

Procedure for Reporting Serious Adverse Incidents (SAIs)

1 Adverse Incident Reporting

It is the responsibility of ALL staff who are involved, witness to, or become aware of an adverse incident to ensure that it is reported and to complete a Trust Incident Report form. In addition to completing the Trust Incident Report form, the Trust may also need to report to other agencies and complete other forms depending on the type and severity of the incident and the particular needs of that Trust service area..

The Trust defines an adverse incident as ***“Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”¹***.

1.1 Serious Adverse Incidents (SAIs)

The Trust is also required to report “Serious Adverse Incidents (SAIs)” to the Health and Social Care Board (HSCB) **within 72 hours of the adverse incident** being discovered or in the case of unexpected/unexplained death, *(where it is understood this poses a significant risk to service users, staff or public)* where possible **within 24 hours**. This particular subset of adverse incidents must be reported to Patient/Client Safety Services Manager at Corporate Governance, McKinney House, Musgrave Park Hospital.

The following criteria will determine whether or not an adverse incident constitutes a Serious Adverse Incidents (SAI) as defined by the Health & Social Care Board (HSCB)²:

<ul style="list-style-type: none"> • serious injury to, or the unexpected/unexplained death, <i>(including suspected suicides or serious self harm)</i> of: <ul style="list-style-type: none"> - a service user; - a service user who has been known to Mental Health services (including Child and Adolescent Mental Health Services (CAMHS) or Learning Disability (LD) within the last two years³) - a staff member in the course of their work - a member of the public whilst visiting a Health and Social Care facility
<ul style="list-style-type: none"> • unexpected serious risk to service user and / or staff member and / or member of the public
<ul style="list-style-type: none"> • unexpected or significant threat to provide service and / or maintain business continuity
<ul style="list-style-type: none"> • serious assault <i>(including homicide and sexual assaults)</i> by a service user <ul style="list-style-type: none"> - on other service users, - on staff or - on members of the public <p>occurring within a healthcare facility or in the community (where the service user is known to mental health services <i>(including CAMHS or LD)</i> within the last two years).</p>
<ul style="list-style-type: none"> • Serious incidents of public interest or concern involving theft, fraud, information breaches and data losses

¹ Source: DHSSPS How to classify adverse incidents and risk guidance 2006
www.dhsspsni.gov.uk/ph/how_to_classify_adverse_incidents_and_risk_guidance.pdf

² <http://www.hscboard.hscni.net/consult/Policies/HSCB%20Procedure%20for%20the%20reporting%20and%20followup%20of%20SAI%20-%20April%202010.pdf> Procedure for the reporting and follow up of SAI – April 2010.pdf

³ www.dhsspsni.gov.uk/utec_guidance_august_2007.pdf Mental Health Commission 2007 UTEC Committee Guidance

Any adverse incident which meets one of more of the above criteria is to be notified to HSCB (and where relevant RQIA) as an SAI. The Patient/Client Safety Services Manager will only accept notification of an SAI on the "HSCB Serious Adverse Incident Report Form" which is approved/signed by a Director or Co-Director. This form is available as a separate proforma see <http://intranet.belfasttrust.local/Policies%20and%20Procedures/Adverse%20Incident%20Report%20Form.doc> For further details on completion of this form please refer to guidance notes at Appendix 1 of this procedure.

Following notification of an SAI, the Service Group will be required to provide an approved investigation report to be submitted to the HSCB **within 12 weeks from the date of the incident being reported** using the approved Belfast Trust report template which is accessible at <http://intranet.belfasttrust.local/Policies%20and%20Procedures/BHSCT%20Report%20Template%20May%202010.pdf>. If an investigation report is not received within this 12 week timeframe an update must be provided by completing Section 12 of the initial SAI report detailing the reason for the delay and the expected date for completion.

Where a SAI occurs it must be managed appropriately. This includes:

- Appropriate immediate action to ensure safety of people, equipment and premises
- Ensuring timely communication of the details of the SAI through the appropriate line management
- Ensuring support for staff especially those cases involving the Coroner
- Support to patient and/or relatives/carers including a meeting with them as soon as possible after the incident and identifying a named contact for the family if relevant to ensure that they are updated appropriately

This guidance does not provide for the DHSSPS Early Alert System.

2 Reporting requirements to other external agencies

In addition to Trust incident reporting and SAI reporting, additional external reporting may be required. Some of these reports are made centrally on behalf of the Trust and others are reported directly from the service areas concerned. If in doubt, staff should check with their manager or the Risk and Governance Department; however, if any other body is informed please record that on the Trust Incident Report form. ***The Trust Incident report form must be completed for all adverse incidents.***

The following is an illustrative list of organisations that may require reports:

- Mental Health Commission⁴
- Regulation, Quality & Improvement Authority (RQIA)
- Health Estates (Northern Ireland Adverse Incident Centre NIAIC)
- Department of Health, Social Services and Public Safety NI (DHSSPSNI)

