



**South Warwickshire**  
Clinical Commissioning Group

# Incident Reporting Policy

## VERSION CONTROL

<b>Version:</b>	2.0
<b>Ratified by:</b>	Governing Body
<b>Date ratified:</b>	19 March 2014
<b>Name of originator/author:</b>	Bernadette Jacques, Arden Commissioning Support
<b>Name of responsible committee:</b>	Clinical Quality and Governance Committee
<b>Date issued:</b>	19 March 2014
<b>Review date:</b>	September 2021

## VERSION HISTORY

<b>Date</b>	<b>Version</b>	<b>Comment / Update</b>
26/01/2013	0.1	Initial draft (CSU)
01/07/2013	0.2	Minor amendments/corrections (CSU)
10/12/2013	0.3	Version with amendments following review by Maria Maltby and Anna Burns
19/03/14	1.0	Version approved by Governing Body. Compliance and Monitoring section inserted.
13/07/2018	1.1	Reviewed by Claire Jones – SWCCG. Amendments made to: <ul style="list-style-type: none"><li>• incorporate Information Governance Breach reporting process following introduction of General Data Protection Regulations and Data Protection Act 2018;</li><li>• update job titles;</li><li>• update organisation/agency and document names and hyperlinks.</li></ul>
25/07/2018	1.1	Reviewed by Clinical Quality and Governance Committee
19/09/2018	2.0	Approved by Governing Body

## Contents

1. Policy Statement .....	4
2. Scope.....	4
3. A Commitment to a Fair and Open Culture .....	5
4. Definitions .....	5
5. Roles, Responsibilities and Accountabilities .....	6
6. Procedure for Incident reporting .....	7
7. Guidance for Investigating Incidents .....	8
8. Sharing of Lessons Learned.....	8
9. Monitoring Compliance and Effectiveness of the Policy .....	8
10. References and Further Reading.....	8
Appendix 1 – Incident Reporting Form.....	10
Appendix 2 - Risk Assessment Matrix.....	14
Appendix 3 - Information Governance Breach reporting process .....	15

# 1. Policy Statement

- 1.1. NHS South Warwickshire Clinical Commissioning Group (the CCG) aims to ensure that all kinds of risks are minimised for the protection of patients, staff, visitors, contractors and services through effective management of risks. These include clinical, financial, health and safety and environmental risks.
- 1.2. The purpose of the policy and procedure is to outline the arrangements for identifying, managing, investigating and reporting accidents, incidents and near misses (hereafter referred to as incidents) within the CCG.
- 1.3. The reporting of all incidents is designed to ensure the following:
  - A culture of openness in reporting incidents;
  - Prompt and precise gathering of information;
  - Prompt communication with staff and where appropriate the media;
  - Minimisation of distress to those affected by an incident;
  - Identification of patterns and trends in the occurrence of incidents and prevented incidents (near-misses);
  - Minimise, so far as is reasonably practicable, future risk by taking prompt and appropriate preventive action and ongoing monitoring;
  - Early warning of potential litigation and cost impact;
  - Fulfilment of the CCG's legal duties under statutory regulations including RIDDOR 1995, The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 1.4. The CCG is committed to promoting equality in all of our responsibilities – as commissioner of services, as a partner in the local economy and as an employer. This policy and procedure will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

# 2. Scope

- 2.1. This policy and procedure applies to all staff directly employed by the CCG. The policy and procedure is designed to ensure that all CCG staff have a clear understanding of their responsibilities and respond appropriately and effectively to reporting incidents.
- 2.2. This policy and procedure does not apply to commissioned services (providers of NHS care and support services) including independent contractors. Incidents occurring in NHS provider organisations should be reported and investigated internally in accordance with that provider organisation's policy and procedures. This is in line with Health and Safety legislation, NHS Improvement and requirements of relevant regulatory bodies eg, the Medicines and Healthcare products Regulatory Agency (MHRA). Where regulated activities take place, registration with the Care Quality Commission and compliance with Essential Standards of Quality and Safety are required. However, independent contractors and managers of contracted services must notify the CCG of:
  - All serious incidents in line with the Serious Incident Requiring Investigation framework;

- All significant trends in incidents or adverse events;
- Incidents or adverse events with significant learning opportunities for other independent contractors;
- Any serious incident that in the reasonable opinion of the contractor affects or is likely to affect the contractor's performance of its obligations as outlined in the contract for the service.

