

<b>POLICY TITLE</b>	<b>Incident Reporting</b>
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<b>RESPONSIBLE DIRECTOR</b>	<b>Director of Nursing and Director of Security</b>
<b>MAY BE DISCLOSED TO PATIENTS</b>	<b>YES</b>

**Equality & Diversity statement**

The NHS can no longer be reactive in its response to demographic changes within society. There is now a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community.

The development/review of this policy has undergone an Equality Impact Assessment [EIA], as per the guidance in the Trust Policy Development Monitoring & Review [P3].

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## 1 INTRODUCTION

- 1.1 This policy covers the reporting of incidents for West London Mental Health NHS Trust and describes the inputs to and outputs from the incident reporting system (namely SAFECODE). Additional site-specific procedures for incident reporting may also apply in addition to procedures described in this document.
- 1.2 The Trust will ensure that any incident or “near miss” is properly recorded and that appropriate action is taken to minimise the risk of re-occurrence. Staff are encouraged to report “near miss” occurrences, as they are particularly helpful from a risk management perspective as they help guide procedure to avoid recurrences. With rapid follow-up the Trust is in the best position to undertake one or more of the following:-
- Prevent recurrence
  - Provide feedback and information to those involved
  - Improve practice as a consequence of findings of the investigation
  - Reassure those involved that the outcome was not as a result of failure in standards.
  - Set priorities for investment in training and/or other resources, and assess and prepare for possible legal action
  - Learn lessons - It is important that all staff realise that the purpose of reporting an incident is not to apportion blame to any individual or groups of staff, but to identify potential problems, or where a problem has already arisen, to expedite a remedy. A process map has been included in Appendix 1 of this document to describe the steps to be taken to report an incident
- 1.3 An accident / incident reporting system, including the reporting of “near miss” has been developed and the information gathered is computerised. This enables a systematic approach to the monitoring of accidents and incidents.
- 1.4 The purpose of this document is to provide the framework for incident reporting and monitoring by which serious and untoward incidents are identified and investigated, and lessons learnt are promptly applied. The procedures herein are part of the Trust's Policy of Risk Management and hence make a significant contribution to the provision of quality services for patients and staff.
- 1.5 The Policy must be read, understood and actively supported by all staff employed by the Trust.
- 1.6 The Policy is consistent with and must be read in conjunction with other policies and guidance governing the management of specific incidents:
- Policy on Death of a Patient (Trust Policy D6)
  - Child Protection Policy (trust Policy C18)
  - Complaints Procedure (Trust Policy C1)
  - Disciplinary Procedure (Trust Policy D4)
  - Fire Policy (Trust Policy F1)
  - Health & Safety Policy (Trust Policy H3)
  - Hostage Policy (Broadmoor Hospital Policy H7)
  - Medicine Policy (Trust Policy M2)
  - Patients Absent without Leave (Trust Policy P1)
  - Prevention and Management of Violence (Trust Policy P7)

- Risk Management Strategy (Trust Policy R1)
- Seclusion Policy (Site-specific Policy S2)
- (Serious and) Untoward Incidents and Resulting Inquiries (Trust Policy U1)
- Whistle Blowing (W1)

- 1.7 For major clinical incidents, site-specific procedures will describe the actions to be taken as part of the management of such incidents.

## 2 Definition

- 2.1 A serious untoward incident (SUI) occurs where an incident has serious outcomes and requires formal investigation. The management of these is detailed in the (Serious and) Untoward Incidents and Resulting Inquiries (Trust Policy U1) and /or other Trust policies (ref: 1.6)
- 2.2 An incident is “any event that has given or may give rise to actual or personal injury, patient dissatisfaction, or to property damage or loss” (ref: NHS Executive). For the purpose of this procedure an incident includes, but is not limited to, accidents, fires, violence, breaches of security, lost records, infection control, clinical errors and illegal acts.
- 2.3 A near miss occurs where an incident has the potential to cause injury, harm or disruption.

## 3 Incident types

- 3.1 The Trusts incident reporting systems require the types of incidents to be recorded. These are listed at the top of the incident report form. The types of incidents are defined as follows:

### Personal Accident

Any accident, no matter how serious, which did or could have adversely affected any person. Accidental patient falls are included in this category.

This does not include incidents caused deliberately e.g. violence and aggression.

### Violence, Abuse or Harassment Incident

Incidents involving verbal abuse, deliberate self-harm, unsociable behaviour, intimidating or threatening behaviour, racial or sexual harassment or physical assault, irrespective of whether or not injury results.

This will include Incidents involving allegations or actual episodes of harassment (whether racial, gender or sexual orientation motivated), threats of violence or actual violence.

### Ill Health

Any case of known or suspected work or environment related ill health e.g. infection, dermatitis etc.

