

## **INCIDENT MANAGEMENT POLICY**

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Further information about this document:

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**Polish**

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**Punjabi**

اگر اس معلومات سے متعلق آپ کے سوالات ہیں یا آپ کی کوئی رائے ہے یا آپ اس کا اپنی زبان میں ترجمہ کروانا چاہتے ہیں تو براہ کرم ہمیں 01244 650368 پر ٹیلی فون کریں۔ اپنی زبان کا نام اپنے ٹیلی فون نمبر کے ساتھ تین بار کہیں۔ ہم ٹیلی فون مترجم کے ذریعہ آپ کو ٹیلی فون کروانے کا انتظام کریں گے۔

**Urdu**

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## **INTRODUCTION**

1. This Incidents Policy sets out for the stakeholders, and staff of NHS West Cheshire Clinical Commissioning Group:
  - how we will enable incidents to be reported
  - how these will be investigated
  - how we will ensure learning is shared with professionals and across organisations.

## **WHAT OUR COMMITMENT MEANS**

2. We are committed to promoting a culture where all incidents and near misses are reported and appropriately investigated. This is achieved by operating an open and just culture which encourages and supports staff and stakeholders in reporting incidents so that learning and improvement can take place. The organisation ensures that the different needs in respect of ethnicity, faith, disability, gender age, sexual orientation, and socio-economic group are taken in to account in the reporting and investigation of incidents.
3. Learning from incidents enables changes to take place in order to:
  - improve the safety of patients, staff and visitors
  - improve the work and care environment
  - improve patient experience
4. We will ensure that there are appropriate systems in place so that staff and stakeholders are able to report incidents using an on-line incident reporting system. Supporting the ability to report incidents ensures we:
  - have oversight of incidents reported across all of our providers of NHS funded care
  - can use the information to take appropriate management decisions
  - can identify trends in any root causes identified
  - can share learning to improve practice across the health economy.

## **SCOPE AND PURPOSE OF THE POLICY**

5. The purpose of this policy is to outline the way in which incidents will be reported.
6. This policy describes three procedures which apply to different groups of stakeholders and staff.

7. The scope of this policy does not apply to:
  - serious Incidents - which should be reported through the Serious Incident Policy
  - incidents which should be reported - through the Raising Concerns at work (whistleblowing) policy

## **WHAT IS AN INCIDENT?**

8. An incident is an event that leads to, or could have caused, loss or harm to an individual or property.
9. An incident reported by an individual about their own practice will be known as a reflective incident.
10. An incident reported by staff or a stakeholder about another individuals/organisations practice will be known as a notified incident.

## **WHO CAN REPORT INCIDENTS?**

11. Incidents can be reported via the Datix Incident Reporting system by using the hyperlink below :  
  
[https://datix.northstaffs.nhs.uk/datix/live/index.php?form\\_id=29&module=INC](https://datix.northstaffs.nhs.uk/datix/live/index.php?form_id=29&module=INC)
12. Where on-line access is not available incidents can be reported by email to westcheshireccgincidents@nhs.net or by telephone on 01244 650521
13. Incidents can be reported by NHS West Cheshire CCG staff and staff of the commissioning support unit working on behalf of the CCG:
  - about their own practice
  - about incidents occurring in our organisation
  - about a provider organisation which is providing NHS funded or private care.
14. Incidents can be reported by independent contractors about their own practice.
15. Incidents can be reported by independent contractors and providers of NHS funded care about the practice of another provider of NHS funded or private care.

