Incident Reporting Policy

Version: Version 0.4
Committee Approved by: Senior Management Team
Date Approved:
Author: Pat Patrice, Governance and Corporate Affairs Senior Manager
Responsible Directorate: Governance
Date issued: May 2017
Review Date: May 2019
**Document Title: Incident Reporting Policy**

**Version: V 0.4**

The table below logs the history of the steps in development of the document.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V0.1</td>
<td>21/05/2014</td>
<td>Amrit Reyat, Senior Associate Governance and Risk</td>
<td>Draft 0.1</td>
<td>New NHS North Kirklees CCG policy drafted.</td>
</tr>
<tr>
<td>V 0.2</td>
<td>24/12/14</td>
<td>Andrea McCourt, head of Governance and Risk, YHCS</td>
<td>Draft 0.2</td>
<td>Review and update</td>
</tr>
<tr>
<td>V0.3</td>
<td>04/02/15</td>
<td>Andrea McCourt, head of Governance and Risk, YHCS</td>
<td>0.3</td>
<td>Approved at GCAC 4.02.15</td>
</tr>
<tr>
<td>V0.4</td>
<td>27/04/17</td>
<td>Pat Patrice, Governance &amp; Corporate Affairs Senior Manager</td>
<td>0.4</td>
<td>Approved at SMT 11 May 2017</td>
</tr>
</tbody>
</table>

**Performance Indicators**

Bi annual Integrated Governance Report to SMT and Quality, Performance and Finance Committee (QPFC) on
- Total number of incidents reported
- Evidence of incident reporting
- Evidence of level of severity of incidents
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Aims and Objectives</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Scope of the policy</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Incident Management Structure, Accountabilities and Responsibilities</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Definition of Terms Used</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Risk Management Structure, Accountabilities and Responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Training Needs Analysis</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Equality Impact Assessment</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Implementation, Dissemination and Consultation</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Monitoring Compliance with and the Effectiveness of Procedural documents</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Training</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Associated Documentation</td>
<td>11</td>
</tr>
</tbody>
</table>

### Appendices

**Appendix 1**  
Being Open Guidance

**Appendix 2**  
NHS England Serious Incident Framework  

**Appendix 3**  
Health and Social Care Information Centre Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation  
Available at [Checklist Guidance for Reporting, Managing and Investigating IG Serious Incidents requiring Investigation](#).
1 Introduction

NHS North Kirklees Clinical Commissioning Group (NHS North Kirklees CCG) is committed to ensuring that an incident reporting system is in place as part of its Integrated Risk Management Framework, so that NHS North Kirklees CCG can learn from incidents to improve safety within the organisation. Incidents may occur in any area of the organisation or within commissioned services and may be clinical or non-clinical in nature. Reporting incidents will enable NHS North Kirklees CCG to identify trends and take positive action to prevent or minimise the likelihood of the error or incident recurring in the future.

NHS North Kirklees CCG also follows the principles of the Duty of Candour and believes that all NHS staff must be honest and transparent in what they do in order to best serve and protect patients.

This policy is one of a set that support the delivery of the organisation’s Integrated Risk Management Framework and is underpinned by the following procedures
The Incident Management and Investigation Procedure
NHS England Serious Incident Framework 2013

Taken together they:

- clarify roles and responsibilities of staff regarding the management of incidents;
- set standards regarding investigation and analysis; and
- set standards regarding the development and implementation of risk reduction strategies.

2 Aims and Objectives

NHS North Kirklees CCG aims to be an organisation with a memory to learn lessons from its incidents. The objective of this policy is to ensure that NHS North Kirklees CCG manages and investigates all incidents in accordance with best practice, learns and shares lessons from them and takes appropriate action to protect patients, staff contractors, volunteers and members of the public from harm by:

- recording adverse incidents;
- investigating incidents as appropriate;
- regular monitoring of incident data and appropriate reporting to SMT and the Quality, Performance and Finance Committee (QPFC);
- timely and effective reporting to statutory agencies;
- promotion of a just and fair culture;
- minimising loss of reputation, or assets;
- ensuring that lessons are learned from incidents to prevent such incidents recurring; and
- ensuring that NHS North Kirklees CCG complies with current legislation, policies and best practice
- provide information to the Chief Financial Officer regarding incidents where fraudulent activity is suspected.

