Together we care
SELDOC
DOCTORS COOPERATIVE

Incident and Serious Incident (SI) Reporting Policy and Procedures

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Contents

1. INTRODUCTION

It is a mandatory requirement for health care organizations to have incident reporting policies and procedures that all staff adhere to. This document supports comprehensive and systematic incident reporting as an integral part of risk management.

SELDOC encourages and supports staff to report any incidents without fear of repercussion or disciplinary action. Promotion of this 'no blame' culture enables shared learning, change and continuous improvement across the organization. To reflect this, incidents may be reported anonymously.

SELDOC is required to produce detailed reports of serious incidents (SI's) for our commissioning organizations. These reports include the findings from incident investigations, lessons learned and details of action to be taken so that the quality of services can be improved.

SELDOC also has a responsibility to work with relevant statutory bodies such as the Police and Health & Safety Executive.

It is SELDOC's policy that **all** incidents must be reported using the Incident Report Form (Appendix A), as soon as possible after the incident occurred.

Staff can report incidents by

- completing the online incident reporting form available on the website https://www.seldoc.co.uk/staff-careers/incident-form/
- or by emailing the Clinical Governance Team directly at seldoc.clingov@nhs.net
- or by contacting the Clinical Governance Team by any other means

If an incident is reported not using an incident report form, then the Clinical Governance Team will then report the incident using the Incident Report Form.

All incidents will be risk assessed using the Risk Scoring Matrix.

Any Incident identified as a 'Serious Incident (SI)' will be investigated as set out in this policy.

It is SELDOC's policy that all **Serious Incidents** must be:

- Acted on as determined by the nature of the serious incident
- Escalated to the Clinical Director and Manager on Call immediately (if during a shift) and to the Group Medical Director (or Deputy Medical Director in their absence) as soon as possible.
- Reported to external key organizations as set out in this policy.

2. DEFINITIONS

2.1. Incident

The term '**incident'** is defined as **any adverse event, whether clinical or non-clinical, that resulted in harm or a risk** to:

- Patients
- Members of the public
- Staff (employees, bank, contractors and agency staff)
- Duty Doctors
- Any other personnel working at or for SELDOC in any capacity
- Property (including loss of property)

This also **includes near misses and breach of confidentiality** of patients or staff.

Please note that all unexpected deaths that occur after the patient has contacted SELDOC **must** be reported as an incident.

2.2. Serious Incident (SI)

A Serious Incident is defined as any of the following:

- Any **incident that scores 15 and above** using the SELDOC Risk Scoring Matrix (as included in the incident reporting form at Appendix A)
- or any incident that fits NHS England's definition of a Serious Incident as set out in their Serious Incident Framework https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf and which is detailed below.

Serious harm is defined as :

- Severe harm (patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care);
- Chronic pain (continuous, long-term pain of more than 12 weeks or after the time that healing would have been thought to have occurred in pain after trauma or surgery); or
- Psychological harm, impairment to sensory, motor or intellectual function or impairment to normal working or personal life which is not likely to be temporary (i.e. has lasted, or is likely to last for a continuous period of at least 28 days).

Serious Incidents in the NHS include:

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

  - Unexpected or avoidable death caused or contributed to by weaknesses in care/service delivery (including lapses/acts and/or omission) as opposed to a death which occurs as a direct result of the natural course of the patient's illness or underlying condition where this was managed in accordance with best practice. of one or more people. This includes
    - suicide/self-inflicted death; and
    - homicide by a person in receipt of mental health care within the recent past. This includes those in receipt of care within the last 6 months but this is a

guide and each case should be considered individually - it may be appropriate to declare a serious incident for a homicide by a person discharged from mental health care more than 6 months previously.

o Unexpected or avoidable injury to one or more people that has resulted in serious harm;

o Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent
  - the death of the service user; or
  - serious harm;

o Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern-day slavery where:

  - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring. This may include failure to take a complete history, gather information from which to base care plan/treatment, assess mental capacity and/or seek consent to treatment, or fail to share information when to do so would be in the best interest of the client in an effort to prevent further abuse by a third party and/or to follow policy on safer recruitment.; or
  - where abuse occurred during the provision of NHS-funded care.

