Document Details	
Title	**Incident Reporting Policy**
Trust Ref No	1337- 47098 PDF- 47100
Local Ref (optional)	N/A
Main points the document covers	The policy details the arrangements for the reporting and management of incidents of all types. It includes the procedures for serious incidents, reporting to external organisations and the requirements for the investigation of incidents, complaints and claims.
Who is the document aimed at?	All staff for incident reporting, Directors and Managers for the implementation of arrangements, staff with specialist roles (e.g. clinical leads) for the management and investigation of incidents.
Author	Lindsey Leach, Senior Governance Manager
Approval process	
Approved by (Committee/Director)	Audit Committee
Approval Date	tbc
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	Not required
Lead Director	Shelley Ramtuhul, Director of Governance/Corporate Secretary
Category	Corporate
Sub Category	Risk Management
Review date	30 March 2027
Distribution	
Who the policy will be distributed to	All staff
Method	All staff via incident reporting training, specialist staff throughincident management and investigation training and publication via the Trust Intranet

Document Links	
Required by CQC	Yes
Required by NHLSA	Yes
Other	None

Amendments History		
No	Date	Amendment
001	26/04/2024	This document has been updated to reflect the new policy layout. The details and the processes and procedures have been extracted and inserted into a separate procedure document.
002	26/04/2024	Policy updated in accordance with the new patient Safety Incident Response Framework (PSIRF) that replaces the Serious Incident Framework.
1	~~17th December~~	~~Clarification of reporting and approving timescales~~
2	~~16th June 14~~	~~Additional information added relating to the Duty of Candour. Titles changed to reflect current structure~~
3	~~December 14~~	~~Duty of Candour sections updated to reflect HSC Regulation 20, legal duty. Now includes moderate harm~~
4	~~June 15~~	~~Change to notifications for serious incidents~~
5	~~Aug 16~~	~~Updated with current Quality and Safety reporting groups, SI criteria and references updated to reflect current framework, NHS Serious Incident Framework, published October 2015~~

Contents

1. Introduction

Incident reporting is a key component of the Trust's risk management system. It will inform the Trust's risk management arrangements and its decision making. This Policy outlines the arrangements for incident reporting which will enable the Trust to continuously improve the quality of services provided to patients, services users, and staff and others involved in our services by learning from incidents and near misses.

2. Policy Statement

Shropshire Community Health NHS Trust (hereafter the Trust) is committed to ensuring that all incidents are processed in accordance with statutory requirements, national and local guidance and legislation.

Patient Safety incidents and non-clinical incidents will be managed, monitored, and handled in accordance with the Patient Safety Incident Response Framework (PSIRF) and the Data Security and Protection Incident Reporting Guidance. For Business Continuity and Critical Incidents, these are managed under the Trust's EPRR arrangements and reference should be made to (insert document ref).

The Trust will have processes and procedures in place that will be approved, where necessary, by the appropriate operational and corporate groups as set out in the Trust structure. The processes and procedures for this policy will be made available to staff through the Staff Zone.

Related Policies, include: (this list is not exhaustive)

- Patient Safety Incident Response Framework and Plan
- Whistleblowing
- Risk Management
- Health and Safety
- Duty of Candour and Being Open
- Infection Prevention and Control (IPC)
- Claims
- Complaints
- Stress and Staff Support
- Safeguarding Children and Adult Protection
- Medicines Management
- Data Protection
- Information Risk Management
- Information Security Policy
- Emergency Preparedness, Resilience and Response (EPRR) Strategy

3. Purpose

This policy sets out the approach that will be adopted to ensure that Shropshire Community Health NHS Trust meets its legal obligations under statutory and NHS England incident management requirements.

The incident reporting and management system will enable the Trust to identify the occurrence of an event and from the actions and lessons learned will be able to implement service improvements, improve the quality of care and mitigate risks in the future with regards to patients, services users, staff and others that come into contact with our services. In addition, the Trust can review organisational structures and service delivery models in the future.

To achieve this, the Trust will adopt a non-punitive approach to incident reporting.

Individuals who report, or are involved in incidents, will not be subject to disciplinary action. In the event of acts or omissions that are malicious, criminal or constitute gross or repeated professional misconduct.

4. Scope

This Policy relates to all risks and incidents relating to:

- Patient safety
- Data breaches, including cyber threats, vulnerabilities and attacks.
- Health and safety
- Claims and complaints
- Financial or Property Losses
- Medicines Management
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5. Applicability

All staff that are required to work within the organisation, employed and non-employed, must adhere to this policy and associated policies. Including, but not limited to:

- Employed staff (including Bank staff)
- Volunteers
- Student Placements
- Medical Placements
- Allied Healthcare Placements
- Locums
- Agency
- Temporary and Fixed Term contracts
- Third Party Suppliers

