

Procedure for Reporting and Managing “Incidents”

Version: 5

Summary:	This document sets out the procedures for reporting, grading and managing incidents across Southern Health NHS Foundation Trust	
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Version Control

Change Record

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Name	Position	Version Reviewed & Date
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Contents

	Page
1. Introduction	4
2. Reporting and Incident	4
3. Contents of the Incident Report	4
4. Grading the Potential Severity of the Incident	6
5. Grading the Actual Impact of the Incident	8
6. Management of Incidents	9
7. Post Incident Management	9
8. Supporting staff post incident	9
9. Associated Documents	10
10. User Guides for Ulysses	11
 Appendices	
A1 Incident Management Flow Chart (quick guide)	12
A2 IMA Expanded Flow Chart	13
A3 Investigation (RCA) Expanded Flow Chart	14
A4 Examples of Incidents at Different Severity Grades	15
A5 Severity Grading an Incident Quick Guide	16
A6 Severity Grading and IG incident	17
A7 Guide to what incidents require reporting	18

Procedure for Managing Incidents

1 Introduction

- 1.1 This procedure provides staff with information regarding how to report, grade the severity of incidents and near miss events manage incidents.
- 1.2 This procedure supports the Trust's Policy for Managing and Serious Incidents (SH NCP 16) and should be read in conjunction with this policy. It acts as a "how to" guide for reporting and managing incidents within the Trust.
- 1.3 This procedure is applicable to all staff whether they are employed by the Trust permanently, temporarily, through an agency or bank arrangement, are students on placement within the Organisation; are party to joint working arrangements or are contractors delivering services on behalf of the Trust.

2 Reporting an Incident

- 2.1 Every member of staff involved or witness to an incident is responsible and accountable for ensuring the incident is reported onto Ulysses Risk Management System and for the attention of the service manager. For guidance on what incidents require reporting, please refer to Appendix 7.
- 2.2 Whoever reports the incident should be decided by staff involved, it is best to ensure that whoever reports the incident was either involved, a witness to events or given a clear account of events by those involved.
- 2.3 The incident must be reported onto the Ulysses Risk Management System or on a downtime form if the system is unavailable, and submitted by the end of the shift, or within 24 hours if immediate submission is not practicably possible.
- 2.4 Ulysses Risk Management System can be accessed by following the link below, or by using links on the Southern Health staff intranet to "Report an Incident". All staff with network access should be able to log in to Ulysses Risk Management System using their network log in and password details. Further guidance can be found in the User Guides on page 10. <https://risk.southernhealth.nhs.uk/>

3 Contents of the incident report:

- 3.1 The sections of the form which are highlighted in yellow must be completed.
- 3.2 **The Incident description** must give a clear, concise description of the incident (including key events leading up to and immediately after the event) – bullet points are encouraged if this makes the account clearer.

All free-text boxes in the form must be anonymised (P1, P2; S1, S2 and V1, V2 etc. should be used in place of names).

The account should be factual and should include any relevant clinical judgement, key risks, contributory factors or causes of the incident.
- 3.3 **All people involved** (including staff, service users, carers, relatives, members of the public, students and contractors) must be recorded on the incident form. If a person is unknown and staff cannot find out the identity of the person, then "unknown" should be recorded under the relevant category (staff, service user or visitor). Any Doctors involvement in the incident should be clearly recorded.

People Involved in the Incident	
Please enter the details of everyone involved in the incident in this section or state non-person incident	
Person Details 1	<input type="radio"/> Patient <input type="radio"/> Staff <input type="radio"/> Visitor(Other non staff) <input type="radio"/> Non-Person Incident

