NHS
South Western
Ambulance Service
NHS Foundation Trust

Incident Reporting Policy

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Trust Policy Foreword

SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Compassion in Practice – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

Fit and Proper Persons – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Information Governance - SWASFT recognises that its records and information must managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public,

patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

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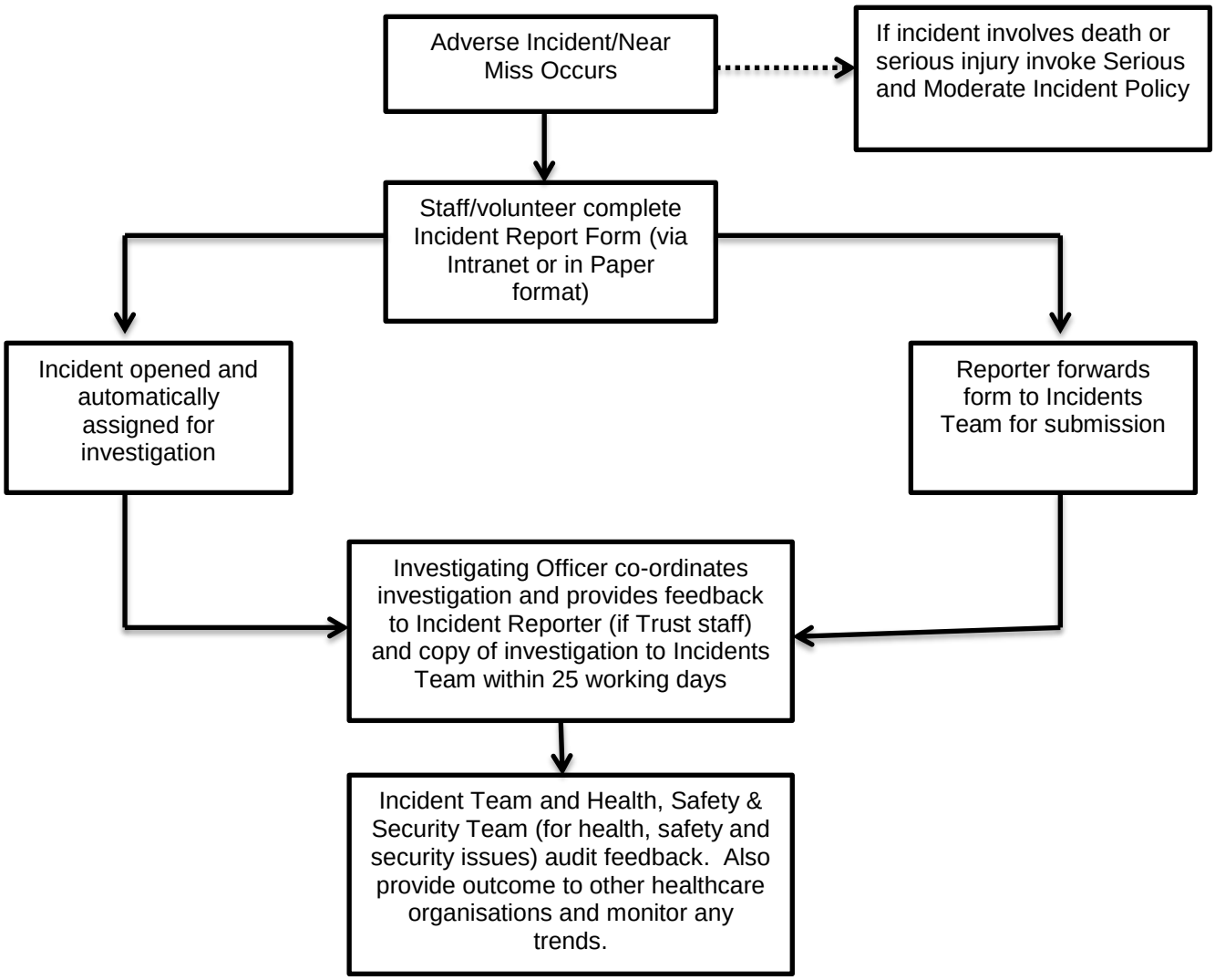
Executive Summary

South Western Ambulance Service NHS Foundation Trust is committed to the delivery of high quality, safe, effective patient care and to providing a working environment where risks to employees and others who may be affected, are controlled, so far as is reasonably practicable.

Organisations that have effective systems for reporting, reviewing and learning from adverse incidents and near misses, are more able to respond to improve the quality of care and patient and staff safety. The Trust has therefore produced this Incident Reporting Policy which provides a framework for incident reporting and management across the Trust. The Trust's Incident Reporting procedure should be followed by all staff and volunteers working for the Trust and can be simplified by referring to Figure 1, below.



1. Purpose

1.1 South Western Ambulance Service NHS Foundation Trust (hereafter referred to as the Trust) is committed to meeting its objectives and protecting patients, staff, the public and other stakeholders against all kinds of risks. It has therefore adopted a Risk Management Strategy of which this policy forms one part.

1.2 It is fundamental to the Trust's risk management system that all clinical and non-clinical adverse incidents, accidents, hazards and near misses are identified, reported, recorded, analysed and controls put in place to avoid their future re-occurrence.

1.3 In providing detailed reporting procedures this policy seeks to:-

a) highlight individual managers' responsibilities for preventing damage, misfortune or loss and knowing and responding to the risks within their own span of control;

b) learn lessons from incidents and near misses leading to continuous improvement of services and safer practice;

c) provide employees with an opportunity to participate in and influence changes in practice and procedures;

d) ensure the Trust complies with all its statutory obligations.

