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Belfast Health and Social Care Trust

TYPE OF DOCUMENT   Trust Policy for approval by **Trust Policy Committee**

REFERENCE NUMBER	To be assigned by Trust committee
TITLE	Adverse Incident Reporting and Management Policy
Summary	This policy provides the framework for reporting and managing all adverse incidents and near misses, which affect patients/clients, employees, contractors, visitors to premises, or have an impact on the BHSCT, its reputation, or its legal duty of care. The Trust is committed to an open and just culture and reporting of adverse incidents is encouraged so that the organisation can learn from mistakes and take actions to reduce the risk of reoccurrence
Supercedes	*BHSCT Adverse Incident Reporting Policy*
Operational date	*01.04.2010*
Review date	*01.04.2013*
Version Number	*2.0 Revised Adverse Incident Policy*
Director Responsible	*Dr AB Stevens*
Lead Author	Claire Cairns
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Department / Service Group	Risk & Governance Department Medical Directors Group
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Version Record

Date	Version	Author	Comments
25/2/08	1.0	M Bardgett	Adverse Incident Reporting and Management Policy
19/4/10	2.0	CRCairns	Revised Adverse Incident Reporting and Management Policy

Policy Record

		Date	Version
Author - CR Cairns/ A Johnston	Approval	19/4/10	2.0
Director Responsible – Dr AB Stevens	Approval	19/4/10	2.0

Approval Process – Trust Policies

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		

Dissemination

Areas :	

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Title:
Adverse Incident Reporting and Management Policy

1.0 Purpose

1.1 The aim of adverse incident management is to ensure that systems are in place to secure patient/client, staff and visitor safety, ensure internal accountability and safeguard the BHSCT assets and reputation. Learning from adverse incidents and near misses enables the Trust to reduce risk and improve services proactively.

1.2 The purpose of this policy is to enable a robust and systematic approach to be consistently applied to the management of all adverse incidents in the BHSCT. In so doing, ensure that the BHSCT meets all relevant statutory responsibilities and reporting requirements; and that the BHSCT safeguards the wellbeing of its patients/clients, staff and visitors.

2.0 Objectives

- To provide a safe environment for patients/clients, staff and visitors.
- To provide staff with an opportunity to participate in and effect changes in practice and patient/client care
- To provide information to allow effective evaluation and monitoring of patient/client care, services and procedures
- To provide formal documentation to assist in the management of complaints, claims and investigations by statutory bodies
- To facilitate organisational learning to reduce subsequent/similar risk

3.0 The Scope:

This policy applies to all staff in the Belfast Health & Social Care Trust. This includes contractors, students, bank, volunteers and agency staff. The policy should be read in conjunction with the Risk Management Strategy, the Health & Safety Policy, the Claims Management Policy, the Complaints policy and the Management of Medical Devices policy and the Whistle Blowing Policy.

4.0 Policy Statement(s):

4.1 The Belfast Health and Social Care Trust is committed to providing the best possible services for patients, clients, visitors and staff. The Trust recognises that adverse incidents will occur and that it is important to identify causes to ensure lessons are learned to prevent reoccurrence.

4.2 It is therefore essential that a responsive and effective adverse incident reporting and analysis system is in place to achieve this aim.

4.3 This policy and its linked procedures will ensure that staff have access to a comprehensive, clear and user-friendly adverse incident reporting system that

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will encourage the reporting of adverse incidents so that real opportunities for improvement and risk reduction are taken.

4.4 Where learning from such adverse incidents is identified the necessary changes will be put in place to improve practice. Learning and sharing from adverse incidents can only take place when they are reported and investigated in a positive, open and structured way.

4.5 Crucial to the effectiveness of adverse incident reporting is the Trusts wish to promote an open, honest and just culture where all staff can participate in reporting adverse incidents. Ultimately the Trust wants to encourage staff to report areas of concern and to foster a positive ethos around reporting.

