

Incident Reporting Policy and Procedure (N-038)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. POLICY STATEMENT

Humber Teaching NHS Foundation Trust places the health, safety and welfare of its patients/service users, staff and visitors high amongst its priorities and is committed to maintaining safe and secure conditions throughout the organisation. It will work closely with partner organisations, where the health, safety and welfare have shared ownership, to ensure co-operation at all levels. In order to achieve this, the Trust has put in place a clinical and managerial infrastructure to support incident management, from reporting an incident to learning lessons as well as implementing solutions to prevent further harm. This work is led and co-ordinated through the Patient Safety Team. The Trust will ensure that the necessary resources are made available to support this infrastructure.

The Trust is committed to embedding a patient safety culture throughout the organisation in order to facilitate effective reporting, investigation and communication of all incident activity both internal and external to the Trust.

In order for an effective safety culture to operate, employees must be supported to report incidents that have occurred due to human error. As such, the Trust operates its incident policy in an open and fair way, adopting a no-blame culture. Action will only be taken against those individuals who have acted with reckless intent, have not followed Trust Policy or Practice Guidance, or have acted outside of their professional responsibilities.

2. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to the ongoing development of safe effective services and improved clinical and social care for its patients/service users, staff and visitors. It recognises that no health and social care environment will ever be absolutely safe and, on occasions, errors or incidents will occur. Equally it recognises that when incidents occur it is important to identify causes to ensure that lessons are learned and investigation findings are shared in order to prevent recurrence.

Trust staff must report all incidents, both actual and 'near misses', so that real opportunities for improvement and risk reduction are taken. To enable this to occur, staff must make themselves fully aware of this policy and the arrangements in place for the prompt and accurate reporting of incidents and the appropriate management of incidents. Professional staff should also ensure they comply with their own professional guidelines (e.g. General Medical Council, Nursing & Midwifery Council, Health and Care Professional Council) regarding the reporting and investigation of incidents.

Effective reporting of incidents is key element of good governance and is essential in the delivery of safe, effective, caring, well-led and responsive services. This policy sets out the process for reporting and management of clinical and non-clinical incidents, accidents and near miss events reported via the electronic incident management system (Datix). The process includes the reporting of incidents, accidents, and 'near miss' events related to patients/service users, staff, volunteers, contractors and visitors. This policy is supported by related documents, policies and procedures as listed in section 13 of this policy.

3. SCOPE

This policy applies to all permanent (clinical and non-clinical) staff, locum, agency, bank and voluntary staff and students working within the Trust.

4. DUTIES AND RESPONSIBILITIES

4.1. Chief Executive

The chief executive retains ultimate accountability for the health, safety and welfare of all service users, carers, staff and visitors; however, key tasks and responsibilities will be delegated to individuals in accordance with this policy. The chief executive will assure the Trust Board that this policy is acted on through delegation to the appropriate business units and committees.

4.2. Director of Nursing, Allied Health and Social Care Professionals

The director of nursing will ensure that this policy is acted on through delegation of responsibility for the development and implementation of the policy to the appropriate directors and committees. The director of nursing will ensure the policy; procedure and guidelines comply with UK law requirements. The director of nursing will also ensure the policy and procedures are monitored and reviewed formally through the appropriate committees, e.g. Quality Committee.

4.3. Divisional Clinical Leads and Divisional General Managers

The divisional Clinical Leads and General Managers will ensure that this policy is acted on through a process of policy dissemination and implementation in collaboration with Trust senior managers. They will support their staff through making provision for appropriate training and also in making adequate resources available to fulfil the requirements of this policy. The Clinical Leads and General Managers will review and interpret aggregated data on incidents to inform the management of risk.

4.4. Senior Managers, Managers and Clinicians

Senior managers, managers and clinicians will ensure all staff within their area of responsibility are informed about the contents of this and other associated policies and procedures and will apply this policy and procedure in a fair and equitable manner. They are responsible for ensuring that robust arrangements are in place for all incident types including this which may attract public, or media interest categorised as serious incidents and other notifiable incidents. They will support their staff through making provision for appropriate training and also in making adequate resources available to fulfil the requirements of this policy and will review and interpret aggregated data on incidents to inform the management of risk.

4.5. Employees

All employees will comply with this and any other associated policies and procedures.

4.6. Clinical Risk Management Group

The Clinical Risk Management Group (CRMG) will ensure that this policy is disseminated and applied across the Trust. The CRMG will identify and take the necessary action and reporting in respect of all serious incidents, significant events and mortality reviews in line with the National Serious Incident Framework and the Trusts policies. The CRMG will review and interpret incident reports, investigation reports and aggregated data on incidents to inform risk.

