HSC Business Services Organisation

Directorate of Legal Services

PRACTITIONERS IN LAW TO THE HEALTH & SOCIAL CARE SECTOR

2 Franklin Street, Belfast, BT2 8DQ
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Your Ref:	Our Ref:	Date:
AD-0207-11	NSC W50/1	7 April 2011

Ms Anne Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS
OUR CLIENT: WESTERN HEALTH AND SOCIAL CARE TRUST

I refer to your letter dated 2nd February 2011 (AD-0207-11.)

Within the Western Trust the DHSSPS guidance on 'Death Stillbirth and Cremation Certification', has been distributed widely and is held, together with Death Certificate Book, in the Bereavement Folder in all ward areas. Page 7 provides clarity on those deaths which require reporting to the Coroner. This guidance is provided to new medical staff at the formal induction twice yearly.

In addition the Trust's Incident Reporting Policy (copy enclosed) reminds staff at paragraph 6.3 of the requirement to report deaths to the Coroner and other relevant Organisations where this has occurred as a result of an unexpected death and the requirement to report to other relevant organisations where serious harm involving patients or clients receiving care and treatment has occurred.

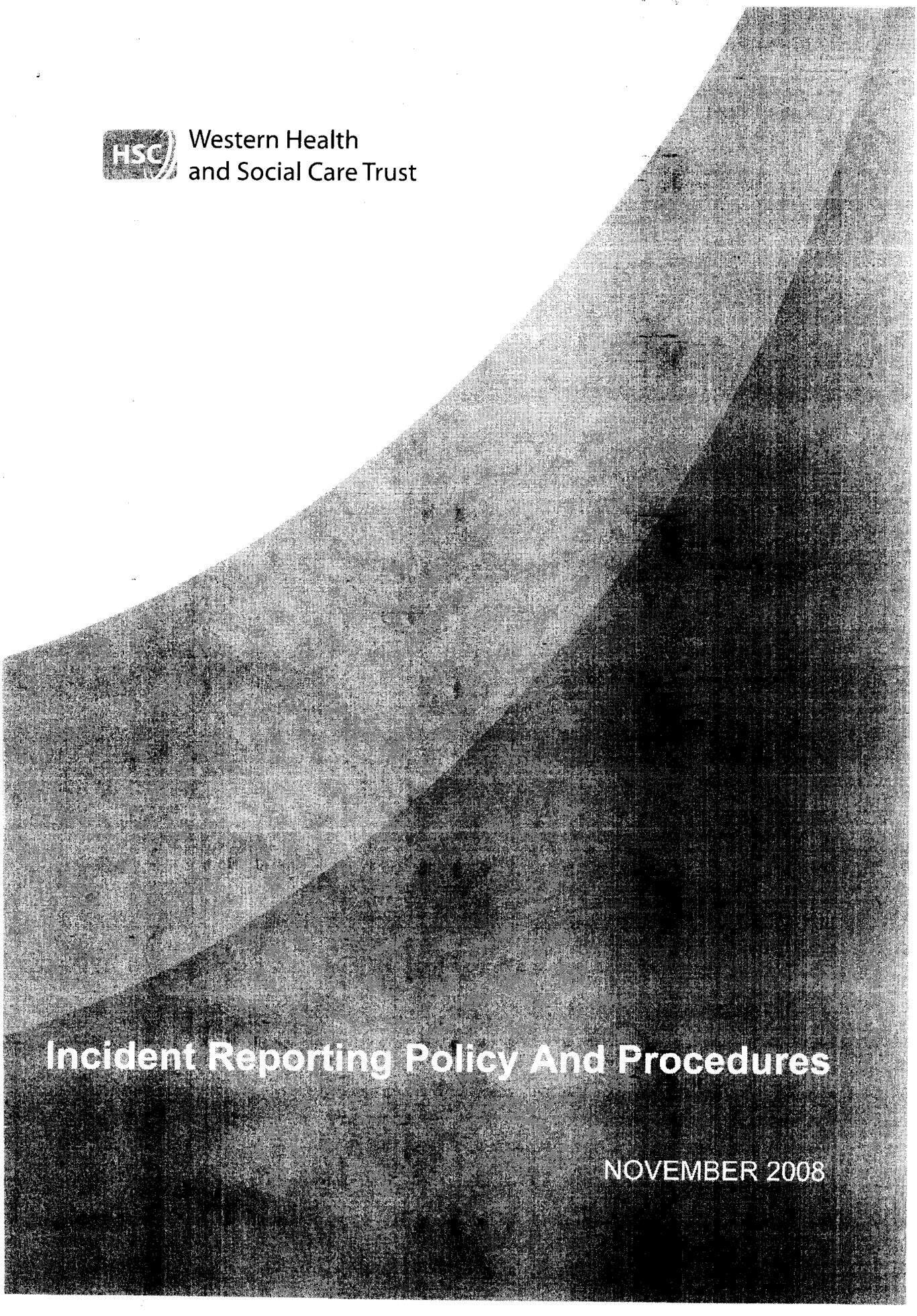
Yours faithfully

pp Nicola Doolan

Wendy Beggs
Assistant Chief Legal Adviser

Direct Line: [redacted]
Fax: [redacted]
Email: [redacted]

