



POLICY FOR THE REPORTING AND MANAGEMENT OF SERIOUS ADVERSE INCIDENTS

March 2010

Introduction

As an HPSS organisation the Northern Ireland Medical and Dental Training Agency is committed to reducing risk and implementing risk management throughout the organisation.

It is essential that the Agency obtain information to identify and assess risk and evaluate the controls that are in place. The Agency must be notified of any incident that could lead to claims, complaints or legal action. Staff should be aware that the report of an incident might be of vital importance in any investigation.

All members of staff are required to ensure that they are fully aware of the arrangements that are in place for the reporting of adverse incidents and that reports are provided promptly and accurately when such incidents occur.

The Agency is committed to developing a culture of openness. To this end it actively encourages the reporting, assessment, management and learning from adverse incidents and near misses. Staff may have reservations that the reporting of an incident could have disciplinary implications. The Agency views the prompt and full reporting of all incidents as an integral part of the process, and if a staff member follows the procedure set out in this policy, such action will be taken into positive consideration during any resultant investigation.

Policy Influences

This Policy has been influenced by the following:

- HSC Risk Management Controls Assurance Standard
- DHSSPS Guidance for Senior Managers Responsible for Adverse Incident Reporting
- DHSSPS Circular HSS (PPM) 06/04
- DHSSPS Circular HSS (MD) 12/06
- DHSSPS Circular HSC (SQS) 19/07
- How to Classify Adverse Incidents and Risk – DHSSPS Guidance for Senior Managers Responsible for Adverse Incident Reporting and Management
- An Assurance Framework: A Practical Guide for Boards of DHSSPS Arm's Length Bodies

Policies Impacted

Changes to this policy may have an impact on the following:

- Assurance Framework
- Complaints Policy
- Risk Register

POLICY FOR THE REPORTING AND MANAGEMENT OF SERIOUS ADVERSE INCIDENTS

1. Defining Adverse Incidents

A serious adverse incident is defined as *“any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”*.

An adverse incident includes:

- any incident involving serious harm or potentially serious harm to a patient, service user or the public.
- any incident which has serious implications for patient or staff safety – involving potential or actual risk to patients or staff
- any incident involving serious compromises or allegations of serious compromises in the proper delivery of health and social care services

Examples relevant to the Agency are as follows:

1.1 Court Proceedings

- Any incident that might give rise to serious criminal charges
- Impending court hearing or out of court settlements in cases of litigation
- Legal challenges to the Agency

1.2 Incidents involving staff

- Serious complaints about a member of staff
- Serious error or errors by a member of staff
- Significant disciplinary matters (eg suspensions of staff)
- A serious breach of confidentiality
- Serious verbal and/or physical aggression towards staff

1.3 Premises/equipment incidents

- Serious damage which occurs on the Agency’s premises or to Agency property

- Any incident which results in serious injury to any individual or serious disruption to services
- Any event which has given or may give rise to, actual or possible personal injury or to property loss or damage as a result of fire
- Failure of equipment so serious as to endanger life, whether or not injury results
- Suspicion of malicious activity eg tampering with equipment
- Circumstances leading to the Agency no longer being able to provide an element of service

2. Roles and Responsibilities

2.1 The Board

The Board has a fundamental role to play in the management of risk. Its role is to:

- Set the tone and influence the culture of risk management within the Agency. This includes:
 - determining whether the Agency is 'risk taking' or 'risk averse' as a whole or on any relevant individual issue
 - determining what types of risk are acceptable and which are not
 - setting the standards and expectations of staff with respect to conduct and probity.
- Determine the appropriate risk appetite or level of exposure for the Agency.
- Approve major decisions affecting the Agency's risk profile or exposure.
- Monitor the management of significant risks, including serious adverse incidents, to reduce the likelihood of unwelcome surprises.
- Satisfy itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively.
- Annually review the Agency's approach to risk management and approve changes or improvements to key elements of its processes and procedures.

2.2 Chief Executive

The Chief Executive has overall responsibility for the management of risk within the organisation.