Instances of patient ill health e.g. seizure, pressure sores, hospital acquired infection,

are also included in this category

#### Clinical Incident

Incidents directly related to patient treatment or care, which did or could have resulted in adverse outcome e.g. adverse drug reaction, treatment error, medical equipment failure etc.

#### Fire Incident

Incidents, no matter how small, involving fire or fire warning systems, including false alarms.

#### Security Incident

These are incidents involving

- patients attempting to or going absent without leave
- patients escaping or attempting to escape
- patients absconding or attempting to abscond
- breaches of /plans or threats to subvert security policy / procedures
- threats of violence, intimidation etc.
- bombs and bomb threats
- physical security defects or deficiencies
- compromise of security keys and locks (including loss of items eg keyfobs; ID cards; restricted items)
- failure of or compromise of security systems
- identification of items that are prohibited or could pose a security risk
- prohibited items found
- manufacture of weapons
- production and/or availability / use / indications of alcohol or illicit substances
- threats or plans for disorder eg hostage, riot, rooftop or bomb / bomb threat etc.
- theft, loss or other damage to organisational or personal property, intrusions and false alarms (excluding fire alarms).
- persons being refused entry to Trust premises for security reasons
- actual or attempted breaches of security and confidentiality, e.g. introduction of computer virus, instances of hacking,
- loss of clinical or Trust record.

#### Vehicle Incident

Incidents involving a vehicle e.g. road accident (excluding vandalism or theft, which are classified as security incidents) incurred by staff during the execution of their duties. This will not include travelling to/from place of work.

#### Other Incident

This category includes near misses (an incident which had the potential for serious consequences) not covered in the other categories, accidental property damage or loss, environmental incidents, food safety/hygiene

## **4 Actions to Be Taken**

- 4.1 In the event of an incident staff must respond in the first instance according to the nature of the incident and an assessment of risk(s) involved and advise the person in charge of the area of what happened. (Appendix 7 Incident Management)

- 4.2 For the management of some incidents it will be necessary to raise the alarm (e.g. emergency bells / fire alarms / radio) in order that additional support can be obtained. In these circumstances the person in charge of the area will be informed immediately and local arrangements will apply.  
If the patient is not aware that they have been involved in or affected by an incident (e.g. in the case of a medication error), they must be informed at the earliest opportunity by the Ward Manager or Head of Department.
- 4.3 At all times the safety and security of patients, staff and visitors is paramount.
- 4.4 When equipment is involved, it must be retained by the person in charge of the area for inspection. The equipment must be clearly labelled with appropriate information, e.g. date, time and location and NOT used until declared safe by an appropriately qualified technical professional
- 4.5 Where necessary the Trust / local assessment and management of risk must be reviewed
- 4.6 Action to be taken must be appropriate to the severity of the incident. For specific types of incidents, the following types of immediate action must be carried out:
- 4.6.1 *Injuries*  
In the event of an injury occurring to any person involved in Trust activities or on Trust property, including incidents of physical aggression, the first priority is to make the situation safe.  
Arrangements must then be made for the injured person to receive appropriate first aid / medical attention. This may be by contacting a First Aider. If the injured person is a patient then a Doctor must be called. In other event and emergency (999) call may be required and site specific procedures will apply.
- For Trust staff it may be appropriate to report for treatment to Occupational Health Department or out of hours to the nearest Accident & Emergency Department. All injuries to Trust staff must be reported to Occupational Health as soon as possible.
  - For non-Trust staff, if the injuries occur to a person who is not employed by the Trust, or is not on official Trust business, they must be strongly advised and assisted, if appropriate, to make an appointment to see their GP. If they are not registered with a GP, they must have assistance in attending the nearest Accident & Emergency Department.
- 4.6.2 *Distressing Events*  
If a member of staff is distressed following a particular incident, he/she must be offered support promptly. This may include taking him/her to another area and offering comfort and it may be appropriate for the individual to be sent home, in which case the ward manager must be advised of this action and must ascertain exactly where the member of staff will be staying and what phone number can be used to ensure continuing supportive contact  
The Manager of the ward or department must offer the individual the opportunity for a debriefing meeting, to be held within a week, to provide the opportunity to talk through the incident in a supportive environment. All distressing events must be brought to the attention of Occupational Health and the Staff Support team. Further support may be required from the Chaplaincy at the discretion of the ward manager
- 4.6.3 *Infections & Notifiable Diseases*  
Where an individual (staff or patient) contracts an infection or condition as a result of Trust activities, the Control of Infection Advisor and Occupational Health Department must be informed.

In the event of an incident that may result in multiple enquiries from patient / relatives / carers or staff or a major clinical incident, the (Serious and) Untoward Incidents and Resulting Inquiries (Trust Policy U1) will apply.