Providing Support to Health and Social Care



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302-010-002

Western Health and Social Care Trust

TRUST POLICY DOCUMENT

Policy Title:	**Incident Reporting Policy and Procedures**
Policy Ref. No:	MED08/008
Implementation Date:	November 2008
Review Date:	November 2009
Responsible Officer:	Medical Director

INDEX

1.0 INTRODUCTION

1.1 The Western Health and Social Care Trust is committed to the on-going development of a safer service and improved clinical and social care to its patients, clients, visitors and staff. However it recognises that no health and social care environment will ever be absolutely safe and, on occasion, errors or incidents will occur. Equally it recognises that when incidents occur it is important to identify causes and to ensure that lessons are learned to prevent recurrence.

1.2 The Trust encourages the reporting of all incidents, both actual and 'near misses' so that real opportunities for improvement and risk reduction are taken. To enable this to happen staff must make themselves fully aware of this policy and the arrangements in place for management, reporting and investigation of incidents. Staff must also ensure that incident reports are made promptly and accurately.

1.3 The Trust wishes to make it clear that incident reporting will not result in disciplinary proceedings, except in the most exceptional circumstances, for example where there has been a breach of law, willful or gross carelessness or professional misconduct.

1.4 This policy operates in conjunction with existing external statutory reporting requirements such as to the Regulation & Quality Improvement Authority (RQIA), Office of Social Services (OSS), Mental Health Commission (MHC), Health & Safety Executive Northern Ireland (HSENI), Northern Ireland Adverse Incident Centre (NIAIC), Department of Health & Social Services and Public Safety Northern Ireland (DHSSPSNI), Police Service of Northern Ireland (PSNI), H.M. Coroner.

1.5 This policy and procedures replace previous similar guidance in place in the legacy Altnagelvin, Foyle and Sperrin Lakeland Trusts.

1.6 This documentation has been developed to complement arrangements set out in the following DHSSPS and Trust strategies, policies and procedures:

- Risk Management Strategy
- Health & Safety Policy
- Whistle-blowing Policy
- Guidance on Risk Assessment
- Infection Control Policy/Manual
- Theft, Fraud & Corruption Policy
- Emergency Plans
- Disciplinary Policy
- Zero Tolerance Policy
- Harassment Policy
- Fire Safety Policy
- Protocol for Securing Records/Files (for Future Independent Enquiries or Case Management Reviews)
- Regional Policy on Abuse of Children and Vulnerable Adults

- 'Choosing to Protect' A Guide To Using the Protection of Vulnerable Adults, Northern Ireland (POVA (NI)) Service, April 2005, Revised July 2007:DHSSPS

This is not an exhaustive list.

2.0 PURPOSE and OBJECTIVES OF THE POLICY

2.1 Purpose and Objectives

- To ensure the Trust has clearly defined accountabilities, responsibilities and frameworks in place to appropriately manage incidents.
- To provide a Trustwide framework for the management of all incidents ensuring they are dealt with appropriately and in a consistent manner.
- To improve the Trust's services through reporting, recording, analyzing, evaluating and most importantly learning from incidents involving patients, clients, staff and visitors.

3.0 SCOPE OF POLICY

This policy applies to all employees of the Western Health & Social Care Trust and covers all aspects of the Trust's business including services to patients, clients, visitors, members of the public, staff and volunteers.

4.0 DEFINITIONS

4.1 Incident

The DHSSPSNI document "Safety First: A framework for Sustainable Improvement in the HPSS" defines an error or incident as

"Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation".

This definition includes 'near misses' as it acknowledges that not all errors result in harm to patients and service users, but some do.

All incidents reported within the Trust (refer to Trust Incident Report Form at Appendix A) are categorised and defined as follows:

Clinical Care: Any event or omission arising during clinical care that resulted, or could have resulted, in unexpected physical or psychological harm to a patient or client. Examples include incorrect prescription, dispensing or

	administration of drugs, incorrect patient/client assessment or treatment, health records not available during consultation.
Social Care:	Any event or omission arising during social care (that takes place outside hospital) that results, or could have resulted, in unexpected physical or psychological harm to a client/member/resident, for example, failure to provide an agreed service, absconding by clients/residents or looked after children, unexplained/sudden absence of vulnerable adult in receipt of a social care service
Personal Accident:	Slips/trips/falls, cuts, moving and handling incidents, needle stick injuries etc
Violence/Abuse:	Assault (physical, verbal or sexual); violent, aggressive or severely disruptive behaviour by patients, clients, staff, visitors, relatives, member(s) of public
Security:	Break-in, vandalism, damage to property, theft. Any breach of information security involving the confidentiality, integrity or availability of data (both hard copy and electronic data)
Equipment:	Equipment failures, malfunctions etc. of medical and non-medical equipment, unavailability of equipment for example a loop system for the hearing impaired
Fire:	Actual fires, incidents where the fire alarm has been activated etc.
Other:	Incidents that do not fall into any of the aforementioned categories. Disability Discrimination Act access issues.