2. Principles

2.1 Every member of staff should have a real sense of ownership and commitment to identifying and minimising risk. This is best achieved through an environment of transparency, where adverse incidents are identified quickly and dealt with in a positive and responsive manner. All managers and staff should acknowledge that risks within the Trust will be reduced if an attitude of openness and honesty is adopted rather than one of recrimination and blame. All necessary efforts should be made to avoid concealing adverse incidents in order that action can be taken to prevent recurrence. The Trust aims to help and support staff in achieving this goal.

2.2 Although the Trust aims to maintain a non-punitive "fair blame" and "positive" approach to reporting and managing adverse incidents, action may be necessary through the Trust's employment policies in exceptional circumstances. The

decision over whether to invoke an employment policy should be made using the National Patient Safety Agency (NPSA) Incident Decision Tree (Appendix A). Such circumstances may include:-

- an incident warranting police investigation;
- care or behaviour that is judged to be far removed from acceptable practice;
- a member of staff repeatedly fails to report adverse incidents;
- malicious use of the reporting system;
- evidence that a crime has been committed;
- evidence of gross professional negligence or misconduct.

2.3 The aim of incident reporting is to:-

- enable the Trust to analyse incident trends, root causes and costs and develop appropriate action plans to eliminate or minimise exposure to associated risks;
- provide formal documentation to assist in managing complaints, claims and investigations by statutory bodies;
- enable staff to participate, and effect change, in practices and procedures;
- enable effective evaluation and monitoring of patient care and working procedures.

2.4 All employees have a responsibility to formally report and record any accident, injury, adverse incident, near miss, industrial disease and dangerous occurrence, professional malpractice or potential risk to the Trust's business (or to individuals directly affected by its operations) on a timely basis in accordance with this policy. The Trust will notify appropriate cases to the relevant enforcing, regulatory and NHS monitoring authorities including the Health and Safety Executive (HSE), National Health Service Resolution (NHSR), NHS Improvement, the Information Commissioner or the Medicines and Healthcare products Regulatory Agency (MHRA).

2.5 The Trust will provide information, instruction and training in accordance with the training needs analysis and as is necessary to ensure that all employees (including new employees) and volunteers are aware of their responsibilities under this policy. Adverse incident reports should be used by line managers to identify training needs.

2.6 All managers and directors with a responsibility under this policy are required to confirm, as appropriate, that thorough investigation and relevant follow up action has taken place to ensure safe systems of work exist across the Trust. Where appropriate a root cause analysis should be undertaken.

3. Scope

3.1 This policy applies to all Trust employees, volunteers, governors and agencies acting on behalf of the Trust and covers all functions of the Trust.

4. Definitions

4.1 Throughout this document the following definitions will apply:-

Hazard
Anything with the potential to cause harm, misfortune or loss and may include substances, equipment or work practice. In order to manage any risk it is important that hazards are first identified.

Risk
The possibility of incurring misfortune or loss. It covers both the physical environment and the process of delivery of care and services which may result in harm to patients, visitors, staff and the public, as well as to Trust property, financial resources and credibility. The extent of the risk will depend on the likelihood and potential severity of the event.

Adverse Incident
Any event or circumstance arising that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust. Adverse incidents may or may not be clinical and may involve actual or potential injury, mis-diagnosis or treatment, equipment failure, damage, loss, fire, theft, violence, abuse, accidents, ill health, near misses and hazards.

Accident
An unwanted or unexpected adverse incident that resulted in injury or ill health, including exposure to hazardous substances, blood, bodily fluids and fumes.

Near Miss
An event or condition which did not cause harm but which had the potential to do so. The identification of near misses is vital to ensure that trends are identified and lessons learnt from changes in procedures, processes and systems.

Moderate Harm Incident
A patient safety incident that resulted in a moderate increase in treatment and that caused significant, but not permanent, harm to one or more patients. A moderate increase in treatment is defined as a return to surgery, an unplanned readmission,

a prolonged episode of care, extra time in hospital or as an outpatient, cancellation of treatment, or transfer to another area such as intensive care as a result of the incident or a scenario that causes or is likely to cause psychological harm for a continuous period of at least 28 days.

Duty of Candour (Being Open)
A duty to be open with our patients, informing them of any moderate or serious patient safety incident that they have been involved in. When 'being open', the Trust should acknowledge the incident occurred, apologise to the patient or next of kin and explain why the incident occurred and what actions will be put in place to try and prevent a recurrence.

Serious Incident
Serious Incidents (SI) are defined as those that occur that have the potential to or actually impact patient safety or an organisations ability to deliver ongoing health care. Their occurrence demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organisations involved.

Clinical Incident
An occurrence, procedure or intervention, which has given rise to actual injury, patient dissatisfaction or to an unexpected or unwanted effect. Clinical incidents can relate to:-

- **Drug administration** for example, incorrect drug, incorrect dosage through unfamiliar drug label, a drug used after its expiry date and an adverse reaction to a drug;
- **Failure of a piece of equipment** for example, defibrillator not charging, collapse of a scoop or other type of stretcher or carrying chair, failure of a ventilator or oxygen equipment;
- **Delay in treatment/use of skills** for example, use of skills for which the member of staff has not been trained or not authorised to use **unless under direct medical supervision at the time**, withholding of treatment without good reason or undue delay in receiving treatment relating to admission to an Emergency Department/Treatment Centre;
- **Where the action or delay in providing care and treatment** by NHS staff, contribute to the deterioration of the patient's medical condition including taking the patient to an inappropriate treatment centre;
- **Needlestick/sharps injury** e.g. a puncture wound from a hypodermic needle or sharps injury from a broken ampoule.

Security Incident
A Security Incident is defined as:-

- any incident involving physical assault of NHS staff (The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort)
- any incident of non-physical assault of NHS staff (including verbal abuse, attempted assaults and harassment) – (The use of inappropriate words or behaviour causing distress and/or constituting harassment)
- the theft of or criminal damage (including burglary, arson, and vandalism) to NHS property or equipment (including equipment issued to staff)
- the theft of or criminal damage to staff or patient personal property arising from these types of security incident.