- 4.7 In the event of an incident that warrants a statement to be given to patients, staff or general public, this will be prepared and communicated by the Chief Executive and Public Relations Manager. Any information given to patients, relatives, staff or general public must be documented. (eg information given to individual patients must be recorded in their health records; information given to individual staff must be recorded in their personnel record; general information given to all and staff will be recorded on the internal communications Broadcast and a copy retained by Public Relations Department; information for the wider public including all patients will be made available via a Press release and a copy of which will be retained by Public Relations)
- 4.8 The level of investigation required for each incident will vary, therefore as part of the initial investigation into the root cause of the incident, the Manager / Head of Department should consider a methodology, such as root cause analysis, which may help to identify
- What happened?
  - When did it happen?
  - How did it happen?
  - Why did it happen?
  - What is the likelihood of this event re-occurring?
- so that appropriate actions can be planned and implemented to minimise the possibility of a re-occurrence (Ref: Appendix 6&7)

## 5 Reporting Procedures

- 5.1 The person in charge of a ward or department is responsible for ensuring that occurrences in the area are reported to the correct personnel at the right time (eg Manager / On-call Personnel / Security / Pharmacy). The recipient departments are then responsible for any necessary external notification. Incident forms must also be completed for events which occur in, for example, in Community settings. Where there is doubt as to whether an incident must be reported, complete an incident form in all cases

**NB :** For clinical incidents or near miss events involving adverse drug reactions or wrong administration of medication, as well as completing the Trust incident form (IR1) these must be reported to the Pharmacy / on-call Pharmacy personnel **immediately** (Ref: Medicine Policy M2)

For incidents judged to be of potential media interest (eg involving high profile patients), the Public Relations Department must be notified via site specific procedures.

- 5.2 An accurate record of event will be recorded on the incident form (IR1) and any supplementary documentation (eg seclusion forms; patient's health records etc.). It is important that documentation is completed as soon as possible after the incident and that all documentation is accurately cross-referenced.
- 5.3 The severity of the incident will determine the exact reporting procedures and management and may require reference to other policies (Ref Section 1.6). Serious incidents (i.e. those categorised 4 or 5 – see appendix 2) must be reported immediately (irrespective of the time of day) to the Manager of the area or on-call Manager who will inform the relevant / on-call Executive Director, Public Relations and / or Security as appropriate

## 6 Completion of Documentation

- 6.1 Following an incident, the person in charge of the area will ensure that information, details of the incident or near miss and what immediate action has been taken to prevent a reoccurrence is recorded on the Trust Incident Form (IR1) – see procedures notes Appendix 3. The person completing the form must record facts only, not their opinion. Professional guidelines (eg NMC) for reporting and recording must be followed when completing **all** documentation. Factors to consider when completing documentation and guidelines for record keeping are provided in Appendix 4.

Additional information must be supplied on the Incident Form Continuation Sheet, clearly referencing the Incident Form number.

**NB:** When Trust employees are involved or witness an incident only their workplace address must be used on the Incident Form

- 6.2 Any witnesses to the event must be identified, and if not known, asked for their name, address and contact number. They must also be asked to make a written statement, if appropriate, using the Incident Form continuation sheet. Again, only facts not opinions must be stated in witness statements.
- 6.3 Certain incident types are subject to external notification, as outlined in Appendix 5 of this policy. For example, doctors and pharmacists are responsible for additionally notifying suspected adverse reactions to drugs to the Medicines & Healthcare Products Regulatory Agency (MHRA) - see Appendix 5 which includes responsibility for notification.
- 6.4 For clinical incidents involving patients, details will also be recorded in the patient's health records, ward / 24 hour report. The completion of any other patient related documentation, eg seclusion forms/security reports, must be clearly cross referenced to the incident form number
- 6.5 The manager / person in charge of the area of the area is responsible for ensuring
- That the incident has been appropriately graded (refer to Appendix 2)
  - that appropriate action has been taken to address the incident and that any additional action is initiated as necessary
  - that the factual accuracy of the completed sections of the form is checked and that any further action is recorded on the incident reporting (IR1) form.
  - That the incident report form/s must be completed **before the end of the shift / the person does off duty** and are distributed within **48 hours** as follows:-
    - Top copy – to Risk (non Clinical) Management Department
    - Second copy – Division Director (Forensic / Local Services)
    - Third copy – Security Director (in the case of security related incident)
    - Fourth copy - retain in ward / department

The top copy will be retained by the Risk (non Clinical) Management Department as the Trust original hand written copy. The other copies will be destroyed in accordance with Data Protection requirements, in the majority of cases being kept no longer than 6



months.