- 3.4 **Medical devices or equipment** must be recorded where these are involved
- 3.5 **Injuries or wounds** relating to anyone involved in the incident must be recorded giving the type of wound/injury, location and severity.
- 3.6 **Intervention – restraint, de-escalation and seclusion** must be recorded against each service user, including the position of restraint used, staff involved in the restraint, reason for intervention, start date and time and end date and time (if known at the time of reporting) must be recorded.
- 3.7 **Medication Errors** must be recorded, including the type of error, drug given (or not given), dose given (or not given) and whether the drug was a controlled drug.
- 3.8 **Categorising the incident** – the incident should be categorised against a list of categories and subcategories relating to the type of incident which has occurred. For example:
- Any loss of data or equipment which could enable access to data is counted as an Information Governance (IG) Breach, guidance on categorising IG incidents can be found as Appendix 6.
 - Any death should be categorised as the cause of death, if unknown the incident should be categorised as “Death under Review or Investigation” until the cause becomes clear.
 - Categorisation of Assault must be made with due consideration of intent and capacity.
 - If a person is found on the floor, it must be assumed that they fell, unless otherwise known, and the incident should be categorised as an unwitnessed fall.
- 3.9 **Location of the incident** – the incident should be identified by the service under which the incident took place, so usually this would be the service where the reporter works.
- On some occasions this may be another service, or a non-Southern Health service. It is still the responsibility of the service manager of the reporting service to ensure appropriate action has been taken to manage the incident and inform the relevant service in order that they can take action to prevent reoccurrence.
- 3.10 **Identifying your manager** – there is the facility to add your manager to the notifications of the incident, or a specific person who would need access to the incident. Ulysses Risk Management System has automatic rules set up to notify managers of services; it is best practice that the managers name is manually selected. People can be found by typing surname first, then first name to narrow the search.

Manager Notification	
Please enter your manager's name and any other members of staff you would like to notify of this incident.	
Persons to Notify	Del.
<input type="text" value="Surname Firstname"/> Add a Person to Notify <input type="button" value="Add"/>	

- 3.11 **Police Involvement** – if police were involved or called, then a crime number should be recorded on the incident in the Police Involvement section. Any actions taken by Police should also be recorded.
- 3.12 **Duty of Candour** - all incidents with an actual impact grading of moderate harm or above require the Duty of Candour Process to be initiated. When details of the service user are included in the report, and the injury section completed - all incidents of moderate impact require the reporter to identify if the incident has been discussed with the service user/relatives and an apology should be given in line with the Trust's obligations detailed in the Duty of Candour Policy and Duty of Candour Procedure. This should be followed up in writing within 10 days of the reporting of the incident and a copy of the letter uploaded to the Ulysses system.

- 3.13 Please note - The Duty of Candour process meets the requirement of Care Quality Commission Regulation 20 however it is extremely important that patients, service users, families and loved ones are told of the occurrence of an incident and facts as to why it has occurred as an act of being open and honest rather than a tick box exercise. Involvement of these parties in the investigation will add a depth of information which may help in defining what went wrong and how it went wrong. As health care professionals we have an obligation to explain what we are doing to prevent reoccurrence of any associated care and service delivery problems.

4 Grading the Potential Severity of Incidents

- 4.1 Incidents require grading in terms of severity to indicate the potential impact that incident has had, or may have upon people involved, a service or the Trust.
- 4.2 The system of severity grading incidents has been implemented in line with the Trust's Risk Management Policy and Strategy. Incidents are graded dependant on the potential impact of the incident and likelihood of that impact to happen. The Risk Matrix below should be used for severity grading the incident.
- 4.3 It is important for staff to grade the incident at the time it occurs so that they can initiate the correct reporting and investigation procedure for the incident. It is the responsibility of the staff member reporting the incident to grade the severity, with support from the senior member of staff on duty if required.
- 4.4 Potential severity is subjective and is best graded by someone who knows the service user, staff, environment and specific circumstances of the incident – it is based on risk, as outlined below.