4.6 All staff must report and manage adverse incidents according to this policy and related procedures for adverse incident reporting (see page 9). Staff who make a prompt and honest report in relation to an adverse incident or near miss will not be disciplined except under the following circumstances:

- A breach of law
- Wilful or gross carelessness or professional misconduct
- Repeated breaches of Trust policy and procedure
- Where, in the view of the Trust, and/or any professional registration body, the action causing the adverse incident is far removed from acceptable practice
- Where there is failure to report a major or catastrophic adverse incident in which a member of staff was involved or about which they were aware.

4.7 Mere completion of an Adverse Incident Reporting form or web form does not discharge staff of the duty of care and their risk management responsibility. Service Group Managers should ensure timely and appropriate follow-up of adverse incidents and to identify contributing factors to these events. Investigation officers should ensure preventative measures or procedural changes are identified to minimise risk.

4.8 Appropriate training and guidance will be provided to ensure that all Trust employees understand their responsibilities under this policy and are able to effectively fulfil their obligations to report identified risks and adverse incidents.

5.0 Definitions:

5.1 Adverse Incident:
"Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation."
(*How to Classify Adverse Incidents and Risk, HPSS April 2006*)

5.2 Harm is defined as 'injury (physical or psychological), disease, suffering, disability or death'. In most instances can be considered to be unexpected if it is not related to the natural cause of the patient illness or underlying condition.

(Doing Less Harm. NHS. National Patient Safety Agency 2001)

5.3   A **near miss** is a situation in which an event or omission, or a sequence of events or omissions, arising during clinical care fails to develop further, whether or not as the result of compensatory action, thus preventing injury to a patient.
(Organisation with a memory, Department of Health, 2000)

'Incidents that did not lead to harm but could have are referred to as **near misses'**.
(Doing Less Harm. NHS. National Patient Safety Agency 2001)

6.0   Roles and Responsibilities:

6.1   Trust Board
The Trust Board is responsible for the implementation of the Trust Policy for Reporting and Management of Adverse Incidents. It will:

- Ensure that the organisational arrangements contained within the policy and its associated procedures are implemented;
- Monitor and review the overall reporting performance and receive regular reports from the Chief Executive ;
- Set corporate objectives for adverse incident management and decide on the appropriate performance indicators
- Ensure adverse incident management is integrated within the Trust's performance management and Assurance Framework.

6.2   Chief Executive
As Accountable Officer, the Chief Executive is responsible for ensuring the Trust meets its statutory and legal requirements and adheres to the guidance issued by the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI) to the Trust Board for the management of adverse incidents.
The Chief Executive will:
- Report at regular intervals to Trust Board on the management of adverse incidents;
- Set targets for safety and quality management.

The Chief Executive has delegated these executive functions to the Medical Director.

6.3   Medical Director
The Medical Director or his/her deputy has responsibility for the management of adverse incidents throughout the Belfast Health and Social Care Trust. The Medical Director will report to the Senior Trust Board Team and Assurance Committee in all matters relating to adverse incidents.
The Medical Director will:

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- ensure development of suitable organisational arrangements for the management of adverse incidents;
- ensure development and maintenance of systems to monitor and disseminate learning from adverse incidents across the organisation and when necessary externally;
- ensure systems are in place to ensure reporting of adverse incidents to external agencies as required e.g. DHSSPSNI, Health and Social Care Board (HSCB), Public Health Agency (PHA) RQIA, PSNI etc.
- Oversee the prioritisation of action to prevent adverse incidents / risks.

6.4 Co-Director Risk & Governance

The Co-Director will support the Medical Director in meeting his/ her responsibility for the management of adverse incident throughout the BHSCT. The Co-Director will:

- Promote an open, honest and just culture for adverse incident reporting;
- Maintain systems for the reporting, recording and analysing of adverse incidents;
- Make arrangements for the investigation of significant adverse incidents
- Ensure that subsequent learning from adverse incidents is shared across the Trust, through appropriate management structures
- Ensure that the Trust has an appropriate risk management training programme which is accessible to relevant staff.