5. DEFINITIONS

Contributory factors	Contributory factors are those things that contributed to or had an influence on the incident occurring.
Datix	The Trust's electronic incident reporting and risk management software system.
Duty of Candour	A statutory, professional and contractual requirement to be open, honest and transparent both within the Trust and with the family when a notifiable patient safety incident has occurred.
Harm	A negative effect (Health Foundation, 2011)

Incident	Any event or circumstance that resulted, or could have resulted, in unnecessary harm, loss or damage – such as physical or psychological injury to a service user, staff member or visitor, environmental or reputational damage to the Trust.
Initial Incident Review Report	A detailed incident report completed within 72 hours which assesses the incident in more detail identifies and provides assurance that any necessary immediate action to ensure the safety of those affected is in place.
Patient Safety Incident	A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.
Non-patient Safety Incident	A non-patient safety incident is any unintended or unexpected incident which could have or did lead to harm to a member of staff/contractor/visitor.
Significant Event	<p>A significant event is any unintended or unexpected event, which could or did lead to harm of one or more service users. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.</p> <p>This could be in the care of patients or in the systems and processes within a service. This could be any issue, which may impact upon patient safety or affect the quality of care delivered to people who use services.</p>
Serious Incident	In health care these are events 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 our particular attention to ensure these incidents are identified correctly, investigated thoroughly and, most importantly, trigger actions that will prevent them from happening again.
Never Event	<p>A serious largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by the healthcare providers.</p> <p>The NHS Improvement Never Events Framework is available here: Revised Never Events policy and framework NHS Improvement</p>
Zero Event	Introduced by the Trust as part of the Patient Safety Plan in 2017. Local Zero Events are one approach to ensure that we are constantly striving to learn from patient safety incidents and improving the quality and safety of care we provide to our patients.
Mental Health Homicide	<p>Homicide committed by a patient in receipt of mental health services or recently discharged from services.</p> <p>The Trust's Standard Operating Procedure provides guidance to staff regarding the steps that need to be taken following the notification of an alleged homicide and can be found here: Standard Operating Procedure - Following Notification of a Mental Health Homicide SOP 22-015</p>

6. PROCEDURES

The Trust's policy on reporting adverse incidents is detailed in the following sections:

6.1. Reporting an incident

Any incident or near miss on Trust premises, or involving Trust staff must be reported within 24 hours using the online incident reporting system (Datix) available through the Trust Intranet or via the link below:

<https://datix.xvictoria.nhs.uk/datix/humber/>

The staff member who first becomes aware of an incident should:

- Ensure immediate actions are taken to prevent further harm.
- Report the event/incident to their line manager (or senior member of staff on duty).
- Consider whether any equipment, devices, medications or notes involved need to be secured (if in doubt please seek advice from your line manager).
- Report the incident electronically via the intranet or electronic shortcut on the Datix incident reporting system, within 24 hours following the incident.
- Provide a clear and factual description of the circumstances of the incident.
- Avoid recording personal opinion; the incident description should be factual.
- Avoid using abbreviations unless they are explained in the first instance.
- Ensure that the specialist services commissioner is notified within 24 hours using the 24-hour notification form and the email copied to HNF-TR.IncidentReporting@nhs.net. Details of reportable incidents can be found in Appendix 3.
- Ensure that CQC statutory reportable incidents are notified correctly. Details of CQC statutory reportable incidents can be found in Appendix 4.
- Inform the patient/service user and/or their relatives as soon as possible of the incident, advise of any treatment that may be necessary and any subsequent investigation required.
- Ensure the clinical team looking after the patient/service user is informed.
- Ensure that any incident involving a patient/service user, and the action taken, is recorded in the patients' healthcare record.

An event may only be recognised as an incident sometime after it has occurred. In such cases the member of staff to whom such evidence comes to light must report the incident as described above within 24 hours of discovery.

The DatixWeb system has been set-up using mandatory fields to collect all relevant information based on the type of incident reported in order to facilitate appropriate decision making regarding the level of investigation required.

The DatixWeb system has been set-up to provide automatic email alerts to appropriate managers each time an incident is reported.

6.2. Incident Report Requirements

The following requirements must be addressed when reporting an incident:

- All persons involved in the incident must be clearly identified on the incident report (i.e. individual patient/service user/staff/student member(s) adversely affected, staff involved in the incident itself, and witnesses to the incident).
- The 'Person in Charge' at the time and place of the incident must notify their service/senior manager/senior professional lead of all actual or suspected serious incidents which are deemed to be serious enough to require immediate attention as per the Serious Incidents and Significant Events Policy and Procedure.

- 'The Person in Charge' at the time and place of incident must contact the on-call manager if the incident occurs out of normal working hours.
- If a member of staff is concerned about the appropriateness of completion of an incident form they should contact the Patient Safety Team for advice on 01482 301776 or by email HNF-TR.IncidentReporting@nhs.net.

6.3. Patient Safety Incidents

A patient safety incident is defined as 'any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.' All patient safety incidents should be reported and managed in accordance with this policy.

Patient safety incidents will be reported through the Patient Safety Incident Form held on the Datix system which can be accessed through the Trust intranet or the following link:
https://datix.xvictoria.nhs.uk/datix/live/index.php?module=INC&form_id=17.