In the event of a fire, the Risk (non Clinical) Management Department will forward a copy of the incident report form to the Director of Estates and Facilities

- 6.6 The Divisional Director will consider the action taken and initiate any additional action (eg Critical Incident Review) in consultation with management and clinical colleagues as appropriate. Copies of the incident forms will be forwarded to other departments as appropriate.
- 6.7 The Risk (non Clinical) Management Department will inform the Health & Safety Executive of the incident, if it is notifiable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995).
- 6.8 In the event that the Risk (non Clinical) Management Department considers the incident needs to be regraded, this will be discussed with the manager of the ward or department where the incident took place. (Changes to the category of the incident may also take place post investigation and this will also be discussed with the relevant Manager)
- 6.9 The Risk (non Clinical) Management Department will provide an A4 printed report of each patient related incident for inclusion in individual patient's health records. Reports will also be forwarded to Managers/ Heads of Departments as well as Occupational Health, Personnel, Security Department and/or Pharmacy as applicable.
- 6.10 As all incident forms (IR1) are numbered, any spoiled forms are to be returned to the Risk (non-clinical) Management Department. These will then be listed but not included on the system to ensure that all incident forms are accounted for. The Risk (non-clinical) Management Department will be responsible for the re-issue of replacement incident form booklets and incident form continuation sheets to all wards and departments.

## 7 Monitoring Arrangements

- 7.1 It is the responsibility of the Line Manager to scrutinise, monitor and review incidents in consultation with other key staff (eg Clinical Risk Advisor), in order to identify emerging patterns, repeated incidents or a number involving the same patient / personnel in order to learn lessons and minimise the opportunity for reoccurrence.

Procedures and responsibility for incident investigations are outlined in Appendix 6.

- 7.2 A post incident review may be considered appropriate for incidents. The level of review will be determined by the Divisional Director in consultation with Service / Clinical Directors.
- 7.3 Reports will be provided by the Risk (non Clinical) Management Department to the Clinical Directorate and Clinical Governance Forums and the following groups at these frequencies

Trust Board	Quarterly
Controls Assurance	Quarterly
Clinical Governance Groups	Quarterly
Divisional Clinical Governance meetings	Monthly
Risk Management Forum	Monthly
Clinical Improvement Groups	Monthly

These Groups may identify further actions to be taken as part of the monitoring process

- 7.4 The Clinical Improvement Groups will report to the Director of Research & Development, any incidents that occur in the setting of a Research project.

## **8 Training**

- 8.1 Training in the completion of incident forms, supporting documentation and in identifying action required will form part of staff induction programmes.
- 8.2 Additional training will be provided for those personnel with responsibility for categorization of incidents and preparation of reports using the computerised system; and for those responsible for incident management and/or investigation. (Appendix 6)
- 8.3 'Refresher' training will be offered within a continuous Risk Management training programme.

## **9 Site Specific Procedures**

- 9.1 Managers of different sites within the Trust are responsible for developing / reviewing local procedures to ensure compliance with this policy.

