

Duties

Patient/ Carers/ Family	Person attending/ Reporter of Incident	Ward/Department Manager or Medical Lead	Service Line Management Team	Care Group Management Team	Quality Manager/ Nominated Lead
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Procedure Title: **Incident Management Procedure**

Number: **V1**





Revision:

Date: July 2016

Owner: Risk & Incident Manager

Approved: Exec Directors Governance Mtg

Legend



















-  = Responsible
-  = Consulted
-  = Informed
-  = Assists


Process Title:

Management of no and minor harm incidents

Step	Timescale	Task Title	Duties					Task Description
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Incident Occurs

1	Within 24 hours	Recognise and make safe							Make safe, deal with anyone harmed. Where medical equipment is involved, the equipment must be quarantined for inspection. Call for help or guidance from a senior member of staff if needed. Make Clinical Lead, Line Manager/ Supervisor aware of Incident.
2		Report Incident to Datix							Report the incident on Datix as soon as possible after the event and certainly within 24 hours. Please include contact details for all staff involved at this stage.
3	Within 48 hours after the Incident	Severity grading confirmed							Ward/Departmental Manager reviews and confirms (or revises) the incident and its severity (including NPSA confirmation). Care Group consulted if incident is upgraded (for moderates, severe & catastrophic Incidents) and Risk & Incident team informed (for severe & catastrophic Incidents) via Datix notification.
4		Senior review and completion of SBA(R)R							A preliminary Investigation: the SBA(R)R fields on the Datix incident form should be completed. This review should be detailed to describe what happened and what immediate action has been taken to prevent recurrence. Following completion of the investigation, the incident severity should be re-reviewed and amended as necessary.
5		Action Planning							Any actions arising for the preliminary investigation should be added to the 'Action' section of the Datix Incident form. All actions should be SMART = Specific, Measurable, Achievable, Realistic, Time limited.
6	Upon completion of action plan	Incident Closure							Once all actions are completed and robust evidence for completion has been uploaded to Datix, use the 'Incident closed' date on Datix to mark the incident as closed.

Plymouth Hospitals  NHS Trust			Duties							Incident Management Procedure		
Process Title: Management of moderate incidents requiring further investigation			Patient/ Carers/ Family	Person attending/ Reporter of Incident	Ward/Department Manager or Medical Lead	Service Line Management Team	Care Group Management Team	Assigned Investigator/ Team from SL	Quality Manager/ Nominated Lead	Wkly Executive Directors Governance Mtg	Procedure Title:	Incident Management Procedure
Step	Timescale	Task Title									Task Description	
Incident Occurs												
1	Within 24 hours	Recognise and make safe		△							Make safe, deal with anyone harmed. Where medical equipment is involved, the equipment must be quarantined for inspection. Call for help or guidance from a senior member of staff if needed. Escalate to Clinical Lead, Line Manager/ Supervisor.	
2		Duty of Candour conversation	i	△	△						Be Open with Patient/Carers at this stage. Apologise and inform them an incident has occurred and investigation will now take place. Record discussion in patient notes. <i>For further information on new Duty of Candour Requirements please read the Incident Management Policy (Pg 15).</i>	