2.3 Administrative Director

The Administrative Director is accountable to the Chief Executive and the Board for ensuring that policies in relation to risk management are in place and amended when required. He/she has overall responsibility for the reporting and management of adverse incidents within the organisation.

If the Administrative Director considers that the incident is likely to be serious enough to

- *warrant regional action to improve safety or care within the broader HPSS;*
- *be of public concern;*
- *or require an independent review*

He/she will provide the DHSSPS with a brief report using the adverse incident reporting form (see Appendix 1) within 72 hours of the incident being discovered.

The Administrative Director shall be a member of the Risk Management Team and will provide periodic reports, so that each incident may be considered in the context of the Agency wide risk framework.

2.4 Risk Management Team

The Risk Management Team is a sub-committee of the Senior Management Team, which provides for the co-ordination of risk management within the Agency. It has been delegated the responsibility to assist with the identification of risk, as well as implementing and monitoring appropriate risk management control measures, ensuring that the strategy for risk management is implemented throughout the organisation. The Chief Executive will chair the Risk Management Team.

The Risk Management Team shall provide a forum for the co-ordination, investigation, management, and dissemination of information in relation to adverse incidents within the Agency. Incidents graded as Catastrophic and Major, shall be referred to the Board for consideration.

Serious adverse incidents shall be a standing item on the agenda of the Risk Management Team.

2.5 Senior Management

Members of senior management are responsible for:

- Implementation of the policy within their area of responsibility
- Identification and assessment of existing risks
- Evaluating existing risk controls within their area of responsibility
- Ensuring that there is an induction process in place for staff through which they are alerted to the policy and its implications
- Taking managerial action to prevent a reoccurrence of reported incidents
- Investigating as appropriate and documenting any investigation
- Obtaining support from specialist advisers, if appropriate
- Ensuring that disciplinary action as a result of an adverse incident is only taken within the policy framework

Senior Managers should ensure that a copy of the Incident Reporting Form (see Appendix 2) is forwarded to the Administrative Director for each incident. This will then be reported to the Risk Management Team, so that each incident may be considered in the context of the Agency wide risk framework.

2.6 Team Leaders

Team Leaders are responsible within their own area for ensuring that:

- at induction all new staff are made aware of the Agency's policy
- any serious incidents are reported to senior management.

2.5 All Staff

Where an incident occurs it should be reported immediately to the Team Leader and documented on the Incident Reporting Form (please see Appendix 2). There will be a supply of incident reporting forms in each Department.

2.6 Department of Health, Social Services and Public Safety

The Department is responsible for

- collating information on incidents reported to it and provide relevant analysis to the HPSS
- seeking feedback, where appropriate, on the outcome of the incident to determine whether regional guidance is required

- Stage 2** The incident will be assessed in order to determine actual severity (using Table 1 at section 4.2 and Table 2 at section 4.3). An incident will often have multiple aspects, considering all of these aspects will help to decide the level of severity.
- Stage 3** Assess incident to determine immediate action required. Following this initial assessment consideration will be given as to whether it is appropriate to report to external organisations (A sample list of organisations that may require a report is included in the flowchart above). If the severity of the incident means that action must precede investigation – go straight to Stage 6.
- Stage 4** Initiate incident investigation as appropriate. Following investigation re-consider in the light of further information whether it is appropriate to report to external organisations. (See sample list of organisations that may require reports in Flowchart One).
- Stage 5** This is a secondary classification mechanism for assessing ***potential future risks***. Use the following prompts:
- (a) Think about the likely impact if the incident were to occur again without any intervening circumstances that made the incident less severe. (Use the Impact Table at section 4.3)
 - (b) Assess the likelihood of the incident occurring again.
 - (c) Use the Risk Rating Matrix (section 4.4) to determine the overall risk rating.
- Stage 6** Use the Action Guidance (Table 3 at section 4.5) to determine what further action should be taken. For example, consider whether this issue needs to be entered on the risk register and/or any organisation-wide action is required.
- Stage 7** Determine any learning from the adverse incident and communicate this within the organisation and with the appropriate regional / national bodies.

