

<b>Incident reporting procedure</b>		
Number: THCCGCG0045	Version: V0d1	

<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>• All incidents must be reported. This should be done as soon as practicable after the incident has been identified to ensure that the most accurate and complete information is recorded.</li> <li>• The reporting of incidents is an important means of providing information that allows the CCG to investigate such occurrences quickly.</li> <li>• Other parties may need to be involved in the investigation dependant on the type of incident which has occurred.</li> <li>• The incident report form is included as an appendix to this procedure and is available from the Governance and Risk Manager.</li> </ul>
<b>Date of ratification</b>	Executive Team - January 2014
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<b>Who has been consulted?</b>	Archna Mathur – Deputy Director Quality and Performance – November 2013
<b>Was an Equality Analysis required?</b>	No
<b>With what standards does this document demonstrate compliance?</b>	<ul style="list-style-type: none"> <li>• Serious Incident Reporting and Learning Framework (SIRL)</li> <li>• Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995</li> <li>• MHRA DB2005(01) January 2005</li> <li>• Seven Steps to Patient Safety. National Patient Safety Agency 2004</li> <li>• Clinical Negligence Scheme for Trusts, Mental Health and Learning Disability Clinical Risk Management Standards, NHS Litigation Authority, April 2012</li> </ul>

<b>References associated documentation and CCG</b>	<ul style="list-style-type: none"> <li>• THCCGCG45 Whistleblowing Policy</li> <li>• THCCGCG1 Integrated Risk Management Framework</li> <li>• THCCGCG39 Information Security Policy</li> <li>• THCCGCG40 Information Sharing and Disclosure Policy</li> <li>• THCCGCG6 Gifts, hospitality and anti-bribery Policy</li> <li>• THCCGCG8 Information Governance policy</li> <li>• THCCGHS19 Health and Safety Policy</li> <li>• THCCGHS21 Lone Worker Policy and Procedure</li> <li>• THCCGHS25 Security Policy</li> <li>• THCCGIG20 ICT Policy</li> <li>• THCCGIG36 Data Encryption Policy</li> <li>• THCCGIG37 Email Policy</li> <li>• THCCGQI33 Safeguarding Children Policy</li> <li>• THCCGQI34 Safeguarding Adults Policy</li> <li>• THCCGQI5 Complaints Policy</li> </ul>		
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<b>Is this document fit for the public domain? Y / N</b>	Y	<b>If 'No' why?</b>	

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## **1 Purpose and scope**

### **1.1 Purpose**

This document outlines NHS Tower Hamlets Clinical Commissioning Group's approach to incident reporting. The aims of this policy are:

- To describe the process for reporting and recording incidents.
- To encourage the prompt and consistent reporting of all incidents, and near misses. Some examples of incidents are included below at [1.4 Examples of Incidents](#)
- To ensure investigation of incidents and near misses.
- To provide a feedback mechanism and organisational learning from incidents and near misses.

### **1.2 Scope**

This policy and procedure applies to all staff, teams and activities managed or participated in by NHS Tower Hamlets Clinical Commissioning Group.

### **1.3 Policy**

NHS Tower Hamlets Clinical Commissioning Group recognises that on occasions, untoward incidents and near misses will occur that result in or have the potential to cause harm, injury, damage or loss. Although this does not happen very often, when serious failures do occur they can have a huge effect on staff and also undermine staff, public or others' confidence.

The reporting of incidents is an important means of providing information that allows the CCG to investigate such occurrences quickly. It helps with the process of identifying the causes of such incidents from which lessons can be learned and control measures put in place to reduce the risk of recurrence.

## 2 Examples of Incidents

### Examples of Incidents

- Equipment failure or misuse which causes minor or no harm to an individual on NHS premises.
- Security incident including theft of property or personal belongings, minor damage or threat to CCG property and trespass or unauthorised access.
- Minor verbal abuse from patient, staff or other.
- A minor health and safety incident / accident e.g. slipping on a wet floor.