The four potential severity grades are:

- Minor/Green
- Moderate/Yellow
- Major/Amber
- Catastrophic/Red



	Likelihood				
Impact	Extremely unlikely	Unlikely	Possible	Likely	Almost Certain
Negligible					
Low					
Moderate					
Major					
Catastrophic					

- 4.5 The colour appearing in the risk matrix corresponds to each of the 4 grading categories. Guidance on impact and likelihood in the risk matrix can be found below.
- 4.6 The incident will be considered more serious if the cause is the failure of a process or procedure as the incident is more likely to reoccur. The incident would also be considered more serious if it involved, for example, medication which may cause a significant impact if misused, such as insulin or warfarin.
- 4.7 If the incident meets any of the descriptions of a Serious Incident (SI) or Never Event, it should automatically be graded as red. For further guidance on Serious Incident categories please refer to SH NCP 60 Procedure for the Management of Serious Incidents or to Appendices 4-6.

Likelihood Guidance

Risk Likelihood Guidance		
Likelihood score	Likelihood– chance of occurrence	Likelihood– frequency of occurrence (usually used for incidents)
5	Almost certain (> 80%)	Expected to occur at least daily
4	Likely (60%-80%)	Expected to occur at least weekly
3	Possible (40%-60%)	Expected to occur at least monthly
2	Unlikely (20%-40%)	Expected to occur at least annually
1	Rare (< 20%)	Not expected to occur for years

Impact Guidance:

Impact Score	Impact category	Impact on meeting Objectives/ targets	Impact on Quality Compliance	Safety of Staff, patients & visitors	Reputational impact	Litigation	Financial impact
1	Negligible	Insignificant effect upon achievement of the objective	Minor non-compliance	Minor cuts/bruises.	Within unit. Local press <1 day coverage	Minor out-of-court settlement	<£5k cost implication
2	Minor	Small, but noticeable effect upon the objective, making it achievable with some minor difficulty/cost.	Single failure to meet internal standards or follow protocol.	Cuts/bruises. <2 days extended hospital stay.	Regulator concern. Local press <7 days of coverage.	Civil action – no defence. Improvement notice.	£5K - £50K cost implication
3	Moderate	Affect upon the objective, making it achievable only with some moderate difficulty/cost.	Repeated failures to meet internal standards or follow protocols.	3-8 days extended hospital stay. Semi-permanent harm.	National media <3 days coverage.	Class action. Criminal prosecution. Prohibition notice.	£50K - £500K cost implication

4	Major	Significant effect upon the objective, making it extremely difficult/costly to achieve.	Failure to meet national standards.	>9 days extended hospital stay. Incident resulting in fatality or permanent disability.	National media >3 days of coverage.	Criminal prosecution – no defence. Executive officer fined	£500K - £5M cost implication
5	Catastrophic	An effect upon the objective that renders it unachievable.	Gross failure to meet professional standards	Multiple fatalities and/or multiple permanent injuries.	Full Public Enquiry.	Criminal prosecution – no defence. Executive officer fined or imprisoned.	>£5M cost implication

5 Grading the Actual Impact of the incident

- 5.1 Grading the impact of the incident is about considering all harm, damage or loss which occurred as a result of the incident.
- 5.2 Any harm as a result of the natural progression of a person's physical health condition is not attributable to the incident and therefore should not be included.
- 5.3 The following table gives definitions for the levels of harm:

Actual Impact Grading	
Actual Impact	Definition
Near Miss	An event or circumstance which was prevented or did not occur due to luck or timely intervention
No Harm	An Incident which occurred but did not cause any harm, damage or loss
Low Harm	Minor injury to a person or people not requiring treatment beyond first aid or attendance at Minor Injuries Unit (MIU) or Emergency Department (where no MIU is available). Negligible financial impact with little or no service disruption.
Moderate Harm	Unexpected or unintended harm to a person or people that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment or transfer to another area and which caused significant but not permanent harm. Some financial impact on the service with short term implications for provision of non-essential aspects of the service
Major Harm	Harm to a person or people which is significant, long term or permanent to one or more people. Financial impact or disruption to the service which affected some or all essential services in the short term
Catastrophic Harm	Death of one or more people as a direct result of the incident. Financial impact or service disruption affecting essential services over the long-term or permanently.