6.4. Non-Patient Safety Incidents

A non-patient safety incident is defined as 'any unintended or unexpected incident which could have or did lead to harm to a member of staff/contractor/visitor.' All non-patient safety incidents should be reported and managed in accordance with this policy.

Non-patient safety incidents will be reported through the Non-Patient Safety Incident Form held on the Datix system which can be accessed through the Trust intranet or the following link:
https://datix.xvictoria.nhs.uk/datix/live/index.php?module=INC&form_id=15.

6.5. RIDDOR Reportable Incidents

Health and safety incidents where members of staff have been injured can sometimes meet the requirements for reporting under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences that may have resulted in death, major injury or dangerous occurrence.

Where such an incident has occurred, a non-patient safety incident form should be completed on Datix and the RIDDOR reportable field completed to enable further investigation. Major injuries and accidents resulting in an absence of more than seven days (including days not normally worked) or where the employee cannot fulfil their normal range of duties will be reportable using the link on the system to the RIDDOR forms that MUST be completed within 15 days to the Health and Safety Executive (HSE). Please can the author download a copy of the RIDDOR form at the point of submission and once an email has been received please forward this to the Safety Team. Advice can be obtained from the Safety Team on 01482 477861 or 01482 477859.

6.6. Medicines Management/ Medical Device Incidents

All incidents related to medicines or medical devices must be reported via the Trust incident reporting system.

The term 'medical device' covers all products used in healthcare for diagnosis, prevention, monitoring or treatment of illness or disability. The specified form for reporting of medicines and medical device incidents can be found below or accessed through the Trust intranet.
https://datix.xvictoria.nhs.uk/datix/live/index.php?module=INC&form_id=13

6.7. Safeguarding Children Incidents

When it is suspected that a child that is not your identified patient is at risk of or has suffered significant harm, a referral should be made to Children's Social Care as per the Trust Safeguarding Children Policy and it must be reported via the Trust incident reporting system. A copy of the

safeguarding referral form must be added to the incident record on Datix and must be forwarded to the Trust Safeguarding Team.

The specified form for reporting of safeguarding children's incidents can be found below or accessed through the Trust intranet.

https://datix.xvictoria.nhs.uk/datix/live/index.php?module=INC&form_id=16

6.8. Death of a Patient

In line with the National Quality Board guidance on Learning from Deaths the Trust will identify, report, investigate and learn from a patient's death.

When a notification of a patient death has been received it must be reported via the Trust incident reporting system.

The specified form for reporting of patient death incidents can be found below or accessed through the Trust intranet.

https://datix.xvictoria.nhs.uk/datix/live/index.php?module=INC&form_id=18

In cases where the patient who has died has a diagnosis of a learning disability the death will be reported through the LeDer portal for consideration for a LeDer review.

For further information please refer to the Trust Mortality Governance: Learning from Deaths of Patients in our Care Policy which can be accessed at the following link:

<https://intranet.humber.nhs.uk/learning-from-deaths-of-patients-in-our-care-policy.htm>

6.9. Information Governance Breach Reportable Incidents

Incidents where an information governance breach may have occurred can sometimes meet the requirements for reporting under the General Data Protection Regulation (GDPR) as implemented by the UK Data Protection Act 2018. This places a duty on all organisations to report certain types of personal data breach within 72 hours to the relevant supervisory authority.

Where such an incident is thought to have occurred, a patient safety incident form (where patient data is concerned) or a non-patient safety incident form (where staff or visitors' data is concerned) should be completed and the information governance reportable field completed to enable further investigation. Please include as much detail as possible about the incident and type of data involved and any action that has been taken to remedy the IG Breach. Advice can be obtained from the Information Governance Department.

6.10. Incident Grading

All incidents reported will be scored in terms of the level of harm caused. Reporting of degree of harm is intended to record the actual degree of harm suffered by the patient, member of staff or member of the public or organisation (i.e. organisational reputational damage). Explanation of the incident grading categories used within the Trust can be found below:

Near miss	Any patient safety incident that had the potential to cause harm but was prevented and so no harm was caused.
No harm	Impact not prevented – any incident that ran to completion but no harm occurred to people or the organisation.
Low	Any incident that caused minimal harm, to one or more persons/the organisation requiring extra observation/minor treatment/minor management actions to be undertaken.

Moderate	Any incident which caused significant but not permanent harm or short-term harm, to one or more persons or the organisation that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, transfer to another area or short-term management actions required.
Severe	Any incident that appears to have resulted in permanent harm or long-term harm one or more persons; significant management actions required in relation to minimising organisational reputation risk.
Death	Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

If information is received subsequent to submitting an incident report which may affect the grading or description of events (e.g. injuries or damage subsequently detected, or deterioration in patient/client's condition) this must be recorded on Datix, either by the incident handler (manager) or reported to the system administrator, by contacting contact the Patient Safety Team on 01482 301776 or by email HNF-TR.IncidentReporting@nhs.net who will amend the record accordingly.