Following the outcome and learning from investigations review the risk rating in Stage 5 and keep this under regular review.

4.1 Initial Grading of Incident Severity

The initial assessment of an incident should be performed quickly, even when all facts may not be available. There is always scope to re-grade as facts and issues emerge over time and following investigation. Serious Adverse Incidents, those calculated as having a Major or Catastrophic severity level, should be reported to the DHSSPS (see Circular HSS (PPM) 02/06) -i.e. those incidents that meet the following criteria:

- Be serious enough to warrant regional action to improve safety or care;
- Be of public concern; or
- Require an independent review.

4.2 Actual Incident Severity (Table 1)

In determining the actual severity of an incident, consider the outcome in terms of harm to people / resources / environment / reputation / quality.

Severity of incident	High Level Descriptors (see Impact Table 2 overleaf for a more detailed list)
Catastrophic	Incident with widespread implications to services
Major	Significant disruption to services
Moderate	Short term disruption to services
Minor	No interruption to services
Insignificant	No adverse outcome but risk potential evident

4.3 Actual Incident Impact (Table 2)

	PEOPLE (Any person affected by an Incident: Staff, User, Visitor, Contractor)	RESOURCES (Premises, money, equipment, Business interruption, problems with service provision)	ENVIRONMENT (Air, Land, Water, Waste management)	REPUTATION (Adverse publicity, Complaints, Legal/Statutory Requirements, Litigation)	QUALITY AND PROFESSIONAL STANDARDS (including government priorities, targets and organisational objectives)
CATASTROPHIC	Incident that lead to one or more deaths	Severe organisation wide damage/ loss of services /unmet need	Toxic release affecting off-site with detrimental effect requiring outside assistance.	National adverse publicity. DHSSPS executive investigation following an incident or complaint. Criminal prosecution.	Gross failure to meet external standards, priorities
MAJOR	Permanent physical/emotional injuries/trauma/harm.	Major damage, loss of property / service /unmet need	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc)	Local adverse publicity. External investigation or Independent Review into an incident/complaint. Criminal prosecution /prohibition notice	Repeated failure to meet external standards.
MODERATE	Semi permanent physical/emotional injuries/trauma/harm (recovery expected within 1 year).	Moderate damage, loss of property / service /unmet need	On site release contained by organisation	Damage to public relations. Internal investigation (high level), into an incident/complaint. Civil action	Repeated failure to meet internal standards or follow protocols.
MINOR	Short-term injury/harm. Emotional distress. (Recovery expected within days /weeks.)	Minor damage, loss of property / service /Unmet need	On site release contained by organisation	Minimal risk to organisation. Local level internal investigation into an incident/complaint Legal challenge	Single failure to meet internal standards or follow protocol.
INSIGNIFICANT	No injury/harm or no intervention required / near miss	No damage or loss, no impact on service Insignificant unmet need	Nuisance release	Minimal risk to organisation, Informal complaint	Minor non compliance,

4.4 Risk Rating Matrix

LIKELIHOOD	CONSEQUENCE (Potential Impact)				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain (will undoubtedly recur, a persistent issue)	Yellow	Orange	Red	Red	Red
Likely (will probably recur, not a persistent issue)	Yellow	Orange	Orange	Red	Red
Possible (may recur occasionally)	Yellow	Yellow	Orange	Red	Red
Unlikely (do not expect it to happen again)	Green	Yellow	Orange	Orange	Orange
Rare (can't believe it will ever happen again)	Green	Green	Yellow	Yellow	Orange
Risk Rating					
Low		Medium		High	
Low		Medium		Extreme	