Information Governance Incident
An incident which involves actual or potential failure to meet the requirements of the Data Protection Act 1998 and/or the Common Law of Confidentiality. This includes unlawful disclosure or misuse of confidential data, recording or sharing of inaccurate data, information security breaches and inappropriate invasion of privacy. Such breaches will apply irrespective of the media involved and includes both electronic media and paper records.

5. Duties Responsibilities and Reporting

5.1 Chief Executive

5.1.1 The Chief Executive of South Western Ambulance Service NHS Foundation Trust has overall responsibility, on behalf of the Trust Board of Directors, for ensuring the implementation of this policy throughout the organisation.

5.2 Executive Directors

5.2.1 Executive Directors are responsible for:-

a) implementing this policy, on behalf of the Chief Executive;

b) encouraging a 'responsible' culture which encourages individuals to report all types of incidents;

c) delegating responsibility to local managers for the policy's implementation at local level;

d) monitoring the effectiveness of local managers in implementing the policy;

e) ensuring sufficient resources are available, as far as reasonably practicable, to deal with identified hazards and risks that might lead to an adverse incident.

5.3 **Patient Safety Manager**

5.3.1 The Patient Safety Manager is responsible for:-

a) making arrangements to ensure that patient safety incidents are reported to the National Reporting Learning System;

b) ensuring that all new staff are familiarised with the requirements of this policy at local and formal Trust induction and at regular intervals as part of on-going training;

5.4 **Incidents Manager**

5.4.1 The Incidents Manager is responsible for:-

a) overseeing the accurate logging, monitoring, reviewing and regular reporting of adverse incidents and near misses to the appropriate Trust managers and to the relevant Trust Committee/Groups highlighting any trends and associated risk issues;

b) advising on any changes to procedures

c) ensuring, where necessary, that staff and other healthcare organisations receive feedback on adverse incidents.

d) the co-ordination of the Trust's risk management activities ensuring adverse incidents are appropriately investigated;

5.5 **Health, Safety and Security Manager**

5.5.1 The Health, Safety and Security Manager is responsible for:-

a) the co-ordination of the Trust's health, safety and security activities ensuring accidents are appropriately investigated;

b) ensuring the Health and Safety Executive is notified of any incidents that are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013;

c) ensuring that all security incidents including physical assaults are reported to the appropriate organisation;

d) overseeing the accurate logging, monitoring, reviewing and regular reporting of accidents and security incidents to the appropriate Trust managers and to the relevant Trust Committee/Groups highlighting any trends and associated risk issues;

e) ensuring, where necessary, that staff receive feedback from their local managers on accidents and security incidents.

f) on the submission of a RIDDOR a Root Cause analysis document will be sent out to the relevant OM for completion. The information captured by this document will assist the Trust in identifying root causes and additional control to be put in place.

5.6 **Local Managers**

5.6.1 Local managers, which include Operations Managers, are required to:-

a) be aware of their responsibilities under this and other risk management policies;

b) ensure that where they are aware that one of their staff has sustained an injury, disease; or is involved in a dangerous occurrence; or is off work for over seven days as a result of an injury or disease sustained at work that that they report it to the Health, Safety and Security Manager within 10 days so that it can be fully investigated and reported under the RIDDOR within the 15 day timescale;

c) ensure that all incidents are reported, documented and investigated within 25 working days and in line with the preliminary risk rating (Appendix B) including encouraging and supporting staff in reporting incidents which they have witnessed or in which they are personally involved;

d) provide feedback to staff on the outcome of adverse incident investigations;

e) Complete the Root Cause Analysis and identify additional controls to prevent incident reoccurring.

e) in accordance with the Trust's procedures, ensure that any appropriate remedial action is taken;

f) take responsibility for monitoring adverse incidents in the area for which they have responsibility;

f) following an adverse incident take appropriate action, where reasonably practicable, to prevent the incident re-occurring.

5.7 **Employees' Responsibilities**

5.7.1 Employees are responsible for:-

a) familiarising themselves and complying with this and other Trust risk management and health and safety policies;

b) safeguarding themselves, as far as reasonably practicable, from potential hazards and to prevent injury to themselves, their fellow employees and others affected by their actions or omissions at work. Where an incident occurs the employee present is responsible for obtaining medical assistance if needed at the scene or at a treatment centre. Faulty equipment should be removed from service after discussion with a manager. Incident scenes should be made safe;

c) reporting and recording any adverse incident in accordance with these procedures.

d) identifying professional competency issues involving self or others, either reporting these in line with the adverse incident reporting arrangements or by talking in confidence to the Trust's Head of Quality or to the Trust's Freedom to Speak up Champion. Attention is also drawn to the Trust's Whistleblowing Policy;

e) reporting and recording any adverse incidents involving patients, visitors, subcontractors and other people in the care or under supervision of employees of the Trust or within Trust premises or vehicles as soon as reasonably practicable but always within 24 hours of the incident occurring. Where death or serious injury has occurred the Duty Director should be contacted immediately via Control. On the next working day the Duty Manager in the Clinical Hub must ensure that the Patient Safety Manager or Head of Quality has been notified.

f) meeting their responsibilities under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 (Appendix C). In particular should they sustain an injury or disease at work; be involved in a dangerous occurrence; or be absent from work for over seven days (not including the day of the incident) as a result of any injury sustained at work that they report using the incident reporting system or, should they be absent from work, to their line manager within 10 days of the date of the incident so that it can be fully investigated and reported under the RIDDOR within the 15 day timescale. See SOP H&S001 – RIDDOR and Root Cause Analysis.