6.11. Supporting staff involved in an Incident

Staff may suffer high levels of stress immediately after an incident. It is imperative, to maintain both staff wellbeing and service user safety and support staff throughout the process. Following an incident where a member of staff has been affected, the line manager should provide support and consider follow up action that may include:

- Formal/informal debriefing and support of staff individually or as a group
- Make staff aware of services provided by Occupational Health and the staff counselling service
- If the staff member is unable to attend work as a result of the incident, the absence should be managed in accordance with the Trust's Policy on Managing Attendance at Work.

For further information please refer to the Trust Supporting Staff Following the Death of a Patient protocol which can be accessed at [this link](#).

6.12. Raising Concerns

There are times at which service users do not feel confident in the care and treatment they are receiving. At these times service users may report incidents or alleged incidents. Whilst the incident reporting process should be used in the first instance, service users, families and carers can also be advised to use the compliments reporting tool within Datix hosted on the Trust intranet, or to contact the Patient Advice and Liaison Service on 01482 303966 or via email HNF-TR.PALS@nhs.net to raise concerns about care and treatment received.

If staff members have concerns, there may be occasions when they do not have the confidence to report issues directly through their line management structure. In these instances, staff should be aware that the Trust has a system in place to support individuals to be able to safely speak up. If staff do not feel that they can raise an issue with a member of the management team they can contact the Freedom to Speak up Guardian on 01482 389135 or via email HNF-TR.SpeakUp@nhs.net.

For further information please refer to the Trust Freedom to Speak Up (Raising Concerns) procedure which can be accessed at [this link](#).

6.13. Duty of Candour

Every day people are treated safely within the Trust, however occasionally things can go wrong and people are harmed within the organisation or people harm themselves, which can result in

moderate, severe harm or death. It is important that when incidents occur that healthcare staff communicate openly with the patient and or relatives/carers.

The Trust seeks to promote a culture of openness, which is a pre-requisite for improving patient safety and the quality of healthcare systems. There should be a timely investigation into all moderate harm, or above incidents. The patient and where appropriate their family or carer must be verbally notified of the incident and investigation as soon as practically possible by a nominated Trust representative.

For further information, please refer to the Trust Duty of Candour Policy which can be accessed at [this link](#).

6.14. Incident Review Daily Meeting / Corporate Safety Huddle

The incident review meeting is held daily (Monday-Friday). The meeting is attended by the patient safety team and safeguarding team as a minimum and a range of other professionals attend by open invite.

The role of the IR meeting is to:

- Review all patient safety incidents submitted over the preceding 24 hours (72 hours following weekends). The incident severity level and category is reviewed and where required amended in line with National Reporting and Learning System (NRLS) guidance
- Identify incidents potentially meeting the SI threshold and escalate to the Director of Nursing/Medical Director
- Commission the completion of initial incident review reports for completion within 72 hours

6.15. Investigating Reported Incidents

Incident reports submitted on-line will automatically be forwarded to the allocated handler (manager) for review. The manager reviewing the incident report should ensure that all relevant information has been accurately recorded. The Datix investigation should be brief and specific. If a more thorough investigation is required into the incident this will be decided via escalation through the CRMG.

6.15.1. Investigation Process

- Incidents will be allocated a 'handler' on Datix, who will be the line manager of the incident reporter and will have responsibility for investigation of the incident and closure.
- If a Handler is of the view that they should not have responsibility for management of an incident, they should liaise with the appropriate manager to seek agreement for them to take on the role of handler and reallocate the incident accordingly.
- Some investigations will require input from two or more service areas, or from specific departments, and in these cases, managers should decide together how they are going to proceed.
- Medicine-related incidents are reviewed by the medication safety officer. The root cause analyses and actions carried out by the line managers of the persons reporting medicine related adverse incidents are reviewed.
- Information governance-related incidents are reviewed by the Information Governance Team and subsequently scored against the breach assessment grid to identify if notification to the Information Commissioners Office is necessary.
- Further enquiries, investigations and actions will be carried out when necessary to mitigate against the risk of similar incidents.
- Any specific actions including required timescales will be directed by the statutory or regulatory body the incident has been reported to.
- The handler will complete this initial investigation process within 10 days of the incident being reported on Datix.

The appropriate handler for investigation will be determined by the level of harm.