6 Management of Incidents

- 6.1 The level of action required following an incident is dependent on the severity grading given. The level of escalation, communication and investigation are staggered depending on whether an incident is green or yellow, amber or red.
- 6.2 Whilst it is recognised that the Trust needs to learn from all incidents, the level of investigation the Trust undertakes needs to be in line with the severity of the incident.
- 6.3 Incidents graded as catastrophic harm / red should always be investigated by completing an Ulysses Risk Management System, Initial Management Assessment (IMA) which is the Managers Form within the System, as a first step, within 24 hours of the incident occurring, in line with the processes and timescales outlined in the Procedure for Managing Serious Incidents Requiring Investigation. Following completion of the Managers Form the Manager should ensure that all staff that are required to be notified of the incident are added to the incident form using the notifications tab.
- 6.4 The following appendices detail the procedure for management of incidents through the different stages of management and investigation:
 - Appendix 1 – Flowchart for Managing an Incident
 - Appendix 2 – Expanded IMA Flowchart
 - Appendix 3 – Expanded Incident Investigation inclusive of Root Cause Analysis (RCA) Flowchart
- 6.5 The manager of the service needs to monitor the numbers and types of incidents being reported, this can be seen through the interactive reports provided on the governance suite of reports on the Tableau Business Tool. Where repetitive low severity incidents or near misses are identified, the service manager should initiate a more detailed review which could take the form of a thematic review.
- 6.6 More information may also be requested should the incident be reportable externally.

Note: If the incident is subject to media attention, those directly affected by the event must be notified before any information is given to the media and the Communication Team notified.
- 6.7 Reporting of injuries, disease and dangerous occurrences regulations (RIDDOR) - Managers are responsible for the identification of incidents which fall under this reporting category for both staff and service users and should contact the Health and Safety Team. Further guidance can be found on the Trust Intranet pages under RIDDOR and COSHH.

7. Post Incident

- 7.1 The service manager is responsible for arranging debriefing, counselling and support for patients, service users, relatives, carers, staff (including contractors) and members of the public affected by the incident.
- 7.2 The senior manager should ensure that the team manager and staff affected by the incident are being supported. Where a serious incident has occurred Service Manager should consider using the Critical Incident Stress Management Services.

8. Supporting Staff Post Incident

- 8.1 During or immediately after an incident has occurred it may be necessary to provide support for any staff involved. It is the role of the line manager including on-call managers, to be alert to those factors which may necessitate support and secure the relevant resources for this to take place, particularly in relation to psychological trauma or stress.
- 8.2 It is also important for staff to be kept aware of the progress of an investigation with which they have had clear associations. This will be the responsibility of the investigating officer undertaking the investigation and the Line Manager of the member(s) of staff. In particular, staff involved should be kept informed of progress, when the report has been completed,

the findings, recommendations and action to be taken will be discussed with them. They must also be provided with an opportunity to ask any questions they may have.

- 8.3 Staff may experience a range of reactions from stress and depression to shame and guilt. The high personal and professional standards of most clinicians and other NHS staff may make them particularly vulnerable to these experiences. It should also be recognised in applying this policy that different individuals will have differing responses to the same incident and will therefore require different levels or types of support. Any support offered must remain confidential to the individual.
- 8.4 It is important to recognise that the need for support is not a sign of weakness. Although the support of colleagues is essential, the Trust recognises that there may be occasions when any member of staff requires additional support outside this immediate circle.
- 8.5 Service/Area Managers are responsible for providing immediate and ongoing support to staff who are involved in a stressful event such as a claim. They will:
- Arrange for the de-briefing of staff following traumatic or stressful events and deal with any subsequent absence in a compassionate manner
 - Ensure all support offered is confidential
 - Make staff aware of all the internal and external support available (and making referrals and/or seeking support as appropriate):
 - Occupational Health
 - Human Resources
 - Critical Incident Stress Management services
 - Workplace Options for independent counselling and advice service
 - Head of Legal Services, Risk & Patient Safety
 - Trade Unions, including Staff side/Union reps
 - Other managers
 - Colleagues
 - GP
 - Professional bodies (for example the Nursing and Midwifery Council)
 - Medical Defense Union
 - Take action to refer staff to the Occupational Health Department as appropriate and ensure that any recommendations from the Occupational Health Department are followed through

