

# Incident Reporting and Management Policy

## Document control

<b>Version:</b>	1.0
<b>Ratified by:</b>	None (Chief Officer approved)
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<b>Name of originator/author:</b>	Lorraine Smedmor/Victoria Medhurst
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<b>Review date:</b>	March 2020

## Change History

Version	Status	Date	Author	Reason
0.1	Draft	19/08/2014	SM	Draft policy for consultation
0.2	Draft	19/03/2016	GH	Update following comments from SM
0.3	Draft	04/08/2016	VM	Update following consultation
0.4	Draft	01/03/2017	BA	Comments from CSU IG Manager
0.5	Draft	20/03/2017	VM	Update following comments
0.6	Draft	04/04/2017	VM	Review
0.7	Draft	13/04/2017	SM	Review
0.8	Draft	24/04/2017	VM	Addition of Generic email
1.0	FINAL	04/05/2017	FINAL	Approval by Chief Officer

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## Section A – Policy

### Introduction

- The purpose of this policy is to outline the arrangements for;
  - identifying, reporting, investigating and managing incidents, serious incidents and near misses,
  - identifying patterns and trends,
  - minimising future risk by taking prompt and preventive action

2. The policy sets out the way in which incidents and near misses are to be reported, investigated and managed. It emphasises the importance of prompt resolution wherever possible. The policy also sets out:
  - the timeframes for reporting and investigating incidents and near misses
  - individuals' roles in the process
  - the reporting structure for incidents and near misses information.
  
3. Promoting equality and addressing health inequalities are at the heart of the CCG's values. Throughout the development of this document we have:
  - Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
  - Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

## **Policy Statement**

4. NHS Lewisham Clinical Commissioning Group (the CCG) encourages a culture of openness in reporting incidents or prevented incidents (near misses).
  
5. It is the policy of the CCG to record and investigate all incidents and near misses promptly and in accordance with:
  - The NHS England Serious Incidents Framework (2015)
  - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 2013)
  - The Health and Safety at Work Act 1974
  - The Management of Health and Safety at Work Regulations 1999
  - The National Reporting and Learning Service (NRLS).
  - The CCG's Information Governance Policies

## **Scope**

6. This policy applies to

- All staff employed by the CCG, including interim staff, working on its premises;
- All staff employed by the CCG, working in their own homes, in other CCG premises or premises of other organisations;
- All visitors to the CCG's premises<sup>1</sup> including contractors i.e. Security Guard, Cleaner etc;
- All employees travelling to and from work areas on CCG business activities.

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<sup>1</sup> At present, this is Cantilever House, Eltham Road.

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## **Section B - Procedures**

### **Procedure in the event of an incident or Near Miss**

7. Immediate action should be taken to ensure the health needs of the individuals affected are dealt with in order to minimise harm and limit the impact of the incident if safe to do so.
8. Should any situation pose imminent danger to others, attempts should be made to reduce any further risk.
9. Immediate notification to external agencies should be made if appropriate.

### **Reporting**

#### **10. Reporting of Incidents or Near Misses (excluding IG incidents – see 11)**

Incidents should be reported confidentially through the following means:

- a) staff should report using the CCG's DATIX Incident Reporting Form (within two working days of the incident) by clicking on the link below:

<https://lewishamccg.datix.thirdparty.nhs.uk/Live/index.php>

If access to this system is not available, staff should complete the form in Appendix I and send to [lewccg.incidents@nhs.net](mailto:lewccg.incidents@nhs.net) within two working days of the incident to enable the logging of the incident.

- c) Staff must inform their line manager within two working days of the incident

#### **11. Reporting of Information Governance (IG) incidents**

An Information Governance Incidents will typically breach one of the principles of the Data Protection Act and/or the Common Law Duty of Confidentiality.

Incidents should be reported confidentially through the following means:

- a) staff should report using the CCG's DATIX Incident Reporting Form (within two working days of the incident) by clicking on the link below:

<https://lewishamccg.datix.thirdparty.nhs.uk/Live/index.php>

If access to this system is not available, staff should complete the form in Appendix I and send to [lewccg.incidents@nhs.net](mailto:lewccg.incidents@nhs.net) within two working days of the incident to enable the logging of the incident.

b) Staff must inform the IG Manager NELCSU<sup>2</sup>, SIRO<sup>3</sup> or Caldicott Guardian<sup>4</sup> within two working days.

