<table>
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<tr>
<th>Category:</th>
<th>Risk Management</th>
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</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Reporting of Incidents and Near Misses</td>
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Risk Management - Reporting of Incidents and Near Misses

1.0 Preamble

An incident is ‘an unplanned event which results in injury or ill health (actual or potential / near miss) of people, or damage or loss to property, plant, materials, or the environment, the loss of business opportunity or involves the mishandling of personal identifiable data’

A near miss is ‘an incident, or an incident avoided, which is realised to have had the potential to cause harm or injury to people, property or reputation ’

The following incidents constitute a ‘serious incident’ (NPSA 2010)

- Unexpected or avoidable death of patients, staff, visitor or members of the public
- Serious harm, e.g. fracture, burns, loss of sight, loss of limb, laceration
- A scenario that prevents or threatens a provider’s organisational ability to continue to deliver health care e.g. actual or potential loss of personal/ organisation information, damage to property, reputation or IT failure
- Allegations of abuse
- Adverse media coverage
- Never events (as relevant to the Hospice)
  - misplaced naso-gastric or oro-gastric tube not detected prior to use
  - inpatient suicide using non-collapsible rails
  - intravenous administration of mis-selected concentrated potassium chloride

1.1 St. Gemma’s Hospice aims to provide the optimum level of health, safety and security for its patients, carers, staff and visitors. This is achievable by recognition of the importance of risk, creating two way channels for communication and learning from actual or potential incidents; providing education and training; establishing risk registers and audits to assure processes to mitigate risk are undertaken within the Hospice.

1.2 Safeguarding and medication incidents are recorded separately please see respective policies.

1.3 Incident and near miss reporting is everybody’s business and are reported.

1.4 The Hospice has a Risk Management Group (RMG) which comprises of the Chief Executive (CE) as Chairperson, the Director of Nursing (DN) who holds responsibility for clinical risk, the Director of Finance (DOF) who holds responsibility for corporate and financial risk and IG risk in their capacity of Senior Information Risk Officer (SIRO), and the Director of Estates and Facilities (DoEF) who holds responsibility for Health and Safety and operational risk. (Structure chart attached as Appendix 1).

1.5 The RMG will meet three times a year and produce an annual risk report for the Board of Trustees.

1.6 The Hospice has a Health and Safety Committee, Clinical Governance Committee, Finance Committee and Corporate Governance Committee where risk management issues are discussed and escalated as and when appropriate. The Hospice Leadership Team (HLT) and the Board of Trustees are advised of any serious incidents.

1.7 The Hospice is guided by various external regulatory agencies, for example the Health and Safety Executive (HSE), Department for Environment, Food and Rural Affairs (DEFRA), Information Governance Statement of Compliance and the National Patient Safety Agency (NPSA). The framework ‘7 Steps to Patient Safety’ (DH 2004) is seen as best practice:-
St Gemma’s Hospice

- Build a safety culture
- Lead and support staff
- Integrate risk management activity
- Promote reporting
- Involve and communicate with patients and the public
- Learn and share safety lessons
- Implement solutions to prevent harm

1.8 The above steps are followed to achieve best practice in the management of risk.

1.9 The Hospice is fully committed to the concept of an open reporting culture. A clinical, non-clinical incident, or a near miss however minor or serious, is rarely caused wilfully. Incidents are often caused by multiple factors, including process problems, human factors, individual behaviour and lack of knowledge and skills. Learning from such incidents and near misses can only take place when they are promptly reported and investigated in a positive, open and structured way.

1.10 Incident Report Forms (IRFs) paper and electronic, where available, and guidance notes are available from all Heads of Departments (HODs), Reception, shops and on the Hospice H:Net.

2.0 Policy

2.1 IRFs are used to record all incidents throughout every area of the Hospice, the Hospice charity shops, or incidents originating within the community where activities connected with the Hospice take place.

2.2 IRFs are also used to record complaints received both verbal and written (See Risk Management – Compliments, Comments and Complaints Policy).

2.3 It is a regulatory requirement that serious injuries are reported to the Care Quality Commission and or Health and Safety Executive under RIDDOR depending on the nature of the incident.

2.4 The SIRO, this is currently the DOF, is informed of information governance incidents e.g. breaches of Personal identifiable Data (PID) see Risk Management – Confidentiality Policy. The SIRO escalates to the Information Commissioners Office (ICO) where appropriate.

2.5 A central recording system is held of all incidents.

2.6 The Hospice inducts all staff into their responsibilities with risk management and reporting of near misses and incidents

2.7 One form is used for each incident as well as for each individual involved in any incident.

2.8 Additional sheets of paper can be attached to the form; all additional sheets are headed by the incident concerned, date, time and signature of the individual completing the form.

2.9 Each incident is reviewed by either the DoN/DoE&F, consideration being given to:

- Patient safety
- The reputation of the Hospice
- Operational impacts and practices
- Clinical significance
- Trends e.g. repeated incident, timings, people involved
- Regulatory and legislative requirements (CQC, HSE, EHO, FRA DEFRA etc.)
- RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)
- Information Governance
- The practice of the staff member involved
- The events which precipitated the incident
- Insurance implications
- Risk register
- Steps required to mitigate future risk
- Dissemination of lessons learnt

A full investigation is instigated based on the above factors, the DoN/DoE&F appoint an investigating officer.

2.10 Incidents are reported to the HOD within one working day. If the relevant HOD is not available the report is escalated to a member of the HLT.

2.11 Serious incidents are reported immediately to the DN (Clinical), DoEF (Non-clinical) or in their absence a nominated deputy who will escalate as appropriate.

2.12 In the case of shops the incident will be reported to the HOD by telephone within one working day and the IRF may be collected or sent to the Hospice by post.