The examples provided above are not an exhaustive list.

4.2 **Serious Adverse Incident**

DHSSPS Circular HSS(PPM) 05/05 and subsequent Circulars HSS (PPM) 02/2006 and HSC (SQS) 19/2007 stipulated that all Trusts notify them within 72 hours of occurrence of serious adverse incidents which fall into the following categories:

- Incidents regarded as serious enough to warrant regional action to improve safety or care within the broader HPSS;
- Incidents which are likely to be of public concern (such as serious media interest); or
- Incidents which are likely to require an independent review.

Examples of serious adverse incidents reported to DHSSPS are:

⇒ Outbreak of an infectious disease
⇒ Suspected suicides

⇒ Admission of persons aged under-18 years to adult acute mental health or adult learning disability hospital ward
⇒ Where it is known that a person(s) is in receipt of Trust care services and it is suspected/alleged that he/she is involved in a criminal act, e.g. burglary, arson, homicide or other felony.

Again this is not an exhaustive list of examples.

The Trust's special arrangements for reporting serious adverse incidents are outlined in **Section 6.2** below.

4.3 Breach of Waiting Times at A&E department in excess of 12 hours for hospital admission

The Trust is required to keep a record of those patients who are waiting more than 12 hours in an Accident & Emergency Department or Urgent Care & Treatment Centre for Hospital admission. Refer to **Section 6.2** for reporting of waiting times in excess of 12 hours at Accident & Emergency Department or Urgent Care & Treatment Centre.

5.0 ROLES AND RESPONSIBILITIES

Chief Executive, as Accountable Officer is responsible for ensuring ALL incidents are managed appropriately in accordance with Trust policies and external statutory reporting requirements. She/he is also responsible for implementation of a safety conscious culture within the organisation.

Lead Director – The Chief Executive has nominated the Medical Director as the senior manager with lead responsibility for ensuring appropriate policies are in place to enable effective management of incidents to include reporting, analysing, implementation of remedial action and that learning is incorporated into professional practice, systems and procedures.

Clinical Directors, Social Care Directors, Non-Clinical Directors and all Assistant Directors – are responsible for:

- Dissemination of this policy and procedures within their area of responsibility and ensure its promotion and implementation by providing support and advice to managers and staff within their remit
- Ensuring that incidents are reviewed within their area of service and any recommendations made as a result of investigation are put in place where relevant and shared throughout the Trust
- Ensuring that appropriate staff are identified for and receive training in incident investigation and review
- Ensuring that staff have access to advice and training on incident reporting and management
- Ensuring follow-up action, outcomes of investigation are formally recorded (i.e. using DATIX-Web directly/completion of 'Investigation Proforma'/completion of 'Summary of Outstanding Incidents' report as appropriate) and that, as far as possible, incidents are closed within 20 working days of occurrence.

Head of Clinical Quality & Safety is responsible for the development and implementation of this policy and associated procedures. She will be required to provide an assurance to the Governance Committee that the reporting arrangements are robust and appropriate and will be required to identify trends to Trust Directorates on the nature and frequency of incidents within their respective remits. She/he will provide expert advice and leadership to all Healthcare Professionals and will establish and maintain effective communication systems to ensure that information and learning is acted on in a timely manner and shared across the organisation.

Corporate Risk Manager is responsible for promoting the comprehensive and consistent reporting of incidents across the Trust and ensuring the development and maintenance of an efficient effective and integrated risk management information system (DATIX) for their recording, analysis and further action as might be required.

She will ensure the Trust's compliance with requirements in respect of the reporting to relevant external agencies of any serious adverse incident occurring within the Trust.

She will participate, in conjunction with other managers, in the appropriate follow-up, investigation and 'root cause analysis' of serious incidents and contribute to, or lead on risk assessments to ensure that learning and improvement is, where required, identified and disseminated across the Trust.

Managers / Team Leaders/Supervisors/Person in Charge must

- Ensure all staff within their control understand and follow the reporting procedure
- Ensure that the Incident Reporting Form is completed as soon as possible and forwarded to the Risk Management Department based in Trust Headquarters, MDEC Building, Altnagelvin Hospital no later than 5 working days post incident
- Review all incident reports and ensure remedial (immediate and planned) action is implemented where necessary
- Be involved in carrying out incident investigations within their area of responsibility
- Maintain appropriate records including recording of follow-up action, lessons learned and appropriate closure of incidents using DATIX-Web/Investigation Proforma/monthly summary of outstanding incidents reports as applicable
- Review, where appropriate, a current risk assessment or undertake a new assessment following an incident.