### 3. A Commitment to a Fair and Open Culture

- 3.1. An incident, however serious, is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including, process problems, human error, individual behaviour and lack of knowledge or skills. Learning from such incidents can only take place when they are reported and investigated in a positive, open and structured way.
- 3.2. Determining safe practice is an important part of successful risk management. Moving away from punishing errors to learning from them will promote a fair and open culture and safe practice throughout the organisation. This will enable the CCG to identify trends and take positive action to prevent the error or adverse incident from happening again.
- 3.3. To promote a fair and open culture and encourage the reporting of incidents, the CCG will take a non-punitive approach to those incidents it investigates unless there is evidence of gross professional or gross personal misconduct; repeated breaches of acceptable behaviour or protocol; or an incident that results in a police investigation. This commitment is underpinned by the CCG's Whistleblowing Policy which provides a system where staff have the opportunity to raise concerns without fear of suffering any adverse consequences as a result.
- 3.4. The CCG has an open approach when patients, relatives and carers have suffered harm as a result of an incident. In accordance with the NHS Duty of Candour will ensure they are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported through this process and in dealing with any consequences.

### 4. Definitions

- 4.1. **Incident** – any accident, event or circumstance that could or did lead to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation's ability to achieve its objectives. It may be single or multiple caused by unsafe acts, unsafe conditions or both.
- 4.2. **Near-miss** – An event that has the potential to cause harm or was prevented from causing harm to one or more individuals, damage to property, a security breach or confidentiality breach. Changes in procedures, processes and systems may be required to prevent harm.
- 4.3. **Non clinical Incident** - An event or omission that causes loss in any way for the organisation; physical or psychological injury to staff, visitors, members of the public. An incident could relate to one or more of the following:
  - Physical or verbal aggression;
  - Security issue (including vandalism, property loss or damage);
  - Fire or fire alarm activations;
  - Equipment;
  - Falls;
  - COSHH (Care of Substances Hazardous to Health);

- Vehicles;
  - Breach of confidentiality;
  - Failure to maintain professional registration.
- 4.4. **Serious Incident (SI)** - an accident or incident where a patient, member of staff or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either premises where health care is provided, or whilst in receipt of health care, or where actions of health service staff are likely to cause significant public, legal or media interest and may result in a loss of the CCG's reputation or assets.
- 4.5. **Serious Incident in relation to Personal Identifiable Data** - There is no simple definition of a serious incident. What may first appear to be of minor importance may, on further investigation, be found to be serious or vice versa. As a guide any incident involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impact on individuals should be considered as a SI. Further guidance can be found in the CCG's Serious Incident Reporting and Management Policy and Procedure and Information Governance Serious Incident Policy

## 5. Roles, Responsibilities and Accountabilities

- 5.1. The **Chief Officer** has accountability for ensuring that the CCG has the necessary management systems in place to enable the effective management and implementation of all risk management and governance systems including the reporting, management and investigation of incidents.
- 5.2. The **Chief Nurse** is the lead for quality and safety and is accountable for implementing an effective system for managing all incidents.
- 5.3. The **Corporate Governance Manager** is responsible for writing and implementing the policy and monitoring its effectiveness. They will ensure that the policy is adhered to.
- 5.4. **All Staff** have a responsibility to report incidents in accordance with the procedure outlined in this document. Staff must receive appropriate training in respect of incident reporting. The level of training will be appropriate with their respective responsibilities and duties and arranged via local induction and ongoing training.
- 5.5. The **Clinical Quality and Governance Committee** will receive and review incident reports to ensure that risk management issues have been addressed and to ensure that recommendations for improvements are implemented to reduce risk.