3		Report Incident to Datix		△		i	i	i		i		Report the incident on Datix as soon as possible after the event and certainly within 24 hours. Please include contact details for all staff involved in the Incident. <i>A user guide for adding Staff names can be found via Staffnet on the Risk & Incident Team pages.</i>
4	Within 48 hours after the Incident	Severity grading confirmed			△		i			i	Ward/Departmental Manager reviews and confirms (or revises) the incident and its severity (including NPSA confirmation). Service Line & Care Group consulted if incident is upgraded and Risk & Incident team informed (for severe & catastrophic Incidents) via Datix notification.	
5		Senior review and completion of SBA(R)R			△		i			i	A preliminary Investigation: the SBA(R)R fields on the Datix incident form should be completed. This review should be detailed to describe what happened and what immediate action has been taken to prevent recurrence. Upon completion of SBAR(R)R re-review severity grading: for straight forward Moderate investigations, complete the 'Date Completed' field on Datix and skip to Step 10. For complex moderate harm incidents, escalate to Service Line using email system within Datix.	
6	Within 72 hours after the Incident	Service Line Management Team review				i	△			c	A decision is made by the Service Line Management Team (SLMT) on whether further information is required as: a concise Investigation. This should be confirmed no later than 72 hours after the Incident. The SLMT should nominate an appropriate investigator/ team and the SLMT must ensure that Duty of Candour is fully complete. All communication must be done via the email system on Datix.	
7	Within 10 working days after incident	Duty of Candour Written Notification	i		a	△				a	Duty of Candour written notification to patient/relevant person summarising investigation process and includes contact response form. Upload signed copy onto the Datix Incident form and file copy in patients medical notes. <i>Template letters can be found via Risk & Incident Team pages on Staffnet.</i>	
8	Within 35 days	Investigation					△				Concise Investigation: Use SBA(R)R fields on Datix and include key points of evidence. Hold an incident review meeting to identify and agree, realistic and timed actions and share lessons learned.	
9		Review and approval of concise RCA report					△			△	The SLMT reviews and approves the investigation report. The weekly Executive Directors Governance mtg will approve all investigations that require sharing of information externally with professional bodies. Following completion of the investigation, the incident severity should be re-reviewed and amended as necessary. Once approved, upload sign off and agreed actions to the Incident on Datix.	
10	Within 10 working days of review & approval	Duty of Candour: Investigation findings shared	i				△				If a request has been returned from the patient/ relevant person; write a summary letter, detailing the aim(s) and findings of the investigation and the actions that will be taken. Upload signed copy onto the Datix Incident form.	
11	Upon completion of action plan	Action Completion			△	△				i	Internal reporting and assurance. Record and track agreed actions via Datix. The SLMT within their governance arrangements monitor agreed actions until completed. Ward and SLMT's are responsible for uploading action evidence to Datix and marking actions as complete.	
12	Upon completion of action plan	Incident Closure	i	△		i					Once all actions are completed and robust evidence for completion has been uploaded to Datix, use the 'Incident closed' date on Datix to mark the incident as closed. Service Line Risk Register should be reviewed.	