All Employees must

- Report to their line manager immediately and no later than the end of their working shift any incident they witness, are involved in or are informed of.
- Be aware of the location of the A3 Incident Report Book or, as 'on-line' reporting is rolled out know how to utilise this method of reporting
- Record all facts (not opinion) on the Trust's A3 Incident Reporting Form (Appendix A) /on-line reporting format within the stipulated timescales
- Record appropriate details in the patient/client notes. A3 Incident report forms MUST NOT be filed in patient/client notes but it is important that an entry is made in the notes and record made that an incident form has

been completed. It is acceptable to record the A3 Incident Reference Number/DATIX Identifier along with the entry made in the patient/client notes

- Attend education/training/awareness sessions in relation to incident reporting and management
- Co-operate fully with any incident investigation
- Any equipment or material evidence involved in an incident should be withdrawn from further use and retained securely for subsequent investigation
- Take all reasonable steps to minimise risk.

6.0 REPORTING PROCEDURES

An effective incident reporting procedure provides the following benefits:

- A documented record should reference be needed at a later date
- Identification of factor(s) contributing to incidents to assist in implementation of risk reduction strategies to reduce recurrence
- Provision of a means to analyse trends in incidents and to take remedial action
- Assists in minimising risk to staff, patients, clients and visitors

6.1 Reporting Incidents

- Primary concern must be for the welfare of the individual affected by the incident. This may require the nomination of a lead person to co-ordinate the immediate actions required following the incident so that care and services to other patients/clients are maintained.

- The individual staff member directly involved in, present at the time of an incident or to whom an incident is reported (e.g. from a member of the public or visitor) is required to complete the Trust A3 Incident Report form (Appendix A) or, as online reporting of incidents is rolled out, log the incident via the DATIX-Web system. This should be done as soon as possible after the incident and prior to the end of the working shift. This may be done in conjunction with their line manager or person in charge at the time of incident.

- Incident report forms should be written legibly, clearly and factually immediately following the incident. Abbreviations must not be used.

- Staff must record only facts and not opinion. DO NOT erase, overwrite or ink out. Error or alteration should be scored out with a single line and the corrected entry written alongside the date and signature. AVOID offensive, personal or humorous comments.

- Guidance on completion of the incident report form is available on the buff coloured pages at the front of Incident Report Books.

- **All incident reports should be forwarded to the Line Manager/Person in charge at time and place of incident within 24 hours of the incident occurring**

- The Person in Charge at time and place of incident must notify their Head of Service/Senior Manager/Senior Professional lead of all extreme (red) rated incidents and those high (amber) rated incidents which are deemed to be serious.

- The Person in Charge at time and place of incident must contact the on-call contact if the incident occurs out of normal working hours, e.g. the Night Sister/on call senior manager/out of hours social worker as appropriate.

- Depending on the nature and circumstances of the incident, the Person in Charge at time and place of incident may wish to consider contacting the PSNI.

- Serious adverse incidents, (see point 6.2 below) must be reported through to the Professional Lead/Assistant Director for the area concerned before the end of the working shift by the relevant duty manager.

- Serious adverse incidents must also be reported to the Incident Reporting Hotline **(Direct Dial Number 028 82835858)** before the end of the working shift by the relevant duty manager. This is in addition to completion of the A3 incident report form or, as online reporting is rolled out, logging of the incident via DATIX Web.

- **All completed incident forms must be sent to the Risk Management Team within 5 working days following the incident.**

The white copy of the incident report form must be sent to

Risk Management Team
Trust Headquarters
MDEC Building
Altnagelvin Hospital
Glenshane Road
Londonderry
BT47 6SB

The pink copy must be forwarded to the relevant Head of Service/General Manager for Service

The yellow copy must be retained in the Incident Reporting Book.

6.2 Reporting Serious Adverse Incidents

Serious Adverse Incidents must, in the first instance, be verbally reported immediately to the **Hotline (028 8283 5858).**

Following this an A3 Incident Report Form must also be completed and submitted to the Risk Management Team at the address in Section 6.1 above. Alternatively as online reporting is rolled out, the incident can be recorded via DATIX web.

The criteria set down by the DHSSPS for notification of serious adverse incidents to them has been defined as follows:

- Incidents regarded as serious enough to warrant regional action to improve safety or care within the broader HPSS
- Incidents which are likely to be of public concern (such as serious media interest)
- Incidents which are likely to require an independent review.

Any incident which meets one or more of the above criteria should be reported as a Serious Adverse Incident.

In addition, any incident that staff consider has the potential for serious implications should be reported via the Hotline. If you have any doubts as to whether an incident should be reported, please contact the Risk Management Department on the Hotline number above.

Please note that DHSSPS require that the following types of incident must be reported to them as Serious Adverse Incidents:-

- Disease/infection outbreak
- Patient/client suicide (actual or suspected)
- Admission of a person under 18 years to adult mental health or learning disability hospital ward
- Where it is known that a person(s) is in receipt of Trust care services and it is suspected/alleged that he/she is involved in a criminal act, e.g. burglary, arson, homicide or other felony.
- Breach of 12 hour waiting time at Accident & Emergency Department or Urgent Care & Treatment Centre (UCTC)

Information required when using the **Hotline (028 8283 5858)** is as follows:

⇒ Your name, department/ward, job title, contact telephone number
⇒ Patient/Client name, address, date of birth, hospital number
⇒ Date of Incident
⇒ Time of Incident
⇒ Brief summary of incident
⇒ Immediate action taken following incident
⇒ Trust Incident Report Form Reference Number
⇒ Risk Rating
⇒ Other individuals and/or other organisations informed.