Near Miss	<ul style="list-style-type: none"> • Datix incident review and necessary investigation completed. • Investigation and incident completion will be undertaken by team member/team manager responsible for incident investigation on the ward/unit/team or with professional responsibility for individual who reporting the incident.
No harm	<ul style="list-style-type: none"> • Datix incident review and necessary investigation completed. • Investigation and incident completion will be undertaken by team member/team manager responsible for incident investigation on the ward/unit/team or with professional responsibility for individual who reporting the incident.
Low	<ul style="list-style-type: none"> • Datix incident review and necessary investigation completed. • Investigation and incident completion will be undertaken by team member/team manager responsible for incident investigation on the ward/unit/team or with professional responsibility for individual who reporting the incident.
Moderate	<ul style="list-style-type: none"> • Datix incident review and necessary investigation completed. • Investigation and incident completion will be undertaken by team manager/service manager responsible for incident investigation on the ward/unit/team or with professional responsibility for individual who reported the incident. • Alternatively, should the incident be deemed significant following review, it will be referred for consideration to escalate to a SEA investigation which would be undertaken by the service manager. • Statutory Duty of Candour would also apply to incidents of moderate severity, where the person affected/ family would be invited to participate in the investigation process, given a verbal and written apology following the incident and met with to discuss any investigation findings when available.
Severe	<ul style="list-style-type: none"> • Incident investigated as an SEA or Serious Incident as per the Serious Incident and SEA Policy and Procedure and assigned for investigation by the service manager responsible for the area in which the incident occurred or for the staff involved in the incident, or assigned to another experienced senior member of Trust staff for investigation. • Statutory Duty of Candour would also apply to incidents with severity, rating of severe, where the person affected/family would be invited to participate in the investigation process, given a verbal and written apology following the incident and met with to discuss any investigation findings when available.
Death	<ul style="list-style-type: none"> • In circumstances where incidents are found to have directly resulted in death, a Serious Incident investigation will be undertaken as per the Serious Incident and SEA Policy and Procedure and will be assigned to and the service manager responsible for the area in which the incident occurred or for the staff involved in the incident or another experienced senior member of Trust staff. • Duty of Candour would also apply to incidents resulting in death, where the family/carers of the patient would be included in the

	investigation process and given a verbal apology following the incident and met with to discuss any investigation findings when available.
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6.15.2. Witness Statements

Witness statements (please see Appendix 2) may be provided by anyone who witnesses the incident. Statements must be signed and dated. Original statements should be forwarded to the Patient Safety Team, using email address HNF-TR.IncidentReporting@nhs.net with the incident report form or at a later date if this is not possible.

6.15.3. Patient/Client Records

Patient/client record entries relevant to the incident should be retained within the patient/clients’ records. Copies of any relevant entries should **not** be attached to the incident entry held on the Datix system.

6.16. Datix Incident Management

Managers/handlers may amend incident reports if there are errors or inadequacies in the report provided, for example:

- The description of the incident is factually incorrect
- The description of the incident does not provide adequate information
- There are grammatical/typographic errors
- Names of service users or staff have been included in free text fields

Any material amendments (e.g. description of incident) must be discussed and agreed with the member of staff who reported the incident. N.B: The Datix system has an audit trail function which identifies amendments made, when and by whom.

Following completion of the incident investigation, staff charged with investigation of incidents must access Datix and review the initial level of harm rating and amend, as necessary, to reflect more accurately the impact of the incident on the individuals concerned or the organisation. It is essential that ‘action taken to prevent recurrence’, ‘lessons learned’, and incident closure is recorded on Datix.

Any manager with investigations into incidents that are overdue on Datix will receive a weekly reminder email until the overdue investigation is completed.

6.17. Learning, Feedback and Support for Staff

6.17.1. Disseminating Learning/ Feedback

The investigation of incidents and ‘near misses’ must be thorough and comprehensive to ensure causes are identified and remedial action taken. It is important that the Trust learns from incidents that occur and the follow actions must be taken at relevant levels within the organisation to ensure learning from incidents is appropriately disseminated:

Divisions	Must ensure that they have a system in place to identify and share learning, for example, by including this issue as a standing item on the agenda of ward/department/sub-directorate and directorate governance meetings.
Divisional Teams	Must review incidents as part of their internal governance arrangements so that they can work together to consider how to improve systems and processes. Where Trust-wide learning has

	been identified, it is the responsibility of the member of staff leading the investigation to ensure that this is communicated to the appropriate managers/departments.
Senior Managers	Communication and notification of incidents across the Trust can be produced from Datix and will be provided to senior managers on a regular basis. Teams are also encouraged to access this information.
Incident Reporters	The staff member who has led the incident investigation must ensure that appropriate feedback is provided to the person who reported the incident and any other staff involved (bearing in mind any staff confidentiality issues). In particular, staff who may have been involved in an error should be provided with appropriate support and, if necessary, training to improve their practice. Where a system error has been identified, staff should be advised of action being taken to improve systems to prevent recurrence.
Working Groups	Working groups with corporate responsibility for specific areas of risk will also consider incident reports relevant to their area of responsibility to review trends and recommend and monitor action required.

6.18. Practice Capability

Where incidents highlight serious concerns regarding the behaviour or practice of Trust employed professional staff, the Trust's medical director/director of nursing will be responsible for reporting to relevant appropriate professional bodies.