### Examples of Serious Corporate Incidents

- Impending litigation, suspicion of large scale theft or fraud
- Equipment failure or malfunction that causes serious harm to an individual on CCG premises
- Any incident that might lead to serious criminal charges
- Any incident likely to generate significant media interest
- A significant and major equipment failure that impacts upon the operational function of the organisation/business
- A serious breach of confidentiality or loss of data
- Accidental or suspicious death of, or serious injury to, any individual on CCG premises
- A serious health and safety incident / accident
- Serious damage, which occurs on CCG property particularly resulting in injury or disruption of services (e.g. fire, flood, power or water failure)

### Examples of Information Governance incidents

- Finding a computer printout of patient details by a photocopier machine;
- Discovering that a fax containing PCD that was thought to have been sent to the correct recipient was incorrectly sent to the wrong person.
- An email containing PCD sent to the wrong person or sent using unencrypted email.
- Losing an unencrypted laptop computer with personal information on it;
- Giving information to someone who should not have access to it – verbally, in writing or electronically;
- Accessing a computer database using someone else's authorisation e.g. someone else's user id and password;
- Finding a colleague's password written down on a 'post-it' note;
- Finding confidential waste in a 'normal' waste bin.

### 3 Responsibilities

Role	Responsibilities
All staff	<ul style="list-style-type: none"> <li>• Attending mandatory and statutory training as indicated by the CCG</li> <li>• Co-operating with this Incident Reporting Procedure</li> <li>• Reporting risks, incidents and near misses</li> <li>• report near misses, adverse incidents and serious incidents</li> </ul>
Staff member recognising an incident.	<ul style="list-style-type: none"> <li>• Initiate a suitable response to the incident to ensure it cannot reoccur.</li> <li>• Record and report the details of the incident on the <a href="#">CCG Incident report form</a></li> </ul>
Managers	<ul style="list-style-type: none"> <li>• Ensure that the response to the incident is adequate, taking the lead where appropriate.</li> <li>• Review incidents, with the aid of incident reports, to ensure that they are adequate and completed.</li> <li>• Initiate investigation where necessary</li> <li>• Promote an open and honest environment in which staff are encouraged to report incidents, as well as being involved in investigations and improvement activities.</li> </ul>
Governance and Risk Manager	<ul style="list-style-type: none"> <li>• Ensure implementation of the incident reporting policy and procedure.</li> <li>• Monitor, ensure implementation of, and report on implementation of action plans arising from incidents.</li> <li>• Central recording of information about incidents.</li> <li>• Support and advice to staff about all aspects of incident reporting, investigation, and improvement activities.</li> <li>• Reporting of incident details to external agencies where appropriate.</li> <li>• Day to day risk management and corporate incident management activity within NHS Tower Hamlets CCG.</li> <li>• Ownership and implementation of the Incident Reporting Procedure, Risk Management Framework and the Health and Safety Procedure</li> <li>• Development and maintenance of the Assurance Framework</li> <li>• Facilitation of access to external legal advice</li> </ul>

Role	Responsibilities
Head of Engagement	<ul style="list-style-type: none"> <li>Communicating learning from incidents with stakeholders and members (this responsibility may be delegated on an incident-by-incident basis where appropriate)</li> </ul>
Deputy Director Quality and Performance	<ul style="list-style-type: none"> <li>responsible for the development and implementation of effective risk management arrangements and systems of internal control.</li> </ul>
Chief Finance Officer  Senior Information Risk Owner (SIRO)	<ul style="list-style-type: none"> <li>Overall responsibility for investigating incidents relating to information governance and fraud</li> </ul>
Chief Officer	<ul style="list-style-type: none"> <li>Overall responsibility for ensuring an effective risk management system is in place within NHS Tower Hamlets CCG.</li> </ul>
Caldicott Guardian	<ul style="list-style-type: none"> <li>Provides an advisory role for incidents involving patient confidentiality and information sharing issues.</li> <li>Must be informed of any incidents involving patient confidentiality and information sharing issues.</li> </ul>
Information Governance Team  NELCSU	<ul style="list-style-type: none"> <li>If an incident relates to Information Security and / or Information Governance; report to the Health and Social Care Information Centre (HSCIC), NHS England and / or the Information Commissioner's Office (ICO) where there is need.</li> </ul>
Executive Team	<ul style="list-style-type: none"> <li>Promote an open and honest environment in which incidents, and potential incidents, are reported and learning is an integral part of how things are done.</li> <li>Maintain assurance of the effectiveness of incident reporting and management systems and processes.</li> <li>Maintain an awareness of key themes arising from incident analysis.</li> <li>Ensure the Governing Body is kept informed of key issues.</li> <li>Agree and monitor health and safety arrangements and compliance</li> <li>Agree and monitor the CCGs Incident Reporting Policy and Procedure</li> <li>Review any serious incident reports and ensure that lessons learned are disseminated across the organisation.</li> </ul>