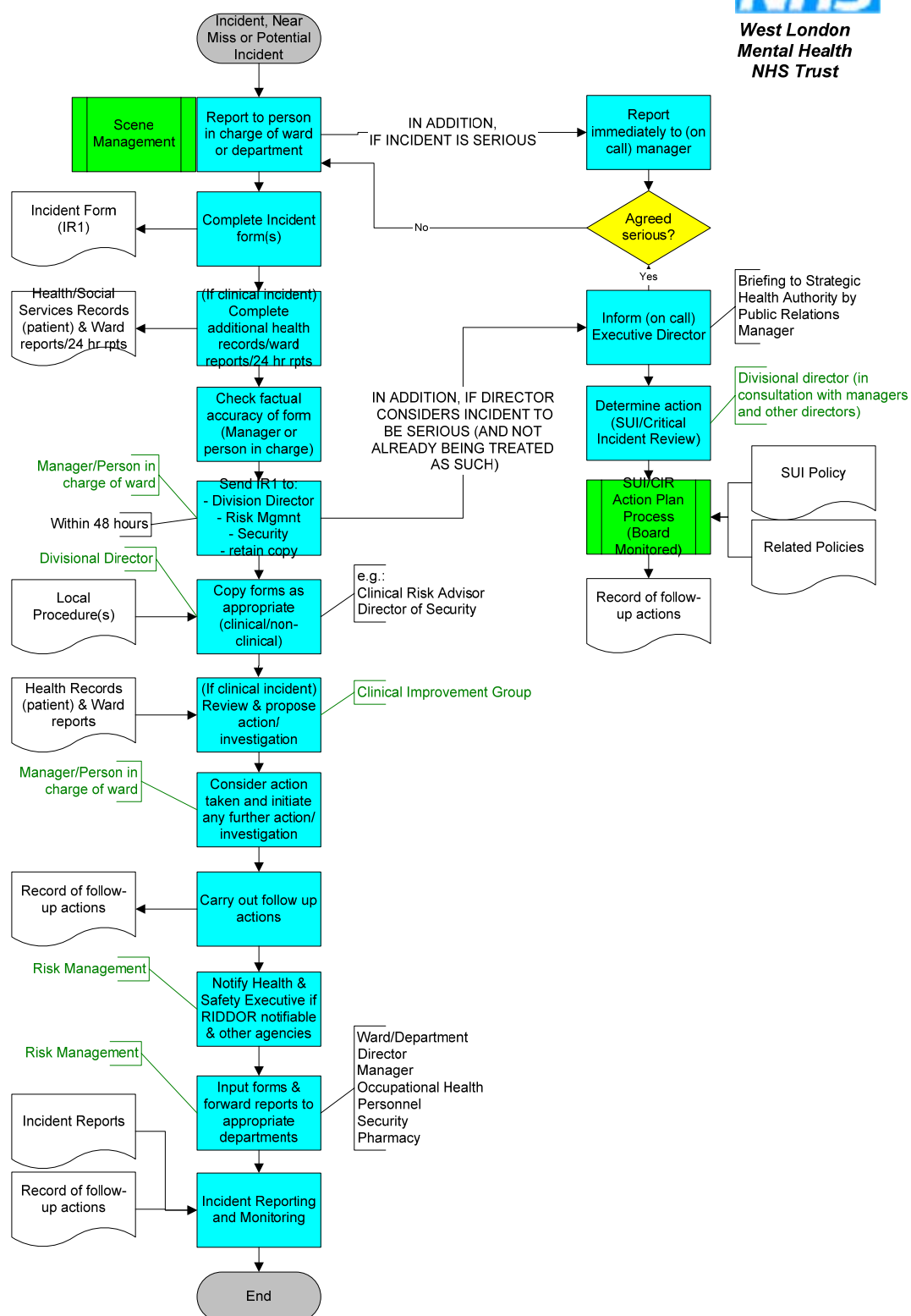
Once completed these procedures must be agreed with the Divisional Directors.

## PROCESS MAP FOR INCIDENT REPORTING

## Incident Reporting Process



West London  
Mental Health  
NHS Trust



## CLASSIFICATION OF INCIDENTS USED IN THE INCIDENT REPORTING SYSTEM

The following classifications are based on the Australian / New Zealand Risk Management Standard 4360:1999 as used by Controls Assurance and (where stated) the Classification of incidents produced by the Mental Health Act Commission.

The incident form requests a grading of the incident based on the actual outcome of the incident and the potential risk in the future.

### **Class 5 incidents (catastrophic):**

- Incidents that result in death. They include, but are not limited to, homicide, suicide, death by accidental causes, and sudden and unexpected death (ref: Mental Health Act Commission level A).
- Fire, theft, property, equipment or environmental damage or any other occurrence that result in a cost to the Trust over £1m.
- Incidents, which because of their adverse nature are likely to attract the attention of the press for more than 3 days.
- Incidents likely or certain to result in a prosecution against the Trust or resulting in criminal, civil proceedings or the conviction of a member of staff.
- Incident, which is the result of, or indicative of a serious failure to meet legislative standards i.e. a failure to abide within the law.
- Incident resulting in the services provided from the premises or department affected having to be relocated or suspended for an indefinite period.

### **Class 4 incidents (major)**

- These are 'incidents that are not life threatening, but which acutely jeopardise the health or psychological well-being of the individual, resulting in injury requiring immediate hospital admission, and/or permanent disability (ref: Mental Health Act Commission level B).

### **MHA Category B**

Any life threatening activity whatever the intention e.g. hostage  
 Serious assault particularly with a weapon or attempted strangulation  
 Escape from a secure area or absconding from an escort  
 An attempted or near escape or an escape plot  
 Rooftop incidents, which last longer than 15 minutes  
 Accidents involving any patient resulting in major injury  
 Serious sexual assault  
 Serious fire  
 Medication errors / near miss  
 Serious disorder

- Fire, theft, property, equipment or environmental damage or any other occurrence that result in a cost to the Trust of between £500,000 and £1m.
- Incidents which attract national media coverage for 1 or 2 days.
- Incidents which result in criminal prosecution against the Trust or an officer of the Trust, or result in a prohibition notice from an enforcing authority i.e. HSE.
- Incident which is the result of, or indicative of a serious failure to meet legislative standards i.e. a failure to abide within the law.
- Fire, theft, property, equipment or environmental damage or any other occurrence that results in the services provided from a premises or department being severely disrupted or reduced for more than 24 hours.

### **Class 3 incidents (moderate/significant):**

- These are 'incidents that are not life threatening, but which acutely jeopardise the health or psychological well-being of the individual, resulting in injury requiring medical attention and/or more than 3 days sick leave (ref: Mental Health Act Commission level C).