The Risk Management Co-ordinator will prepare a report using a standard proforma provided by DHSSPS. The relevant Trust Director/Head of Clinical Quality and Safety will approve the proforma. This will then be forwarded to Chief Executive, Deputy Chief Executive, Medical Director, Director of Social Work, relevant Trust Director and Assistant Director, Head of Clinical Quality & Safety, Chief Executive - WHSSB and DHSSSPS within 72 hours of incident report to Hotline.

The Risk Management Co-ordinator will act as the point of contact with the DHSSPSNI should they require any further information. The Risk Management Co-ordinator will liaise with the relevant Assistant Director/Head of Service and co-ordinate feedback to the DHSSPSNI within timescales given.

6.3 External Reporting Arrangements

The Head of Service/Senior Manager in Charge at time of incident or their delegated officer/Professional Lead will be responsible for ensuring relevant external organisations are notified, e.g. Police Service of Northern Ireland (PSNI), Regulation and Quality Improvement Authority (RQIA), Mental Health Commission (MHC), Office of Social Services (OSS).

Where incidents highlight concerns regarding Trust employed staff, the Trust's Medical Director/Director of Nursing/Director of Social Services (as applicable) will be responsible for reporting to relevant appropriate professional bodies.

Where staff employed via an agency/contractor are involved in incident(s) whilst working in Trust facilities, it is the responsibility of their employer to report as appropriate to relevant external agencies.

Staff are reminded of their responsibilities regarding reporting of deaths to the Coroner.

The Corporate Risk Manager will notify the Health & Safety Executive (HSE) Northern Ireland if an incident meets requirements outlined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR).

The nominated Medical Device Liaison Officer in Facilities Management will notify Health Estates in relation to reported incidents involving medical devices, non-medical devices, buildings and plant as per Device Bulletin – Reporting Adverse Incidents and Disseminating Medical Device Alerts [DB 2008(NI)01] requirements. This notification will normally be in conjunction with the Corporate Risk Manager.

A Memorandum of Understanding has been agreed between the DHSSPS on behalf of the Health and Personal Social Services (HPSS), PSNI, the NI Court Service (Coroners Service Branch) and the Health & Safety Executive (HSE) for Northern Ireland. The purpose of the Memorandum is to promote effective working relationships between the organisations and will take effect in circumstances of an unexpected death or serious untoward harm involving patients or clients receiving care and treatment from the HPSS in Northern

Ireland requiring investigation by the police (PSNI), coroner's office or Health & Safety Executive Northern Ireland (HSENI) separately or jointly. This may be the case when an incident has arisen from or involved:

- Criminal intent, recklessness and/or gross negligence
- In the context of health and safety, a work-related death.

If required, a copy of the memorandum and/or advice should be sought from the Clinical Quality and Safety Department, Trust Headquarters, MDEC, Altnagelvin Hospital site.

7.0 INCIDENT GRADING

All reported incidents must be graded by the person in charge at the time of incident using the Trust's risk evaluation matrix (see below). Incidents where harm or loss occurs should be graded based on the actual impact whereas incidents where harm or loss does not materialise (i.e. "near misses") should be graded based on the potential impact. All incidents must be graded according to the impact on the organisation and the likelihood of recurrence.

Step 1 – What is the actual outcome or impact of the event?

Determine the actual severity of the event by considering the outcome of the incident in terms of harm to people/resources/environment/reputation/quality using Tables 1a & 1b below. Use Table 1b to consider which factor impacts most seriously on the organization to assist in your judgement of the severity of the incident.

Table 1a - Actual Incident Severity (according to the facts available)

Severity of incident	High Level Descriptors (see Impact Table 2 overleaf for a more detailed list)
	Incident with widespread implications to services
	Significant disruption to services
Moderate	**Short term disruption to services**
Minor	**No interruption to services**
Insignificant	**No adverse outcome but risk potential evident**

Impact Table 1b (based on facts available about the incident)

This table may also be used to assess the impact of risks in order to analyse future risks

	PEOPLE (Any person affected by an Incident: Staff, User, Visitor, Contractor)	**RESOURCES** (Premises, money, equipment, Business interruption, problems with service provision)	**ENVIRONMENT** (Air, Land, Water, Waste management)	**REPUTATION** (Adverse publicity, Complaints, Legal or Statutory Requirements, Litigation)	**QUALITY AND PROFESSIONAL STANDARDS** (including government priorities, targets and organisational objectives)
[redacted]	Incident that led to one or more deaths	Severe organisation wide damage/ loss of services /unmet need	Toxic release affecting off-site with detrimental effect requiring outside assistance.	National adverse publicity. DHSSPS executive investigation following an incident or complaint. Criminal prosecution.	Gross failure to meet external standards, priorities
[redacted]	Permanent physical/emotional injuries/trauma/harm.	Major damage, loss of property / service /unmet need	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc)	Local adverse publicity. External investigation or Independent Review into an incident/complaint. Criminal prosecution /prohibition notice	Repeated failure to meet external standards.
[redacted]MODERATE	Semi permanent physical/emotional injuries/trauma/harm (recovery expected within 1 year).	Moderate damage, loss of property / service /unmet need	On site release contained by organization	Damage to public relations. Internal investigation (high level), into an incident/complaint. Civil action	Repeated failure to meet internal standards or follow protocols.
MINOR	Short-term injury/harm. Emotional distress. (Recovery expected within days /weeks.)	Minor damage, loss of property / service /Unmet need	On site release contained by organization	Minimal risk to organisation. Local level internal investigation into an incident/complaint Legal challenge	Single failure to meet internal standards or follow protocol.
[redacted]	No injury/harm or no intervention required / near miss	No damage or loss, no impact on service Insignificant unmet need	Nuisance release	Minimal risk to organization. Informal complaint	Minor non compliance.