## **5 Definitions**

### **5.1 Hazard**

Anything (object, event, process) that has the potential to cause injury, damage or loss to the organisation, patient, staff, visitor or other.

### **5.2 Incident**

An incident is usually an event that contains one or more of the following characteristics:

- is contrary to plans for, or implementation of, the specified standard of patient care resulting in harm or potential harm,
- places some patient(s), client(s), staff member(s) or visitor(s) at unnecessary risk,
- results in harm or potential harm to one or more patient, client, staff member or visitor,
- puts the CCG in an adverse legal and/or media position with loss of reputation.

This includes all incidents which are likely to have a bearing on the quality, safety, operational efficiency or reputation of the CCG. The scope extends to all incidents that involve inter-organisational issues, particularly those relating to the Commissioner / Provider interface. E.g. The Communication of Patient Identifiable Data across unprotected networks.

A few examples of Incidents are included at [1.4 Examples of Incidents](#).

### **5.3 Near Miss**

Any event or omission where an incident almost occurred which had the potential to cause harm, injury, damage or loss but failed to develop, whether or not as a result of compensating action.

### **5.4 Serious Incident**

A serious incident is an incident that occurred in relation to NHS-funded services and care resulting in one of the following:

- unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm);
- a scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure;
- allegations of abuse;
- adverse media coverage or public concern about the organisation or the wider NHS;
- one of the core set of 'Never Events' as updated on an annual basis.

## 6 Procedure

Below is a summary of the incident reporting procedure. Additional details are contained in the following sections.



## **6.1 Incident identified**

An incident is defined at [4.2 Incident](#). They can be identified by anyone (not just employees of the CCG). A number of examples are listed at [1.3 Examples of incidents](#).

For advice or guidance on what constitutes an incident, please contact the Governance and Risk Manager – 020 3688 2522.

## **6.2 Respond to the incident**

The initial actions to take are:

### **6.2.1 Assess and treat any injuries**

If a person is injured, make an assessment to ascertain if it is safe to approach the injured individual. Assess the injuries and either call for the first aider or an ambulance.

### **6.2.2 Provision of support**

Where appropriate, people affected by or involved in incidents will be provided with suitable support to help them deal with any issues that they face or enable them to be involved adequately in the processes that result. This will include advice about relevant advocates, external agencies, and resources.

### **6.2.3 Secure the scene**

Secure the scene in the event of a burglary or criminal damage.

### **6.2.4 Notify relevant stakeholders (patients, staff and other agencies)**

Assess the situation and decide who may need to be contacted. E.g. The host organisation, Police, Ambulance Service, Fire Brigade, next of kin, etc.

## **6.3 Report the incident**

The individual first identifying the incident should report facts no opinions on the NHS Tower Hamlets CCG incident report form. The form should then be given to the manager of the area where the incident occurred.

This is available at [Appendix 1: THCCG Incident report form](#) or from the Governance and Risk Manager.

All incidents must be reported. This should be done as soon as practicable after the incident has been identified to ensure that the most accurate and complete information is recorded.

The information recorded will be used for a variety of purposes, including:



If a staff member feels sufficiently uncomfortable about reporting an incident in the standard form, they should consider using the THCCG Whistleblowing policy.

#### 6.4 Line Manager Actions

The Line Manager should review the incident ensuring:

- A member of the Senior Management Team are informed If the incident is serious or potentially serious
- That the initial remedial action is sufficient.
- That there is no Personal Identifiable Data or opinions in the incident description. Just facts.
- Identify outstanding issues and initiate relevant action.

#### 6.5 Investigation

All incidents have risk potential and must be reviewed by the line manager.

Every incident will require an assessment to establish the cause. This will range from a minimal investigation where the root cause is known and is already being addressed through other means, or the incident has been risk assessed and is as low as it can be, to a serious incident which will give rise to a full and immediate investigation.