9. Associated Documents

To be read in conjunction with this procedure:

- SH NCP 16 Policy for Managing Incidents and Serious Incidents
- SH NCP 60 Procedure for the Management of Serious Incidents that Require Investigation
- SH NCP 75 Procedure for Reporting and Investigating Deaths
- SH HR 12 Speak Up (Whistleblowing) Policy
- SH HR 13 Speak Up (Whistleblowing) Procedure
- SH NCP 12 Duty of Candour Policy
- SH NCP 13 Being Open Procedure (incorporating Duty of Candour)
- SH FP 4 Counter Fraud Policy
- SH CP 145 Care of a Patient after their Death Policy
- SH CP 146 Care of a Patient after their Death Procedure
- SH NCP 61 Guidance for staff when preparing statements (court/police) and attending inquests and court hearings
- SH NCP 9 Inquest Management Protocol
- SH IG 47 Disclosure of Information to the Police Procedure
- SH CP 15.2 Safeguarding Adults Policy

- SH CP 56 Safeguarding Children Policy
- SH CP 10 Infection Prevention and Control Policy
- SH CP 121 Pressure Ulcer Prevention and Treatment Policy
- SH HS 04 Health and Safety Policy
- Local Safeguarding Children Board Procedures

10. **User Guides for reporting and Managing incidents**

- **Guide to Logging In to Ulysses**



Ulysses - Logging in
March 2016.pdf

- **Guide to Reporting an Incident on Ulysses**



Ulysses - Reporting
an incident January 2

- **Guide to Managing Incidents on Ulysses**



Ulysses - Completing
the manager form Ma

- **Managers Hints, Tips and Guidance**



Ulysses - Managing
Incidents - Hints, Tips

- **Frequently Asked Questions**



Ulysses - FAQs
March 2016.pdf

Appendix One – Incident Management Flow Chart - Overview

Incident/Near Miss occurs

Immediate Actions to consider following the incident:

Actions may include (this list is not exhaustive):

- Ensure immediate safety of all involved, provide first aid/ CPR and basic life support as required
- Inform service manager and/or on-call manager
- Preservation of the scene and retention of evidence (where possible) if Police are involved
- Following relevant Trust policies to manage specific incidents including: infection control, safeguarding procedures, medicines management etc.
- The department's activities are reviewed. This may include:
 - Checking what has been missed whilst the incident was being managed
 - Checking that all staff and patients or service users are in the department
 - Considering whether staff are able to continue working

Reporting the Incident:

- The incident must be reported on Ulysses by the end of the shift (or within 24 hours where this is not reasonably possible) and graded based on the potential severity
- Further actions should be considered and taken, such as updating care plans and undertaking risk assessments to prevent the incident happening again

Post Incident (Service Manager):

- Arranging debriefing, counseling and support for all people affected by the incident.
- All people involved are given relevant information and provided with an appropriate level of support by the most appropriate member of staff and staff should follow Duty of Candour Policy for all moderate and above incidents

Complete Ulysses Incident Managers Form (Service Manager):

- Ascertain the cause of the incident and take action to reduce the risks of reoccurrence, and to record actions taken and lessons learnt on Ulysses within 10 days.
- Undertake level of investigation as below (if investigation underway, record this on Ulysses and close off within 10 days):

Red severity incidents & when requested:

Service Manager (or nominated staff) to complete IMA within 1 working day (Mon – Fri excluding Bank Holidays)

All SIs & when recommended in IMA:

Undertake an Investigation using Root Cause Analysis Tools within 45 days

Manager to update Ulysses report after any further developments

Appendix Two – Immediate Management Assessment (IMA) Expanded Flow Chart

Incident/Near Miss occurs – Identified as requiring and IMA

Allocation of the IMA (Service Manager):

- IMA to be completed by an appropriate member of staff, that may be the clinician who has worked most closely with a patient, or someone with a more objective view to complete.