Step 2 – What are the chances of the incident happening again?

In order to obtain a realistic assessment of the event you need to consider how likely it is that the event will occur again under similar circumstances. This can be done considering likelihood table below:

Table 2: Likelihood

Descriptor	Description
Almost Certain/ Very Likely	Will undoubtedly recur, a persistent issue
Likely	Will probably recur, not a persistent issue
Possible	May recur occasionally
Unlikely	Do not expect it to happen again
Rare	Can't believe it will ever happen again

Step 3 – What is the overall risk rating for this incident?

Using your results from Step 1 and Step 2 above plot them on the Risk Matrix (Table 3) below:

Table 3: Risk Matrix

	CONSEQUENCE (Actual Impact)				
LIKELIHOOD	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain (will undoubtedly recur, a persistent issue)					
Likely (will probably recur, not a persistent issue)					
Possible (may recur occasionally)					
Unlikely (do not expect it to happen again)					
Rare (can't believe it will ever happen again)					
Risk Rating					
	Medium		High		

Grading of incidents helps to inform the extent of investigation required and the level at which investigation should be conducted. This initial grading is

based on best judgement taking into consideration all facts known about the incident at the time of occurrence. Depending on the findings during investigation, the investigator may amend the risk rating.

Green (Low)

These are incidents that can generally be managed adequately and promptly at the time of the incident. As a single incident it does not have any serious consequences, implications or repercussions that could be ongoing and impact on the individual or the service. However they must be monitored regularly to identify patterns or trends and, where necessary, develop and implement actions to prevent recurrence.

Yellow (Medium)

These are incidents that may also be managed adequately and promptly at the time of the incident, however, the type of incident and its possible implications may require the manager to consider if the occurrence - in terms of its potential to cause a serious or adverse outcome, injury or interruption to service - will require on-going management action. Again these incidents must be monitored regularly to identify patterns or trends and, in conjunction with relevant Senior Manager/Head of Service, develop and implement actions as necessary to prevent recurrence.

Amber (High)

All amber incidents must be drawn to the attention of the relevant Senior Manager/Head of Service who will ensure that prompt action is taken and reduce the likelihood of recurrence to an absolute minimum.

Red (Extreme)

All incidents graded as red are extremely serious and must be brought to the attention of the Assistant Director without delay who will ensure that immediate and planned actions are implemented so as to avoid recurrence.

8.0 INCIDENT INVESTIGATION AND CLOSURE

The investigation of incidents and 'near misses' must be thorough and comprehensive to ensure causes are identified and remedial actions taken. Regardless of the grading or colour of incident, 'action taken to prevent recurrence' and 'lessons learned' must be formally recorded on DATIX-Web, the Investigation Proforma or, for staff in the northern sector, in the interim by completion of the Monthly Summary of Outstanding Incidents Report. Staff who have been trained on the use of DATIX–Web must use this system.

The extent of investigation required will be influenced by the grading outlined in Section 7.0 above.

Incident Grading	Level of Investigation Required
Green (Low) & Yellow (Medium)	These incidents generally require minimum investigation that can be undertaken adequately by the ward/departmental manager. It is acceptable for the ward/departmental manager to close such incidents following investigation and proper recording of findings and lessons learned.
Amber (High)	The degree of seriousness of these incidents may require multi-disciplinary and/or external element to be involved in review. The Head of Service/General Manager for the area where incident occurred is responsible for ensuring a detailed investigation is conducted, formal recording and dissemination of findings, actions taken, lessons learned and closure of these incidents. Where necessary advice can be sought from the Trust's Corporate Risk Manager.
Red (Extreme)	These extremely serious incidents require thorough investigation at Assistant Director level and often involve an inquiry led by agencies external to the Trust. The Assistant Director is responsible for formally recording and disseminating findings from investigation, actions taken and closure of these incidents in conjunction with the Trust's Head of Clinical Safety and Quality.