In some instances a more detailed investigation may be necessary. The level of investigation initiated is determined by the manager; however scenarios where it would appropriate are listed below:

### 6.5.1 Incident severity

<p><b>Low</b></p> <p><b>Suggested level 1 Investigation or as necessary</b></p>	<p>These will be low risk, simple events, dealt with by the person in charge at the time.</p> <p>The amount of information required is likely to be entirely contained within the incident form.</p> <p>The frequency of this type of event should be given scrutiny and consideration given to carrying out a risk assessment.</p>
<p><b>Medium</b></p> <p><b>Suggested level 1 or 2 Investigation</b></p>	<p>These may require more detailed planning as to what is required but management is likely to remain within the locality / specialty.</p> <p>The incident form will usually be a sufficient record of any findings, but more detail may be required than for 'low' incidents.</p> <p>The line manager should read any investigation and determine what actions are required to reduce or remove the risks, and any underlying causes, organisational, environmental, team or individual. A risk assessment may be required.</p>
<p><b>Extreme</b></p> <p><b>Suggested Level 2 or 3 Investigation</b></p>	<p>These incidents are likely to have, or could have, a significant outcome and may require more in depth investigation.</p> <p>A risk assessment will, in most cases, also be required.</p> <p>Root Cause Analysis should be considered for incidents that trigger external investigations.</p>

### 6.5.2 Level 1 – Concise Investigation:

- Most commonly used for incidents that resulted in no, low or moderate harm
- Commonly involves completion of a summary or one page structured template.
- Includes the essentials of a thorough and credible investigation, conducted in the briefest terms.
- Involves a select number of Root Cause Analysis tools

### 6.5.3 Level 2 – Comprehensive Investigation

- Commonly conducted for actual or potential ‘severe harm’ outcomes from incidents
- Conducted to a high level of detail, including all elements of a thorough and credible investigation
- Includes use of appropriate analytical tools (e.g. tabular timeline, contributory factors framework, change analysis, barrier analysis)
- Conducted by staff not involved in the incident, locality or directorate in which it occurred
- Overseen by a director level chair or facilitator
- May require management of the media via the organisation’s communications department.
- Includes robust recommendations for shared learning, locally and/or nationally as appropriate.
- Includes a full report with an executive summary and appendices.

### 6.5.4 Level 3 – Independent investigation

As per Level 2, but in addition:

- Must be commissioned and conducted by those independent to the organisation involved.
- Commonly considered for incidents of high public interest or attracting media attention.

### 6.5.5 Root Cause Analysis

A full investigation of a serious incident is known as ‘Root Cause Analysis’. The term is used to describe the process necessary to establish the true cause of a problem and the actions necessary to eliminate it.

The prime objective of any investigation is to learn from the experience and ensure it is not repeated. This is achieved by:

Determining the sequence of events leading to the incident

- Determine what was managed well
- Determining the human, organisational and job factors that gave rise to the incident or condition(s)
- Identify the root causes
- Initiating short-term action to eliminate the immediate causes and establishing a longer term plan to correct the underlying human, organisational and job factors.

The following are helpful links to the National Patient Safety Agency (NPSA) investigation tools and templates:

- [Root Cause Analysis \(RCA\) report-writing tools and templates](#)
- [Root Cause Analysis \(RCA\) investigation report writing templates](#)

### **6.5.6 Additional expertise**

Other parties may need to be involved in the investigation dependant on the type of incident which has occurred, e.g. Information Governance, Security, Health and Safety or Infection Control. However, the service involved is responsible for investigating the incident.

### **6.5.7 Incidents involving multiple organisations**

Where this is the case an appropriate senior manager should make sure that all of the organisations involved are aware of the incident, and if possible involved in the investigation and determination of improvement strategies.

### **6.5.8 North East London and the City wide analysis**

Sometimes there is insufficient value in very detailed investigation of isolated incidents in one CCG. Where a number of similar incidents occur in a relevant time period across several CCGs in NELC, these should be considered for further investigation as a sector.

A structured team approach such as Significant Event Audit should be used for the investigation. Identification of suitable incidents should occur at corporate level.