Completion of the IMA on the Ulysses Risk Management System:

Allocated member of staff completes the IMA using service user records and/or other relevant documentation to gather information to make a summary and appraisal of the incident, all information should be factual and able to be evidenced:

- Complete required demographic/identification fields
- Establish a timeline and identify any key events, gaps or issues
- Identify any immediate service risks – immediate action required to prevent similar issues or incidents from occurring
- Identify any key learning points and create an action plan if required
- Make a recommendation for further investigation requirements, if any

Tip - consider your audience (all reports can be shared under the Freedom of Information Act):

- Don't use language or terms which others may misinterpret or not understand, avoid acronyms and explain medical terminology
- Explain as if you are talking to someone who does not know your service or service users
- Double check your dates, your spelling and do not cut and paste into your IMA RiO Records

Submission of IMA through Management Structure within 24 hours of the report of the incident (an email or copy of the IMA should be sent to the Corporate SI Team Generic In Box)

Review and Approval of IMA at the 48 hour Incident Assessment Panel:

- Divisional Senior Manager to ensure IMA is completed to expected standards, that the service gaps and issues have been identified and actions address these issues
- IMA to be returned to author if clarity/further information is required
- Senior Manager to accept or override recommendation for further investigation

Submission of finalised IMA onto Ulysses Risk Management System (an email or copy should be sent to the Corporate SI Team via Generic In Box, as above)

Manager to update Ulysses report after any further developments

Full Investigation including RCA Process to be initialised if recommended or if incident is externally reported as a Serious Incident

Appendix Three – Investigation (RCA) Expanded Flow Chart

Incident/Near Miss occurs – Identified as requiring investigation inclusive of RCA

Allocation of the Investigation

- Service Manager ensures the Investigation is allocated to a member of staff trained in investigations, usually a person from outside the team where the incident took, allocates a lead for the for patient and/or family contact and gives consideration for a referral to the Family Liaison Officer (FLO).

Completion of the Investigation – Step 1 – Timeline:

- Allocated member of staff completes the investigation on the Ulysses Risk Management System using the patient's records to gather information:
 - Detail the patient's initial referral and medical and social history
 - Enter any events relevant to the incident into the timeline
 - Against each event – identify any areas of good practice
 - Against each event identify any care or service delivery problems – this may include a delay in treatment, delay or failure to assess, gap in care plan, failure or delay to refer to another service etc. – each of these issues will be looked at in more depth in step 2.
 - It is essential to include all delays, omissions or issues in the delivery of care – this is not about blame but it is essential to establish this in order to undertake meaningful investigation.

Completion of the Investigation – Step 2 – Contributory Factors/Root Causes:

- This step helps you look at any Care or Service delivery problems in more detail – if no care or service delivery problems were identified you can move to step 3.
- Against each Care or Service Delivery Problem – identify any contributory factors and/ or Root Causes under each theme.

Completion of the Investigation – Step 3 – Report:

- This step is about summarising and analysing what you have found
- Complete the RCA Report in the Ulysses Risk Management System to give background and analysis of your findings
- Complete the “lessons learnt”, “recommendations” and “actions” sections. Actions should be allocated to individuals, should be SMART and should have deadlines.

Submit the Investigation - through the management structure for sign off at Divisional SI Review Panel prior to submission to the Corporate SI Assurance Panel for all non pressure ulcer SI's, unless in an identified cluster

Division to present the investigation at Corporate SI Assurance Panel and amend report if required.

