Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

Title of Document	Yes/No/ Unsure	Comments Incident Reporting and Management Policy
Could this policy be incorporated within an existing policy?	No	
Does this policy follow the style and format of the agreed template?	Yes	
Has the front sheet been completed?	Yes	
Is there an appropriate review date?	Yes	
Does the contents page reflect the body of the document?	Yes	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	No	
Are all appendices appropriate and/or applicable?	Yes	
Have all appropriate stakeholders been consulted?	Yes	
Has an Equality Impact Assessment been undertaken?	Yes	
Is there a clear plan for implementation?	Yes	
Has the document control sheet been completed?	Yes	
Are key references cited and		

supporting documents referenced?

Does the document identify which Committee/Group will approve it?	Yes	
Plans for communicating policy to – staff;	Yes	Via the HVCCG intranet and weekly bulletin

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Katy Patrick	Date	Feb 2021
Signature	KP		

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	David Evans	Date	April 2021
Signature	DE		

NHS
Herts Valleys
Clinical Commissioning Group

Incident Reporting and Management Policy

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Ratified By	Exec Team
Date Ratified	April 2021
Name of Originator/Author	Amanda Yeates
Responsible Director	Katy Patrick
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DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
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2.1		IG Manager – reviewed and updated in relation to reporting data breaches	Feb 2021	RB

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1. Introduction

Herts Valleys CCG is committed to the commissioning of high quality care that puts the safety of patients and staff first. Subsequently, the CCG is committed to reducing all adverse incidents are minimised for the protection of patients, staff, visitors, contractors and services through the management of risks. These include clinical, financial, health and safety, environmental and information risks. Our intention is to create an environment that encourages staff to report incidents and near misses, the awareness of which may serve to alert management and other staff to areas of potential risk at an early stage and enable avoiding action to be taken. In this context, valuable learning from incidents and near misses can take place. This policy should be read in conjunction with the Risk Management Strategy and Procedure, Serious Incident policy and the Information Risk Policy.

This policy is designed to ensure that all CCG staff have a clear understanding of their responsibilities and respond effectively to incidents which require reporting and / or investigation.

Incidents occurring in NHS provider organisations or by Herts Valleys CCG data processors should be reported and investigated internally in accordance with that provider/processors organisation's policy. Provider incidents should not be reported to the CCG, with the exception of serious incidents which should be reported under schedule 12 of their contract. Data Processors must report all data breaches to the CCG who will then report to the Information Commissioners Office.

Open and fair culture

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.

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.

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 an opportunity to raise concerns without fear or suffering any adverse consequences as a result.

The CCG has an open approach when patients, relatives carers and staff may have suffered harm as the result of an incident. In accordance with the NHS Duty of Candour, the CCG will ensure they are told about patient safety or information incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported through the process and in dealing with any consequences.

2. Purpose

The purpose of this policy is to outline the arrangements for identifying, managing, investigating and reporting accidents, adverse incidents and near misses. The reporting of all incidents, prevented incidents (near-misses) is designed to ensure the following:

- a culture of openness in reporting incidents;
- prompt and precise gathering of information
- prompt communications with staff and where appropriate to 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)
- minimisation, so far as is reasonably practicable, future risk by taking prompt and appropriate preventative action and ongoing monitoring
- early warning of potential litigation and cost impact
- fulfilment of the CCG's legal duties under statutory regulations including RIDDOR- reporting of injuries , diseases and dangerous occurrences Regulations 2013, the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999

3. Definitions

Adverse incident.- an untoward or adverse event that gives rise to, or has the potential to produce unexpected or unwanted effects which could be detrimental to the safety of service users, other persons, staff or the CCG. 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. Examples of adverse incidents can include, however are not limited to:

- **personal accident** - an incident which affects and / or involves a person or persons and resulted or could have resulted in injury
- **fire** – any incident which involves smoke, fire, suspected smoke or fire, or fire alarm whether it be actual or suspected
- **violence, abuse or harassment -** incidents which cannot be reasonably said to be accidental in motive and include physical assaults by any person, deliberate self-harm, aggressive incidents, and other incidents involving verbal abuse, sexual or racial harassment, intimidation, threatening behavior or bullying
- **security** – fraud, theft, deception, criminal damage, car crime amongst other things, involving staff, visitors to the CCG and its property, encompassing all CCG assets
- **clinical** – an incident which arises in the context of the duty of care owed to patients by members of the healthcare profession, or consequences on decisions or judgements made by those professions in their professional capacity or relevant work
- **ill health or environmental related incidents** – illness which is related to work or the environment e.g. stress, contact with a hazardous substance. Unsafe environments could include flooding, lighting, power or heating failure or trip hazards
- **Loss or breach of personal identifiable information or special category of personal information recorded at Level 2 or above.**

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 or confidentiality breach. Changes in procedures, processes and systems may be required to prevent harm. Harm means injury, ill health, damage, theft or loss related to persons, property, income or reputation.