6. Processes and Procedures

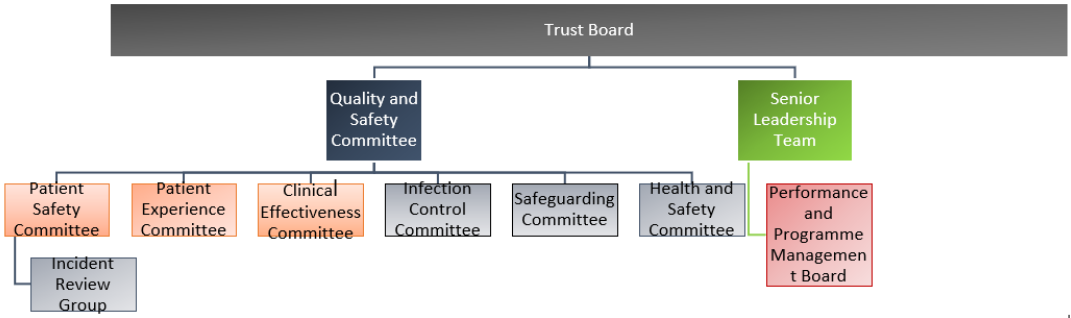
Processes and procedures relating to this policy will be documented and made available to staff through a central library. A Regular review will be conducted.

7. Roles and Responsibilities

Committees

The Trust will have oversight of incidents and risks through the Governance framework as set out below.

INSERT UPDATED DIAGRAM



Chief Executive

The Chief Executive Officer is ultimately responsible for staff and patient safety and for encouraging a positive safety culture throughout the Trust, including incident reporting.

Directors

All directors are responsible for:

- the implementation of this policy and for having local processes and procedures in place where necessary.
- ensuring that a learning culture exists in respect of incidents and that learning is used to reduce risk.
- meeting the requirements of Duty of Candour
- the lead directors for the following areas are:
    - Risk Management - Director of Governance.
    - Patient Safety - Director of Nursing, Quality and Clinical Delivery and Medical Director
    - Information Risk Management - Director of Governance.
    - Emergency Planning, Resilience and Response – Director of Nursing, Quality and Clinical Delivery
    - Counter Fraud – Director of Finance

Line Managers/Heads of Department

All managers are responsible for:

- the implementation of this policy within their area of management and for having local processes and procedures to be put in place where necessary.
- informing staff of their responsibilities with regards to this policy and associated Trust processes and procedures; and guidance.
- compliance with local and national guidance and frameworks.

Incident Risk Manager

This role will be undertaken by the Associate Director of Governance and will have oversight of the management, monitoring and handling of incident reporting and investigations.

Incident Reporter

The person responsible for reporting the incident and providing a summary of the event/occurrence; and notifying their line manager.

Incident Handler

The person responsible for understanding the detail of the incident, setting out the actions, findings and lessons learned, including completing the incident report, updating the incident reporting system and closing the case.

Investigating Officer

Patient safety incidents: a member of staff will be assigned to investigate a case in accordance with the Patient Safety Incident Response Policy and the Patient Safety Incident Investigation (PSII) criteria and guidance.

Data breach incidents: a member of the Information Governance Team will be assigned to investigate incidents or support the handler.

Data Protection Officer (DPO)

The Trust will comply with the UK General Data Protection Regulation. The DPO will be responsible for providing advice and support for data protection, including cyber incidents, in conjunction with other Trust experts. Data breaches that meet the criteria of reporting to the Information Commissioner will be reported within 72 hours and investigated by the DPO.

The Trust will comply with:

NHS England Incident Reporting Guidance

Network and information systems (NIS) regulations 2018: health sector guide - GOV.UK (www.gov.uk)

Security Advisor

The Trust's advisor will be responsible for reporting security and physical violence incidents Further information here:

Welcome to the NHS Counter Fraud Authority (NHSCFA) public website | NHS Fraud? See it. Stop it. Report it.

All staff

All staff must report all incidents as soon as they occur, or as soon as reasonably possible.

8. Confidentiality

When handling incidents staff will comply with the data security and protection requirements and policies, such as data protection, information risk management and information security.

9. Duty of Candour

The Trust will comply with the national requirements and local guidance for Duty of candour - GOV.UK (www.gov.uk) and the Being Open Policy. The Trust will have a robust process in place.

10. Reporting and handling Incidents

Appropriate reports, including risk and issues and assurances, will be presented to the relevant committee's as set out in the Trust's committee structure.

All incidents will be reported through the Trust's approved digital risk management system; "Datix" via the online form available on all Trust devices.

Staff will follow approved Trust processes and procedures associated with this document. In addition, managers may have additional local service/team/department processes in place.

Incidents will be reported, managed, investigated, and finalised in a timely manager that will allow for actions to be taken, lessons to be learned and the incident closed. Further information of these timeframes can be found here: (insert link).

Incidents will be graded and classified in accordance with the recommended matrix set out in the Standard Operating Procedure (SOP) available on the Staff Zone library.

The Trust will have a robust process in place to handle business continuity and critical incidents and will regularly undertake simulation exercises, in conjunction with partner organisations, to test the process and business continuity plans. Staff involved in major incident plans will be appropriately trained.

Business continuity and critical incidents will be reported to external stakeholders in accordance with national policy and guidance.

Local processes and procedures will be documented, published and made available to staff via a central document library and Staff Zone.