## 6. Procedure for Incident reporting

- 6.1. The immediate priority for all staff in the case of an incident is to take steps necessary to secure the safety of the staff member and other people involved. Prompt action must be initiated to prevent a reoccurrence of any incident or to minimise the risk of a near miss or potential incident from materialising into an actual incident. The type of immediate action required varies according to the nature of the occurrence. Action may include:
  - Administering first-aid (where qualified to do so);
  - Taking a faulty piece of equipment out of action;
  - Closing a workplace until repairs can be effected;
  - Changing a working practice to prevent re-occurrence.
- 6.2. It is the responsibility of all staff to report an incident within 48 hours (or 24 hours if serious or an information governance breach). The line manager should also be notified of the incident and, in the case of information governance breaches, the Data Protection Officer and Corporate Governance Manager must also be informed of the incident as detailed in the Information Governance Breach reporting process (**Appendix 3**).
- 6.3. The incident reporting form ([Appendix 1](#)) should be used to report and investigate incidents. An electronic version of this form can be found on the CCG's shared drive.
- 6.4. The incident form should be used to report the facts of the incident, not opinion, as comprehensively as possible using further sheets appended and secured to the form if required. The member of staff involved in the incident, or someone who notices it, should complete the form. Only one form should be completed. Any remedial action that is undertaken or planned should be noted on the form.
- 6.5. Serious incidents must be reported in accordance with the CCG's Serious Incident Policy and Procedure.
- 6.6. All incidents will be logged onto the incident log. Once an incident is logged an appropriate individual will be allocated to lead an investigation.
- 6.7. All incidents should be risk assessed by the investigating manager using the matrix set out in [Appendix 2](#), taking advice from internal specialist staff dependant on the nature of the incident.
- 6.8. Once an investigation has concluded the results and any actions and lessons learned must be recorded. It is the responsibility of the investigating manager to ensure that adequate feedback has been given to the person reporting the incident.
- 6.9. An incident may only be closed when authorised by the CCG's Chief Nurse.
- 6.10. Investigations will vary in terms of their complexity, but are important for the purposes of:
  - Establishing the cause;
  - Initiating such corrective action as may be necessary to remove the possibility of such an event recurring; and
  - Ensuring that, where necessary, formal reports are made to relevant external bodies.

## 7. Guidance for Investigating Incidents

7.1. The following are general principles relevant to an investigation of an incident. As a general principle, the depth and breadth of an investigation should be proportionate to the level of risk posed by recurrence of the incident and the prospect of the investigation generating new lessons to learn. Any investigation should have the following aims:

- Ensure timely and appropriate follow-up;
- Establish the facts;
- Identify factors contributing to the events;
- Determine what actions are to be taken to remedy any identified deficiency;
- Prevent, as far as possible, similar occurrences in the future;
- Meet national, regional and legal reporting requirements.

7.2. To ensure the achievement of these aims, an investigation which will be carried out by a nominated manager, may feature the following components:

- Collection of evidence about what happened – to include clinical records, correspondence, witness statements, etc;
- Consideration of the evidence, including a comparison with relevant standards, protocols or guidelines, whether national or local;
- Establishment of the facts and, based upon these, the drawing of conclusions and making of recommendations for action to minimise risk;
- Drawing up an action plan with prioritised actions, responsibilities, timescales and strategies for measuring effectiveness of actions;
- Implementation of the improvement plan and tracking progress; including the effectiveness of actions.

## 8. Sharing of Lessons Learned

8.1. Where appropriate, incident outcomes will be shared with CCG team members through team meetings.

8.2. Learning from incidents will be shared at an organisational level through an incident report received by the Clinical Quality and Governance Committee and if required, reported to the Governing Body.

## 9. Monitoring Compliance and Effectiveness of the Policy

9.1. The Clinical Quality and Governance Committee will oversee implementation of the policy and will receive quarterly reports detailing incidents logged.

9.2. The policy will be reviewed every three years by the CCG Governing Body.

## 10. References and Further Reading

10.1. This policy should be read in conjunction with the following:

- NHS Improvement – [NHS Improvement Learning from patient safety incidents](#);

- NHS England: [Revised Serious Incident Framework March 2015](#);
- NHS Improvement: [Revised Never Events Policy and Framework](#);
- NHS Improvement: [Never Events list](#);
- NHS South Warwickshire CCG: Serious Incident Reporting and Management Policy and Procedure;
- NHS South Warwickshire CCG: Health and Safety Policy;
- NHS South Warwickshire CCG: Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation;
- NHS South Warwickshire CCG: Risk Policy;
- NHS South Warwickshire CCG: Whistleblowing Policy.

# Appendix 1 – Incident Reporting Form

An electronic version of this form can be found on the CCG's shared drive.

## INCIDENT FORM

Please complete this incident form immediately after the incident has occurred. Then forward to your Line Manager.