## **WHEN TO REPORT INCIDENTS**

16. Incidents should be reported as soon as a concern becomes apparent.

17. Staff and stakeholders are encouraged to report all incidents in order to gain a true idea of any trends which may be occurring.
18. Incidents which identify concern, allegation, disclosure or suspicion of abuse, MUST also be reported through the Cheshire West and Chester Inter-agency [https://www.westcheshireccg.nhs.uk/document\\_uploads/corporate-policies/Safeguarding\\_Adults\\_Policy\\_April\\_2016.pdf](https://www.westcheshireccg.nhs.uk/document_uploads/corporate-policies/Safeguarding_Adults_Policy_April_2016.pdf)
19. Incidents which identify concern, allegation, disclosure or suspicion of abuse involving children MUST also be reported in line with NHS West Cheshire Clinical Commissioning Group's [https://www.westcheshireccg.nhs.uk/document\\_uploads/corporate-policies/Safeguarding\\_Children\\_Policy\\_August2016.pdf](https://www.westcheshireccg.nhs.uk/document_uploads/corporate-policies/Safeguarding_Children_Policy_August2016.pdf)

## MANAGEMENT OF INCIDENTS

20. The process for managing incidents will be undertaken by the Incidents and Assurance Coordinator.
21. The clinical commissioning group understands that root causes of an incident often identify that it is systems and processes that fail, rather than the actions of individuals. This approach needs to be reflected in the investigation methodology used in incident management.
22. Where an investigation does highlight poor practice by an individual, this will be managed through the appropriate Human Resource policy.
23. Reporting of incidents to external agencies will be undertaken by the Incident and Assurance Coordinator. Six Monthly reports detailing incidents rated as moderate or above will be uploaded to the National Reporting and Learning System reporting system. Deaths or injuries incurred because of a work-related accident will be reported to the Health and Safety Executive on a case by case basis.
24. The Situation, Background, Assessment, and Recommendation (SBAR) tool has been adopted by NHS West Cheshire Clinical Commissioning Group to ensure incidents reported are managed in a consistent and concise manner and that important information is shared clearly, effectively and efficiently.
25. The Situation, Background, Assessment, and Recommendation tool has been incorporated into the Datix reporting system for West Cheshire with supporting prompts:

S = Situation	What is going on? A concise statement of the problem or what actually happened?
B = Background	What is the background information that is pertinent to the situation?

A = Assessment                      What did you find? Analysis and considerations of options and risks. What factors contributed to the incident?

R = Recommendation              What action/recommendation is needed to correct the problem? What do you want to happen by when? Include any actions taken at the time of the incident.

26. All incidents once logged on Datix will be reviewed by the Incident and Assurance Coordinator and forwarded to the appropriate provider for investigation. All primary care related incidents will also be reviewed by the GP Clinical Lead for Quality and Safety who will if required support practices with the Significant Event Analysis (SEA) Root Cause Analysis (RCA) process.
27. Once investigations have been completed by the provider all responses will be reviewed by the Head of Quality and Safety and an individual Situation, Background, Assessment, and Recommendation response will be sent to the reporter of the incident as required. Some no/low harm incidents may not always require an individual Situation, Background, Assessment, and Recommendation response but all responses will be reviewed, themed and shared appropriately with clinical and commissioning leads and using "You said we did" to share any wider learning themes.

### **Reporting of Incidents**

28. Staff will report incidents on the Datix Incident Reporting System including all relevant information using the Situation, Background, Assessment, and Recommendation tool.
29. Independent contractors will report reflective incidents on the Datix Incident Reporting System.

### **Information Governance Incidents**

30. Clear guidelines are in place locally for staff to report any incidents or concerns about any aspect of confidentiality and security, whether a breach has taken place or a 'near miss' has occurred. Near misses are indicators of potential problems, so should also be reported.

### **Security Incidents Affecting Confidentiality**

31. There are several ways in which patient, staff, members of the public or contractor confidentiality may be breached. All breaches should be reported and investigated accordingly.