6. Adverse Incident and Near Miss Reporting Procedure

6.1 Adverse incidents and near misses should be recorded on an incident report form. This form should be completed and submitted electronically via the Trust's intranet. In exceptional circumstances when access to the electronic incident reporting system is unavailable, paper copies of the forms can be found at Appendix D. Paper forms should not be used as an alternative to the electronic incident report form.

6.2 The incident report may be completed in confidence but recording personal details can facilitate a thorough investigation to be undertaken by line managers. Incident forms do not form part of the patient record. However they may be required in the event that there is a claim against the Trust. Completion of an incident form does not constitute an admission of liability.

6.3 The electronic incident report form should be completed as soon as is practicable or within 24 hours of the incident by the reporter. Step by step guidelines for the completion of the form are available on the Trust's intranet (for electronic reporting) and the Adverse Incident report pad cover (paper reporting).

6.4 All aspects of the incident should be documented and a contemporaneous record kept. Facts and not opinion should be recorded on the form. No assumptions, speculation, opinions or justifications should be included. Handwriting should be legible and black ink should be used (if using paper format). Where an incident involves equipment, care should be taken to record full details including model and serial number.

6.5 When reporting incidents using the Trust's paper form, once the form is completed they should be given immediately to the line manager by the person completing the form. If the line manager is not based at the location of the incident reporter they should be contacted and made aware that an incident has occurred and that there is a form for collection. A copy of the form should be faxed immediately to

the Incidents team at Trust Headquarters. This process will occur automatically for incidents reported electronically.

6.6 All incidents reported electronically are reviewed, opened and coded by the Incidents team. The incident report will automatically be assigned to a local manager to investigate. Where a potential serious incident is reported the procedures set out within the Serious and Moderate Incident Policy will apply.

6.7 Following any investigation a post investigation risk analysis will be carried out by the line manager (Appendix B). This risk rating should then be verified by the Trust's Incidents team or Health, Safety and Security team (for accidents and security incidents).

6.8 Feedback will be provided electronically to internal incident reporters by the investigating officer. For incidents reported by other healthcare organisations feedback is provided by the Incidents team in liaison with the investigating officer as appropriate.

7. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

7.1 The Trust has a statutory duty to report certain types of major injuries, diseases and dangerous occurrences which occur at work to the Health and Safety Executive (HSE). These are:-

- fatalities and certain physical injuries (such as breaking an arm/leg);
- incidents which incapacitate an employee for over seven days (such as the spraining of an ankle and/or physical violence);
- dangerous occurrences (such as an electrical fault which causes a fire or explosion);
- diseases (such as occupational asthma, allergy to latex).

7.2 The Trust is required to report any fatalities within 24 hours to the HSE and report all other types of RIDDOR incidents to the HSE within 15 days. As there is strict liability attached to these regulations, any failure to report or a late report to the HSE could result in the Trust being prosecuted in a criminal court of law.

7.3 As the Trust has 15 days in which to report any incident, disease and dangerous occurrence listed under these regulations, it is imperative that if an employee sustains any of the injuries or diseases; or is involved in any of the dangerous occurrences listed in Appendix C; or as a result of an injury sustained at work is off

for seven days (not including the date of the incident) then they must report it via the incident reporting system or, if they are absent from work, to their line manager as soon as possible and within 15 days of the date of the incident. The manager must then report it immediately to the Health, Safety and Security Manager. Further guidance on RIDDOR can be found at Appendix C.

8. Information Governance Incident Reporting

8.1 All information governance incidents should be reported using the Trust's electronic incident report form.

8.2 All information governance breaches are automatically forwarded to the relevant local manager for investigation and to the identified Information Asset Owner and Information Governance Manager for review and action as necessary. The investigation arrangements set out within paragraph 10 of this policy will apply.

8.3 All information governance incidents will be prioritised to the seriousness of the incident by the Information Governance Manager, using Department of Health Guidance. Where a serious incident is identified the Trust's Serious Incident Policy will apply.

9. Informing Patients, Relatives and Other Stakeholders

9.1 Where an incident of a serious nature occurs and staff members are involved it may be necessary to contact their next of kin. This should be undertaken by a Senior Manager in liaison with the Patient Safety team or Patient Experience Team. Wherever possible the Trust should visit those affected, however in extreme circumstances where a personal visit cannot occur, this may be undertaken by phone or letter where there is no other option.

9.2 On occasions, due to the nature of other incidents not identified as being serious, it may be necessary to contact patients, relatives or other stakeholders. Where this is necessary they should be contacted in an appropriate timescale before the media are advised. The contact should be made in person by a Senior Manager. The contact should be in person, where this is not possible and the circumstances are extreme then phone contact could be made in the first instance.

9.3 Where contact with patients, relatives or next of kin is to be made the following guidelines should be considered:-

- It is the responsibility of the Chief Executive and/or the Head of Communications to inform the media or the designated Executive Director if unavailable.

- It is essential that patients, relatives and/or next of kin be contacted before the media.

- It is important to explain honestly to the patients, relative and/or next of kin the reason for notification, without causing undue alarm.

- If notification is likely to be traumatic or distressing, the patients, relative and/or next of kin should be advised to have another person with them.

- Arrangements should be made for the patients, relative and / or next of kin to have access to further specialised information as appropriate, in an appropriate format.

- Any information given to staff, patient(s) and/or relatives and the public must be documented thus ensuring an effective incident investigation process.

- The degree of patient or relative involvement will depend on the level of involvement requested by the patient or their representatives.

- In some circumstances, it may be necessary for the Trust to notify NHS Improvement and the Care Quality Commission where an incident may attract media or other adverse attention

- Trust commissioners will also be notified where an incident meets the criteria for investigation under the Serious and Moderate Incident Policy.