Staff should **not** inform the Associate Director of Integrated Governance or their line manager **unless** informed to do so by the IG Manager, SIRO or Caldicott Guardian.

## **Actions**

12. The incident reporter should include the facts of the incident and immediate action taken, which can include;

- Administering first-aid
- Taking a faulty piece of equipment out of action
- Securing confidential information left unattended
- Closing a workplace until repairs can be effected
- Changing a working practice to prevent re-occurrence

13. The CCG Associate Director for Integrated Governance<sup>5</sup>, Corporate Governance Team or IG Manager will review the Incident Report (within two working days). For non-IG incidents the incident report will be forwarded to the relevant CCG manager to investigate and to implement actions to reduce the risk of the incident reoccurring. The relevant manager is the affected person's line manager, or an appropriate CCG officer and becomes the "Incident Handler." The IG Manager, SIRO or Caldicott Guardian will advise on appropriate actions to be taken for IG incidents.

14. Additionally the following people may be informed and will be available to advise the Incident Handler on the investigation and actions:

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<sup>2</sup> Current IG Manager, NELCSU is Baris Aksoy ([b.aksoy@nhs.net](mailto:b.aksoy@nhs.net))

<sup>3</sup> SIRO is Tony Read ([tonyread@nhs.net](mailto:tonyread@nhs.net))

<sup>4</sup> Caldicott Guardian is Alison Browne ([Alison.browne@nhs.net](mailto:Alison.browne@nhs.net))

<sup>5</sup> AD Integrated Governance is Victoria Medhurst ([Victoria.medhurst@nhs.net](mailto:Victoria.medhurst@nhs.net))

- **Information Governance Incidents:** Information Governance Manager, NELCSU, the CCG Caldicott Guardian, the CCG Senior Information Responsible Officer (SIRO).
- **ICT Incidents:** NELCSU ICT support, who will decide if the incident needs to be escalated.
- **Accidents / injuries:** The Corporate Services Officer<sup>6</sup> (who will decide if a RIDDOR report is required); The Chief Officer.
- **Security Incidents:** The Corporate Services Officer (who will inform The Local Security Management Specialist if appropriate)
- **Serious Incidents** (see Section D): The Associate Director for Integrated Governance who will report the Serious Incident on the Strategic Executive Information Service (STEIS).

## **Investigation and Management of Incidents**

15. The Incident Handler will investigate the incident and agree an action plan designed to reduce the risk of reoccurrence using the Investigation and Actions tools provided within DATIX.
16. The Incident Handler should aim to complete the investigation and agree appropriate actions within seven working days of the incident or in line with relevant national guidance for complex investigations, such as sixty working days for Serious Incidents.
17. Action plans should be agreed with the person affected by the incident, the CCG team / directorate or by the Senior Management Team as appropriate.

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<sup>6</sup> Corporate Services Officer is Katie Hitchen (khitchen@nhs.net)

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## **Section C – Roles and Responsibilities**

### **Responsibilities**

#### 18. Chief Officer

- Overall accountability for ensuring that the CCG Incident Reporting and Management Policy meet the statutory requirements as set out in statute, regulations and guidance.
- Ensuring that aggregated Incident Reports are reviewed on a 6-monthly basis.

#### 19. Corporate Director

- Responsible for ensuring NHS Lewisham CCG applies the principles of this policy and that there are suitable resources to support its implementation

#### 20. Associate Director of Integrated Governance

- Responsible for managing the procedures for reporting, investigating and managing incidents
- Responsible for producing a six-monthly Incident Management Report for the Chief Officer.
- Overseeing action plans submitted, through the six-monthly Incident Management Report for the Chief Officer.

#### 21. Corporate Services officer

- Responsible for the quality assurance of incidents reported, ensuring that the description is clear and that follow up actions are completed..
- Responsible for the appropriate communication of accidents and security incidents(for example to RIDDOR, or to the Associate Director of Integrated Governance).