<b>Section 1</b> (Details of person affected by incident)	<b>Name of Person affected</b>		
	Date of birth		
	Gender	Male	Female
	Name of Witness		
<b>Section 2</b> (details of the incident)	Date of Incident		Time:
	Address where incident occurred (in full)		
	Type of location		(e.g. office admin area, street, car park, off-site meeting room)
	Type of Incident	<ol style="list-style-type: none"> <li>1. Personal Accident</li> <li>2. Violence, Abuse or Harassment</li> <li>3. Ill Health</li> <li>4. Fire Incident</li> <li>5. Security Incident</li> <li>6. Vehicle Incident</li> <li>7. Finance</li> <li>8. Other</li> </ol>	
	Result	Was person harmed? Yes No	
	<b>Degree of Harm</b> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Minor</li> <li>3. Moderate</li> <li>4. Major</li> <li>5. Death/Catastrophic</li> </ol>		
<b>Section 3</b> <b>Summary of Incident</b>			
<b>Please describe clearly and concisely what happened.</b>			
<b>Please describe any injury sustained.</b>			
<b>Section 4</b>			
<b>Summary of action taken</b>			
<b>(Please describe what actions you took immediately following the incident)</b>			

<b>Section 5</b>  <b>What changes will be made implanted as a result of this incident</b>			
<b>Section 6</b>  <b>To be completed by person reporting incident</b>	Full Name (capitals)		Date form completed
	Job Title		
	Work Address		
	Directorate		
	Telephone Number		
<b>PLEASE SEND TO YOUR LINE MANAGER IMMEDIATELY</b>			
<b>MANAGER TO COMPLETE SECTION 7 WITHIN 1 DAY OF THE INCIDENT</b>			
<b>Section 7</b>  <b>Actions taken by Manager</b>  <b>(What actions have been taken)?</b>  <b>(What immediate steps have been taken to minimise the likelihood of reoccurrence)</b>  <b>(Is a risk assessment necessary?)</b>	<b>Once form has been completed by Line Manager, please send to the Corporate Governance Manager (and if an IG breach to the Data Protection Officer also).</b>		
<b>Name of Line Manager:</b>			
<b>INVESTIGATOR TO COMPLETE SECTION 8 ONCE INVESTIGATION COMPLETE</b>			
<b>Section 8</b>  <b>Are the changes being made appropriate?</b>  <b>Are there any other lessons that can be learnt from the Incident?</b>  <b>Who should these lessons be disseminated to? How and by when?</b>			
<b>Name of Investigator:</b>			
<b>Date Investigation closed:</b>			

## INCIDENT FORM GUIDANCE

Please read these notes carefully before completing an incident report form. For further advice contact your line manager/ supervisor. For the purpose of this form an incident is defined as an unplanned and uncontrollable event which may, but does not have to, result in personal injury, property damage or loss.

- Completing this form does not constitute an admission of liability of any kind on any person;
- Any equipment, etc. involved in the incident should be retained in safe keeping for examination;
- Where death or serious injury occurred this must be reported to a Director.

### Use this form to report all incidents including:

- Work related incidents resulting in injury to employee of the CCG, patients or other clients, visitors or contractors;
- Incidents resulting in damage to property;
- 'Near misses' which may have no immediate effect but where serious consequence were avoided by luck;
- Personal violence, Abuse or Harassment;
- Security, Finance, Vehicle;
- Other occupational injury or ill-health;
- Clinical incidents.

## GUIDANCE NOTES FOR COMPLETING THE INCIDENT FORM

The individual affected by the incident is the person who suffers or potentially suffers injury, ill health and including theft and any other property damage or loss. If an incident involved more than one person, a separate incident form must be completed for each individual. No more than one affected person's name should be on a single incident form. Certain sections of the form require reference to pick lists for guidance.

**SECTION 1** - Give the details of the affected person.

**SECTION 2** - Details of incident, location. The exact location box can be used to describe where the incident happened in some detail e.g. toilet, stairs etc.

If unclear please contact Corporate Governance Manager.

Only one tick box should be ticked to describe the incident type. The following definitions apply:

**Personal Accident:** Any accident, no matter how small which did or could have adversely affected any person. This does not include any incident that is caused deliberately (e.g. act of violence or fire).

**Violence, Abuse or Harassment:** Any incident involving verbal abuse, unsociable behaviour, racial or sexual harassment or physical assault whether or not injury results.