Where a member of staff who is employed via an agency/contractor is involved in an incident whilst working in Trust facilities, it is the responsibility of their employer to report as appropriate to relevant professional bodies. However, the appropriate Trust manager must ensure that any concerns are highlighted immediately to the employing agency/contractor.

7. EQUALITY AND DIVERSITY

An equality and diversity impact assessment has been carried out on this document using the Trust-approved EIA. This does not highlight any concerns.

8. IMPLEMENTATION

This policy will be disseminated by the method described in the document control policy. Training will be available for all Trust employees via the Patient Safety Team to support the implementation of this policy.

9. MONITORING AND AUDIT

The Clinical Risk Management Group (CRMG) will monitor the compliance with this policy.

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Legislation

- Data Protection Act (1998)
- Mental Capacity Act (2005)

National Guidance

NHS Improvement Revised Never Events Policy and Framework

NHS Improvement (2015), Serious Incident Framework,

NHSi A Just Culture Guide Guidance Documentation

National Advisory Group on the Safety of Patients in England (2013) A Promise to learn - a commitment to act - improving the Safety of Patients in England

DH (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

CQC Essential Standards on Quality & Safety

CQC (2016) Learning, Candour and Accountability

DH (2006) Safety First

DH (2008) High Quality Care For All: NHS next stage review final report

DH (2006) Memorandum of Understanding – Investigating Patient Safety Incidents involving unexpected death or serious harm: protocol for liaison and effective communications between the

National Health Service, Association of Chief Police Officers and Health and Safety Executive

Health and Safety Commission (2013) Management of Health and Safety at Work Regulations

Health and Safety Executive (2013) Reporting of Injuries, Diseases and Dangerous Occurrence Regulations

11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Humber Teaching NHS Foundation Trust Serious Incidents and Significant Events Policy and Procedure

Humber Teaching NHS Foundation Trust Duty of Candour Policy and Procedure; Communicating with Patients and/or their Relatives/ Carers following a Patient Safety Incident.

Humber Teaching NHS Foundation Trust Freedom to Speak Up (Raising Concerns) Procedure

Humber Teaching NHS Foundation Trust Supporting Staff Following the Death of a Patient Protocol

Humber Teaching NHS Foundation Trust Managing Sickness Absence Policy

Humber Teaching NHS Foundation Trust Medicines Optimisation Policy

Humber Teaching NHS Foundation Trust Safeguarding Children Policy

Humber Teaching NHS Foundation Trust Duty of candour policy

Humber Teaching NHS Foundation Trust Mortality Governance: Learning from Deaths of Patients in our Care Policy and Procedure

Appendix 1: Incident Flowchart



Appendix 2: Witness Statement

Witness Statement

Name		Date of Incident	
Job Title		Web/NYR/SI/SEA number (if known)	
Type of Incident			
What Happened? <i>Provide a description of the incident you saw, who was involved, who was also present and what happened, including who did what and where the incident happened.</i>			
Signature		Date	

Appendix 3: Specialist Commissioning Reportable Incidents

Specialist Commissioning Reportable Incidents

A1	Escape	A detained patient escapes from a unit/hospital if he or she unlawfully gains liberty by breaching the secure perimeter that is outside the wall, fence reception or declared boundary of that unit.	A full patient and perimeter check has been completed and patient is unaccounted for.
A2	Abscond involving force or weapons.	Abscond where a patient unlawfully gains liberty during escorted leave of absence outside of the perimeter of the originating hospital by breaking away from the custody/supervision staff.	Patient uses force/violence/weapons against escorts/public to effort absconding
A3	Hostage taking	An individual/group is held by captor(s).	Within or external to the unit/hospital.
A4	Serious sexual assault	This may include an allegation of rape, where genital, oral or anal penetration by part of accused body or by an object using force and without the victim's consent.	Where it is immediately reasonable to determine that a sexual assault has/may have taken place necessitating immediate police forensic and investigative involvement. Safeguarding issues to be implemented.
A5	Major concerted indiscipline	A disturbance involving two or more patients resulting in violence, damage or destruction.	E.g. Sit-in protest involving violent behaviour, group assault, barricade where multiple patients may be involved etc.
A6	Roof top disturbance	Where more than one patient is on the roof for any length of time or where one patient is on the roof for over 30 minutes.	
A7	Major fire	Major fire leading to widespread loss of property or considerable spread of fire from source of ignition.	Requiring action from the fire service to control.