Serious incident – there are some incidents that meet the criteria for serious incident reporting, which require formal investigation and are reportable to the Department of Health. A serious incident is define within the NHS England Serious Incident Reporting Framework (March 2015) as:

- acts and / or omissions occurring as part of NHS funded healthcare (including in the community) that result in:
  - unexpected or avoidable death 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
  - unexpected or avoidable injury to one or more people that has resulted in serious harm
  - unexpected or unavoidable 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
  - 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 organizational 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; or
    - where abuse occurred during the provision of NHS funded care
- a never event – all never events are defined as serious incidents although not all never events necessarily result In serious harm or death. A list defined never events is listed in the DoH Never Events Policy and Framework
- 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):
  - failures in the security, integrity, accuracy or available information often described as data loss and / or information governance related issues
  - property damage
  - security breach / concern
  - incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population
  - inappropriate enforcement / care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards.
  - systematic failure to provide an acceptable standard of safe care (this may include incidents, which necessitate ward / unit closure or supervision of services) or
  - activation of a major incident plan
- major loss of confidence in the service, including prolonged media coverage or public concern about the quality of healthcare or an organisation.

Serious incidents should be reported and investigated in line with the CCG's Serious Incident policy.

4 Role and responsibilities

4.1 Roles and Responsibilities within the organisation

The **CCG Board** will support a fair and open culture in the reporting and management of incidents

The **Chief Executive** is ultimately responsible for ensuring compliance with the Health and Safety at Work etc Act 1974 and associated legislation, and that this policy is implemented within the CCG

The **Head of Corporate Support** is responsible for writing, implementing and reviewing the policy as well as monitoring its effectiveness. They will ensure that the policy is adhered to, including the requirements for internal and external reporting.

The **Caldicott Guardian** is responsible for ensuring the protection and use of patient identifiable information which may be used during the incident reporting process

Managers have a responsibility to manage risk within their own department / service. Managers must ensure that they, and their staff for whom they are responsible, are fully aware of the CCG Incident Reporting and Management policy.

Following every incident or near miss, managers must take immediate action to make the situation safe. This may include the removal of items / similar items of equipment, undertaking risk assessments and / or changing procedures. Any actions undertaken should be documented on the Datix system.

The manager will also assess whether the incident is likely to be a serious incident by assessing against the criteria outlined in section 3. If the incident is judged to be a serious incident, the manager is required to report this immediately to the Clinical Quality Lead in the Nursing and Quality Team.

The **Data Protection Officer** is responsible for ensuring that the organisation and its constituent business areas remain compliant at all times with Data Protection, Privacy and Electronic Communications Regulations, Freedom of Information Act and the Environmental Information Regulations

All staff have a responsibility to report near misses, adverse incidents and serious incidents, to ensure that the CCG effectively meets all statutory reporting requirements.

Any member of staff that is involved in an incident or near miss must complete an incident report form via the online reporting system Datix, accessible using the "Incident Report" tab shown at the top of the menu on the top left hand corner of the CCG's intranet home page. If a staff member suspects that the incident may fall under the criteria of a Serious Incident, they must report this immediately to their line manager.

All incidents in relation to information loss/breach or near miss must be reported to the Data Protection Officer or the Information Governance Manager in the first instance.

4.2 Consultation and communication with stakeholders

The following stakeholders have been consulted in relation to this policy:

- HVCCG Exec Team
- Workforce
- Health and Safety Adviser
- Governance and Risk Manager
- Information Governance Manager / Staff Health and Safety Representative
- Staff Involvement Group
- Clinical Quality Lead

5. Content

5.1 Procedure for (adverse) incident reporting

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 recurrence of any incident or to minimise the risk of a near miss or potential incident from materialising into an actual accident. 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

It is the responsibility of all staff to report any incident as soon as practicable and certainly within 48 hours (or 24 hours if serious). The line manager should also be notified of the incident.

The incident reporting form should be used to report and investigate incidents. An electronic version of the form can be found using the “Incident Report” tab shown in the menu on the top left hand corner of the CCG’s intranet home page.

The incident form should be used to report the facts of the incident, not opinion, as comprehensively as possible. 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 needed should be noted on the form.

Serious incidents must be reported in accordance with the CCG’s Serious Incident policy.

All incidents should be risk assessed by the investigating manager using the matrix set out in appendix 1, taking advice from internal specialist staff dependant on the nature of the incident.

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 adequate feedback has been given to the person reporting the incident.