**Ill Health:** Any case of known or suspected work or environment related ill health (headaches, infections etc).

**Fire Incident:** Any incident, no matter how small involved fire or fire warning system.

**Security Incident:** Any untoward incident involving theft, loss or other damage to organisational or personal property, intrusions, false alarms (but not fire alarms), absconded patient and other security issues.

**Vehicle Incident:** Any incident involving a vehicle e.g. road traffic accident, excluding vandalism or theft which would be classified as security incidents.

**Finance:** Theft, loss, misuse incurred as a result of e.g. out of date goods, materials, consumables etc.

**Other:** This type of incident should be marginal in number and might include items which do not fit in previous categories.

**Grading the Incident:** Grade the incident using the matrix by taking into account the consequences and the Recurrence/ Likelihood.

**NONE:** No obvious harm. No injury/minor injury not requiring first aid.

**MINOR:** Non-permanent harm, less than 3 days off work, complaint possible, inefficient short to medium term operational management.

**MODERATE:** Semi-permanent harm, 3+ days off work, complaint likely, potential long term service disruption.

**MAJOR:** Major permanent harm, complaint expected temporary service closure.

**CATASTROPHIC:** Death, complaint certain, extended service closure.

**SECTION 3** - Please give a full detailed summary of the incident, describe clearly and concisely what happened. ONLY FACTS SHOULD BE REPORTED NOT PERSONAL OPINIONS.

**SECTION 4** - What actions did you take immediately to prevent the incident happening again.

**SECTION 5** - What changes will be made implanted as a result of this incident; you may require the support of your Line Manager for this part.

**SECTION 6** - Please ensure you print your name clearly and provide us with all the appropriate details. Additional forms to be attached to incident form.

**SECTION 7** - This section is to be completed by the Line Manager.

It is the role of the manager to make suitable and sufficient assessment of any risk implications, which may arise from the incident reported and take appropriate action. Please state whether a risk assessment is required. If no, clearly state why not.

**SECTION 8** - This section is to be completed by the Investigator and should focus both on the incident and the local lessons to be learnt, but also on any lessons that the wider CCG can learn.

## **FOR INFORMATION**

### **WHAT IS RIDDOR**

It stands for the **Reporting of Injuries, Diseases and Dangerous** Regulations 2013. RIDDOR requires you to report some work related incidents to the Health and Safety Executive (HSE) to enable them to identify where risks arise and to investigate serious incidents. Reporting accidents and ill health at work is a legal requirement. All incidents must be reported on the CCG Incident Reporting Form and forwarded to the Risk Management Department who will then report them to the HSE.

### **WHAT IS PARS**

It stands for **Physical Assault Reporting System**. All incidents in which an NHS staff member is physically assaulted must be recorded on the CCG Incident Reporting Form and forwarded to the Corporate Governance Manager who will then report them to the Local Security Management Specialist.

### **WHAT IS A SI**

It stands for **Serious Incident**. It is an incident that involves patients, relatives, visitors, staff, contractors etc which may or has caused death or serious injury, involved a hazard to public health, caused serious disruption to services. All SI must be reported directly to your Director and the Corporate Governance Manager

### **WHAT IS A FPN 11**

It stands for **Fire Practice Note 11**. Each Service must report all fire incidents and Unwanted Fire Signals (e.g. whenever the fire alarm has been activated) to NHS Property Services via the Senior Personal Assistant by first completing the CCG Incident Form and the Fire/Unwanted Fire Signal Form.

## Appendix 2 - Risk Assessment Matrix

All incidents should be risk assessed by the investigating manager using the matrix set out below. Further information on risk assessment can be found in the CCG's Risk Management Policy.