9.4 Further information concerning informing patients and relatives can be provided by the Trust's Patient Safety team.

9.5 Guidance on hotline arrangements can be found in the Trust's Serious and Moderate Incident Policy.

10. Investigation Arrangements

10.1 Once aware of an incident the line manager should assess the level of risk as per the risk matrix (Appendix B) and the recommended nature of the investigation required. Those incidents judged to have a consequence score of 3, 4 or 5 will be

investigated with the aim of:-

a) identifying the direct and indirect causes of the incident at individual and/or organisational level;

b) identifying the contributory factors of any incident/accident;

c) identifying underlying problems in management systems, procedures, processes, standards, working arrangements through root cause analysis;

d) identifying shortfalls in generic and specific risk assessments and control systems;

e) learning from events;

f) preventing re-occurrences;

g) identifying any training needs.

10.2 All incident investigations, apart from those identified as a Serious or Moderate Harm Incidents, should be co-ordinated by a manager local to the reporter. Serious Incident and Moderate Harm investigations will be co-ordinated by the Patient Safety Manager and investigated by a senior manager nominated by an Executive Director or Head of Department.

10.3 Where an adverse incident relates to or requires input from an external organisation, the Investigating Officer may refer the incident for investigation by that organisation. In such cases the Investigating Officer should liaise with the Incidents team and provide details of the input required. All incidents that require input from an external organisation must be sent via the Incidents team.

10.4 Following investigation, the line manager should complete a post-investigation risk rating (Appendix B).

10.5 The completed investigation should be forwarded to the Incidents team via the electronic incident reporting system within 25 working days of the incident being opened. The Investigating Officer will provide feedback to the reporter (internal reporters only) on the outcome of the investigation via the electronic incident reporting system. Any incident reports submitted by other healthcare organisations will be responded to by the Incidents team.

10.6 On receipt of the investigation and a copy of the feedback provided to the incident reporter, the Incidents team or Health and Safety Department (for accidents and security incidents) conduct an audit as a quality assurance measure.

10.7 Where the Incidents team identifies that the incident has an impact on other organisations or may require investigation they will notify the Head of Quality and a notification plan will be implemented. Potential stakeholders for notification may include:-

Health and Safety Executive;
NHS Improvement;
Medicines and Healthcare products Regulatory Agency (MHRA);
NHS Estates;
Environment Agency;
Department of Health;
Local Area Teams (LATs), Clinical Commissioning Groups (CCGs) and other trusts;
NHS Resolution (previously NHS Litigation Authority);
Police;
Social Services;
Trust legal advisors;
Care Quality Commission;
General Practitioners;
Local Medical Advisory Group;
Joint Royal Colleges Ambulance Liaison Committee;
Coroner;
Public Health Department;
Information Commissioner.

10.8 Further information regarding investigation techniques can be found in the Trust's Guide to Investigations.

11. Training and Guidance

11.1 All staff will receive induction and ongoing training in adverse incident and near miss reporting arrangements, in accordance with the Trust's training needs analysis.

11.2 Appropriate managers will be provided with incident investigation training, as required and in accordance with the training needs analysis, which will include root cause analysis guidance.

11.3 All training undertaken must be notified to the Training and Education Department by those providing the training.

12. Monitoring

12.1 The Trust's Quality Committee will receive an annual Patient Safety Report from the Patient Safety Manager, which will demonstrate the effectiveness of the organisation's incident reporting arrangements and include information on:-

- whether managers are fulfilling their duties under this policy;
- the implementation of the incident and near miss reporting process; and
- the implementation of the process for reporting incidents to external agencies.

12.2 In addition to the annual Patient Safety Report, the Quality Committee will receive a quarterly Patient Safety report which will include qualitative and quantitative information on the number and type of adverse incidents reported, with examples of action taken in response to adverse incidents.

12.3 The Incidents Manager undertakes a monthly performance audit to assess whether the stipulated timescales set out within this policy are being met. Copies of the performance audit are circulated on a monthly basis to managers, head of departments and executive directors. .

12.4 The Health, Safety & Security Department has established Key Performance Indicators (KPIs) which are presented at The Health and Safety Committee, Trust Board of Directors Group Meeting and People and Workforce Committee indicating whether RIDDOR requirements are being met.

12.5 A summary of information governance incidents will be provided at each meeting of the Information Assurance Group by the Information Governance Manager for review and monitoring.

12.6 Any exceptions identified as part of the monitoring process will be addressed by the implementation of a remedial action plan monitored by the Learning from Experience Forum.