  This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident (see Part One; sections 1.3 and 1.5 for further information).

- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. Never Events arise from failure of strong systemic protective barriers which can be defined as successful, reliable and comprehensive safeguards or remedies e.g. a uniquely designed connector to prevent administration of a medicine via the incorrect route - for which the importance, rationale and good practice use should be known to, fully understood by, and robustly sustained throughout the system from suppliers, procurers, requisitions, training units, and front-line staff alike. See the Never Events Policy and Framework available online at: http://www.england.nhs.uk/ourwork/patientsafety/never-events

- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:

- o Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues;
- o Property damage;
- o Security breach/concern;
- o Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;
- o Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
- o Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services14); or
- o Activation of Major Incident Plan (by provider, commissioner or relevant agency)

- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation

3. SCOPE

This policy applies to all SELDOC staff and duty doctors. This policy also applies to all organizations from which SELDOC commissions services.

This policy should be read in conjunction with the following:

- Responding to Concerns, Complaints and Compliments policy
- Confidentiality policy
- Controlled drugs policies
- Disciplinary policy
- Business continuity, escalation and epidemic policy
- Infection control policy (including needle-stick /sharps procedures)
- Record keeping
- Protected disclosure policy

4. CONFIDENTIALITY

The reporting of all incidents should be in line with SELDOC's Duty of Confidentiality. Confidential patient information must be exchanged securely i.e. secure fax or secure nhs.net to nhs.net transmission

5. RESPONSIBILITIES

5.1. Staff and Duty doctors

Any member of staff or Duty Doctor should report all incidents as soon as is possible. Every member of staff and duty doctor must be aware of the incident reporting policy and are responsible for reporting incidents appropriately and assisting in any subsequent investigations. Staff receive basic incident reporting training during

induction and undertake local training when an incident has occurred in order to ensure continued competence when carrying out their duties.

5.2. Duty Supervisor

The duty supervisor is responsible for:

a) **Taking immediate action**.

b) When an incident has happened, it is important that:

- The immediate needs of those involved are dealt with
- The environment is made safe to prevent further incidents and to safeguard others
- All evidence is retained intact and in safekeeping for examination
- Any defective drugs or equipment are withdrawn from use.

c) **Completing Incident Report forms** for incidents where none has been completed.

5.3 On-Call Clinical Directors and On-Call Managers

When an incident is reported to the On-call Clinical Director or Manager during the out-of-hours period, the Director or Manager will:

a) Keep relevant patients, carers, staff and others informed.

- Where the full circumstances of the incident are not known, the patient and/or relatives must be given the facts as they are known at the time.
- Ensure appropriate liaison, communication and support to relatives before any press statement is issued or communication to Stakeholders.

b) Act in accordance with the Business continuity, escalation and epidemic policy

c) Authorise and take appropriate actions as required to respond to the incident

d) Prepare an interim report which should be passed to the responsible member of the senior management team before the beginning of the next working day.

e) Copies of the incident form should be forwarded to relevant members of staff for information and action.

5.4 The Clinical Governance Team must:

a) Complete an 'Incident Report Form' (if one has not already been completed) and score the risk according to the Risk Scoring Matrix.

b) Inform the Group Medical Director or Deputy Medical Director of all Incidents and then commence all appropriate investigations.

c) Declare all SI's to commissioners and to the SELDOC Board within 48 hrs.

d) Conduct a full Root Cause Analysis Investigation into all Sis.

e) Ensure completion of investigation into all incidents and report on these monthly/quarterly to relevant agencies as appropriate, for example:

- Health & Safety Executive (RIDDOR) any work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents) http://www.hse.gov.uk/riddor/riddor.htm
- Commissioning organization in order that stakeholders can be assured that the incident is being actively managed and investigated
- The appropriate CCG according to the patient's address
- Appropriate regulatory and healthcare bodies, including the CQC and, for patient safety incidents, the National Reporting and Learning System

- Where appropriate - external agencies such as the police, Public Health England, NHS England, Coroner, Education Partners, Local Safeguarding Boards or Medicines and Healthcare Products Regulatory Agency (MHRA)

f) Provide progress reports of SIs to the Quality Committee or to the Board.
g) Retain a master file of all documentation related to the case for a minimum of 3 years. For incidents relating to children, where litigation is possible, these records will be retained for a period of 25 years.

5.5 Group Medical Director and Director of Operations
The Group Medical Director and Director of Operations are responsible for:

a) Liaising with patients and families and external bodies as appropriate.
b) Managing any press or media enquiries regarding a SI in conjunction with the Communications Officer of the relevant commissioning organization/patient's CCG.
c) Reviewing the Incident Log (held by the Quality Manager)
d) Reviewing the risk register
e) Monitoring incidents and providing regular progress reports to the Board as appropriate (for SIs this will be for a minimum of 12 months post-incident)

5.6 SELDOC Board
The SELDOC Board is corporately responsible for pursuing the aims and objectives of risk management, including incident reporting. Responsibility for maintenance and updating of the corporate risk register lies with the Senior Management Team. The Chair of the Board is the Director with overall responsibility for the management of risk within SELDOC.

6. CONFLICT OF INTEREST
In the event of a conflict of interest being identified in an incident, the investigation will be carried out by a manager or director of the same level.

Non-Executive Directors may be used to investigate an incident, or provide independent assistance with an investigation

7. RECORD KEEPING
The relevant Committees (Quality and Finance) must keep records of incident reports, and action plans to mitigate further incidents and ensure organizational learning. An Incident Log will be kept of all incidents by the Patient Liaison & Quality Coordinator and an audit of all serious incidents will be conducted to ensure that appropriate remedial action is taken.

8. MONITORING AND REPORTING

8.1 Monthly Reports
Each Committee will have Incidents/SIs as a standing item on the Agenda.

8.2 Quarterly Reports
The Group Medical Director is responsible for producing a quarterly monitoring report that anonymises incidents and their associated action plans. The report is presented to the commissioning organization as part of quality monitoring.

8.3 Audits

Incident reports will be subject to audits that show:

a) Incident forms have been completed in the correct manner.

b) Action plans are appropriate and taken seriously

c) Remedial works identified in the action plan are undertaken

d) Those bases or groups of individuals who are under-reporting incident, and that this matter has been addressed

e) Persons throughout the incident reporting process understand their roles and responsibilities and have the capabilities to contribute effectively to the incident reporting process

f) That the relevant timescales both internal and external are adhered to.

8.4. Final Report

The final report for the Board and commissioning organization should address these four key areas:

a) Identify reasons for sub-standard performance

b) Identify underlying failures in management systems

c) Identify lessons learned from incident and make recommendations

d) Implement improvement strategies to help prevent, or minimise recurrences, thus reducing future risk of harm.

The Board will publish information about serious incidents including data on the numbers and types of incidents, excluding material that would compromise patient confidentiality within its annual report.

9. IMPLEMENTATION AND TRAINING

All responsible individuals identified in this policy will receive a copy of the policy which can be found in the Staff Handbook and on the Intranet. An introduction to incident reporting is included in the SELDOC induction programme.

Specific training in incident reporting will be provided for all staff responsible for risk assessment and management of incidents. Members of the Senior Management Team will be required to have Root Cause Analysis training.