Duties

Procedure Title: **Incident Management Procedure**

Number: **V2**
 Revision: FINAL
 Date: July 2016
 Owner: Risk & Incident Manager
 Approved: Exec Directors Governance Mtg

Legend	
△	= Responsible
C	= Consulted
i	= Informed
a	= Assists

Step	Timescale	Task Title	Patient/ Carers/ Family	Person attending/ Reporter of Incident	Ward/ Department Manager	Service Line & Care Group	Risk & Incident Team Lead Facilitator	Assigned Investigator	Action Holders	Quality Manager	Specialist Advisors	Wkly Executive Directors Gov mtg	Quality Governance & Learning Group	CCG/ NHS England/ TDA/ CQC	Task Description
Incident Occurs															
1	Within 24 hours	Recognise and make safe		△	i					a					Make safe, deal with anyone harmed. Where medical equipment is involved, the equipment must be quarantined for inspection. Call for help or guidance from a senior member of staff if needed. Escalate to Clinical Lead, Line Manager/ Supervisor.
2		Duty of Candour conversation	i	△	a										Be Open with Patient/Carers at this stage. Apologise and inform them an incident has occurred and investigation will now take place. Record discussion in patient notes. For further information on new Duty of Candour Requirements please read the Incident Management Policy (Pg 15).
3		Report Incident to Datix		△	i	i	i								Report the incident on Datix as soon as possible after the event and certainly within 24 hours. Please include contact details for all staff involved in the Incident. Staff involved should also be asked to provide a recollection of events. A user guide for adding Staff names and template recollection of event forms can be found via Staffnet on the Risk & Incident Team pages.
4	Within 48 hours	Severity grading confirmed		△											Ward/Departmental Manager reviews and confirms (or revises) the incident and its severity (including NPSA confirmation). Service Line & Care Group consulted if incident is upgraded (for Moderates, severe & catastrophic Incidents) and Risk & Incident team informed (for severe & catastrophic Incidents) via Datix notification.
5		Senior review and completion of SBA(R)R		△	i										A preliminary Investigation: the SBA(R)R fields on the Datix incident form should be completed. This review should be detailed to describe what happened and what immediate action has been taken to prevent recurrence. Upon completion of SBA(R)R re-review severity grading: for straight forward Moderate investigations, complete the 'Date Completed' field on Datix and skip to Step 10. For complex moderate harm incidents, escalate to Service Line using email system within Datix.
6	Within 72 hours	Service Line Management Team review			△	i									A decision is made by the Service Line Management Team (SLMT) whether incident should be escalated as a potential Serious Incident. If yes, notification should be sent to the Risk & Incident Team. The SLMT must ensure that the Duty of Candour Conversation has happened and Datix is fully complete. All communication must be done via the email system on Datix.
7		Preliminary Investigation Report completion			C	i	△							i	Risk & Incident Team Facilitator will transfer completed SBA(R)R fields into Preliminary Investigation report template and send to SLMT for approval and completion of immediate actions taken section. The incident will be added to the weekly Executive Directors (ED) Governance meeting agenda for the following Monday morning for review. If report is not received in readiness for mtg, the incident will remain an agenda item and the SL will be accountable to provide rationale for delay to the ED Gov team.
8		Weekly Executive Directors Governance Mtg Review				i	a					△			Review completed preliminary investigation reports in more detail and will propose the appropriate level of investigation. This will include confirmation if the incident meets the criteria for a SIRI and warrants a full RCA investigation. If incident is deemed a SIRI, a scope of investigation, an appropriate investigator and specialist advisors will be assigned.
9	Day 1	Incident Notification Bulletin circulated Trustwide and Incident reported to STEIS (CLOCK STARTS)			i	i	△	i						i	Incident reported internally via bulletin and externally to commissioners, NHS England and CQC via STEIS system within 48 hours of Trust confirming SIRI status. All final preliminary investigation reports are sent to the CCG upon reporting incident to STEIS. For confirmed Never Events, the TDA and CQC will also receive sight of preliminary investigation report.
10	Day 1	Investigation documentation sent to assigned Investigator			a	a	△	△							Electronic resource folder sent to Investigator detailing Terms of Reference. Investigator advised of weekly Exec Directors Governance mtg approval date. Timeline will need to be ready for circulation prior to review meeting in 2-4 weeks. Risk & Incident Team Facilitator will advise Investigator of all staff involved in incident (as added to Datix by Ward/Department Manager). Investigator will confirm which additional staff are required to attend review meeting.
11	Within 10 working days	Duty of Candour Written Notification		i			△								Duty of Candour written notification to patient/relevant person summarising investigation process and includes contact response form. Risk & Incident Facilitator will upload signed copy onto the Datix Incident form and file copy in patients medical notes. Completed contact response forms from patients/relevant persons will be sent to the Investigator for inclusion in investigation as necessary.
12	By day 5	Review Meeting arranged		i	C	C	△	C						C	Risk & Incident Team Facilitator to contact all staff involved with provisional review meeting dates.
13	By day 10	Review Meeting confirmed			i	i	△	i						i	Review meeting date confirmed with attendees via email (and venue if required depending on type of incident).
14	By day 15	Tabular Timeline completed					a	△							Investigator will populate tabular timeline of events in readiness for review meeting. Risk & Incident Team Facilitator will distribute as required to attendees prior to review meeting and will send draft RCA template to Investigator.
15	By day 20	Review Meeting held			C	C	C	a	△					C	Investigator to give a comprehensive review of the incident using 'review meeting guide'. Tabular timeline to be discussed with all attendees for ratification. Care & Service Delivery Problems, Contributory Factors, Root Cause and recommendations should be formulated and agreed by all attendees by the end of the meeting.