4.5 Action Guidance (Table 3)

Risk Rating Level	Descriptors
Extreme	Identified risks which fall in the red area are deemed extreme risk to the Agency, and must be reported to Senior Management. These risks require immediate action to reduce the level of risk and the Administrative Director will ensure they are forwarded to the Board. The Administrative Director will ensure the implementation of a time monitored action plan and provide regular reports to the Board.
High	Identified risks which fall in the orange area are deemed high risk to the Agency, and require prompt action to reduce the risk to an acceptable level. These risks and agreed action plans should be considered by Senior Management in conjunction with the Risk Management Team. Risks that cannot be reduced locally should be forwarded for consideration by the Board.
Medium	Identified risks which fall in the yellow area are deemed medium risk to the organisation and require action to reduce risk to an acceptable level. Responsibility for taking action would normally remain at a local level within the appropriate Department and monitored by the relevant Team Leader and entered into the Departmental Risk Register. The Risk Management Team should be advised and updated in relation to such risks.
Low	Identified risks which fall in the green area are deemed as acceptable risks and require no immediate action, but must be monitored regularly.

This policy should be read in conjunction with:

- DHSSPS Circular HSS (PPM) 06/04
- DHSSPS Circular HSS (MD) 12/06
- DHSSPS Circular HSC (SQS) 19/07
- How to Classify Adverse Incidents and Risk – DHSSPS Guidance for Senior Managers Responsible for Adverse Incident Reporting and Management

APPENDIX 1

<u>SERIOUS ADVERSE INCIDENT REPORT</u>		
1. Organisation:		
Incident Identifier No.		
2. Date and brief summary of incident:		
3. Why incident considered serious: a. warrants regional action to improve safety or care within the broader HPSS; b. is of public concern; or c. requires an independent review.	Briefly, explain why this SAI meets the criteria:	
4. Immediate action taken:		
Classification of incident as initially assessed by organisation: Catastrophic / Major / Insignificant / Minor / Insignificant		
5. Is any regional action recommended? Y/N (if 'Yes', full details should be submitted): Are there any aspects of this incident which could contribute to learning on a regional basis?		
6. Is an Independent Review being considered? Y/N (if 'Yes', full details should be submitted):		
7. Has any employment-related action been taken as a result of this incident, such as: a. suspension from duties? Y/N b. a referral been made to POCVA? Y/N c. a referral to the relevant Professional Regulatory Body, NCAS or PSNI? Y/N (if 'Yes', specify which organisation)		
8. Other Organisations informed:		
	Date informed	
HSS Board	Y/N	Other (please specify) Y/N Date informed:
HM Coroner	Y/N	
Mental Health Commission	Y/N	
NIHSE	Y/N	
PSNI	Y/N	
RQIA	Y/N	
9. I confirm that the designated senior manager and/or Chief Executive has/have been advised of this SAI and is/are content that it should be reported to the Department. (delete as appropriate) Report submitted by: (name and contact details of reporting officer) Date:		

Completed proforma should be sent, by email, to:

adverse.incidents@dhsspsni.gov.uk

If e-mail cannot be used, fax to (028) 9052 3206

Appendix 2

Northern Ireland Medical and Dental Training Agency

INCIDENT REPORTING FORM	
Incident reported by: (insert name)	
Date of the incident:	
Brief summary of incident:	
Names of those involved in the incident:	
Action taken:	
Signed by	Date
Signature of Team Leader.....	Date

Completed form should be sent by email to margot.roberts@nimdta.gov.uk

Policy Proforma

Subject of Document: Policy for the Management and Reporting of Serious Adverse Incidents

Producer: Margot Roberts

Date Agreed: 31/03/2005

Approved by the Board: 11/03/2010

Date of Next Review: March 2012

Copy Obtainable: CETIS & F:\GENERAL\Staff Handbook

Amendment Form

Version	Date	Pages	Comments	Actioned
1.0	31/03/2005		Ratified by Agency Board	
2.0 (Draft)			Amended following recommendation of internal audit	
2.0	01/09/2005		Ratified by Agency Board	
3.0 (Draft)			Document modified to fit new Agency policy template	Mark Oliver
3.0 (Draft)	18/06/2009		Re-approved by Agency Board	
3.0	04/08/2009		Re-issued to staff	
4.0	02/03/2010		Amended following issue of departmental circulars.	Mark McCarey
4.0	11/03/2010		Ratified by Agency Board	
4.0	10/2010		Re-issued to staff	