Appendix A

Incident Report Form and Guidelines

- This form should be used with reference to the **SELDOC Incident & SI Reporting Policy & Procedure**.
- If the form relates to a patient, a copy must be kept with the patients notes. The patient should be informed (where appropriate) of the completion of this form and the process.
- Record only known facts – do not record opinions.
- Where death, serious injury or serious incident (including a near miss that could have resulted in a serious outcome) has occurred, follow the report immediately in line with policy
- You can report anonymously

Part 1 – Incident details

Date of incident:			Date of making report:		
Description of Incident (Please Tick all boxes that apply)					
	Patient Care issue		Infection control/needle stick		Abuse (verbal, physical, hate crime etc)
	Injury/accident/ill health to staff/other		Security breach/theft		Referral/admissions
	Call handling issue		Damage to buildings		Staff felt at risk/vulnerable
	Communication issue		Damage to vehicle		Vulnerable adult/child
	Patient Confidentiality issue		Accidental Damage/loss		Self harm/misuse of drugs
	Drug error incident		Staffing issues		Non compliance/refusal to be treated
	Medical equipment issue		Records management (patient, staff)		Estates/utilities/working environment
	Other				
	Place and exact location of incident				
Details of incident (continue on separate sheet if necessary)					

Part 2 – risk score and action taken

Who was involved (complete all boxes that apply)				
SELDOC Employee	Name		Job Title	
Duty Doctor				
Patient	Call No:		Date of Birth	
Visitor	Contractor	Public	Trainee/student	Other
Other				
Did any person suffer injury, distress or ill health? (either physical or mental)			Yes	No
If yes, what was the injury or ill health please provide details				
Duty Supervisor	Name			
Risk assessment score (see above)	Risk Score	If Risk is 15 or more		
		Clinical Director on Call contacted	Yes	No
		Senior Manager contacted	Yes	No
Other agencies contacted	Please specify:			
Likely media interest			Yes	No

Immediate action taken			
Forwarded to (tick as appropriate)	CGC Sub-committee	Ops & Strategy Sub-committee	Finance Sub-committee
Describe further action taken to protect/and or improve patient/visitor/staff safety			

Please complete the form as fully as possible. Try to think of the wider issues when you are scoring the risk and take into account the risks to patients, staff, visitors, buildings or property and to SELDOC
Remember there is no right or wrong way with risk assessments. The risk score that you generate is your best estimate of the risk. If you are in any doubt about how to fill in this form ask your line manager.

How to score risks

The risk score is calculated by multiplying the **level of severity** of the incident by the **probability of the risk** of the incident happening again. Both the severity and the probability are scored out of five – see the details below
e.g. consequence 3 x probability 3 would be 3 x 3 = 9

Scoring probability of incident happening again

Certain = 5: The event is expected to happen in all circumstances.
Probably = 4: The event is expected to occur in most circumstances.
Possible = 3: The event could occur at some time.
Improbable = 2: The event may occur at some time.
Remote = 1: The event may occur, but only in exceptional circumstances.

Scoring severity if the incident recurred

Fatal = 5: The event will result in a fatality or extended service closure or national adverse publicity or expected/certain litigation>£1million
Severe = 4: Serious permanent injury/disability or serious property damage or expected/certain litigation>£500,000 or loss of confidence in the organization or temporary service closure.
Major = 3: Semi permanent injury or complaint likely or possible litigation or reduced capacity to deliver service.
Minor = 2: Short term injury or minimal or no disruption to service delivery or low/medium financial loss.
Insignificant = 1: No injury or minimal financial impact or no service disruption.

The Risk Scoring Matrix

Certain = 5	**5**	**Act soon 10**	**Act now 15**	**Act now 20**	**STOP 25**
Probable = 4	**4**	**Act soon 8**	**Act soon 12**	**Act now 16**	**Act now 20**
Possible = 3	**3**	**6**	**Act soon 9**	**Act soon 12**	**Act now 15**
Improbable = 2	**2**	**4**	**6**	**Act soon 8**	**Act soon 10**
Remote = 1	**1**	**2**	**3**	**4**	**5**
	Insignificant = 1	Minor = 2	Major = 3	Severe = 4	Fatal = 5

If the risk score is 15 or above you must follow the serious incident reporting policy and procedures.