13. References

13.1 For this policy the following references apply:-

- *Risk Management Standard for Ambulance Trusts, NHS Litigation Authority*

- *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013*

14. Associated Documentation

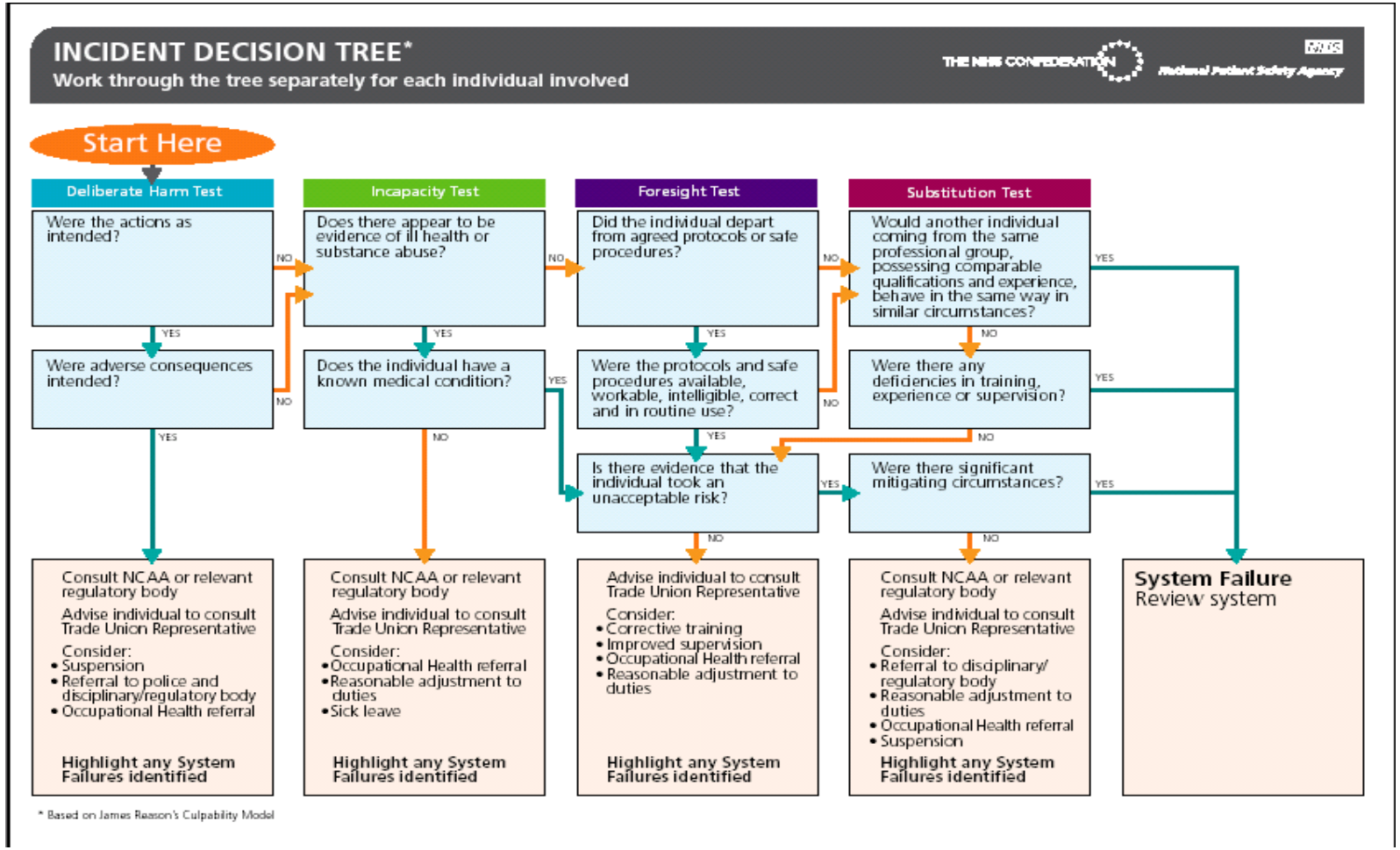
14.1 This policy links to:-

- Governance and Risk Strategy
- Serious and Moderate Incident Policy
- Equality and Diversity Strategy
- Information Governance Strategy
- Risk Assessment Policy
- Infection Prevention and Control Policy
- Managing Recommendations from External Bodies Policy
- Training and Education Policies
- Health and Safety Policies
- Complaints Policy
- Claims and Inquests Policy
- Communications and Engagement Policy
- Whistleblowing Policy
- Human Resources Policies
- Trust's Guide to Investigations
- Duty of Candour Guidance
- SOP H&S001 – RIDDOR and Root Cause Analysis

15. Review

15.1 This policy will be subject to a 3 yearly review by the Trust's Quality Committee.

Appendix A
Incident Decision Tree



Appendix B
Risk Measurement and Categorisation Criteria

Table 1 – Consequence Score

Severity Descriptors	1	2	3	4	5
	Negligible	**Low**	**Moderate**	**Serious**	**Very Serious**
Injury / Safety (patients, staff, public)	Minor injury	Minor injury or illness, first aid treatment needed	Reportable to external agencies/statutory bodies (e.g. RIDDOR)	Major injuries, Single death	Multiple deaths or major permanent incapacity QEAP threshold breach
Legal or Financial	below £50,000	£50,001 - £100,000	£100,001 - £500,000	£500,001 - £1,500,000 (triggers MEAP) Proactive MEAP <2 Proactive CEAP <2	£1,500,001 plus Reactive MEAP >Management downside to maintain 1% surplus Reactive CEAP>3
Service Interruption	Loss PTS < 12 hours	Loss PTS >12 hours and < 24 hours Loss UCS/111 IT < 1 hour	Loss PTS > 24 hours and < 5 days Loss UCS/111 IT > 1 hour and < 4 hours Threat of Industrial Action Loss A&E IT > 1 hour and < 2 hours	Loss PTS > 5 days Loss UCS/111 IT > 4hours and < 12 hours Loss A&E IT < 2hours Industrial Action 24hrs	Loss A&E IT> 2 hours Loss of A&E phones Loss of UCS/111 IT > 12 hours Loss of UCS/111 phones Industrial Action>24hrs
REAP Levels	REAP Green	REAP Green	REAP Amber	REAP Red	REAP Black
Regulatory	Minor recommendations Non-compliance with regulations/standards declared within acceptable threshold and action plan in place	Non-compliance with regulations/standards outside acceptable thresholds and regulator reports Minor concern(s) and improvement actions	Non-compliance with standards outside acceptable thresholds and regulator reports Moderate concern(s) and compliance actions required	Breach Compliance Framework and/or Constitution Non-compliance with regulations/standards and regulator reports Major concern(s) and compliance actions required	Prosecution Severely critical reports eg Ombudsmen Operating illegally Non-compliance with regulations/standards Regulator reports Major concern(s)/enforcement action/intervention