32. A confidentiality incident is defined as any event that has resulted or could result in:
- the disclosure of confidential information to any unauthorised individual
  - the integrity of the manual system or data being put at risk
  - the availability of the manual system or information being put at risk

33. An adverse impact can be defined for example as:
- threat to personal safety or privacy
  - legal obligation or penalty
  - financial loss
  - disruption of clinical commissioning group business
  - an embarrassment to the clinical commissioning group

### **Types of Security Incidents**

34. The types of non-computer security incidents likely to affect confidentiality are variable. Data security incidents may take many forms including the following:
- Theft of equipment holding confidential information – e.g. dicta-phones, case-notes.
  - Unauthorised access to a building or areas containing unsecured confidential information.
  - Access to patient records by an authorised user who has no work requirement to access the records.
  - Authorised access which is misused (staff).
  - Misuse of equipment such as faxes, text messages on mobiles and answerphones.
  - Inadequate disposal of confidential material (paper, folders).
  - Car theft / break-ins to staff carrying confidential records.
  - Unauthorised access to records away from premises (e.g. when travelling between meetings).
  - Careless talk (e.g. in the canteen, corridor or car park)

### **Reporting Arrangements**

35. All incidents or information indicating a suspected or actual data security breach should initially be reported to the Head of Governance and then reported on Datix at:

[https://datix.northstaffs.nhs.uk/datix/live/index.php?form\\_id=29&module=INC](https://datix.northstaffs.nhs.uk/datix/live/index.php?form_id=29&module=INC)

36. The Head of Governance will consider if it is necessary to inform the Senior Information Risk Owner and/or the Caldicott Guardian.
37. It may also be necessary to report the incident to others depending on the type and likely consequences of the incident, e.g. inform the Police, local Counter Fraud specialists, or the Information Commissioner.
38. Investigators must respond within 45 working days and this response will be reviewed by the Head of Quality and Safety. Once a satisfactory response has been received it will be forwarded to the reporter of the notified incident.

39. Regular reports will be provided to the clinical commissioning group to highlight what actions have been taken as a result of incidents being reported. This information will be used to inform commissioning and contracting decisions. We will communicate this information more widely through our “You said, we did” updates, published in a variety of ways and shared with our stakeholders.

## **RESPONSIBILITIES FOR INCIDENT MANAGEMENT**

40. This section sets out what our roles and responsibilities are:

### **The Accountable Officer**

41. As Accountable Officer, the Chief Officer of NHS West Cheshire Clinical Commissioning Group is responsible and accountable for ensuring:
- overall implementation, monitoring and effectiveness of the policy
  - allocation of resources to provide compliance with the policy
  - all of our staff are aware of their responsibilities and comply with the policy
  - This policy is visible to our stakeholders.

### **The Head of Quality and Safety**

42. The Head of Quality and Safety will:
- have the authority to assign Investigating officers
  - inform the Incidents and Assurance Coordinator of organisational or other changes that may impact upon this process
  - provide appropriate updates to the clinical commissioning group
  - escalate concerns and exceptions to the Quality Improvement Committee of the clinical commissioning group

## **Clinical Commissioning Group team**

43. Our team will:
- work within the Incident Policy and associated processes shown at Appendix 1
  - report incidents and promote the reporting of incidents by other stakeholders
  -

## **Incidents and Assurance Coordinator**

44. The Incidents and Assurance Coordinator is responsible for:
- working within the Incident Policy associated processes shown at Appendix 1
  - Ensuring that the fielding for incidents matrix is kept up to date for all providers and clinical leads and commissioning managers
  - Preparing thematic reports for the Quality Improvement Committee
  - Ensuring uploads are made to the National Reporting and Learning System as and when required

## **ESCALATION**

45. If the clinical commissioning group remains dissatisfied with the actions undertaken following investigation and the response received from the investigator then this will be escalated and managed via the Quality Improvement Committee.

## **PERFORMANCE INDICATORS**

46. We have agreed a number of key measures to ensure we are monitoring the performance of how we manage incidents. These measures are:
- Number of incidents reported per month by organisation, categorised as reflective and notified
  - Number of incidents put on the National Reporting and Learning reporting system per month
  - Numbers of Investigation reports provided within 45 working days by providers to notified incidents
  - Timely provision of reports in line with reporting schedule