## **6.6 Learning**

Learning is an important part of being able to improve services and reduce risks for patients, staff, and visitors to the CCG. Unexpected complications and good practice identified in one area can be used to improve systems and processes across the CCG, and feed into the development of new services, systems and processes in the future.

Learning points can potentially be identified from all aspects of an incident, the investigation, and related improvement activities. It is usually appropriate to extract learning points through structured review at the end of processes and projects, and it is expected that this will be the norm.

Learning points that are identified should be:

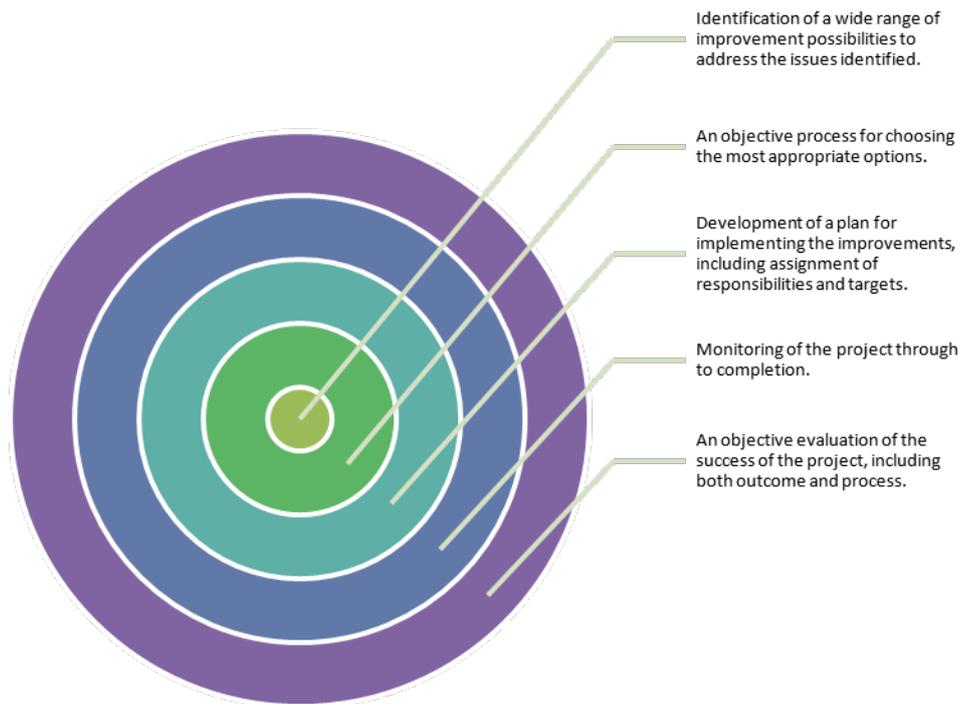
- Stored in a way that facilitates later reference by a wide range of people.
- Shared with key people and groups that may have an interest as soon as possible.

### 6.6.1 Improvement strategies

Once the contributory factors, and preferably the root causes (causal factors), have been discovered by the investigation, appropriate improvement strategies should be identified and actioned.

These activities may be undertaken by the people involved in the investigation, but this is only one option. Often the issues identified will require a different range of expertise and resources, and specific projects may be commissioned to address some or all of the issues.

It is expected that improvement projects will include:



### 6.6.2 Communication with stakeholders

People affected by or involved in an incident should be kept informed of the relevant details in a timely manner commensurate with the nature and details of the incident, and in line with policies on confidentiality and consent.

There are requirements to report relevant details about some incidents to external agencies. The CCG will comply with these requirements. It will also consider sharing information with other people and agencies where there is clear benefit in doing so, giving due consideration to confidentiality.

Communication with the media will be conducted through the Head of Engagement, or a person specifically designated as having this role.

Details of all communication should be documented appropriately.

## **7 Training**

The CCG will provide the following training for all staff:

### **7.1 Induction training**

The local induction process will include a copy of this policy and procedure

### **7.2 Incident reporting training**

This will be provided by the Governance and Risk Manager as and when required and will:

- Ensure understanding of the CCGs policies and procedures relating to incident reporting.
- Equip staff to meet their responsibilities.
- Equip staff to participate in personal and organisational learning from incidents.