Reputation	Low level media coverage	Local media coverage short term	Regional media coverage Single MP/Peer concern	National Media short term Multiple MP concern Call for Public Inquiry	National Media long term Questions in House of Commons and Lords Public Inquiry

Table 2 – Likelihood Score

	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency	The event may only occur in exceptional circumstances	The event could occur at some time	The event should occur at some time	The event will occur at some time	The event is expected to occur in most circumstances
Probability	< 5%	5 – 30%	30 – 60%	60 – 90%	> 90%

Risk Matrix

Likelihood

	Rare	Unlikely	Possible	Likely	Almost Certain
Negligible	1	2	3	4	5
Low	2	4	6	8	10
Moderate	3	6	9	12	15
Serious	4	8	12	16	20
Very Serious	5	10	15	20	25

Risk scoring 1 – 9 = Low (directorate risk register)
Risks scoring 10 – 12 = Moderate (Executive Directors Risk Register)
Risks scoring 15 – 25 = Significant (Corporate Risk Register)

Appendix C

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Under these regulations, the Trust has a statutory duty to report certain types of major injuries, diseases and dangerous occurrences which occur at work to the Health and Safety Executive (HSE).

The Trust has to report any fatalities **within 24 hours** to the HSE and report all other types of RIDDOR incidents to the HSE within **15 days**. Therefore, it is imperative that staff report **all** incidents as soon as possible.

As there is strict liability attached to these regulations, a failure to report or a late report to the HSE can result in the Trust being prosecuted in a criminal court of law.

Under RIDDOR, an employer has to report four broad categories of incident arising 'out of or in connection with' work activities, these are:

- fatalities and certain physical injuries (such as breaking an arm/leg);
- incidents which incapacitate an employee for over seven days (such as the spraining of an ankle and/or physical violence);
- dangerous occurrences (such as an electrical fault which causes a fire or explosion);
- diseases (such as occupational asthma, allergy to latex).

Each of these categories will be considered more fully below.

Duty to report fatalities:

A fatality of:

- an employee whilst at work;
- a self-employed person working on your premises;
- a member of the public is killed whilst on your premises.

Any of these fatalities must be reported to the HSE **immediately**. The Trust's Health and Safety function will do this immediately once the fatality has been reported to them.

Fatalities of patients due to medical reasons are not reportable.

For all other types of major injuries, diseases and dangerous occurrences, an employer has up to **15 days** to report to the HSE.

Duty to report an 'over seven day injury':

If as a result of an accident sustained at work (including an act of physical violence) a Trust employee or a self-employed person working at or for the Trust goes off work for over seven days then a report (F2508 form) via the HSE web page must be completed within 15 days.

- An 'over seven day injury' is one which is not major but which results in the injured person being away from work ***or*** unable to do the full range of their normal duties for more than seven days (including any days they would not normally be expected to work, such as week-ends, rest days or holidays) but not counting the day of the injury.

Examples of over seven day injuries include:-

- An employee suffering a back injury when lifting a patient being unable to work for over seven days.
- An employee that trips over in the office and sprains their ankle and goes off work for over seven days.
- An employee who is assaulted by a patient and goes off work for over seven days due to the injury sustained and the shock.

Duty to report work related diseases:-

If a doctor or the Occupational Health Department notifies the Trust that a member of staff suffers from a work related disease then it must be reported to the HSE.

The reportable diseases and associated hazards are set out below.

- **Carpal Tunnel Syndrome**: where the person's work involves regular use of percussive or vibrating tools
- **Cramp of the hand or forearm**: where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm
- **Occupational dermatitis**: where the person's work involves significant or regular exposure to a known skin sensitiser or irritant

- **Hand Arm Vibration Syndrome**: where the person's work involves regular use of percussive or vibrating tools, or holding materials subject to percussive processes, or processes causing vibration
- **Occupational asthma**: where the person's work involves significant or regular exposure to a known respiratory sensitiser
- **Tendonitis or tendosynovitis**: in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements

Infections:-

For the purposes of RIDDOR, an infection is the entry and multiplication of an infectious agent in the body causing a damaging reaction in the tissue.

The Trust would only need to report a case of infection only when it is attributable to the work that a person does.

Examples of Reportable Diseases:-

Reportable:

- A Trust clinician contracts Tuberculosis (TB) after attending to a patient with TB.
- A display screen equipment user suffers from work-related upper limb disorder.
- A paramedic or other SWAST clinician suffers dermatitis associated with wearing latex gloves.
- A Trust clinician becomes Hepatitis B positive after contamination with blood from an infected patient.

Not reportable:

- A Trust clinician becomes colonised with Methicillin-resistant Staphylococcus Aureus (MRSA) after treating a patient infected with MRSA.

- A Trust clinician catches chicken pox after dealing with a patients where he/she has worked have chicken pox but so does his/her child.

Duty to report dangerous occurrences:-

The Trust has to notify the HSE of certain dangerous occurrences, irrespective of whether or not anyone is injured.

Types of major injuries to report:

- Fatality: if an employee is killed whilst at work (notify the HSE immediately);
- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
    - covers more than 10% of the body
    - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
    - leads to hypothermia or heat-induced illness
    - requires resuscitation or admittance to hospital for more than 24 hours

Types of reportable diseases consist of:

- Certain poisonings;
- Some skin diseases such as: occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- Lung diseases including occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus;
- Other conditions such as: occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

Types of reportable dangerous occurrences consist of:

- Lifting equipment - The collapse, overturning or failure of any load-bearing part of any lifting equipment, other than an accessory for lifting.

- Pressure systems - The failure of any closed vessel, its protective devices or of any associated pipework (other than a pipeline) forming part of a pressure system as defined by regulation 2(1) of the Pressure Systems Safety Regulations 2000, where that failure could cause the death of any person.