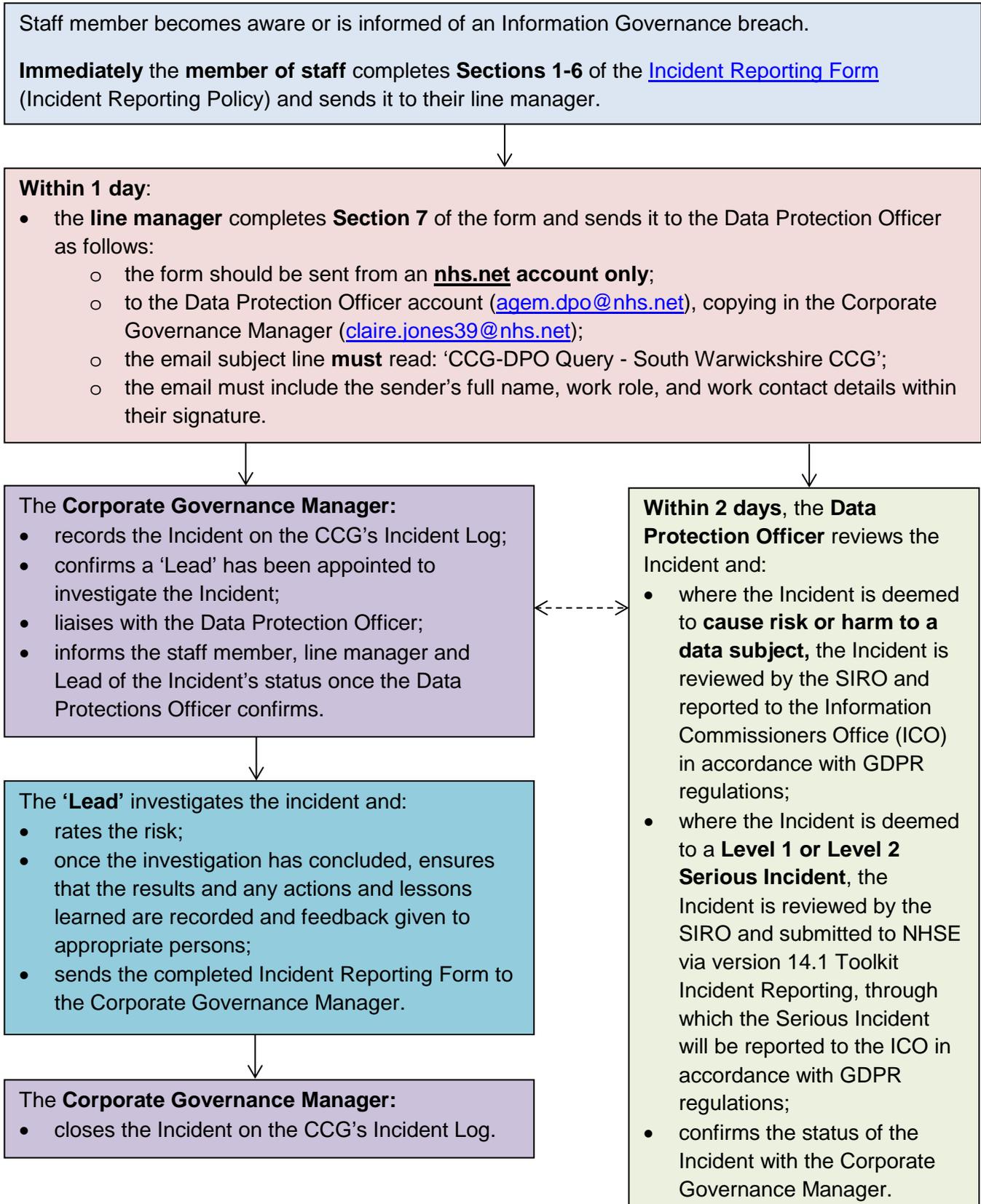
Likelihood	Score	Consequences
Rare	1	Negligible
Unlikely	2	Minor
Possible	3	Moderate
Likely	4	Major
Almost Certain	5	Fatalities/ Catastrophic

	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Negligible (1)	1	2	3	4	5
Minor (2)	2	4	6	8	10
Moderate (3)	3	6	9	12	15
Major (4)	4	8	12	16	20
Fatalities/ Catastrophic (5)	5	10	15	20	25

The basic principle is to multiply the consequence by the likelihood. The resulting number is the risk grade. The risk grade obtained from the risk matrix is assigned levels and investigations as set out in the table below

Low	1 – 3	Normal risks which can be managed by routine procedures.
Moderate	4 – 6	Remedial action plan monitored locally 6 monthly.
High	8 – 12	Requires actions which are to be implemented as soon as possible, remedial action plans to be monitored by Executive, 3 monthly.
Extreme	15 - 25	Immediate action, remedial action plans to be monitored by Executive, 3 monthly.

### Appendix 3 - Information Governance Breach reporting process



**Blank page**