#### **MHA Category C**

Serious assault  
 Significant destruction of property  
 Drug/alcohol abuse  
 Sexual assault  
 Accident involving patients resulting in a serious injury  
 Fire  
 An impulsive attempt to run away from an escort within a secure area  
 Any other rooftop incident  
 Barricade

- Fire, theft, property, equipment or environmental damage or any other occurrence that result in a cost to the Trust or its insurers of between £250,000 and £500,000.
- Incidents which attract local media coverage for 2 or more editions, and/or the attention of an official regulator.
- Incidents which result in undefended civil action against the Trust or an officer of the Trust, or result in an improvement notice from an enforcing authority.
- Incident which is the result of, or indicative of failure to meet professional or national standards.
- Fire, theft, property, equipment or environmental damage or any other occurrence that results in the services provided from a premises or department being severely disrupted or reduced for less than 24 hours.

### **Class 2 incidents (minor):**

- These are 'incidents which result in minor injury requiring less than 3 days sick leave

(ref: Mental Health Act Commission level D).

### **MHA Category D**

Minor assaults  
Verbal altercation between patients  
Verbal abuse against staff  
Minor incident involving a patient  
Minor property damage

- Fire, theft, property, equipment or environmental damage or any other occurrence that result in a cost to the Trust between £1,000 and £25,000.
- Incidents which attract local media coverage for 1 edition.
- Incidents which result in a minor out of court settlement of a claim.
- Incident which is the result of, or indicative of failure to meet Trust policy or standards.
- Fire, theft, property, equipment or environmental damage or any other occurrence that results in the services provided from a premises or department being disrupted for less than 24 hours.

### **Class 1 incidents (insignificant):**

- These are incidents which result in no injury, or in only very minor injury
- Fire, theft, property, equipment or environmental damage or any other occurrence that result in a cost to the Trust of less than £1,000.
- Incident which is the result of, or indicative of minor non-compliance to meet Trust policy or standards.
- Absence without leave, other than from a secure setting, is not always an incident. However where untoward circumstances are reported while a patient is absent, an incident form must be completed

### **EXAMPLES OF INCIDENTS AND CLASSIFICATIONS:**

• Elderly client falls out of bed – no injury	<b>1</b>
• Elderly client falls out of bed - suffers bruising to arm & leg	<b>2</b>
• Elderly client falls out of bed – suffers sprained wrist requiring bandaging	<b>3</b>
• Elderly client falls out of bed – breaks hip and is admitted to local acute hospital for 5 days	<b>4</b>
• Elderly client falls out of bed – fractures hip and is admitted to hospital and subsequently dies	<b>5</b>

• Fire started in wastepaper bin – extinguished quickly with no significant damage	<b>1</b>
• Fire started in wastepaper bin – fire brigade attend and contain fire quickly – smoke damage to ward, costs £1,000 to rectify – no disruption to services	<b>2</b>
• Fire started in wastepaper bin – fire brigade attend and contain fire – smoke & water damage costs £30,000 to rectify – service closed for 12 hours	<b>3</b>
• Fire started in wastepaper bin – fire brigade attend but take 2 hours to contain fire – severe smoke, water and some structural damage costs £150,000 to rectify – service closed for 5 days	<b>4</b>
• Fire started in wastepaper bin – fire brigade attend but unable to contain fire – building collapses and service closed indefinitely	<b>5</b>

## PROCEDURE NOTES FOR COMPLETION OF INCIDENT REPORTING FORM IR1

**General information**

- The IR1 form is used to record **ALL** incidents
- A separate form must be used for each person directly affected by the incident i.e. any person who suffers / potentially suffers injury, ill-health or loss
- Completing an IR1 form does not constitute an admission of liability of any kind on any person
- Any equipment involved in the incident must be retained untouched and in safe keeping for examination
- The manager or person in charge of a ward / department / area is responsible for ensuring the incident form is completed and forwarded to the relevant personnel (see section 6.6)
- The form must be completed using a black ball point pen to write clearly, using block capitals where possible
- Care must be taken to ensure that the correct boxes are ticked and where a text is required entries must record facts only, not their opinion.

**SECTION A**

Only one box should be ticked to define the incident type. The incident types are defined in section 3 of this policy

**SECTION B**

If no individual was affected by the incident go to Section E

This section relates to the **VICTIM**, not the assailant / aggressor (except in the case of deliberate self harm)

A separate form must be used for each person directly affected by the incident i.e. any person who suffers / potentially suffers injury, ill-health or loss

If the injured person is a Trust employee then the address must be their place of work (i.e. ward / department / area and Directorate)

For Trust In-patients the address will be the ward where they are currently resident  
Out-patients and non Trust employees include addresses or contact details

The details included here are those of the individual affected by the incident who suffers or potentially suffers injury, ill health, or loss including theft and any other property damage or loss. A separate form must be completed for each person who is affected or injured.