A8	Major loss of service	Unplanned loss of buildings or services or loss of service causing major disruption.	Loss of ability to maintain security and/or deliver patient care.
A9	Major key compromise	The permanent or long-term compromise of any personally allocated or centrally controlled security key.	E.g. the loss or of staff personal security keys that results in the need for total or partial re-locking of the service.
A10	Death	Unexpected or expected.	Where potential suicide, homicide or as a result of a known or unknown physical condition.
B2	Abscond where harm ensues	A patient unlawfully gains liberty during escorted leave of absence outside the perimeter of the originating unit/hospital by breaking away from the custody/supervision of staff.	A clear attempt at evading escorting staff where control of the escort is lost and the patient remains at liberty. Whilst at liberty the patient engages in behaviour that results in harm to self and/or others or significant property damage.
B7	Serious fire	Fire at any part of the hospital that causes serious damage.	Serious damage that requires action from the fire service. May cause some disruption to service provision but not requiring the removal of patients
B8	Serious disruption to service	The partial loss or significant restriction of buildings or services.	Where temporary additional operational controls or contingency/business continuity plans are required. This would include any incident serious enough to require the assistance of any external agency (e.g. the police).
B10	Key making	Evidence of attempts to make any type of key	
B11	Attempted suicide	An attempt which has been assessed by clinical staff as genuine by a patient to take their own life.	Where, as a consequence, the patient may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter.
B12	Serious self-harm where serious injury is sustained	Where it has been assessed that there was not a deliberate attempt to commit suicide but where deliberate self-injury has been caused to the body	Where the patient immediately requires a significant level of local intervention and/or requires medical treatment outside the hospital perimeter.

		requiring significant intervention or medical treatment.	
B13	Serious assault	Assault with weapon or attack where there is the clear potential to seriously injure or endanger life.	Where, as a consequence the victim may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter.
B14	Serious accident or injury	Any event that results in injury or ill health or harm.	Where, as a consequence the injured person may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter.
B15	Unexplained serious injury	Serious injury to a patient which cannot be readily explained.	Where, as a consequence the patient requires a significant level of local intervention and/or requires medical treatment outside the hospital perimeter.
B17	Weapon making where serious threat is posed	The discovery of weapons or evidence of weapon manufacture where serious threat is posed.	Weapons may be 'home-made' or otherwise
B18	Security breach	A serious failure of perimeter security or a failure of internal security where patient(s) have taken advantage of that failure.	E.g. where a perimeter gate is left unlocked although there is no breach or where an internal security door is door left open and a patient gains access.
B20	Serious allegations against staff where there is sufficient evidence to warrant investigation.	Any serious allegation against staff related to their behaviour or care of patients where there is sufficient evidence to warrant investigation.	May include allegations of abuse or neglect, fraud or inappropriate behaviour requiring further investigation.
B21	Serious medication error	Wrongful administration of medication which has a significant impact on the patient and has the potential either to do irreparable harm or to be life threatening.	Patient requires medical treatment or intervention or is hospitalised.
B22	Serious breach of confidentiality	Breach of patient or organisational confidentiality.	Where this is done either intentionally or unintentionally.

B23	Loss of data	Loss of clinical and/or organisational information.	Where no back up exists or where the information is physically lost and may fall into the public domain.
B24	Serious or unexplained outbreaks of healthcare acquired infections	Serious or unexplained hospital-acquired infection.	Including MRSA, Clostridium difficile, hepatitis infections which are contracted within the hospital or outbreaks of infection.
B25	Abscond or absent without official leave (awol)	<ul style="list-style-type: none"> Any abscond or absence without leave when that absence occurs over midnight on any day. Any abscond or absence that causes the clinical team significant concern. 	Services should report the incident as soon as possible after the incident is noted but not to the detriment of taking necessary actions to deal with the incidents on a practical level. Only one notification is required to report a notification that extends over more than one day.
B26	Near miss	A near miss is defined as any incident where the contributory causes are serious and under different circumstances may have led to serious injury, major permanent harm or unexpected death without actual harm occurring.	Near miss incidents should be linked to the definitions specified as 'serious' in this document and offer services the opportunity to learn.

Appendix 4: Incidents that Require CQC Statutory Notifications

Incidents that Require CQC Statutory Notifications

Events that require Statutory Notification	How we notify CQC	Other actions required (and responsible team)
<p>Under 18 Admission</p> <p>Any under 18 admitted to an adult in-patient unit</p> <p>Under 18 presenting at the 136 Suite, Miranda House)</p>	<ul style="list-style-type: none"> Unit to contact Governance Team who will complete CQC notification form HNF-TR.CQC@nhs.net <p><i>Under 18 presenting at the 136 Suite, Miranda House do not need CQC notification, but the Governance team must be informed via the in-house form</i></p>	<p>Unit or Team</p> <ul style="list-style-type: none"> Datix to be completed in usual manner ensuring coded under Admission/Admission of minor Safeguarding to informed via email and verbal phone call to ensure aware <p>Governance Team</p> <ul style="list-style-type: none"> Log information on notification tracker and ensure relevant managers informed
<p>AWOL</p> <p>Any patient going AWOL from Secure Services</p> <p>* please note if patient has returned immediately this can be completed on the same notification</p>	<ul style="list-style-type: none"> CQC to be notified via the CQC Portal (Governance Team) Contact HNF-TR.CQC@nhs.net and the Governance Team will assist with notification 	<p>Unit or Team</p> <ul style="list-style-type: none"> Datix to be completed in the usual manner <p>Governance Team</p> <ul style="list-style-type: none"> Log information on notification Tracker and ensure relevant managers informed
<p>AWOL Return</p> <p>Any return of AWOL from Secure Services</p>	<ul style="list-style-type: none"> CQC to be notified via the CQC Portal (Governance Team) Any queries contact HNF-TR.CQC@nhs.net and the Governance team will assist with notification 	<p>Unit Staff</p> <ul style="list-style-type: none"> Notify the Trust Governance Team <p>Governance Team</p> <ul style="list-style-type: none"> Log information on notification tracker and ensure relevant managers informed
<p>Death of Detained Patient</p> <p>Any death of a detained/CTO/DOLs patient</p>	<ul style="list-style-type: none"> CQC to be notified via the CQC Portal by MHLT (group log in) unless notified through NRLS Any queries contact HNF-TR.CQC@nhs.net and the Governance Team will assist with notification 	<p>MHL Team Staff</p> <ul style="list-style-type: none"> Send notification reference through to HNF-TR.CQC@nhs.net Datix to be completed in usual manner <p>Governance Team</p> <p>Log information on notification tracker and ensure relevant managers informed</p>