Investigations following incidents should normally be completed and closed within 20 working days. Where incidents involve children or vulnerable adults, consideration must be given to the requirements of the *Regional Policy on Abuse of Children and Vulnerable Adults* and *Choosing to Protect: A Guide To Using the Protection of Vulnerable Adults, Northern Ireland (POVA (NI)) Service, April 2005, Revised July 2007*

Following completion of investigation staff charged with investigation of incidents must review the initial risk rating and amend, as necessary, to reflect more accurately the impact of the incident on the organisation. It is essential that '*action taken to prevent recurrence*', '*lessons learned*', '*outcome'* and incident closure is recorded on DATIX-Web or on the Investigation Proforma or in the interim, northern sector staff should complete the Monthly Summary of Outstanding Incidents Report. **Completion of the Proforma or Monthly Report can only be used by those staff not trained on the use of the DATIX-Web system.** Completed Proformas and Reports must be forwarded without delay to the Risk Management Team at Trust Headquarters, MDEC, Altnaglevin Hospital, Glenshane Road, Londonderry, BT47 6SB who will update the DATIX system accordingly.

Any learning points, safety improvements or actions taken as a result of incident investigation must be brought to the Sub-Directorate Governance Group for discussion, review of patterns/trends and consideration for risk registers. The Chairperson of the Sub-Directorate Governance Group(s) should consider opportunities for organizational learning and, as applicable, share across Directorates, the Trust and/or regionally.

8.1 Investigation of Serious Adverse Incidents

When a Serious Adverse Incident (SAI) is reported the relevant Director and Assistant Director will determine and agree in consultation with the Head of Clinical Quality & Safety who will be the lead investigator, membership of investigative team and timescales for completion of investigation. Following thorough investigation the team will produce a comprehensive report with recommendations, as applicable, using format as outlined in DHSSPS Guidance HSS(SQSD) 34/2007 entitled "HSC Regional Template and Guidance for Incident Review Reports" (available from Risk Management Team).

The lead investigator is responsible for ensuring that findings are shared with the Head of Clinical Quality & Safety and that action taken, lessons learned, outcome and closure of incident is formally recorded on DATIX as soon as possible following completion as referred to in Section 8.0 above.

9.0 COMMUNICATION

9.1 Communicating with Patients/Clients and/or Relatives

The lead member of staff responsible for the treatment and/or care will retain the responsibility for communicating with the patient/client and their relatives about the incident. There may also be a liaison person at a senior level identified to make contact with the family. The following points should be noted:

- Following an early/initial assessment, patients/clients and relatives (bearing in mind issues of patient/client confidentiality) should be provided with explanations of what has happened, why it happened, how it will be investigated and how lessons will be learned from the incident. However, if in conjunction with the relevant Assistant Director, the professional head/consultant considers there are compelling professional reasons not to discuss the incident with the patient/client's relative (s) a clear record should be made of this in the patient/client records

- If deemed appropriate, an apology should be given, acknowledging that an apology is not an admission of liability

- If appropriate, a meeting should be offered to the patient/client and/or relative(s) with the relevant Trust personnel. A summary of the points discussed and any agreements made should form part of the overall investigative paper work and a copy provided to the patient/client and/or relative(s)

- If informed of incidents the patient/client and/or relative(s) should be informed of any external organisation the Trust is reporting to and why.

- The patient/client should be given the opportunity to meet with appropriate staff to get feedback from the investigative process.

9.2 Communicating with the Media

All communications with the media should be co-ordinated by the Trust Head of Communications on behalf of the Office of the Chief Executive.

10.0 SUPPORT TO STAFF

If a member of staff is concerned about the appropriateness of completion of an incident form he/she should contact a member of the Risk Management Team for advice (Tel. No. [redacted] Ext [redacted] or [redacted]).

If a member of staff is unable to complete an incident form, for example, due to disability or where English is not their first language, he/she should contact the a member of the Risk Management Team (contact details above) so that the incident can be documented accordingly.

Following an incident where a member of staff has been affected, the line manager should provide support and consider follow up action that may include:

- Formal/informal debriefing and support of staff individually or as a group
- Make staff aware of services provided by Occupational Health, staff counselling service

Where further investigation has been carried out and/or remedial action taken, feedback should be provided to staff involved/affected by the incident.

In the event of an employee becoming a victim of abuse or violence at work, the Trust will ensure that appropriate support is given. (Reference: Western Trust Zero Tolerance Policy, February 2008)

Where staff have been injured as a result of a work-related incident they may be eligible to claim one or more of the following benefits:

- Temporary/permanent injury benefit
- Industrial Injuries Disablement Benefit
- Criminal Injuries Compensation Scheme *(Incident needs to be reported to PSNI within 48 hours of occurrence)*

Guidance on application for any of these schemes can be obtained from your Staffside/Trade Union Organisation or by contacting:

Industrial Injuries Branch, Castlecourt, Royal Avenue, Belfast
TEL: *028 9033 6000* FAX: *028 9033 6959* *www.ssani.gov.uk*

Criminal Compensation Agency, Royston House, Upper Queen St, Belfast
TEL: *028 9024 9944* FAX: *028 9024 6956*

11.0 EDUCATION, TRAINING AND INDUCTION

All staff, including medical staff, must receive information regarding Incident Reporting and associated policy and procedures at time of induction and regularly updated.