⁴ www.dhsspsni.gov.uk/utec_guidance_august_2007.pdf Mental Health Commission 2007 UTEC Committee Guidance; Statutory Notifications of Incidents and Deaths Guidance for Providers of Regulated Services 01 Version 1.0 February 2010

- Commissioning Board
- Health & Safety Executive NI (HSENI) & Local Councils⁵
- Police Service of Northern Ireland (PSNI)
- Coroner
- Information Commissioner NI
- Regulatory Professional Bodies
- Pharmaceutical Society of Northern Ireland (PSNI)
- DHSSPS Northern Ireland Head of Inspection & Enforcement (Pharmaceutical Branch)
- CSA Counter Fraud Unit
- Trust Vehicle Insurance Providers

2.1 Mental Health Commission “Untoward Events”⁴

Under the Provisions of Articles 86 (2) of the Mental Health (NI) Order 1986, the Mental Health Commission has a duty to make an inquiry into any case where it appears to the Commission that there may be amongst other things, ill treatment or deficiency in care or treatment. This guidance refers to “untoward events” which are required to be reported to them but a ***Trust Incident report form must be completed for all adverse incidents.*** Where any of these “untoward events” also meet the SAI criteria as detailed previously, these should also be notified as per the SAI procedure.

2.2 Reporting Untoward Events relating to Children in Need and Looked After Children

The SAI procedure no longer requires the reporting of incidents relating to statutory functions required under The Children (Northern Ireland) Order 1995; these particular “untoward events” are more appropriately reported to the HSCB Directorate of Social Care and Children (effective date 1st May 2010). This guidance refers to “untoward events” which are required to be reported to them but a ***Trust Incident report form must be completed for all adverse incidents.*** Where any of these “untoward events” also meet the SAI criteria as detailed previously, these should also be notified as per the SAI procedure.

⁵ <http://intranet.belfasttrust.local/Policies%20and%20Procedures/RIDDOR%20Guidance%20for%20Managers-Supervisors.pdf> “RIDDOR GUIDANCE FOR MANAGERS / SUPERVISORS The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations(NI) 1997 “

1.0 Guidance Notes

APPENDIX 1

2.0 HSC SERIOUS ADVERSE INCIDENT REPORT FORM

All Health and Social Care organisations, Family Practitioner Services and Independent Service Providers are required to report serious adverse incidents to the HSCB within 72 hours of the incident being discovered (24 hours if the incident involves a death). It is acknowledged that not all the relevant information may be available within that timescale; however, there is a balance to be made between minimal completion of the proforma and providing sufficient information to make an informed decision upon receipt by the HSCB/PHA.

The following guidance designed to help you to complete the Serious Adverse Incident Report Form effectively and to minimise the need for the HSCB/PHA to seek additional information about the circumstances surrounding the SAI. This guidance should be considered each time a report is submitted.

<p>1. ORGANISATION: Include the details of the reporting organisation (Trust, FPS, ISP)</p>	<p>2. UNIQUE INCIDENT IDENTIFICATION NO. / REFERENCE Unique incident number / reference generated by the reporting organisation / practice</p>			
<p>3. DATE OF INCIDENT: DD / MMM / YYYY Date incident occurred</p>	<p>4. CONTACT PERSON: (Name of lead officer to be contacted should the HSCB or PHA need to seek further information about the incident)</p>			
<p>5. DESCRIPTION OF INCIDENT: Provide a brief factual description of what has happened and a summary of the events leading up to the incident, ensure sufficient information is provided so that the HSCB/ PHA are able to come to an opinion on the immediate actions, if any, that they must take. Where relevant include D.O.B, Gender, and Age. All reports should be anonymised – the names of any practitioners or staff involved must not be included. Staff should only be referred to by job title.</p> <p><i>In addition include the following:</i></p> <p><i>Secondary Care – recent service history; contributory factors to the incident; last point of contact (ward / specialty); early analysis of outcome</i></p> <p><i>Children – when reporting a child death indicate if the Regional Child Protection Committee have been advised</i></p> <p><i>Mental Health - when reporting a serious injury to, or the unexpected/unexplained death (including suspected suicide or serious self harm of a service user who has been known to Mental Health, Learning Disability or Child and Adolescent Mental Health within the last 2 years) include the following details: the most recent HSC service context; the last point of contact with HSC services or their discharge into the community arrangements; whether there was a history of DNAs, where applicable the details of how the death occurred, if known.</i></p> <p><i>Infection Control - when reporting an outbreak which severely impacts on the ability to provide services, include the following: measures to cohort service users; IPC arrangements among all staff and visitors in contact with the infection source; Deep cleaning arrangements and restricted visiting/admissions.</i></p> <p><i>Information Governance –when reporting include the following details whether theft, loss, inappropriate disclosure, procedural failure etc; the number of data subjects (service users/staff) involved, the number of records involved, the media of records (paper/electronic), whether encrypted or not and the type of record or data involved and sensitivity</i></p> <p>DOB: DD / MMM / YYYY GENDER: M / F AGE: years (complete where relevant)</p>				
<p>6. IMMEDIATE ACTION TAKEN: Include a summary of what actions, if any, have been taken to address the immediate repercussions of the incident and the actions taken to prevent a reoccurrence</p>				
<p>HAS ANY MEMBER OF STAFF BEEN SUSPENDED FROM DUTIES? (please select)</p>	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>N/A</td> </tr> </table>	YES	NO	N/A
YES	NO	N/A		
<p>HAVE ALL RECORDS / MEDICAL DEVICES / EQUIPMENT BEEN SECURED? (please specify where relevant)</p>	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>N/A</td> </tr> </table>	YES	NO	N/A
YES	NO	N/A		
<p>7. WHY INCIDENT CONSIDERED SERIOUS: (please select relevant criteria below)</p> <ul style="list-style-type: none"> • serious injury to, or the unexpected/unexplained death, (including suspected suicides or serious self harm) of: <ul style="list-style-type: none"> – a service user; – a service user who has been known to Mental Health services (including Child and Adolescent Mental Health Services (CAMHS) or Learning Disability (LD) within the last two years); – a staff member in the course of their work; – a member of the public whilst visiting a Health and Social Care facility • unexpected serious risk to service user and /or staff member and/or member of the public • unexpected or significant threat to provide service and / or maintain business continuity. 				