6.5 Senior Manager for Corporate Governance Services

The Senior Manager for Corporate Governance Services will support the Co Director in meeting his/her responsibility of adverse incident management. It is the responsibility of for the Senior Manager Corporate Governance Services, on behalf of the Medical Director, to ensure:

- All serious adverse incidents (SAI's), as defined by the HSCB according to Procedure for the Reporting and Follow-up of Serious Adverse Incidents (SAI's), April 2010[1]

6.6 Senior Manager for Corporate Risk Services

It is the responsibility of the Senior Manager for Corporate Risk Services to:

- Review all adverse incidents highlighted as RIDDOR reportable
- If necessary, liaise with Service Groups to ensure the accuracy of information
- Sign off the RIDDOR form before it is reported to HSENI

6.7 Directors

It is the responsibility of directors to:

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[1] Procedure for the reporting and followup of SAI – April 2010.pdf

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- Disseminate and promote this policy and procedures within their responsibility and ensure its implementation by providing support and advice to managers and staff
- Ensure reported adverse incidents are investigated appropriately
- Ensure that adverse incidents are monitored and reviewed within their Service and Corporate Groups and ensure any recommendations made as a result of investigations are implemented and monitored
- Ensure that subsequent learning from adverse incidents is shared across Service Groups, through appropriate management structures
- Take account of relevant adverse incidents when reviewing their Risk Register and ensure that this is linked appropriately to the Corporate Risk Register
- Ensure staff have access to advice and training on adverse incident reporting and management and, where appropriate, investigation and review.
- Ensure all serious adverse incidents (SAI's), as defined by the HSCB according to Procedure for the Reporting and Follow-up of Serious Adverse Incidents (SAI's), April 2010 are reported

6.8 Co Directors, Managers and Senior Clinicians

Co Directors, Managers and clinicians are responsible and accountable to their directors for ensuring that this policy and its procedures are effectively implemented across their area of responsibility. They must promote an open, honest and just reporting culture and ensure that appropriate investigation is carried out within their area of responsibility.

6.9 Service Group Governance and Quality Manager

It is the responsibility of the Service Group Governance and Quality Manager, on behalf of the Director, to ensure:

- All serious adverse incidents (SAI's), as defined by the HSCB according to Procedure for the Reporting and Follow-up of Serious Adverse Incidents (SAI's), April 2010 are forwarded to Corporate Governance Services in a timely manner.

6.10 Line Managers

Line Managers have responsibility to:

- ensure adverse incidents are reported
- check adverse incident report forms for accuracy and completeness
- complete the appropriate section of the adverse incident report form
- forward the completed form and any associated documentation to the Corporate Governance Dept.
- ensure appropriate local investigation is carried out, in conjunction with other relevant departments if required. (See Procedure for Investigating an Adverse Incident for further guidance)

- ensure that copies of incident forms are retained in line with the Data Protection Act and Freedom of Information Act, and are not placed in the patient/client file
- ensure that their staff are aware of and adhere to this policy and associated procedures.
- Ensure staff are appropriately trained in adverse incident reporting training
- Promote a open, honest and just culture of reporting
- Ensure reporting to other external bodies as appropriate
- Ensure the Governance & Quality Manager for the Service Group is informed of a Serious Adverse Incident (SAI).
- Ensure all relevant evidence including materials, equipment, samples, records, witness details etc are not compromised until appropriate investigate is complete – refer to the Medical Devices Policy and Procedures for further guidance with regard to medical devices.
- Ensure that for adverse incidents where a death or a major injury has occurred, the security of the location and/or equipment is maintained for inspection purposes by senior managers and/or statutory authorities.
- Ensure that all possible remedial action is taken immediately following an adverse incident to prevent reoccurrence without compromising the investigation processes
- Ensure staff are given appropriate support following an adverse incident
- Communicate with the patient/client and their relatives/carers as appropriate following an adverse incident.