## **FURTHER GUIDANCE AND READING**

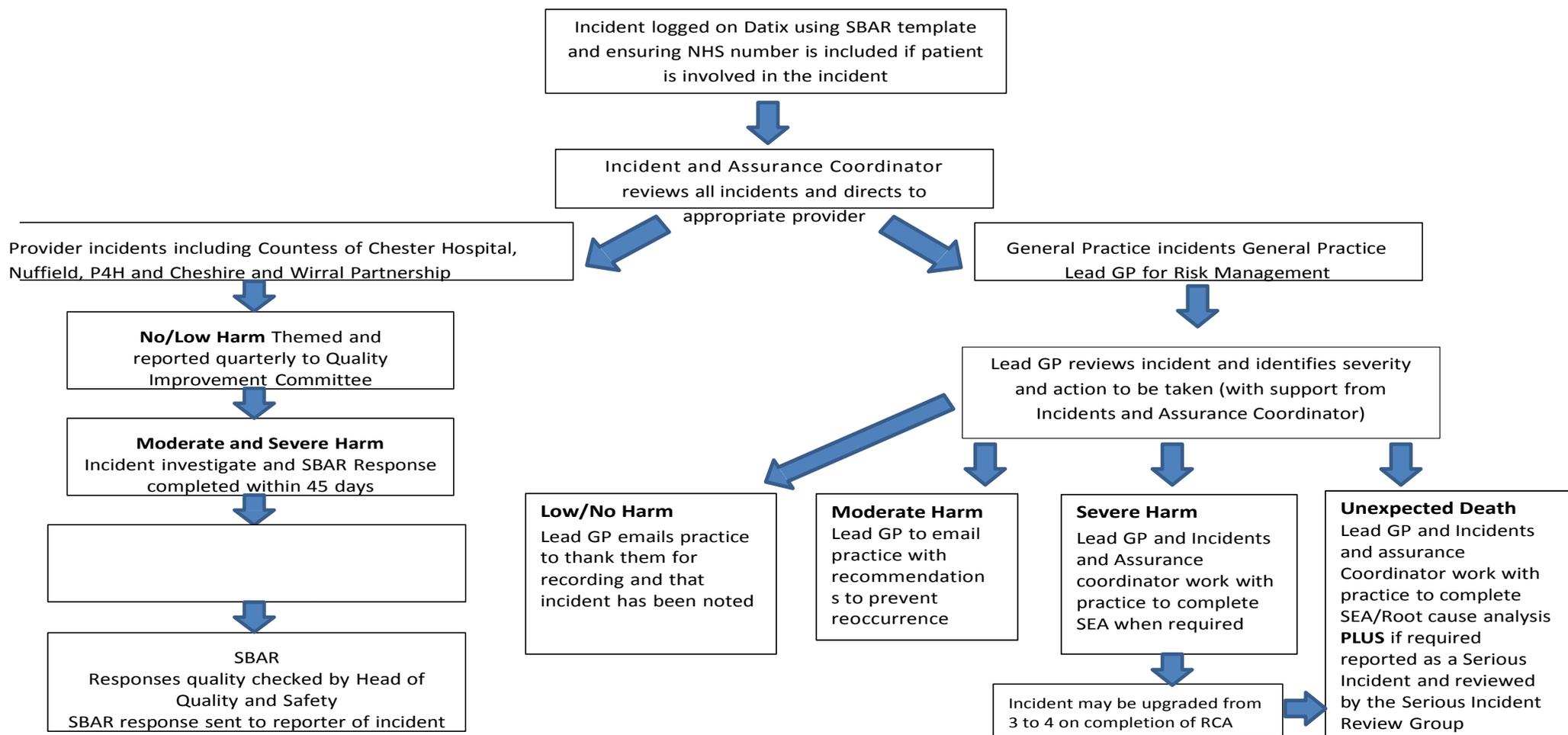
National Patient Safety Agency: Reporting Criteria Thresholds

[www.nrls.npsa.nhs.uk](http://www.nrls.npsa.nhs.uk)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