Events that require Statutory Notification	How we notify CQC	Other actions required (and responsible team)
DOLs	<ul style="list-style-type: none"> MHLT to complete DOLs application and forward to CQC 	MHLT Inform Governance team via HNF-TR.CQC@nhs.net Governance Team Log information on notification tracker and ensure relevant managers informed
Other Deaths Certain deaths of persons using the service	<ul style="list-style-type: none"> CQC will be notified via the NRLS system Datix to be completed in usual manner which will populate NRLS notification 	Team/Unit/Ward Datix to be completed in usual manner Datix Team Notify HNF-TR.CQC@nhs.net when Datix uploaded to NRLS Governance Team Log information on notification tracker and ensure relevant managers informed
Allegations of Abuse	<ul style="list-style-type: none"> CQC will be notified via the NRLS system Datix to be completed in usual manner which will populate NRLS notification 	Team/Unit Datix to be completed in usual manner Datix Team Notify HNF-TR.CQC@nhs.net when Datix uploaded to NRLS Governance Team Log information on notification tracker and ensure relevant managers informed
Events that Stop the Service Events that stop or may stop the service from running properly	<ul style="list-style-type: none"> CQC will be notified via the NRLS system Datix to be completed in usual manner which will populate NRLS notification 	Team/Unit Datix to be completed in usual manner Datix Team Notify HNF-TR.CQC@nhs.net when Datix uploaded to NRLS Governance Team Log information on notification tracker and ensure relevant managers informed

Events that require Statutory Notification	How we notify CQC	Other actions required (and responsible team)
<p>Serious Injuries Serious injuries to people who use the regulated activity</p>	<ul style="list-style-type: none"> • CQC will be notified via the NRLS system • Datix to be completed in usual manner which will populate NRLS notification 	<p>Team/Unit Datix to be completed in usual manner Datix Team Notify HNF-TR.CQC@nhs.net when Datix uploaded to NRLS Governance Team Log information on notification tracker and ensure relevant managers informed</p>

Appendix 5: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	To inform the reporting and investigation process related to patient incidents.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	Mar-19	Health and Safety Team	
	Mar-19	Patient Safety Team	
	Mar-19	IG Team	
	Aug-22	Clinical Risk Management Group	
	Aug-22	QPAS	
Approving Committee: (V2)	QPAS Committee	Date of Approval:	9 May 2017
Ratified at:	Trust Board	Date of Ratification:	May 2017
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	A rolling programme of half-day Datix training is provided by the Patient Safety Team along with individual support as required.	Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>] Rationale:
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	The policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy		
Monitoring and Compliance:	Clinical Risk Management Group (CRMG) will monitor the compliance with this policy.		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0		March 2017	Initial draft
1.1		April 2017	Additional Information
2.0		May 2017	Updated incident grading
2.1	Review	July 2019	Clarified reporting process requirements Further details regarding RIDDOR reportable incidents Further details regarding Safeguarding Children incidents, Information Governance breaches and death of a patient Details regarding the daily Incident Review Meeting
2.2	Review	Aug-22	Reviewed with minor changes Approved QPaS (director sign off - 18-Aug-22)

Appendix 6: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Incident Reporting Policy and Procedure**
2. EIA Reviewer: **Su Davis, Clinical Governance Manager, Trust HQ, 01482 389135**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service
To inform the reporting and investigation process related to patient safety incidents.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

The Incident Reporting Policy and Procedure will impact upon the incident reporting process as opposed to individuals directly. The policy will be adopted system-wide within the Trust and is applicable to all members of staff. The incident reporting and investigating procedures detailed within the policy will be applied unilaterally across the organisation.	
EIA Reviewer: Oliver Sims. Corporate Risk and Compliance Manager	
Date completed: 29/09/2022	Signature: O Sims