

POLICY FOR THE REPORTING OF INCIDENTS

CONTENTS

INTRODUCTION & EXECUTIVE SUMMARY	1
1.0 DUTIES – WHO SHOULD REPORT INCIDENTS	2
ALL STAFF	2
MANAGERS MUST	2
RISK & PATIENT SAFETY TEAM MUST	2
DIVISIONAL BOARDS MUST	3
QUALITY, SAFETY AND PATIENT EXPERIENCE COMMITTEE.....	3
2.0 WHAT SHOULD BE REPORTED AS AN INCIDENT	3
INCIDENT	3
NEAR MISS.....	3
3.0 WHEN TO REPORT AN INCIDENT	4
4.0 HOW TO REPORT AN INCIDENT	4
INTRANET REPORTING	4
REPORTING POTENTIALLY SERIOUS INCIDENTS	4
5.0 NPSA NEVER EVENTS	5
6.0 INCIDENT GRADING SYSTEM	5
7.0 HOW STAFF CAN RAISE CONCERNS FOR EXAMPLE, WHISTLE BLOWING, OPEN DISCLOSURE, ETC	6
8.0 FEEDBACK TO STAFF	6
9.0 REPORTING INCIDENTS TO EXTERNAL AGENCIES	6
NATIONAL REPORTING AND LEARNING SERVICE (NRLS)	7
MEDICINES AND HEALTHCARE REGULATORY AGENCY (MHRA).....	7
RIDDOR (REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATION).....	7
IONISING, REGULATION, MEDICAL, EXPOSURE RADIATION (IRMER).....	8
10.0 GLOSSARY OF TERMS	8
11.0 HOW THE ORGANISATION MONITORS COMPLIANCE WITH THESE APPROVED PROCESSES.....	9

INTRODUCTION & EXECUTIVE SUMMARY

The Countess of Chester Hospital NHS Foundation Trust recognises that incident reporting, including near miss incident reporting, is essential in identifying where systems and processes may be improved in order to maintain patient and staff safety. The Trust is committed to appropriately managing and investigating all reported incidents; and to learn and make changes as a result of incidents in order to improve safety for patients, staff, visitors and contractors.

This document will outline the approved process for internal and external reporting of all incidents and near misses.

It aims to clearly explain:

- Who should report incidents
- What should be reported as an incident
- When incidents should be reported
- How to report an incident

It will also outline how staff can raise concerns for example, using the Trust's Speak out Safely (Raising Concerns About Patient Care) and Whistle Blowing Policy.

1.0 DUTIES – WHO SHOULD REPORT INCIDENTS

All Staff

- It is the responsibility of all staff to report all incidents and near misses on the organisations Datix system in a timely
- Staff are also required to participate in any investigation process and to assist with the implementation of changes instigated due to lessons learnt following any incident.
- All staff also have a duty to raise any concerns regarding care or other activities using the Speak out Safely (Raising Concerns About Patient Care) and Whistle Blowing Policy.

Managers must

- All managers are responsible for engaging all staff in the reporting and management of incidents.
- Managers are also responsible for ensuring that their staff receive the necessary level of incident reporting awareness/training in order to ensure that they are competent to identify, assess and report incidents (both actual and near miss) within their working environment.
- Managers must ensure that there are adequate systems in place for sharing the lessons learnt following incidents relevant to their areas.

Risk & Patient Safety Team must

- Ensure managers are alerted to all significant incidents or trends within their areas in a timely manner.
- Provide incident data and report progress against actions plans to all divisional and corporate forums as appropriate.
- Report incidents to appropriate external agencies including the Care Quality Commission (CQC), MONITOR, the relevant Clinical Commissioning Group (CCG) or health board, National Reporting and Learning System (NRLS), Medicines and Healthcare Regulatory Agency (MHRA), and other organisations as appropriate.

Divisional Boards must

- Receive governance reports which include Health & Safety issues, incident data, national guidance and other relevant governance/risk issues
- Receive serious incident investigation reports relating to their divisional activities and monitors progress against related action plans until completion.
- Review the action plans from sub groups and specialities throughout the Divisions to ensure progress and closure
- Receive and review escalated risks from the sub groups and specialities throughout the Division:
- Review the Divisional Risk Register and ensures appropriate development of treatment plans for remedial action
- Reviews minutes from sub groups and specialities throughout the Divisions which give assurance of effective risk management.

Quality, Safety and Patient Experience Committee

The Quality, Safety and Patient Experience Committee is a high level committee and it is a sub-committee of the Board of Directors. The Committee meets monthly and monitors the progress of all high risk issues including serious incidents and incident trend reports.

2.0 WHAT SHOULD BE REPORTED AS AN INCIDENT

Incident

An event or circumstance which could have resulted, or did result, in unnecessary damage, loss or harm to patients, staff, visitors or members of the public e.g:

- Clinical (i.e. affecting a patient) e.g investigation, diagnosis, treatment, medical equipment malfunction /misuse, decontamination issues, medicines management, confidentiality, consent
- Equipment: Including damage to equipment, equipment failure, unavailable equipment, user error.
- Fire Incident: Any incident, no matter how small, involving fire or fire alarm systems (including false alarms).
- Security Incident inc Violence and Aggression: Any untoward incident involving theft, loss or other damage to organisation, vehicles or personal property; intrusions, false alarms (but not fire alarms), absconded patients, verbal abuse, unsociable behaviour, racial or sexual harassment or physical assault, whether or not injury results.
- Health and Safety incidents

Near Miss

A near miss incident, event or omission that fails to develop further, whether or not compensating action was taken, and does not cause injury, harm or ill health. Such incidents may still have the potential to result in serious consequences e.g. prosecution.

11.0 HOW THE ORGANISATION MONITORS COMPLIANCE WITH THESE APPROVED PROCESSES

Monitoring Compliance for NHSLA Standard 2 Criterion 2 – Incident Reporting

Minimum Requirements (Bold)	Process for monitoring i.e audit, annual report	Responsible individual for Audit & action Plan	Frequency of audit	Responsible Committee for review of audit results & review of action plan
How all incidents and near misses involving staff, patients and others are reported	<ul style="list-style-type: none"> Annual Risk & Patient Safety Report 	Head of Risk & Patient Safety	Annual	Quality, Safety & Patient Experience Committee
How the organisation reports incidents to external agencies	<ul style="list-style-type: none"> Annual Risk & Patient Safety Report 	Head of Risk & Patient Safety	Annual	Quality, Safety & Patient Experience Committee
Other policy minimum requirements: How staff can raise concerns, for example, whistle blowing, open disclosure, etc	<ul style="list-style-type: none"> Annual Report 	Sue Hodgkinson	Annual	People & Organisational Development Committee

Printed copies may become out of date. Check on line to ensure you have the latest version

Author(s) Sally Goode

Printed on 19/07/2016 at 00:00