16	By day 25	Populate draft RCA									a														Following review meeting, Investigator will populate RCA template and submit to Risk & Incident Team Facilitator who will make any necessary amendments ready for circulation to all staff who attended review meeting.
17	By day 30	Distribute draft RCA following review meeting		c	c	c						i		c	c	c									Distribute to all involved/ attended review meetings for comment and agreement of report. Suggested action holders will provide action detail to support identified recommendations. A urgent review meeting with all staff involved, should be arranged if there are any disputes over the findings/ actions of the RCA.
18	Day 30-32	Draft RCA with action plan completed																							Risk & Incident Team Facilitator completes formatting of the RCA and finalises action plan following responses from action holders. RCA is sent to Investigator for final approval.
19	Day 32-35	Governance Team Review of draft RCA																					c		Risk & Incident Team Facilitator completes RCA checklist. RCA sent to Risk & Incident Manager and specialist advisors for 3 day review.
20	By day 35	Governance Team Review Amendments											a												Investigator to agree and amend RCA in response to Governance team review comments.
21*	Between Day 30- 45	Duty of Candour Mtg with Patient*	i																						If Patient/ Relevant person's completed contact response form indicates they would like to be involved in investigation, then a review meeting with the Investigator will be arranged to discuss the findings of the draft report before finalising.
22	Day 35 - 40	First circulation of draft RCA		c	c	c																			RCA is circulated to Patient Safety Lead, Deputy Director of Nursing, Heads of Nursing, Care Group & SLMTs, Review mtg attendees, Action Holders, Reporter of the Incident, Senior Sister and Specialist Advisors.
23	Day 40 - 42	Circulation Amendments																							Investigator to agree and amend RCA in response to review comments received from first circulation.
24*	By Day 42	Final circulation of draft RCA*		c	c	c																			If significant changes have been made to RCA from first circulation and governance team review, the RCA will be circulated again for final approval to all previous circulation lists.
25*	By Day 47	Final Amendments*																							Re-review by Deputy Director of Nursing. RCA sent to ED for final sign off. Service Line to ensure evidence for completed actions is uploaded by action holder to the Datix incident form.
26	Between 40-55	Weekly Executive Directors Governance Review and Sign Off																							SIRI Closure checklist ED sign off sheet will be completed following review of RCA including confirmation of incident grading on Datix. If RCA is not signed off, Risk and Incident Team Facilitator will respond immediately to mtg comments, liaising with Investigator as necessary to meet deadline within 5 days.
27	By Day 60	Submission of Final RCA to Commissioners																						i	RCA will be sent to Safety Systems Team at CCG for Quality Assurance review and external professional bodies such as Coroner as required. For Never Events, a copy of the final reports will also be sent to NHS England, the TDA and CQC for review. RCA will be uploaded to Datix and actions will be logged by the Risk & Incident Team Facilitator.
28	On submission of RCA to CCG	Distribution of Final RCA		i	i	i																			Risk & Incident Team Facilitator will circulate final RCA to all involved including action holders. *Acts as a reminder to Action Holders to complete actions within agreed timescales providing necessary assurance to the Risk & Incident Team to upload and close actions on Datix. A copy of the RCA will be circulated to the Executive Directors Team and uploaded to StaffNet.
29	If req.	Duty of Candour: Sharing Investigation findings	i																						Depending on patient/relevant person's response to initial written notification - RCA will be sent to patient/relevant person with offer of meeting.
30*	As & When	Duty of Candour Mtg with Patient*	c																						Meeting with patient/relevant person and Investigative team to discuss findings of RCA.
31*	80	Commissioner request for further information*				a	i																		CCG will review the final RCA within 20 working days and may return the RCA (via Summary Panel Notice) for further information before closure can be agreed. If returned, the Risk & Incident Team will liaise with Investigator to facilitate necessary response/ amendments to RCA.
32*	90	Re-submission of RCA for review and closure*																							Summary Panel Notice will be returned to Safety Systems team at CCG for re-review within 10 working days of receipt.
33	Between Day 80 - 110	SIRI closure by Commissioners																							CCG closes SIRI on STEIS and sends notification to Risk and Incident Team.
34	112	Distribution of Final RCA & Confirmation of SIRI closure		i	i	i																			Risk & Incident Team Facilitator to circulate final RCA to all involved including action holders to advise of Incident closure from STEIS. *Acts as a reminder to Action Holders to complete actions within agreed timescales providing necessary assurance to the Risk & Incident Team to upload and close actions on Datix.
35*	If req.	Duty of Candour: Sharing Investigation findings*	i																						By Risk & Incident Team Facilitator If significant changes have been made to the RCA between step 31 and 33 and only if requested by patient/relevant person. A further review meeting at the request of the patient, to be arranged.
36	As & When	Action Plan Completion and Assurance																							Evidence that actions have been completed should be submitted to the Risk & Incident Team by action holders within agreed timescales for assurance. The Risk & incident Team Facilitator once approved will upload evidence to Datix and close the action accordingly. Any actions past their due dates will be addressed during the Ward/Department's assurance visit.
37	Upon completion of action plan	Internal Assurance Visit																							Assurance Visit undertaken by Risk & Incident Team (when all evidence is received or after last due date on action plan) to ensure RCA actions have been embedded into Practice. The Assurance Visit Report will be signed off by the Quality Governance and Learning Group mtg in readiness for the CCG Assurance Visit who will act upon any escalations of concern in liaison with Care Groups in relation to outstanding actions and assessment findings.
38	Within 1 Month	CCG Monthly Assurance Visit																							All action evidence and the Incident's final assurance visit report will be reviewed by the Safety Systems team during monthly CCG assurance visits.
39	During Assurance Visit	Incident closed																							Incident closure on Datix following Safety Systems team sign off of action evidence and assurance visit report, using the 'Incident closed' date on Datix.