**SECTION C**

Tick one or more boxes to identify any attention received by the person directly involved in the incident. For example, the person may be seen by a resident doctor and sent to Occupational Health and advised to see their own GP. Where possible give details of first aid given.

For patients who are involved / injured by the incident the completion of other patient related documentation eg seclusion form, and actions taken must be documented in their health record and ward / 24 hour report, clearly cross referencing all forms used.

**SECTION D**

If the person did not apparently suffer physical injury, ill health or other adverse effect, tick the NO box and go to Section E. Other wise specify details requested.

Be clear about the part of the body affected, stating left or right side or both etc as applicable.



Note for ill health incidents involving infection the type of infection must be stated.

#### SECTION E

The primary location refers to the part of the Trust / Directorate

The secondary location refers to ward/ department in which the room or area is located.

The exact location is the room / area where the incident took place. The room number and Estates asset number must also be quoted if possible.

For an incident occurring in the patient's home, specify Patient's Home in the primary location field and give address including full post code in the secondary and exact location boxes.

#### SECTION F

Give brief details of the circumstances of the incident, indicate the events leading to the incident and the part played by any person(s) (eg aggressor / assailant) involved in the sequence of events. This must include information about the use of interventions such as the prevention and management of violence and aggression and who was involved.

For patients involved give initial and surname and Trust / hospital number; for Trust employees give designation, name and workplace address

If property/equipment is involved in the incident give details including serial numbers as applicable.

In the case of injury / ill health indicate what the person was doing at the time and whether environmental factors (eg temperature / lighting) might be involved. Specify the name of any substance(s) involved.

Clearly identify whether or not there are any linked incident reporting form/s; seclusion forms or increased levels of observation were used and indicate if an incident Form continuation sheet has been completed.

#### SECTION G

Briefly describe any remedial or other action taken or proposed. This might include removal of faulty equipment from use; informing on-call Managers / security or calling the Police.

#### SECTION H

Complete the details of any witnesses to the event

If the person is a Trust employee then their name, designation and workplace address

### **Categorisation of the incident**

All incidents will be categorised by the person completing the form in liaison with the person in charge of the ward or department. Any subsequent changes to the category of the incident (ref section 6.8) will be discussed with the Manager of the ward or Department

## FACTORS TO CONSIDER WHEN COMPLETING DOCUMENTATION

### Antecedents - trigger factors

It is important to consider the causes of the incident in order to identify any element or pinpoint any cause that can be altered to minimise the potential for re-occurrence

Trigger factors are those situations, words and / or behaviours which can serve to change an interaction between two or more people from a normal situation to one which results in an incident

Trigger factors need to be described in terms of characteristics and frequency in order to understand the likely cause, the process involved and the most common outcome.

### Behaviour - description of events

A description of the events needs to be included which identifies the WHAT? / WHY? / HOW? - and set in context of the circumstances at the time.

Swearing or the use of 'bad' language as a response to auditory hallucinations, bad news or disappointment may not be verbal abuse if not directed at anyone in particular. However this still needs to be clearly documented as either a clinical condition or a response / reaction to an occurrence and recorded as such in patients and ward documentation.

### Consequences - how was event resolved?

- What defusion / de-escalation techniques were used?
- Did the patient need to spend quiet time alone?
- Was there a need for arbitration?
- If there was a threat against an individual - what is the likelihood of it being carried out - what action has/needs to be taken?
- Is this behaviour now being addressed in a care plan?
- What lessons can be learnt for the future?

## GUIDELINES FOR RECORD KEEPING

The following are extracts from the NMC Guidelines for records and record keeping (2002)

Good record keeping helps to protect the welfare of the patients by promoting :

- high standards of clinical care
- continuity of care
- better communication and dissemination of information between members of the clinical team
- an accurate account of treatment and care planning and delivery
- an ability to detect problems, such as changes in the patients' condition

The quality of the record keeping is also a reflection of the standard of your professional practice.

### Content and style

- be factual and accurate
- be written as soon as possible after an event has occurred, providing current information

- on the care and condition of the patient
- be written clearly and in such a manner that the text cannot be erased
- be written in such a manner that any alterations or additions are dated, timed and signed in such a way that the original entry can still be read clearly
- be accurately dated, timed and signed, with the signature printed alongside the first entry
- not include abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive subjective statements
- be readable on any photocopies

Where possible, records should:

- be written with the involvement of the patient
- be written in terms that the patient can understand
- be consecutive
- identify problems that have arisen and the action taken to rectify them
- provide clear evidence of the care planned, the decisions made, the care delivered and the information shared.