#### 22. CSU IG Manager

- Responsible for managing the procedures for reporting, investigating and managing IG incidents
- Responsible for reporting on IG Incidents to SIRO and AD Integrated Governance

### 23. Employees

- It is the responsibility of all employees to familiarise themselves with this policy and comply with the provisions set out in it.

### **Monitoring**

24. The Senior Management Team (SMT) or equivalent group will oversee the implementation of the Incident Reporting and Management Policy and will receive 6-monthly reports detailing types of incidents logged and the status of mitigating action plans.

25. A six-monthly report will be produced for the SMT which will include:

- numbers of incidents reported by type
  - issues and key themes that the incidents have raised
  - lessons learnt
  - actions taken, or being taken, to improve services as a result of the incidents
- equalities impact data

### **Implementation Plan**

26. NHS Lewisham CCG will ensure that all employees are aware of the existence of this policy. The following will be undertaken to ensure awareness:

- Annual reminder of the existence and importance of the policy via internal communication methods
- Publication on the NHS Lewisham CCG website and intranet site



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## Section D - Definition of terms

27. **Incident** – an unexpected or unplanned event that caused harm, loss or damage to one or more patients, members of staff, visitors, contractors or the CCGs reputation including information governance breaches. These include:

- Health & Safety Incidents
- Security Incidents
- Fire Incidents
- Information Governance Incidents including Breach of Confidentiality
- Physical or verbal aggression
- Clinical incidents

28. **Near-miss** – An event that has the **potential** to cause harm or was prevented from causing harm, loss or damage to one or more patients, members of staff, visitors, contractors or the CCGs reputation including information governance breaches.

29. **Serious Incidents:** The definition below sets out circumstances in which a serious incident must be declared;

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
  - Unexpected or avoidable death of one or more people. This includes
    - suicide/self-inflicted death; and
    - homicide by a person in receipt of mental health care within the recent past;
  - Unexpected or avoidable injury to one or more people that has resulted in serious harm;
  - Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:—
    - the death of the service user; or
    - serious harm;

- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:
  - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or
  - where abuse occurred during the provision of NHS-funded care.

This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident

- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. See Never Events Policy and Framework for the national definition and further information;
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
  - Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues;
  - Property damage;
  - Security breach/concern;
  - Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;
  - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
  - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services or significant interruption of continuous business ); or

- Activation of Major Incident Plan (by provider, commissioner or relevant agency) Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.

**Appendix I**

**INCIDENT REPORTING FORM**

<b>Incident Reporter Details</b>	
<b>Name:</b>	
<b>Role:</b>	
<b>Date Reported</b>	

<b>Incident Description</b>	
<p><b>What happened? Describe the incident</b></p> <p>(please record only facts NOT opinions)</p>	
<p><b>When did the incident happen?</b></p> <p>(please enter date and time if known)</p>	
<p><b>Where did the incident happen?</b></p> <p>(describe the location)</p>	
<p><b>Who was involved in the incident and who saw the incident?</b></p>	
<p><b>Were there any adverse effects?</b></p> <p>(record injuries, financial costs, loss of service, reputational impact etc.)</p>	

<p><b>What actions were taken after the incident?</b></p>	
<p><b>Are any further actions planned?</b></p>	