The principles underlying NHS North Kirklees CCG’s approach are given below:
2.1 Ensuring Confidentiality

The electronic incident reporting forms may include patient and staff identifiable information. All information relating to incidents will be stored securely in accordance with the Data Protection Act (1998), and will conform to NHS North Kirklees CCG’s Records Management Policy. When sending any related incident documentation through the postal system staff must use a sealed envelope and mark it confidential.

Any requests to keep the identity of patients and staff confidential will be respected as far as possible. The process of sharing investigation findings and reports with patients / family will comply with the Being Open principles (See appendix 2).

Information about incidents which is shared with an external agency (eg NHS England and the National Reporting and Learning System) will be shared anonymously, with no patient or staff details given.

2.2 Learning from Incidents

A clinical or non-clinical error, accident or incident, however serious, is rarely caused wilfully. Errors are often caused by a number of factors, including process problems, human factors, 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. Determining safe practice is an important part of successful risk management and moving away from blaming towards learning from incidents will promote a fair and open culture and safe environment throughout the organisation.

NHS North Kirklees CCG wishes to ensure, as far as reasonably practicable, that there is appropriate learning from an incident so that the likelihood of a similar incident happening again is reduced. Incidents will be investigated as appropriate to ascertain the root cause of the problem and to enable NHS North Kirklees CCG to learn from any mistakes to prevent recurrence.

Learning from incidents should be shared with the individual raising the incident and the wider team and throughout NHS North Kirklees CCG if appropriate. Learning can also be shared with other organisations, such as stakeholders, providers or other Clinical Commissioning Groups, and should be a two-way process.

This will be done by providing a yearly annual report on themes, trends and lessons learnt.

2.3 ‘No Blame’ Culture

NHS North Kirklees CCG is committed to promoting an open, fair and no blame culture where staff feel able to report incidents or near misses and learn from mistakes without fear of recrimination.

All staff will be encouraged to recognise potential risks and feel supported in the reporting of an event (whether an incident or a near miss) in a fair blame culture. Exceptions to this are where the organisation’s policies and guidelines are deliberately breached or there is wilful misconduct or negligence.
3 Scope of the policy

This policy and procedure must be followed by all staff who carry out work for NHS North Kirklees CCG, including while on another organisation’s premises or staff who are injured and are involved in an accident or an incident while travelling during their working hours. This includes staff on temporary or honorary contracts, secondments, pool staff and students. It also applies to volunteers, visitors and contractors.

4 Incident Management Structure, Accountabilities and Responsibilities

NHS North Kirklees CCG has an organisational structure in place to help manage and implement risk management systems. This is described below.

The Senior Management Team, and Quality, Performance and Finance Committee, and the reporting structures of NHS North Kirklees CCG are designed to work together to ensure a concerted and integrated approach to the management of risk. The primary purpose of risk management is to enable both the organisation as a whole and individuals to deal competently with all key risk both clinical and non-clinical.

4.1 The Governing Body

The Governing Body has ultimate responsibility for the management of risk and for agreeing the Annual Governance Statement. It receives reports and assurance from the Quality Performance and Finance Committee on the quality and safety of services and assurances of the effectiveness of risk reduction strategies.

It has delegated powers to the Quality, Performance and Finance Committee to identify and manage risks on its behalf.

4.2 Quality Performance and Finance Committee

This group is established to assist NHS North Kirklees CCG with the delivery of its delegated responsibilities, including risk management and has authority to consider, review risk management activity.

The Quality, Performance and Finance Committee will:

- Be made aware of reports on incidents recorded under the policy via review of bi annual risk management reports for NHS North Kirklees CCG
- Identify trends and patterns in incident reporting
- Review information about Serious Incidents (SI) including all Never Events and Serious Case Reviews (SCRs) to identify themes / areas of risk and to ensure that actions are identified and completed to improve care delivery.

The Quality, Performance and Finance Committee’s Terms of Reference provides full details of the authority and reporting arrangement for the group.
4.3 Audit Committee

The organisation’s Audit Committee assist the Governing Body by carrying out a review of the effectiveness of the management of risk activities, providing assurance and an independent overview on risk management, the Audit committee will receive assurance around policies that have been approved by the Senior Management team.

4.4 Counter Fraud in the NHS

An Anti-Fraud, Bribery and Corruption Policy is in place and is available to staff. If staff suspect any of these activities they should consult this policy.

Individual Responsibilities

4.5 The Accountable Officer and the Governing Body are responsible and accountable for staff, visitor and patient safety.