Report to be shared with the patient and/or their family once report is approved at Corporate SI Assurance Panel

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Corporate SI Team to upload final investigation report onto StEIS System with 60 days of the incident occurring

Severity grading	Examples
Red	<p>Any incident or near miss event which has, is suspected of or is likely to have resulted in:</p> <ul style="list-style-type: none"> • Death of any service user or member of staff • suicide or homicide involving a service user • Serious injuries, harm or threat of harm to any person (e.g. fractures, admission to hospital, long term harm) • National adverse publicity/major loss of confidence in the Trust <p>Or the following incident types (not an exhaustive list):</p> <ul style="list-style-type: none"> • Significant fire, explosion, flood necessitating evacuation of area • Significant abuse or neglect of a service user by staff employed by the Trust to deliver care, treatment or support • Unplanned temporary service closure • Serious breaches of security of buildings, information or property • Any serious criminal offence committed by a service user on or off of Trust premises' e.g. assault causing serious injury, homicide, arson • Pressure ulcer which has been <i>acquired in our care</i> and resulted in serious harm • Escape of a service user from the secure perimeter of a medium secure unit
Amber	<p>Any incident or near miss event where the maximum level of harm has, is suspected of or is likely to be:</p> <ul style="list-style-type: none"> • Injury or harm to an individual that required a moderate increase in treatment, possible surgical intervention • Disruption to normal service activity • Loss of high value property • Suspension of a healthcare professional (or temporary staff) due to concerns about professional conduct, practice, criminal activity or referral to the ICA list. <p>Or the following incident types:</p> <ul style="list-style-type: none"> • Small fires which are readily controlled by staff on duty • Grade 2 pressure ulcer
Yellow	<p>Any incident or near miss event where the maximum level of harm has, is suspected of or is likely to be:</p> <ul style="list-style-type: none"> • Most incidents of harm to a person requiring simple first aid • Loss of low value property • Likelihood of wider service issues arising from incident
Green	<p>Any incident or near miss event where the maximum level of harm has, is suspected of or is likely to be:</p> <ul style="list-style-type: none"> • No injuries or obvious harm or minor injuries not requiring any intervention • No loss of property or minimal value loss only • No significant likelihood of service issues arising from incident

Severity Grading an Incident

- 🌍 The severity of incident is based on potential harm
- 🌍 The potential harm is worked out in the same way as risk – based on impact and likelihood
- 🌍 Consider what the impact could be if the incident happened again or was left to fate, then consider how likely it would be for that impact to happen

Severity:

🌍 **Red**

🌍 **Amber**

🌍 **Yellow**

🌍 **Green**

Impact	Likelihood			
	Extremely unlikely	Unlikely	Possible	Likely
Negligible	Green	Green	Green	Yellow
Low	Green	Yellow	Yellow	Amber
Moderate	Green	Yellow	Amber	Red
Major	Yellow	Amber	Amber	Red
Catastrophic	Yellow	Amber	Red	Red

- 🌍 Impact includes physical harm, psychological harm, financial and/or reputational.
- 🌍 The severity should always reflect at least the actual harm that occurred—so long term harm should always be graded at least amber and a death should always be graded red

Appendix Six -

Establish the potential severity of an Information Governance incident follow the process below

Establish a baseline score for the incident by using the relevant scale for the number of individuals effected - if this is not known, please estimate initial potential scale point

Baseline Score	Baseline Scale
0	Information about less than 10 individuals
1	Information about 11-100 individuals
2	Information about 101- 1,000
3	Information about 1,001- 100,001 + individuals



For each of the low sensitive factors below, **reduce the baseline score by 1**

Low Sensitivity Factors	
-1 for each	No clinical data at risk
	Limited demographic data at risk e.g. address not included, name not included
	Security controls / difficulty to access data partially mitigates risk e.g. Encryption technology used, is within the restricted area of our Trust or NHS; not out in the Public Arena



For each of the following high sensitive factors, **increase the baseline score by 1**