### **7.3 Additional training**

- Root Cause Analysis (RCA) training will be offered to staff to ensure that the CCG has sufficient number of staff able to conduct RCA investigations. The number of CCG Root Cause Analysis trained staff will be maintained by the Governance and Risk Manager

### **7.4 Liability**

The CCG is liable for acts/omissions of its employees and will take responsibility in the event of legal action arising from an incident. Personal liability will only arise if criminal activity is suspected.

## **8 Management and use of incident data**

### **8.1.1 CCG records**

The Governance team will keep centralised records of information relating to incidents.

### **8.1.2 Local records**

Individual teams will need to keep local records of incidents in their areas at least until the investigation is complete and any resulting action plans have been completed.

### **8.1.3 Disclosure of records**

All documents written within the CCG, unless produced specifically in relation to a legal action, are disclosable. That means that if the CCG is sued or prosecuted, a copy of the investigation report will have to be disclosed. Therefore it is very important that the report writer does not make any statement in the report that the CCG could not justify in court.

Although the CCG will maintain its duty of confidentiality, staff cannot be assured that statements and interview notes will never be disclosed outside of the CCG in any circumstances.

Where the incident has led to an inquest the CCG aims to have a relationship of openness with the Coroner. To promote this the Coroner will be offered the opportunity to see the investigation report for background information.



Where the police become involved in an incident the CCG has a duty to disclose information from the investigation where it is in the public interest.

If an investigation report covers any issues of negligence the advice of the Governance and Risk Manager should be sought before the report is finalised.

## **8.2 Audit recommendations**

Once the recommendations from an incident investigation have been implemented, it is prudent to plan an audit of the effectiveness of the recommendations.

The length of time between implementation and audit should be determined by the severity of the incident.

## **9 Monitoring, Audit and Evaluation**

### **9.1 Monitoring**

The completeness of Incident Report Forms and the appropriateness and adequacy of the information recorded will be monitored by the Governance and Risk Manager.

### **9.2 Review**

This procedure will be reviewed in 2 years, or earlier if there are changes to national guidance or significant changes to the management of risk across the organisation.

**Appendix 1: THCCG Incident report form**

Incident #

*Page 1*

Governance team use

**Incident details**

<b>• Incident date</b>	<b>•</b>	<b>• Incident time</b>	<b>•</b>	<b>• Date of this report</b>	<b>•</b>
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**Incident location address**

**Incident category (Please tick one or more)**

<b>Accident</b>	<input type="checkbox"/>	<b>Security</b>	<input type="checkbox"/>	<b>Loss / Theft</b>	<input type="checkbox"/>	<b>Information Breach</b>	<input type="checkbox"/>
<b>Clinical</b>	<input type="checkbox"/>	<b>Fire / fire alarm</b>	<input type="checkbox"/>	<b>Estates /Property</b>	<input type="checkbox"/>		

**• Other (please specify)**

**Description of event** (Enter facts not opinions and no personable identifiers)

Continue on a separate sheet if necessary

**Immediate action taken** (Enter action taken at the time of the incident or immediately after)

Continue on a separate sheet if necessary

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Details of person or premises involved / affected

Surname				Name			
Patient		Staff		Agency / Contractor / Visitor		Other (Please specify)	

If employee has been absent from work for more than 7 days as a result of an incident at work, the incident may need to be reported under RIDDOR. Please contact the Risk and Governance Manager on 020 3688 2522 if you have any queries.

Please indicate level of harm (see Appendix 2 of the Incident report policy for the TH CCG Risk Grading Matrix)

		Likelihood				
		Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Certain (5)
Severity	Insignificant (1)	<input type="checkbox"/>				
	Minor (2)	<input type="checkbox"/>				
	Moderate (3)	<input type="checkbox"/>				
	Major (4)	<input type="checkbox"/>				
	Severe (5)	<input type="checkbox"/>				

If **MODERATE** or **HIGH** please contact the Governance and Risk Manager within 24 hours:  
020 3688 2522

Details of witnesses

Surname				Name			
Patient		Staff		Visitor		Other (Please specify)	
Surname				Name			
Patient		Staff		Visitor		Other (Please specify)	

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**Managers actions**