4.6 The Accountable Officer is responsible for the policy.

4.7 Accountable Officer(AO)

The Accountable Officer has overall accountability for risk management and the safety of patients, visitors and staff. The AO is ultimately responsible for ensuring that a robust incident reporting process is in place and all investigations are dealt with appropriately.

Support will be provided by the Governance and Corporate Affairs Senior Manager.

4.8 AO and Heads of Service

Each AO / Head of Service is responsible for:

- ensuring appropriate arrangements are in place for implementing the incident reporting procedure in their areas of responsibility;
- providing help and support to all staff that investigate incidents;
- ensuring that risks identified within their Directorate are acted upon depending on the grading;
- creating an open and fair culture; and
- escalating adverse events according to the risk rating score.

4.9 Chief Finance Officer

The Chief Finance Officer is the accountable officer for incidents where fraudulent activity is suspected and all such information should be reported to the Chief Finance Officer with immediate effect. In the absence of the Chief Finance Officer such matters may be reported to
the Local Counter Fraud Specialist (LCFS) or the National Fraud Reporting line. Please refer to
the Anti-Fraud, Bribery and Corruption Policy for further information.

The Chief Finance Officer is also responsible for ensuring that a robust incident reporting
process is in place and will, with the support of the Governance and Corporate Affairs Senior
Manager:

- develop a culture of learning lessons from risks, sharing the lessons learned and changing
  practice as required;
- be responsible for consistently implementing the organisational arrangements for incident
  reporting throughout the organisation
- ensure that all incidents are investigated appropriately in accordance with their severity and
  are signed off as completed
- collate data quantitatively and qualitatively for reporting to the Quality, Performance and
  Finance Committee at appropriate intervals, including Learning from Incidents;
- offer advice to managers in the investigation of incidents; and
- offer support to staff during the investigation of incidents.

The Chief Finance Officer will obtain support from the Governance and Corporate Affairs Senior
Manager who will:

- maintain the serious incident reporting system
- work with colleagues to ensure an integrated approach is embedded, supporting a risk
  management culture throughout NHS North Kirklees CCG

As the Senior Information Risk Owner (SIRO) the Chief Officer has a corporate responsibility for
overseeing Serious Incidents relating to information governance breaches.

4.11 Caldicott Guardian

The Caldicott Guardian plays a key role in ensuring that the CCG satisfies the highest practical
standards for handling patient identifiable information. The Caldicott Guardian will be informed
of any Serious Incident(s) (SI) relating to patient-identifiable information.

4.12 Heads of Service

Heads of Service are usually the investigating manager (see below) and should acknowledge,
investigate and provide feedback to staff about incidents that have been reported.

Heads of Service are also responsible for ensuring that:

- all staff receive relevant training;
- reporting to RIDDOR is undertaken where necessary;
- arrangements are put in place to support staff who are involved in an incident (this should
  not be the lead investigator);
- where the investigation overlaps with other procedures, e.g. complaints, disciplinary these
  are dealt with under a separate investigation process;
• where potentially fraudulent activity is identified as part of the investigation this is reported to the Local Counter Fraud Specialist or through the NHS Fraud and Corruption Reporting Line (0800 028 40 60); and

Heads of Service are responsible for reviewing the electronic incident forms and processing them for final approval.

4.13 Staff

Staff are responsible for highlighting any risk issues which could warrant further investigation. Any member of staff can complete an incident reporting form.

Electronic incident reports are accessible via NHS North Kirklees CCG’s intranet page.

All staff should be fully open and co-operative with any investigation process.

Staff are responsible for reporting incidents as soon as possible after the incident. If the member of staff is unable, for any reason to complete the form themselves, it is acceptable for a colleague to do so on their behalf.

5 Definition of Terms Used

There are three main types of incidents which are defined below:

Near Miss (Prevented Incident)

5.1 A ‘near miss’ is an incident in which the contributory causes are serious and had the potential to cause serious injury or loss; however on this occasion a serious injury or loss was prevented (for example, medicine discovered to be out of date and removed).

This should be distinguished from a ‘no harm’ incident, which is where the incident happened, but no harm resulted (for example, out of date medicine administered, but the patient suffered no ill effects).

5.2 Incident

An incident is any injury, loss damage or abuse to staff, patient, visitor, external contractor, student, volunteer or other person, or to property/equipment.

Incidents may be caused by any of the following:

• human failure;
• systems failure; or
• a combination of several small mistakes occurring at the same time.