High Sensitivity Factors	
+1 for each	Detailed clinical information at risk e.g. case notes
	Particularly sensitive information at risk e.g. HIV, STD, Mental health, Children
	One or more previous incidents of a similar type in past 12 months
	Failure to securely encrypt mobile technology or other obvious security failing
	Celebrity involved or other newsworthy aspects or media interest
	A complaint has been made to the Information Commissioner's Office
	Individuals affected are likely to suffer significant distress or embarrassment
	Individuals affected have been placed at risk of physical harm
	Individuals affected may suffer significant detriment e.g. financial loss
	Incident has incurred or risks incurring a clinical untoward incident



Grading the Severity based on the score

Overall score	Potential severity of incident to be recorded into the Ulysses incident reporting system
Less than 0	Minor / Green
0	Moderate / Yellow
1	Major / Amber
2 or above	Catastrophic / Red

Incident Reporting – What do I need to Report?

In simple terms, an incident is.....

- 🌐 An event or circumstance which could have or did result in unnecessary harm, damage or loss. (National Patient Safety Agency)

Why do we report incidents?

- 🌐 To identify areas of concern, but also of good practice where we have prevented harm, so that we can learn and improve– to maximise the safety of our services for staff, service users and visitors
- 🌐 To record events – the incident report does not form part of either the patient record or staff personnel records, however the event must be recorded, it is our legal obligation
- 🌐 To meet our external reporting requirements – the Governance team reports tens of thousands of incidents to National and Local reporting bodies




Types of incident requiring reporting on Ulysses

- 🌐 In community teams, it can be much less clear as to what is categorised as an incident which requires reporting where there are shared care arrangements in place, or when the incident occurs in between visits from a community team.
- 🌐 The following incidents must be reported on Southern Health's Ulysses Risk Management system:
 - If there is a child or adult safeguarding concern, even if the person is under someone else's care.
 - If you diagnose a pressure ulcer, whether it has been acquired during our care, or was present on admission/referral to our care.
 - Incidents where a Southern Health staff member was present; involved in or witness to an incident involving one of our service users or patients.
 - If the incident relates directly to treatment, care or support we are providing, for example, if we are supporting providing therapy for someone referred due to their risk of falling, we must report all falls, even if staff are not present at the time.
 - All incidents involving our patients/service users if Southern Health is the sole provider of care, or we are seeing the service user/patient on a regular basis (at least weekly).
 - If an accident occurs on Southern Health managed premises to any person (including visitors and contractors) where the building or facilities may have been a factor in the incident.
 - The suicide or suspected suicide of a person who was a currently or who had been under our care within the last 6 months.
 - A death where an act or omission of Southern Health may have caused or contributed to the outcome. Reference should be made to the Procedure for Reporting and Investigating Deaths (SH NCP 75).





- A death of a current service user/patient where the Coroner has been informed of the death.

 Incidents do not require reporting on the Southern Health Ulysses system if:

- The incident is caused by another provider, with the exception of the examples above. However, the provider responsible must be informed of the incident – Ulysses Risk Management System can be used as a framework to record the details of the incident and the form can be sent to the provider to enable them to manage the incident.
- The service user/patient is resident in a care or nursing home which is not managed by Southern Health or the service user/patient is being seen regularly (at least 3 times a week) for personal care with the exception of examples above.

 If unsure – seek guidance from your Line Manager or the Corporate Incident and Investigation Team – it is better to report and not need to – in this case the manager or Corporate Team can downgrade or Void the incident report following appropriate investigations.

How do I escalate a problem that is not being solved?

-  The first thing to do is to escalate the problem to your line manager, if this does not work, you would then escalate to their line manager.
-  If you need support escalating issues in this way, please refer to the “Speak Up” policy.
-  We also have an internal “Speak Up” reporting line – please see the Trust Intranet for further information.
-  Some issues that are ongoing become a risk for the service – if this is the case, it may be appropriate to escalate the issue onto the Trust’s Risk Register as a local risk for your area – if this is the case or you think it may be - speak to your line manager.



For more information, please refer to our Procedure for Reporting and Managing Incidents or the Policy for Managing Incidents and Serious Incidents or contact the Corporate Incident and Investigation Team on 02380 874047 or 02380 874087.