All staff must be made aware of location of Incident Reporting Policy and Procedures, the A3 incident Report Book and as on-line reporting is rolled out be afforded time to make themselves familiar with content and process.

Directors must identify and facilitate training of their staff in incident investigation.

Directors must identify and facilitate training of their staff in use of DATIX Web to report, record follow up actions taken, lessons learned and closure of incidents.

The Risk Management Team will produce quarterly reports on incident analysis and trends for discussion at Directorate Governance forums. The Directorate Team will ensure wider dissemination thereafter enabling feedback and learning of lessons to staff at operational level.

Directors must ensure staff within their remit receive regular updates regarding incident reporting.

12.0 Review of Policy

It is planned that this policy will be reviewed in one year following approval and every two years thereafter. In the event of significant change in legislation or Trust practices it will be reviewed sooner.

13.0 Equality and Human Rights

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy.

Signed: _____(Chairman)

Date: _____

Appendix A

Western Trust Incident Report Form

CR - INQ

Western Trust Incident Reporting Form– Please refer to guidance notes when completing this form

Please complete **ALL** sections. Record **FACTS** only. Print **LEGIBLY** in **BLACK** ball point pen

Ref. No. **W**

1. Which category best fits this incident?

Clinical Care ☐ | Social Care ☐ | Personal Accident ☐ | Violence/ Abuse/ Harassment ☐ | Security/ Damage to Property ☐ | Equipment ☐ | Fire ☐ | Other ☐

2. When and Where?

Date of Incident ☐☐ ☐☐ ☐☐ | Time (24hr) ☐☐☐☐

Facility/ Hospital | Directorate

Ward/ Department | Exact Location (e.g. dormitory, clients home)

3. Personal Details of Person Affected/Injured

Title | First

Surnam | Mal ☐ Femal ☐

Date of Birth ☐☐☐☐☐☐

Address

Inpatient ☐ | Outpatient ☐ | Staff ☐ | Client/ Resident ☐ | Looked After Child ☐ | Visitor ☐ | Other ☐

Patient/Client /Staff Number (Delete as appropriate)

4. Other Persons Directly Involved In Incident

(incl. name, address, role/status e.g. nurse, doctor, inpatient perpetrator, person supervising patient/resident , community care worker etc.

5. Did Anyone Witness the Incident? YES ☐ NO ☐

Witness 1 (Forename, Surname, Address, Telephone & Job Title)	**Witness 2** (Forename, Surname, Address, Telephone & Job Title)
Signature.....	Signature.....

Please provide details of additional witnesses & statements on separate page

6. Factual Description of Incident Give *brief* details

Please tick if additional information attached ☐

7. For Clinical Incidents only– Insert Trigger List Codes

Refer to Specialty Trigger Lists

8. Nature of Injury?

9. Treatment Given? e.g. First Aid, A&E Dept, Occupational Health, Hospital Admission

10. Contributing Factors? (Please list all factors which may have had an influence on this incident)

11. Medication Related Incidents Only Give details e.g Name of Drugs, Quantity, Lot No.

12. Equipment Related Incidents Only Give details e.g. type, Model No & Asset No.

13. Outline Any Action Taken To Prevent Recurrence (IMMEDIATE and PLANNED FOLLOW-UP) Give *brief* details

14. Police Informed? YES ☐ NO ☐ Which Station?

Name of PSNI Officer | Ref. No

15. Reporting Details

Person Recording Incident

Print Name | Job Title

Signature:.....Date & Time.....

To Whom Was The Incident Reported?

Full Name | Job Title

Signature of Person Affected/Injured (if possible)

I confirm that the information recorded in this form is a true and accurate record of the facts of this incident

Signature..... Date .....

Print Name

16. To Be Completed by Person In Charge at Time & Place of Incident *Please refer to Guidance Notes*

	YES	NO	N/A
Patient/Client Informed?	☐	☐	☐
Next of Kin/Relatives Informed?	☐	☐	☐
Other Departments/External Bodies Informed?	☐	☐	☐

(e.g. SAI, Social Services, RQIA, Coroner, Mental Health Commission)

Should the person affected have been in the area/ undertaking this task?	☐	☐	☐
If Employee injured/affected- Did he/she stop work?	☐	☐	☐
Was there was any financial loss or damage to property?	☐	☐	☐
Were Estate Services contacted?	☐	☐	☐
Works Docket No. / Job Requisition No?			
Has a risk assessment been undertaken/reviewed following this incident?	☐	☐	☐
Does this incident relate to a research project?	☐	☐	☐

17. What Risk Classification Does This Incident Merit?

Please tick appropriate box in matrix below:

LIKELIHOOD	Consequence / Impact: Insignificant/ None	Minor	Moderate	Major	Catastrophic
Almost Certain					
Likely					
Possible					
Unlikely					
Rare					
Risk Rating		Medium		High	

18. Details of Person in Charge at Time & Place of Incident

Full Name | Job Title

Tel. No. | Date Completed

By completing and signing this form you are verifying that the information contained within it is correct to the best of your knowledge

Signature..... Date ..... Time.....

19. ENSURE FULL INVESTIGATION & FOLLOW UP

302-010-025