Investigations will vary in terms of their complexity, but are important for the purpose 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 the relevant external bodies

5.2 Guidance for investigating incidents

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

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

5.3 Reporting to external agencies

RIDDOR (Health and Safety Executive)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 require that organisations must report deaths, major (specified) injuries, accidents to a worker resulting in an over 7 day injury, occupational diseases, dangerous occurrences and gas incidents.

The Head of Corporate Support or the Office Manager will carry our RIDDOR reporting to the HSE for all Herts Valleys CCG staff. Therefore, managers must notify these staff as soon as it is apparent that an incident is RIDDOR reportable.

In the event of a serious incident resulting in major injury or death, staff are asked to refer to the CCG serious incident reporting policy. Immediate notification of the incident should be made to the Clinical Quality Lead in the Nursing and Quality team. Outside of normal working hours the Senior Manager On Call should be notified.

For accidents connected to work (including an act of physical violence) resulting in an employee suffering an over 7 day injury must be reported to the HSE within 15 days. An over 7 day injury is one which is not major but results in the injured person being away from work or unable to do their full range of duties for more than 7 days.

The Health and Safety Executive will require the following information:

- date and time of incident
- location of incident
- name, home address, gender and status of persons involved / affected
- details of any injuries
- confirmation as to whether the situation is under control or whether assistance is required
- brief outline of the circumstances of the incident
- details of any witnesses

Information Governance Data Security and Protection Toolkit (DSPT)

This requires that all organisations processing health, public health and adult and social care personal data report serious data breaches using the incident reporting section of the DSPT to the Department of Health, Information Commission and other regulators within 72 hours of the incident being reported.

Estates and facilities

All urgent health and safety issues for Hemel One should be reported on 01442 259813 or 07890 724073 in the first instance. Out of normal hours, the senior manager on call should be notified on 07881 940243.

5.4 Sharing of lessons learned

Learning will be identified through the investigation of incidents. Where appropriate, incident outcomes will be shared with the CCG team members through staff meetings and the weekly newsletter.

5.5 Follow up / support

Staff involved in incidents may require additional support. This can be obtained from the following sources:

- Occupational Health Service
- Staff member's own G

- Staff Health and Safety Representative

6 Monitoring compliance

The Head of Corporate Support or the Information Governance Manager may request further clarification, investigation or action as a result of an incident being reported; and will advise the reporter / line manager of the incident accordingly.

The Head of Corporate Support will review all incidents reported using Datix annually. This review will look to identify any themes or trends as well as ensuring all necessary appropriate action has been taken. The results of the review will be included in the annual health and safety report to the Board.

7 Education and training

All new members of CCG staff will be introduced to the principles of risk management as part of mandatory training undertaken during their induction.

Incident reporting is included as part of Health and Safety for Managers training which all line managers are asked to undertake.

It is the responsibility of every staff member, supported by their line manager, to ensure that they are familiar with the CCG incident reporting and serious incident policies; and to identify training needs in relation to these policies. Such training needs should be reported to the Head of Corporate Support or the Information Governance Manager.

8 References

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- NHS Digital checklist guidance for reporting, managing and investigating Serious Incidents (SIRI)

9 Associated documentation

- National Patient Safety Agency Reporting and Learning from Serious Incidents Requiring Investigation
- NHS England Serious Incident Framework 2013
- Department of Health Never Events Policy Framework
- Department of Health Never Events List 2012/2013

- Herts Valleys CCG Serious Incident Reporting policy
- Herts Valleys CCG Health and Safety policy and strategy
- Herts Valleys CCG Risk Management policy and strategy
- Herts Valleys CCG Whistleblowing policy
- Herts Valleys CCG Information Governance policy
- Herts Vallyes CCG Information and Cyber Security Policy

Appendix 1 – 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 2 - HVCCG Equality Impact Assessment Screening Form

Name of policy / service	Incident Reporting and Management policy
What is it that is being proposed?	This policy is designed to ensure that all CCG staff have a clear understanding of their responsibilities and respond effectively to incidents which require reporting and / or investigation
What are the intended outcome(s) of the proposal	The purpose of this policy is to outline the arrangements for identifying, managing, investigating and reporting accidents, adverse incidents and near misses. The reporting of all incidents, prevented incidents (near-misses) is designed to ensure the following: • a culture openness in reporting incidents; • prompt and precise gathering of information • prompt communications with staff and where appropriate to 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) • minimisation, so far as is reasonably practicable, future risk by taking prompt and appropriate preventative 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
Explain why you think a full Equality Impact Assessment is not needed	This policy will not assist with any of the aims of the Equality Act or have any specific impact on the characteristic groups
On what evidence/information have you based your decision?	H&S Legislation, risk management policy

How will you monitor the impact of policy or service?	Please see section 6 of the policy "Monitoring Compliance"
How will you report your findings?	Via annual H&S audit

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.	
Assessors Name and Job title Date	Amanda Yeates April 2018