11. Notifying others

The Trust will notify affected patients, relatives, patient representatives, and staff in accordance with national requirements and local policies, such as the

Duty of Candour Being Open Policy

The Patient Incident Response Framework (PSIRF) local policies and procedures will include a Patient Safety Incident Panel (PSIP) with representatives from the

executive team, senior management, governance, patient safety, and clinicians who will review patient safety incidents and agree next steps in accordance with the framework. Throughout our learning response we will involve patients, carers, relatives, and volunteers, Complaints and Claims.

Investigations resulting from claims and complaints will be conducted in accordance with the relevant national and local guidance and legislation. The Trust's Governance team will provide advice, guidance, and support.

Complaints will be handled in accordance with the Complaints and Compliments Policy

National guidance here:

NHS England » Feedback and complaints about NHS services and

Advice for claimants - NHS Resolution

12. Incident Response Plan

The Trust will have a major incident plan in place, and this will be regularly tested, and staff appropriately trained. The Trust's strategy provides a framework within which the organisation can comply with EPRR and business continuity requirements.

Further information here: Emergency Preparedness, Resilience and Response (EPRR)

13. Health and Safety Executive, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

The Trust will comply with The Management of Health and Safety at Work Regulations 1999 (legislation.gov.uk) and RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - HSE

The Trust must have robust processes in place to report health and safety incidents about staff and members of the public e.g. patients, visitors, and contractors, in accordance with the regulation.

14. Medicines and Healthcare Products Regulatory Authority (MHRA)

The Trust will comply with the regulation and requirements of reporting adverse incidents (an event which gives rise to, or has the potential to produce, unexpected or unwanted effects involving the safety of patients, users or other persons) relating to medical/medication devices; as set out in the guidance here:

Medicines and Healthcare products Regulatory Agency - GOV.UK (www.gov.uk)

15. Non Medical Equipment, Engineering Plant, Installed Services, and Building Fabric

The Trust understands the importance of reporting defects and failures involving non-medical devices (EFA/2013/003) and will have processes in place to ensure compliance with the guidance as set out here:

Reporting of defects and failures and disseminating estates and facilities alerts - GOV.UK (www.gov.uk)

16. NHS Counter Fraud Authority

The NHS Counter Fraud Authority is a national body responsible for work to identify and tackle crime across the National Health Service. All fraud related incidents must be reported to the Trust's Lead Local Counter Fraud Specialist to investigate and take appropriate action. The Trust will have a process in place to report incidents that occur on their premises and will comply with the requirements as set out here:

Welcome to the NHS Counter Fraud Authority (NHSCFA) public website | NHS Fraud? See it. Stop it. Report it.

17. Commissioners

The Trust will comply with the terms and conditions under the NHS Standard Contract and comply with the NHS England » Patient Safety Incident Response Framework principles in their approach to learning from safety events, including working with and reporting to the Integrated Care Board (ICB).

18. Child Death Review

The Trust will comply with the statutory guidance as set out here:

Child Death Review Statutory and Operational Guidance (England) (publishing.service.gov.uk)

The Trust will establish a multi-agency Child Death Overview Panel (CDOP) to conduct reviews in accordance with the statutory requirements.

19. Improvement Plans

The Trust will develop improvement plans in accordance with NHS England guidance and requirements.

20. Governance and Compliance

The Trust will have governance arrangements in place to monitor, track and manage incidents in accordance with national guidance and frameworks. The governance will be overseen and managed by the Director of Governance, the Associate Director of Governance/Patient Safety Specialist, and the Governance team.

The Trust will comply with (this list is not exhaustive):

NHS England » Patient Safety Incident Response Framework

Duty of candour - GOV.UK (www.gov.uk)

Guide to Notification of Data Security and Protection Incidents

Patient Safety Incident Response Plan

NHS England » Never events

The Patient Safety Incident Response Framework (PSIRF) is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract, including acute, ambulance, mental health, and community healthcare providers. This includes maternity and all specialised services.

21. Quality and Equality Impact Assessment (QEIA) and Screening

The Trust will comply with the national requirements of Quality and Equality Impact Assessments (QEIA); and local policies and procedures.

22. Communications and Dissemination

This policy will be communicated and disseminated widely across the Trust using a variety of tools and mechanisms.

23. Advice and Guidance

The Governance team can be contacted via shropcom.cgov@nhs.net .

24. Training and Awareness

The Governance team will complete a regular audit of training requirements for staff. The approved Learning Needs Analysis (LNA) will be published and implemented across the Trust.

Awareness will be raised through the approved Trust communication routes and tools.

25. Consultation

This policy has been reviewed by relevant experts, including contributions and comments from Governance, Nursing and Clinical Delivery, Quality, Infection, Prevention and Control, Health and Safety, Emergency Planning, Fraud, Patient Safety Data Protection and Security.

26. Contact

Queries about this policy can be made by staff to the governance team via shropcom.cgov@nhs.net .

27. Review and Maintenance

This policy, associated processes and procedures and other related documentation will be regularly reviewed and updated in accordance with the Trust's Policy Approval and Ratification Framework.