professional leads and Workforce Development who will ensure that the learning is appropriately reflected in both training commissioned externally and delivered in-house and in policies and procedures.

Lessons will also be disseminated through relevant strategic committees and professional forum.

Learning outcomes will also be generated from Independent Reviews and National Enquiries.

Learning will be reflected within the monthly report considered by the Quality and Risk Committee and presented to the Trust Board. Learning actions will be communicated to staff through briefings, discussions at staff meetings, and through newsletters.

Lincolnshire Community Health Services NHS Trust will also take the opportunity to share lessons learned across the health community through professional and care pathway networks and co-operation with partner organisations.

12. MONITORING

Process for monitoring effectiveness

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit	Responsible individuals/ group/ committee (multi-disciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Reporting of incident types and Incidents investigation timescales	Reports to Assurance Committees	Quality Assurance Manager and Health and Safety Manager	Monthly	Quality and Risk Committee, Clinical Safety & Effectiveness Group	Deputy Directors/local quality assurance forums	Quality and Risk Committee Clinical Safety & Effectiveness Group

12.1   **Key performance indicators**

Lincolnshire Community Health Services NHS Trust will review / monitor the minimum requirements in line with NHS Resolutions.

Overdue Datix investigations are monitored through monthly Quality Assurance Groups and the Quality & Risk Committee.

13.   TRAINING

All new members of staff will be introduced to the principles of risk management, including incident reporting procedures and Serious Incident reporting, during the Induction program.

All staff will also receive an annual update on incident reporting through mandatory training.

A programme of investigation (incorporating Root Cause Analysis) training will be established for managers to enable them to fulfil their investigatory responsibilities.

It is the responsibility of every staff member supported by their line manager, to ensure that they are familiar with the Lincolnshire Community Health Services NHS Trust Incident Reporting Policy and to identify training needs in relation to these policies. Such training needs should be reported through staff member's line management.

14.   STAFF FOLLOW UP / SUPPORT

Incidents and near misses can have a significant impact on staff who are either involved in it or witness it, consequently, when an incident occurs, the needs of those affected by the incident need to be the primary concern.

Clearly incidents and near misses vary significantly in their nature and the appropriate action to be taken in response will vary accordingly. No single one method of support is ideal for all staff members, so staff should be informed of the different types of help available to them and told how to access these readily. In terms of basic principles, the following is advocated:

14.1   **Duties / referral process**

- Immediate support should be provided by the **staff member's line manager**.

- In the absence of the line manager an **alternative senior manager** should be identified to provide immediate support to the staff member. Thereafter necessary steps will be taken (by the alternative senior manager) to ensure that the staff member's line manager is informed of the incident to enable any ongoing support needs to be identified and responded to.

Staff members may access ongoing support through a number of different channels.
    . Staff may also seek support from:

- Own GP,

- Relevant Professional Body or Union. The contact details of the Staff Side Representatives are described on Health and Safety Law Posters found on all Health and Safety notice boards.

- Line managers will assess the effectiveness of the support measures through management reviews with their individual staff member.

14.2 Support for staff called as a witness

- Staff may be requested to write statements or appear as witnesses as a result of being involved in or witnessing an incident. In these instances, the organisation will provide appropriate immediate and ongoing support to the staff member.

- Staff members will usually be supported by their line manager in the first instance.

- The line manager will contact the Practitioner Performance Lead to alert them to the information request and thus enable a nominated lead within that team to provide specialist support. A statement template is available on request.

- The staff member may also contact their professional Body / Union, to secure additional personal support.

14.3 Monitoring Staff Support

- The effectiveness of the support measures will be assessed through management review between the line manager and the individual staff member.

15. INVOLVING AND COMMUNICATING WITH PATIENTS AND PUBLIC

"The active role of patients in their care should be recognised and encouraged. Patients have a key role to play in ensuring that treatment is appropriately administered, monitored and adhered to, and in identifying adverse events and taking appropriate action" (Vincent C. and Coulter A. (2002) *Patient Safety: what about the patient?* Quality and Safety in Healthcare, 11: 76-78)
.
Consistent with "Being Open" and Duty of Candour guidance, patients should be informed when things have gone wrong and they have been harmed as a result.

Staff should liaise with the Information Governance Manager and adhere to the Caldicott principles before the transfer of patient identifiable information from Lincolnshire Community Health Services NHS Trust. Where disclosure of information is essential within the organisation or to the partner agencies, staff shall follow the local protocols governing the protection of and use of patient identifiable information.

Support for patients can be obtained through PALS

The organisation will acknowledge, provide appropriate support and apologise for failings in the care it delivers, re-assuring patients and their families that the right lessons have been learned from patient safety incidents consistent with the Lincolnshire Community Health Services NHS Trust Being Open Policy and Duty of Candour Policy.