2.13 HOD takes appropriate action and notes action taken on the IRF, attaching separate sheets if required.

2.14 Additions/amendments to the original text require a signature and date.

2.15 The HOD within five working days returns the IRF to the DN and non-clinical incident forms to the DoEF. The DN and DoEF notify the SIRO where the incident involved IG.

2.16 DoEF is responsible for reporting all non-clinical incidents to CE, Board of Trustees, Health and Safety Executive or the Care Quality Commission.

2.17 The DN is responsible for reporting all clinical incidents to CE, Board of Trustees (through Clinical Governance) and escalating to the Care Quality Commission where required; DoE&F is responsible for reporting all Health and Safety incidents to the Finance Committee and notifying Health and Safety Executive where applicable; SIRO for reporting IG to IG Steering Group, Corporate Governance and ICO.

2.18 The relevant incident forms are reviewed at Clinical Risk Group, HSC and IG meetings and a quarterly report produced by the Chair is submitted to Clinical Governance Committee, Corporate Governance or Finance Committee.

2.19 Where an incident requires immediate action and the implementation of any proposed solutions that may cause additional risk by waiting for approval by the RMG, such action will be taken by the member of the RMG responsible and reported to the RMG as soon as is possible.

3.0 Procedure

3.1 Staff member (SM) involved/informed of the incident completes an IRF immediately following the incident.

3.2 SM obtains medical signature if required.
3.3 SM informs HOD of incident within one working day if a serious injury and the DN or DoE&F are informed immediately.

3.4 If incident occurs out of office hours, SM informs the Nurse in Charge of the Hospice.

3.5 Where incidents are of operational significance or likely to have adverse effect on any area of operation of the Hospice, the incident is notified to the Manager on Call.

3.6 SM sends completed form to HOD within one working day.

3.7 HOD investigates incident with SM and DoEF/DN as appropriate.

3.8 HOD informs SIRO of any information governance incident.

3.9 HOD then countersigns IRF and sends to DoEF/DN within five working days.

3.10 DoEF/DN countersigns IRF or instigates further investigation if required.

3.11 All IRF’s are recorded on to a database once received by the DoEF/ DN.

3.12 Where an incident has information governance, corporate, financial or insurance implications, the DoEF/DN copies the incident form to DOF/SIRO.

3.13 DoEF/DN/DOF reports incidents to Chief Executive, Board of Trustees, Health and Safety Executive, Care Quality Commission, ICO as required.

3.14 DoEF/DN/DOF takes any serious incidents to each RMG meeting for review.

3.15 DoEF/DN/DOF produces quarterly and annual reports for the Risk Management Group/ HSC or Information Governance Steering Group respectively.

4.0 Compliance

4.1 The RMG lead for their respective area of risk will monitor compliance with the policy

5.0 References


Incident Report Forms - Guidance Notes

An incident is ‘an unplanned event which results in injury or ill health (actual or potential / near miss) of people, or damage or loss to property, plant, materials, or the environment, the loss of business opportunity or involve the mishandling of personal identifiable data’

A near miss is ‘An incident, or an incident avoided, which is realised to have had the potential to cause harm on injury to people, property or reputation’

The following incidents constitute a ‘serious incident’ (NPSA 2010)
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- A scenario that prevents or threatens a providers organisational ability to continue to deliver health care e.g. actual or potential loss of personal/ organisation information, damage to property, reputation or IT failure
- Allegations of abuse
- Adverse media coverage
- Never events (as relevant to the Hospice)
  - misplaced naso-gastric or oro-gastric tube not detected prior to use
  - inpatient suicide using non-collapsible rails
  - intravenous administration of mis-selected concentrated potassium chloride

The Incident Report Form is available via Hospice Intranet (H:Net) or Head of Department (HOD).

Notes for the completion of Incident Report Forms

If an incident involves more than one person, one form is used for each individual involved in the incident. Please complete forms fully and legibly using additional sheets of paper if needed.

Patient Incidents

If an incident involves a patient then the following information is required:

- When was the patient last seen? And by whom?
- Any contributing factors (medication, confused patient)?
- Did anyone witness the incident? And who were they?
- Did the patient sustain any injuries?
- What is the medical opinion?
- How was the incident dealt with?
- How was the patient put back to bed in the case of a fall?
- What moving and handling equipment was required?
- Who was involved?
- Additional information should include a plan of how future incidents may be avoided or factors such as the use of bed rails, height of bed, pressure mats.

Additions to the original text require a signature and date. Alterations should be clearly initialled. Words or sentences that need to be removed from the text for any reason should be crossed out by using only one diagonal stroke of the pen and then clearly initialled.
Staff Member/Volunteer Incidents

If a staff member or volunteer is injured

- Did they continue to the end of the shift?
- If staff member is off sick following the incident, did they visit their GP?
- Length of absence

Other Incidents

In the case of burglary, theft, injury to customers or visitors, the Insurers may need to be informed. Staff should report these incidents to the Nurse in Charge of the Hospice, or a HOD or a member of the Hospice Leadership Team as soon as possible.
APPENDIX 1

RISK MANAGEMENT STRUCTURE 2012

Chief Executive (CE) - Accountable Officer for Risk

Director of Finance (DoF)  
Senior Information risk officer (SIRO)

Director of Nursing  
DN

Director of Estates and Facilities (DoE&F)

Corporate Risk

Clinical Risk

Operational Risk

Finance Committee  
Corporate Governance Committee  
Compliance  
Information Governance  
Auditors  
Insurers

Clinical Governance Committee  
Clinical Strategy  
Clinical Risk  
Compliance

Care Quality Commission  
Quality Account

Health and Safety Committee  
Finance Committee  
Compliance  
HSE  
EHO  
DEFRA  
Fire