### **Legal matters and complaints**

Records are sometimes called in evidence before a court of law or in order to investigate a complaint at local level. Registered nurses have both a professional and legal duty of care.

Record keeping should therefore be able to demonstrate:

- a full account of your assessment and the care planned and provided
- relevant information about the condition of the patient at any given time and measures taken to respond to their needs
- evidence that the duty of care is understood and honoured, that all reasonable steps are taken to care for the patient and that any actions or omission have not compromised their safety in any way
- a record of any arrangements made for the continuing care of the patient

In making a record, staff should be aware of the reliance which colleagues will have upon it. Good communication is therefore essential.

Registered nurses are professionally accountable for ensuring that any duties which are delegated to non-registered staff are undertaken to a reasonable standard, that they are competent to perform the task and are **adequately supervised**. All records by non-registered staff must be countersigned, as registered staff remain **professionally accountable for the record**.

## External Notification Requirements

The Trust is required to notify other organisations of certain incidents. These are:

### HM Coroner

Sudden and/or unexpected and/or unnatural deaths are notifiable HM Coroner. In the event of a sudden death on a ward, Coroner is informed as quickly as possible. – reference should be made to the Death Policy (D6) and site –specific procedures.

### Health & Safety Executive

Incidents notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The Risk Management (non-clinical) Department undertakes this role and reports these incidents on forms F2508 and F2508A to the Health and Safety Executive.

Suicides are not reportable to the HSE.

### Medicines & Healthcare Products Regulatory Agency

Suspected adverse reactions to drugs are notifiable by doctors and pharmacists through the Yellow Cards system. Advice and Yellow Cards are available from the Medicines Control Agency, CSM Freepost, London SW8 5BR (0800 731 6789) and are included in the British National Formulary.

Suspected defective medicinal products are notifiable by doctors and pharmacists to The Defective Medicines Report Centre, Medicines Control Agency, Room 1801, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

### Medical Devices Agency

Adverse incidents relating to medical devices are notifiable under SN1999(01). The Risk Management (non-clinical) Department undertake this role.

### Local Authority

Confirmed reports of food poisoning are notifiable to the relevant local authority Environmental Health Department by the Director of Nursing

### NHS Estates

Fire incidents and adverse incidents involving buildings or plant are notifiable to NHS Estates by the Director of Estates and Facilities

## **NHS Litigation Authority**

The Trust Secretary notifies the NHSLA when clinical negligence claims are received. He Finance Governance Manager notifies third party claims

## **Strategic Health Authorities / PCT**

The Chief Executive will determine if details of any incident are reported to the Strategic Health Authority or PCT.

## **Mental Health Act Commission**

In the event of the death of a patient detained under the Mental Health Act, the Mental Health Act Commission must be advised using form MHAC3. The Medical Records / patients Services Manager will undertake this role.

### Procedure notes for Incident Investigation

Procedures for investigations following Serious Untoward Incidents are outlined in the Trust SUI Policy –i.e. those incidents categorised as Class 5 and 4

The level and timescales of investigations for other incidents should be determined by:

- Divisional Director for Class 3 incidents
- Service Director / Head of Service for Class 2 incidents
- Manager of ward / department for Class 1 incidents

The investigating officer or panel should consider whether or not a problem solving methodology, such as root cause analysis, might be appropriately applied to discover the real cause(s) or difficulties associated with the incident.

Causes of the incident should be determined by examining the trigger factors. All available evidence should be examined, including witness statements

Regrading of the incident classification may be appropriate following investigation

## INCIDENT MANAGEMENT

1. In the event of an incident, the person in charge of the ward / department / area is responsible for the management of the incident and ensuring that all personnel are accounted for. At all times the safety and security of patients, staff and visitors is paramount.
2. As part of the incident management it may be necessary to identify and deploy staff that are trained in, for example, First Aid.
3. The management of some incidents will require additional support (as outlined in other policies ref section 1.6 and/or section 4.2 of this policy). In these circumstances the person in charge of the area will follow Trust and local arrangements in relation to informing relevant personnel; eg Line Managers and/or on-call personnel
4. As part of the incident management, the person in charge of the ward / department / area will also ensure that any instructions from Line Managers / on-call personnel are complied with.
5. The Manager / person in charge of the ward / department / area will ensure that all completed documentation (IR1 Incident reporting Form and continuation sheet/s when used) are forwarded as directed on the form within **48 hours** of the incident occurring
6. The level of investigation required for each incident will vary, therefore as part of the initial investigation into the root cause of the incident, the Manager / Head of Department should consider a methodology, such as root cause analysis, which may help to identify
  - What happened?
  - When did it happen?
  - How did it happen?
  - Why did it happen?
  - What is the likelihood of this event re-occurring?
 so that appropriate actions can be planned and implemented to minimise the possibility of a re-occurrence (Ref: Appendix 6&7)