<ul style="list-style-type: none"> • serious assault (<i>including homicide and sexual assaults</i>) by a service user <ul style="list-style-type: none"> – on other service users, – on staff or – on members of the public occurring within a healthcare facility or in the community (where the service user is known to mental health services (<i>including CAMHS or LD</i>) within the last two years). 				
<ul style="list-style-type: none"> • Serious incidents of public interest or concern involving theft, fraud, information breaches and data losses 				
8. IS ANY IMMEDIATE REGIONAL ACTION RECOMMENDED? <i>(please select)</i>			YES	NO
if 'YES' <i>(full details should be submitted):</i>				
9. HAS ANY PROFESSIONAL OR REGULATORY BODY BEEN NOTIFIED? <i>(please select)</i> <i>(e.g. GMC, GDC, PSNI, NISCC, LMC, NMC, HPC etc) where there appears to be a breach of professional code of conduct</i>			YES	NO
if 'YES' <i>(full details should be submitted):</i>				
10. OTHER ORGANISATION/PERSONS INFORMED: <i>(insert date informed)</i>	DATE INFORMED:	OTHER: Please specify: Date informed:		
DHSS&PS EARLY ALERT				
FAMILY/CARER				
HM Coroner				
ICO				
NIAIC				
NIHSE				
PSNI				
RQIA				
11. I confirm that the designated Senior Manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Health and Social Care Board / Public Health Agency and Regulation and Quality Improvement Authority. <i>(delete as appropriate)</i> Additional information submitted by: _____ Designation: _____ Email: _____ Telephone: _____ Date: DD / MMM / YYYY				
12. ADDITIONAL INFORMATION FOLLOWING INITIAL NOTIFICATION <i>Use this section to provide updated information when the situation changes e.g. the situation deteriorates; the level of media interest changes</i> <i>The HSCB and PHA recognises that organisations report SAIs based on limited information, which on further investigation may not meet the criteria of an SAI. Use this section to request that an SAI be de-escalated and send to <u>SeriousAdverseIncident</u> with the unique incident identification number/reference in the subject line. When a request for de-escalation is made the reporting organisation must include information on why the incident does not warrant further investigation under the SAI process.</i> <i>The HSCB/PHA will review the de-escalation request and inform the reporting organisation of its decision within 10 working days. The HSCB / PHA may take the decision to close the SAI without a report rather than deescalate it. The HSCB / PHA may decide that the SAI should not be de-escalated and a full investigation report is required.</i> <i>Use this section also to provide updates on progress with investigations – e.g. where the reporting organisation knows that the investigation report will not be submitted within the 12 week timeframe, this should be communicated to <u>SeriousAdverseIncident</u> with the unique incident identification number/reference in the subject line and provide the rationale for the delay and revised timescale for completion .</i> PLEASE NOTE PROGRESS IN RELATION TO TIMELINESS OF COMPLETED INVESTIGATION REPORTS WILL BE REGULARLY REPORTED TO THE HSCB/PHA SAI REVIEW GROUP. THEY WILL BE MONITORED IN ACCORDANCE WITH THE 12 WEEK TIMESCALE. IT IS IMPORTANT TO KEEP THE HSCB INFORMED OF PROGRESS TO ENSURE THAT MONITORING INFORMATION IS ACCURATE AND BREACHES ARE NOT REPORTED TO HSCB/PHA SAI REVIEW GROUP WHERE AN EXTENDED TIME SCALE HAS BEEN AGREED. THE PATIENT /CLIENT SAFETY SERVICES MANAGER, CORPORATE GOVERNANCE - OVERSEES ALL COMMUNICATION REGARDING SAIs. Additional information submitted by: _____ Designation: _____ Email: _____ Telephone: _____ Date: DD / MMM / YYYY				

Completed profroma should be sent to: SeriousAdverseIncident