<http://www.hse.gov.uk/riddor/>

**MANAGEMENT OF INCIDENTS – FLOW CHART**



## Equality Analysis

		<b>Incidents Policy</b>			
		Clinical Commissioning Group			
		Quality Improvement			
		<i>Paula Wedd</i>			
		8 <sup>th</sup> March 2013			
		The purpose of this policy is to outline the way in which incidents will be reported. This policy describes three procedures which apply to different groups of stakeholders and staff.			
		<ul style="list-style-type: none"> <li>• <i>have oversight of incidents reported across all of our providers of NHS funded care</i></li> <li>• <i>can use the information to take appropriate management decisions</i></li> <li>• <i>can identify trends in any root causes identified</i></li> <li>• <i>can share learning to improve practice across the health economy.</i></li> </ul>		<ul style="list-style-type: none"> <li>• <i>Number of incidents reported per month by organisation, categorised as reflective and notified</i></li> <li>• <i>Number of incidents put on the NLRS reporting system per month</i></li> <li>• <i>Numbers of Investigation reports provided within 45 working days by providers to notified incidents</i></li> <li>• <i>Timely provision of reports in line with reporting schedule</i></li> </ul>	
<b>Protected characteristic</b>	<b>Baseline Data and research</b> What national data is available? What local data is available? What information is available relating to this specific area. Number of young people using a service etc. What does it show? Numbers involved (quantitative data), comments from people (qualitative data) Are there any gaps? Include consultation with users if available, comments, feedback from patients, users etc.	<b>Impact</b> from the analysis of data and research? Is the service being used by all groups the same or one group more than others?	Is the piece of work <b>direct</b> or <b>indirect</b> discrimination	<b>If indirect discrimination:</b> Indirect discrimination service effects one group more than others but accidentally. what can we do to eliminate indirect	

				discrimination? What reasonable adjustments can be made	
<b>Age</b>	The 2011 Census population was 329,608: o 17.6% (58,135) were aged 0-15 (19.9% in 20011) o 63.8% (210,373) were aged 16-64 (63.7% in 2001) o 18.5% (61,100) were aged 65+ (16.4% in 2001).	No perceived impact		No perceived impact	No perceived impact
<b>Disability</b>	Chester 118,210 <b>People who have a long-term illness or disability</b> 16.6%. Ellesmere Port and Neston <b>81,672 People who have a long-term illness or disability</b> 18.2%. 10,650 people received services in the local Authority During 2006 /07 8,503.00 80% of the total receiving services with the remaining 20% Comprised 2,147 people receiving residential and nursing services For the community services, 6,168 people, nearly three-quarters of all Service users are those with physical disabilities. Those with a mental Health problem (including dementia) are the next most predominant group, with 1,525 service users, accounting for 17.9% of services this reflects the National picture	May have a Significant impact on some people from this diverse group. Importance of Relevant Awareness Training Regards Potential attitude and Behavior Sensitivity impacts on Disability		Yes  Assistance to be made available for customers who may have Learning disability/difficult y/ literacy issues.	No perceived impact
<b>Gender Reassignment</b>	Although it is recognised that there are currently no publicly available statistical data on transgender people, the Gender Identity Research and Education Society (GIREs, 2008) suggests that the prevalence of people age 16 and over seeking help for treatment of Gender Dysphoria is 20 per 100,000 and is thought to be increasing by 15% annually. If this was applied to Cheshire West and Chester, this would equate to approximately 50 people in the Borough. The average age for seeking treatment for Gender Dysphoria is 42. In terms of the transgender population, GIREs gives an estimate of 600 per	No perceived impact		No perceived impact	No perceived impact