- Overhead electric lines - Any plant or equipment unintentionally coming into:

    a) contact with an uninsulated overhead electric line in which the voltage exceeds 200 volts; or
    b) close proximity with such an electric line, such that it causes an electrical discharge.

- Electrical incidents causing explosion or fire - Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either:

    a) results in the stoppage of the plant involved for more than 24 hours; or
    b) causes a significant risk of death.

- Biological agents - Any accident or incident which results or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.

- Radiation generators and radiography - The malfunction of:
    a. a radiation generator or its ancillary equipment used in fixed or mobile industrial radiography, the irradiation of food or the processing of products by irradiation, which causes it to fail to de-energise at the end of the intended exposure period; or
    b. equipment used in fixed or mobile industrial radiography or gamma irradiation, which causes a radioactive source to fail to return to its safe position by the normal means at the end of the intended exposure period.

- In this paragraph, ‘radiation generator’ means any electrical equipment emitting ionising radiation and containing components operating at a potential difference of more than 5 kV.

- Breathing apparatus - The malfunction of breathing apparatus:
    a. where the malfunction causes a significant risk of personal injury to the user; or
    b. during testing immediately prior to use, where the malfunction would have caused a significant risk to the health and safety of the user had it occurred during use other than at a mine.

Please note, the above list is not exhaustive.

Should staff have any doubt whether an accident/incident they have been involved in is reportable to the HSE they should contact the Trust’s Health, Safety and Security Manager.

Appendix D
Incident/Near Miss Report Form

This form should ONLY be used when all access to the Trust Intranet incident report form is unavailable.

Incident Reporter Details		**Incident Date:**		**Time:**	
Name:		**Location:**			
Base/Address:					
Job Title:		**Call/Incident number**		**Vehicle Reg:**	

Details of the incident:
(Facts and not opinions should be recorded. Remember to include equipment serial numbers where appropriate)

Number of additional sheets used (if any): ___

Why did you complete a paper form?	**Level of Severity** Negligible ☐ Low ☐ Moderate ☐ Significant ☐ High ☐	If an incident involves serious injury or death it should be reported to the Duty Officer via Control and to the Risk Manager within 24 hours or the next working day (out of hours)	**Persons Notified** Line Manager ☐ Duty Officer/Director ☐ Clinical Hub ☐

				Other_____
Witness details:	**Name:**		**Name:**	
	Base/Address:		**Base/Address:**	
When you have completed this form please send it to the Risk Department at Trust HQ. Alternatively you can fax a copy of your form to the Risk Department 01392 261 560				

Appendix E
Version Control Sheet

Version	Date	Author	Summary of Changes
1	April 2007	Risk Manager	New Policy
2	April 2008	Risk Manager	Format changes in accordance with Communications Guide Inclusion of reference to the TNA Amended flowchart to reinforce timescales Job titles amended Monitoring section re-written to reflect NHSLA requirements Addition of Paragraphs 10 and 11 in accordance with Policy on Policies
3	July 2009	Risk Manager	Throughout document job titles updated to reflect structure changes. Format changed to reflect Equality Impact Assessment review Executive summary updated Inclusion of responsibilities for Health, Safety and Security Manager Amendment to definition of 'near miss' to reflect IOSH guidance Updates throughout document to reflect changes to investigation timescales Addition of section on RIDDOR submitted by Health, Safety and Security Manager Throughout document – replacement of 'high' impact with the word 'catastrophic' Reference to 'Healthcare Commission' replaced with 'Care Quality Commission' Inclusion of updated Risk Measurement

			Criteria Incident form layout updated
4	Nov 2011	Risk Manager	Incident form updated Throughout document- updates to reflect revised adverse incident feedback and audit process Throughout document – 'Counter Fraud Security Management Service' replaced with 'NHS Protect' Inclusion of reference to volunteers Addition of security incident definition Additional responsibilities regarding providing feedback to staff Inclusion of monitoring arrangements regarding reporting to external agencies Policy review period increased from 1 year to 3 years.
5	Oct 2013	Risk & Litigation Manager	Updated Policy Foreword to reflect Trust guidance Throughout document – amendments to RIDDOR timescales to reflect changes to HSE requirements. Throughout document – inclusion of requirements to report to Information Commissioner. Job titles updated to reflect Organisational changes Throughout document – reference to NHS 111 Inclusion of reference to Patient Experience Report The addition of definitions for Moderate Harm Incidents, Information Governance Incidents and the Duty of Candour Addition of 'Scope' section Update guidance on feedback process

			Updated guidance on informing patients and relatives
5	Oct 2013	Head of Governance	Added sentences about line manager responsibility for encouraging staff to report incidents at 5.5.1, and about notification to CQC and Monitor at 9.3
5	Oct 2013	Incidents Manager	Amended flow chart at figure 1.
5	Oct 2013	Health, Safety & Security Manager	Amended flow chart at figure 1.
5	Oct 2013	Health, Safety & Security Manager	Updated RIDDOR version and timescales at 5.5.1, 5.6.1, 7.3
5	Oct 2013	Health, Safety & Security Manager	Updates to reporting criteria in Appendix C
5	Nov 2013	Risk & Litigation Manager	Updated Incident Reporting Form
6	Mar 17	Incidents Manager	Updated Policy Foreword. Updated Serious Incident and Moderate Harm definitions in line with the Serious Incident Policy. Removed reference to NHS Protect throughout document. Changed references to the National Patient Safety Agency to NHS Improvement throughout document. Added Patient Safety Manager and Incidents Manager responsibilities sections. Amended the Head of Patient Safety and Risk responsibilities. Replaced references to Risk department

			to Incidents team throughout document. Updated Monitoring section to reflect correct forums, department and meeting names. Updated Associated Documentation section to reflect revised titles.