16. DISSEMINATION

The policy will be disseminated to all staff via Team Brief and available on the Lincolnshire Community Health Services NHS Trust web site.
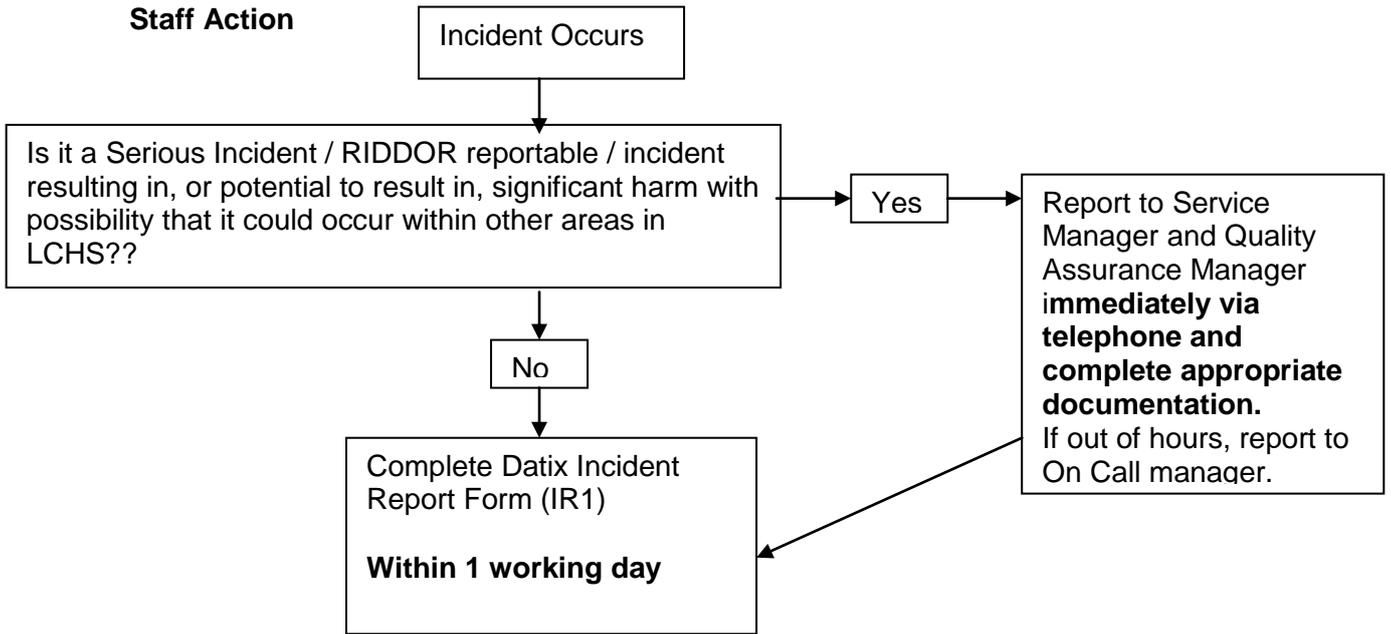
17.   RELATED POLICIES / PROCEDURES