5.3 Serious Incidents (SI)

An SI is one where:
• a patient, member of staff or member of the public has suffered serious injury, major permanent harm, or unexpected death on hospital, health service premises or other premises where health care is provided;
• there is a cluster/pattern of incidents or actions by NHS staff which have caused or are likely to cause significant public concern; or
• there is a serious risk to the objectives of the Trust and/or has the potential to produce significant legal/media or other interest.

A SI may be classified as a ‘near miss’ incident where the contributory causes are serious and under different circumstances they may have led to serious injury, major permanent harm, or unexpected death as above, but no actual harm resulted on that occasion.

NHS North Kirklees CCG follows NHS England’s Serious Incident Framework (November 2014) for the management of SIs (See appendix 4).

5.4 **Information Governance Serious Incident (IG SI)**

Information Governance SIs is defined as “any incident involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impact on individuals”.

The management of Information Governance SIs will be consistent with the CCG’s Risk Management Framework and in line with NHS Digital’s Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation.

6 **Training Needs Analysis**

NHS North Kirklees CCG recognises that learning from incidents is vital to prevent recurrence. Appropriate training or retraining will be provided to affected staff member when necessary.

7 **Implementation, Dissemination & Consultation**

This policy will, following ratification by the Senior Management Team, be disseminated to staff via NHS North Kirklees CCG’s intranet and communication through in house newsletters.

8 **Monitoring Compliance with and the Effectiveness of Procedural Documents**

The final review of all electronic incidents will ensure that investigation and feedback to staff has been carried out.

Bi annual reports on incident numbers, trends and themes will be provided to the Quality, Performance and Finance Committee together with an Annual Report.

9 **References**

The following guidance and legislation has been used in the development of this policy:

Serious Incident Framework, NHS England 2013
Seven Steps to Patient Safety – NPSA
Doing Less Harm – DoH and NPSA, 2001
An Organisation with a Memory – DoH, 2000
Building a Safer NHS for Patients – Implementing An Organisation with a Memory, DoH, 2001
Design for Patient Safety – DoH 2005
Safety First: A report for patients, clinicians and healthcare managers – DoH 2006
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) – HSE
Procedure for the Management of Serious Untoward Incidents (SUIs) – NHS Yorkshire and the Humber
Being Open When Patients are Harmed – NPSA 2005
NHSLA Risk Management Standard 5 – Learning from Experience
Standards for Better Health first (safety) and third (governance) domains – Healthcare Commission
NHS Constitution
Checklist for Reporting, Managing and Investigating Information Governance Serious Untoward Incidents

10  **Associated Documentation**

- Claims Policy
- Complaints Policy
- Health and Safety Policy
- Records Management Policy
- Risk Management Framework
- Serious Incident Framework, NHS England 2013
- Serious Incident Policy
- Whistleblowing Policy
- Anti-Fraud, Bribery and Corruption Policy
- Incident Management and Investigation Procedure
- NHS Digital Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation
Appendix 1

Being Open Guidance

1.0 Introduction

NHS North Kirklees CCG supports promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident. It encompasses communication between healthcare organisations, healthcare teams and patients, their families and carers.

2. Key Elements of Being Open

NHS North Kirklees CCG endorses the ethos that open and effective communication with patients begins at the start of their care and should continue throughout. This should be no different when a patient safety incident occurs. Being Open when things go wrong is key to the partnership between patients and those who provide their care. Openness about what happened and discussing patient safety incidents promptly, fully and compassionately can help patients cope better with the after-effects. Patient safety incidents may also incur extra costs through litigation and further treatment; openness and honesty can help prevent such events becoming formal complaints and litigation claims.

Benefits of Being Open for:

NHS North Kirklees CCG:

• a reputation of respect and trust
• reinforces a culture of openness
• potentially reduces the costs of litigation
• improves patient experience and satisfaction
• a reputation for supporting staff when things go wrong
• embodies the NHS Constitution’s pledge to patients around Being Open
• greater opportunity to learn when things go wrong

3. Being Open Framework

The CCG embraces the principles enshrined in “Being Open” both in terms of the management of complaints and incidents reported internally and those reported externally. The CCG works to and requires all organisations providing care to patients to abide by the Being Open Framework.

http://www.nrls.npsa.nhs.uk/resources/collections/being-open/?entryid45=83726
Appendices 2 and 3 can be accessed via control and click on the links below:

Appendix 2 NHS England Serious Incident Framework
Available at