	100,000. If these figures were applied to the Cheshire West and Chester area, there may be around 1,500 trans people in the area <a href="http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9">http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9</a>				
<b>Marriage &amp; Partnership</b>	Marital and civil partnership status classifies an individual according to their legal marital or registered same-sex civil partnership status as at census day, 27 March 2011 in Cheshire West and Chester was 428 (2011 Census Key Statistics) <a href="http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9">http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9</a>	No perceived impact		No perceived impact	No perceived impact
<b>Pregnancy &amp; maternity</b>	Cheshire West & Chester All births 3,822 Cheshire West and Chester Male births 1,965 Female births 1,857 26/04/2012 next update 26/04/2013 All 3,081 Asian 418 Black 288 White 1,981 Mixed, Chinese & any other ethnic group 220 Numbers Not stated 174 It is also identified that Gypsy/ Traveller have the Highest mortality rate. Gypsies and Travellers face the most serious disadvantages of all ethnic minority groups. Children have high mortality rates and the lowest educational attainment <a href="http://www.ons.gov.uk/ons/index.html">http://www.ons.gov.uk/ons/index.html</a> <a href="http://www.homeoffice.gov.uk/equalities/equality-government">http://www.homeoffice.gov.uk/equalities/equality-government</a>	No perceived Impact		No perceived impact	No perceived impact
<b>Race</b>	<ul style="list-style-type: none"> <li>o 94.7% (312,013) were White British (including Northern Irish) (96.5% in 2001)</li> <li>o 0.7% (2,337) were White Irish</li> <li>o 0.1% (213) were Gypsies or Irish Travellers</li> <li>o 2.0% (6,462) were from other White groups</li> <li>o 0.9% (3,050) were from mixed / multiple ethnic groups</li> <li>o 1.2% (4,097) were Asian / Asian British (includes Chinese)</li> <li>o 0.3% (908) were Black / African / Caribbean / Black British</li> </ul>	May have a significant impact on some people from this diverse group  Importance of		Yes Ensure that arrangements are made for people who do not speak or understand English	No perceived impact

	<p>o 0.2% (528) were from other ethnic groups. In January 2008, there were 151 caravans belonging to Gypsies and Travellers in Cheshire West and Chester.</p>	<p>relevant awareness training regards potential attitude and behaviour sensitivity impacts on this group</p>			
<b>Religion/Belief</b>	<p>Religion – 70.1% (231,126) of people said they were Christian (80.7% in 2001). 1.1% (3,560) belonged to other major world religions. 22.0% (72,649) stated they had no religion (11.5% in 2001). 6.5% (21,419) chose not to answer this question Christian 231126 - 70.1% Buddhist 776- 0.2 % Hindu 653 0.2 % Jewish 653 0.2 % Muslim 1686 - 0.5% Sikh195 -0.1% Other religion 854 -0.3% No religion 72649 -22% Religion not stated 21419 - 6.5 %</p>	<p>No perceived impact</p>		<p>No perceived impact</p>	<p>No perceived impact</p>
<b>Sexual Orientation</b>	<p>There are inherent problems in estimating the number of gay, lesbian and bisexual people resident within the Cheshire West and Chester population. However, the Family Planning Association estimates that the proportion of both men and women who have ever had a same sex partner to be 5.4% of men and 4.9% of women</p> <p>If the proportions reported in the Family Planning Association survey are applied to the Cheshire West and Chester adult population, there would be around 13,900 men and women who have ever had a same-sex partner within the local population. (DORIC Population Summary Information Gay, Lesbian And Bisexuals In Cheshire West And Chester 2012)</p>	<p>No perceived Impact</p>		<p>No perceived impact</p>	<p>No perceived impact</p>

<b>Sex</b>	Western Cheshire has a population of around 260,000 people. Local Authority Area 329608 Males 160586 - 48.7% Females 169022- 51.3%	No perceived impact		No perceived impact	No perceived impact
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**Stage 1 – Initial EQA Action Plan**

Having undertaken the equality analysis, please complete the following action plan detailing how you will tackle and mitigate issues resulting from the findings of the Initial Screening:

<b>Equality Strand</b>	<b>Issue – Initially identified</b>	<b>What information do I need and how will I get it? Consultation, Focus group, Survey, Research etc</b>	<b>Timescale</b>	<b>Lead</b>
		Edits to the policy made 28.12.12 – no further action required		
<b>Sex</b>				
<b>Race</b>				
<b>Disability</b>				
<b>Sexual Orientation</b>				
<b>Age</b>				
<b>Religion/Belief</b>				
<b>Marriage &amp; Partnership</b>				
<b>Gender Reassignment</b>				
<b>Pregnancy &amp; maternity</b>				