6.11 All Staff

All Trust employees have a responsibility to:
- ensure individuals involved (patients, clients, visitors or staff) and the environment / equipment, are made safe
- avoid putting themselves and others in situations of danger
- ensure the appropriate line manager/supervisor/ person in charge is informed
- Report adverse incidents by completing the Trust adverse incident report form (electronic or paper) and forward to their line manager / supervisor / person in charge
- co-operate with the adverse incident investigation process including the provision of witness statements

7.0 Education and Training

Training will be provided for all staff to ensure that each member of staff is aware of their responsibilities regarding the reporting of adverse incidents and follow-up as required. Records of training will be maintained within Service Groups and updated as necessary.

8.0 Consultation Process:

Workshop with Service Managers for Governance & Quality

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Working in partnership with wider Risk & Governance teams

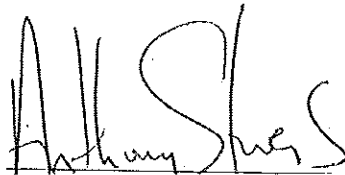## 9.0 Equality and Human Rights screening carried out:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

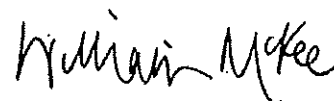| x | Screening completed No action required. | ☐ Full impact assessment to be carried out. |

10. This policy should be read in conjunction with the following key procedures and guidelines:

Procedure for Reporting and Managing Adverse Incidents
Procedure for Grading an Adverse Incident
Procedure for Investigating an Adverse Incident
SAI Reporting protocol
Guidelines for Writing a Statement
HCAI RCA procedure to be confirmed

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Director

Date: June 2010

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Chief Exectutive
(For Trust Policies Only)

June 2010

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References, including relevant external guidelines:

Being Open. Communicating patient safety incidents with patients and their carers. The National Patient Safety Agency, 2005
www.npsa.nhs.uk
http://www.npsa.nhs.uk/site/media/documents/1456_Beingopenpolicy1_11.pdf

Doing Less Harm; Improving the Safety and Quality of Care through Reporting, Analysing and Learning from Adverse Incidents, Department of Health and The National Patient Safety Agency, 2001

Organisation with a memory; Report of an expert group on learning from adverse events on the NHS, Department of Health, 2000

Seven Steps to Patient Safety A guide for NHS staff SSG/2003/01 – The National Patient Safety Agency
www.npsa.nhs.uk/health/resources/7steps

Decision making tool to reduce unnecessary suspensions and support a safety culture – The National Patient Safety Agency
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Confidentiality: Protecting and Providing Information. General Medical Council 2004

Circular HSS (MD) 12/2006 Guidance Document – "How to classify Incidents and Risk"
http://www.dhsspsni.gove.uk/index/hss/governance/htm

NIAIC Safety Notice MDEA (NI) 2004/01 Reporting Adverse Incidents and Disseminating Medical Device/Equipment Alerts. Health Estates, Northern Ireland Adverse Incident Centre.

Mental Health Commission for Northern Ireland: Monitoring of Untoward Events by the Mental Health Commission (Revised Guidance) S6/2006 April 2006.

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Systems Analysis of Clinical Incidents The London Protocol. Taylor-Adams, S.E. & Vincent, C Clinical Safety Research Unit, Imperial College London, 2004
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DHSSPS, March 2006

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The Quality Standards for Health and Social Care, Supporting Good Governance and Best Practice in the HPSS, DHSSPS, March 2006

Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults DHSSPS & PSNI 2003

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http://www.dhsspsni.gov.uk/publications/2003/safeguard/safeguard.asp

Choosing to Protect – A Guide to Using the Protection of Children, NorthernIreland [POC (NI)] Service. DHSSPS 2005
http://www.dhsspsni.gov.uk/foi/Prof_advice.asp

Choosing to Protect – A Guide to Using the Protection of Vulnerable Adults,Northern Ireland [POC (NI)] Service. DHSSPS 2005
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A Guide to the Reporting of Injuries, Diseases and Dangerous OccurrencesRegulations (NI) 1997 ISBN 0 337 11259 2
Northumbria Healthcare NHS Trust

'Six steps to Root Cause Analysis', Maria Dineen

A Risk Matrix for Risk Managers, National Patient Safety Agency, 2008
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