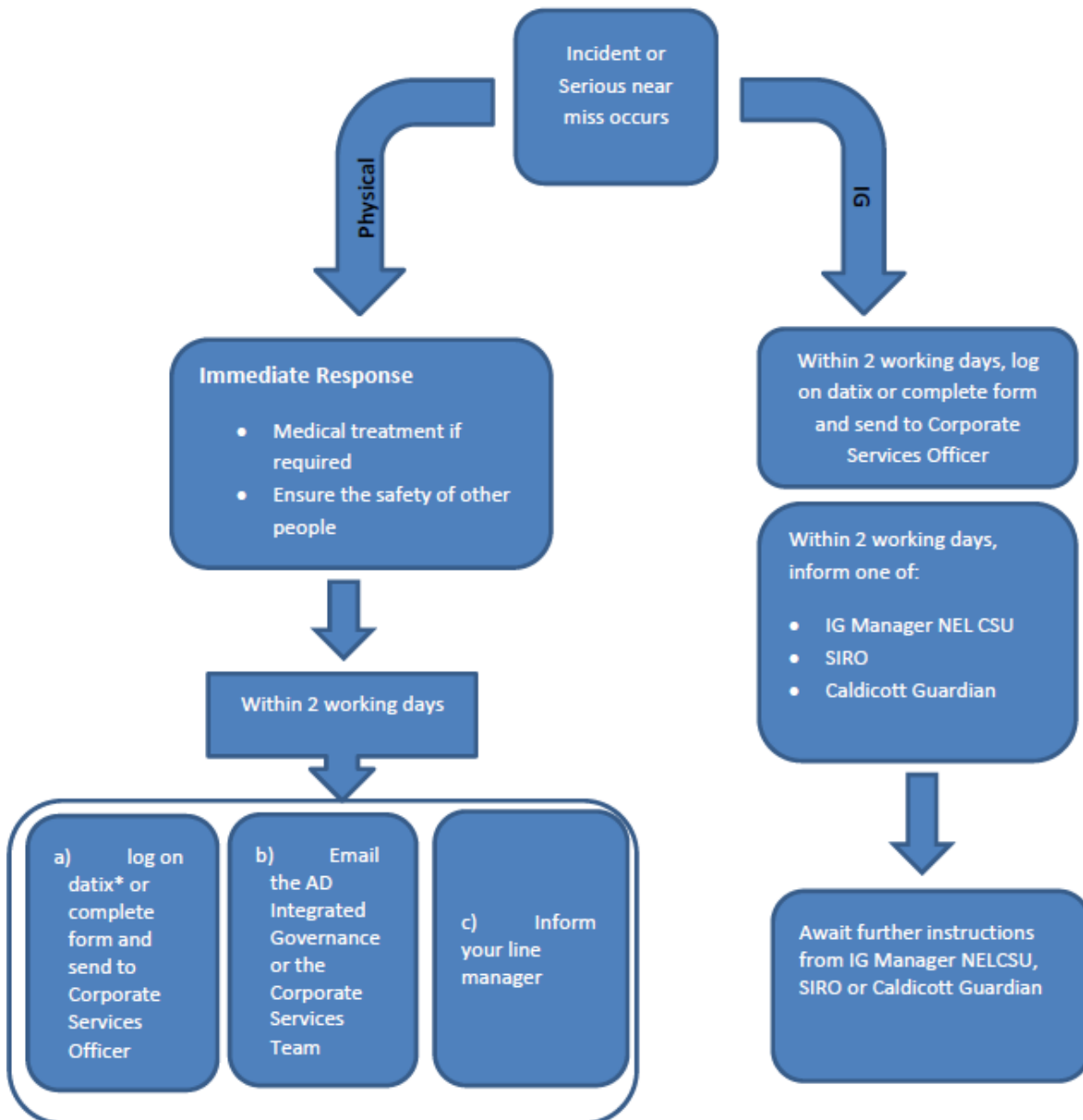
<p><b>Incident type (mark only 1 box)</b></p>	
<p><b>Accident/Injury</b></p>	
<p><b>Communication</b></p>	
<p><b>Confidentiality/Information Governance</b></p>	
<p><b>Disruptive or Violent Behaviour/ Assault</b></p>	
<p><b>Estates/Facilities/Security/Health and Safety</b></p>	
<p><b>Financial Loss</b></p>	
<p><b>Patient Safety</b></p>	
<p><b>Other (Please specify)</b></p>	

<p><b>Other</b></p>	
<p><b>Any additional information that you believe is relevant?</b></p>	

**Please return the completed form within two working days after the incident to:**  
 Corporate Services Officer, Cantilever House, Eltham Road or by email to  
[khitchen@nhs.net](mailto:khitchen@nhs.net)

Appendix II

Incident Reporting Process



\* <https://lewishamccg.datix.thirdparty.nhs.uk/Live/index.php>