Other related policies to which reference should be made include:-

- The Risk Management Strategy and Policy
- The Serious Incident Policy
- Whistle Blowing Policy
- Media Protocol
- Major Incident Policy
- Health and Safety Policy
- Medical Devices Policy
- Policy on the Management of Violence and Aggression
- Being Open Policy including Duty of Candour
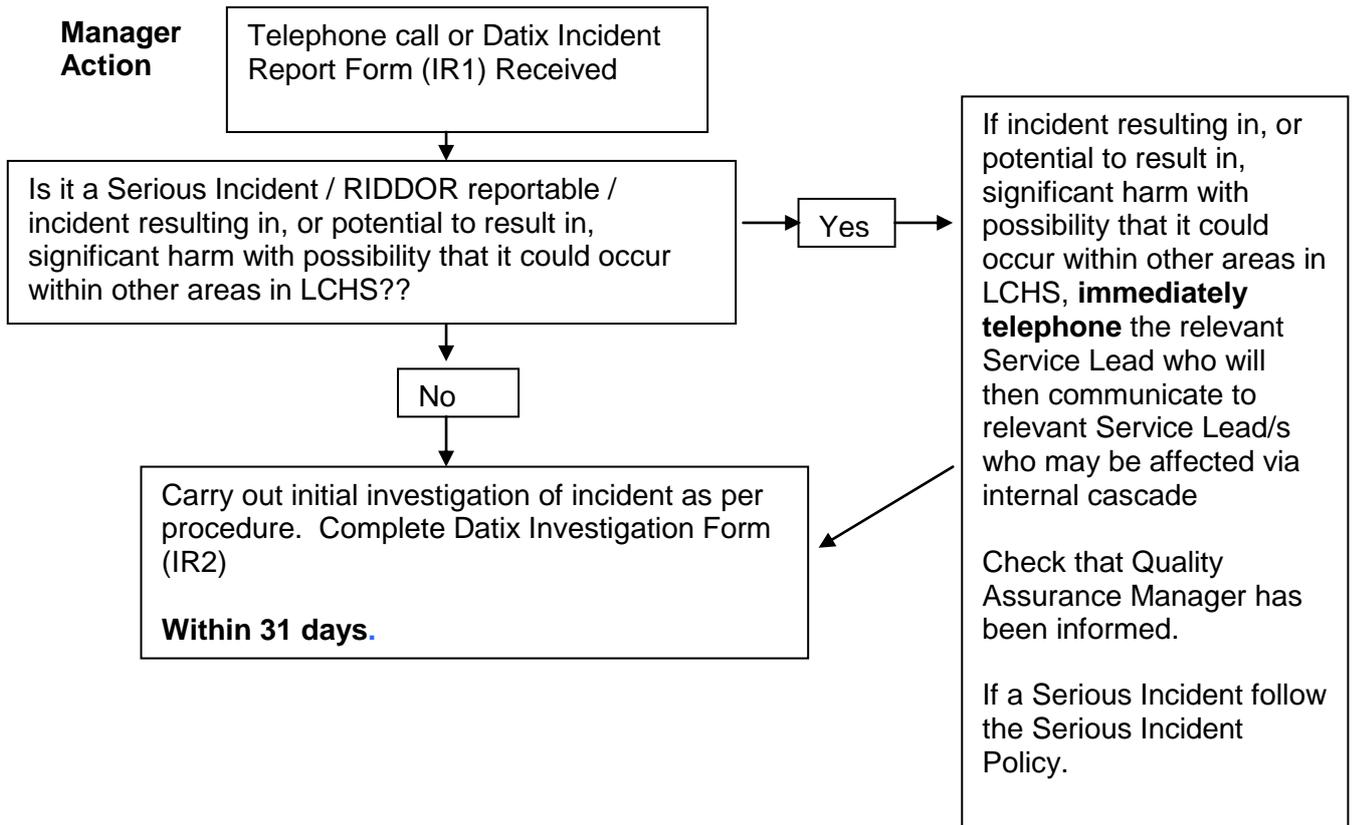
INCIDENT REPORTING FLOWCHART

Staff Action

Incident Occurs

Is it a Serious Incident / RIDDOR reportable / incident resulting in, or potential to result in, significant harm with possibility that it could occur within other areas in LCHS??

Yes → Report to Service Manager and Quality Assurance Manager i**mmediately via telephone and complete appropriate documentation.**
If out of hours, report to On Call manager.

No

Complete Datix Incident Report Form (IR1)

Within 1 working day

………

Manager Action

Telephone call or Datix Incident Report Form (IR1) Received

Is it a Serious Incident / RIDDOR reportable / incident resulting in, or potential to result in, significant harm with possibility that it could occur within other areas in LCHS??

Yes → If incident resulting in, or potential to result in, significant harm with possibility that it could occur within other areas in LCHS, **immediately telephone** the relevant Service Lead who will then communicate to relevant Service Lead/s who may be affected via internal cascade

Check that Quality Assurance Manager has been informed.

If a Serious Incident follow the Serious Incident Policy.

No

Carry out initial investigation of incident as per procedure. Complete Datix Investigation Form (IR2)

Within 31 days.

Table 1 Incident Definitions / Risk management Matrix - Consequence

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	No harm	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	No harm 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	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating

				Critical report	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

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

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

Note: the above table can be tailored to meet the needs of the individual organisation.

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
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

Note: the above table can to be adapted to meet the needs of the individual Organisation.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Appendix 3

Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Incident Reporting Policy		
Date form completed	28/09/2020	Name of lead for this activity	Quality Assurance Managers

Analysis undertaken by:		
Name(s)	Job role	Department
Joanne Gooch	Quality Assurance Manager	Quality Team
Bev Vertigan	Quality Assurance Manager	Quality Team
Rachel Thackray	Quality Assurance Manager	Quality Team

What is the aim or objective of this activity?	This policy outlines the arrangements for reporting, managing, analysing and learning from incidents, accidents, and near misses which arise.
	The policy is intended to benefit all population groups by improving the quality of patient care.
Who will this activity impact on? *E.g. staff, patients, carers, visitors etc.*	The policy is designed to ensure the Trust responds quickly and positively to ensure the safety of patients, staff and the public.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	☐	☒	☐	
Disability	☐	☒	☐	

Gender reassignment	☐	☒	☐	
Marriage & civil partnerships	☐	☒	☐	
Pregnancy & maternity	☐	☒	☐	
Race	☐	☒	☐	
Religion or belief	☐	☒	☐	
Sex	☐	☒	☐	
Sexual Orientation	☐	☒	☐	
Additional Impacts *(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)*	☐	☒	☐	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	☐	☒
If yes, how will you address this?		
N/A		

	High	Medium	Low
What level do you consider the potential negative impact would be?	☐	☐	☒

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

The above named policy has been considered and does not require a full equality analysis