

ADVERSE INCIDENT AND NEAR MISS REPORTING POLICY

1.0 POLICY STATEMENT

- 1.1 West Gloucestershire Primary Care Trust is committed to providing, as far as is reasonably practicable, an environment that is free from risk to the health, safety and welfare of staff, patients and visitors to the Trust.
- 1.2 In order to minimise risk the Trust has adopted this policy, which, together with its associated procedures and guidelines, is intended to ensure that:
- there is a culture of fair blame and a willingness to report and that incidents reported are handled professionally and feedback provided where required
 - counselling and support is provided to families, carers and staff involved in an incident
 - all adverse incidents or 'near misses' which occur on Trust premises or in the course of employee's duties are recorded
 - all untoward incidents or 'near misses' are investigated at an appropriate level to identify the root cause of the event
 - corrective action is taken to prevent recurrence
 - learning from events is shared across professional groups
 - a prompt and accurate report of untoward incidents and 'near misses' is made to the appropriate external agency
 - there is effective implementation of the Trust's Risk Management Strategy
- 1.3 This policy supersedes all previous guidance and is supported by the Trust's incident reporting procedure which details the specific requirements for incident reporting and the management action required to manage risk arising from incidents and their potential to occur again
- 1.4 The philosophy of incident reporting and investigation is not to apportion blame, but to use the information gained to help the Trust to improve working practices and the environment, so as to improve the management of risk throughout the Trust. It is important that all the facts of an incident are reviewed - it is rarely one person's fault that an incident has occurred, but usually a combination of events or systems failures. To this aim, no disciplinary action will result from complaints, nor the reporting of incidents, mistakes or near misses, except in case of acts of gross misconduct, criminal or malicious activities (including malicious reporting), clinical negligence and continual violations.
- 1.5 The prompt and accurate reporting of incidents is also essential so that the Trust may support its staff to deal with the incident itself and with any subsequent developments such as legal action.
- 1.6 If staff feel that they cannot complete an IR form or report an incident to their managers, for whatever reason, further guidance can be sought from

the Policy for staff to raise concerns about malpractice, danger and wrong doing at work (“Whistle blowing”). This is available on the intranet under Policies and Procedures / Personnel /Employment Policies and also by contacting the Human Resources team at PCT headquarters.

- 1.7 The Trust recognises the roles and responsibilities of external agencies, which may have a statutory duty to investigate many adverse and untoward incidents. The Trust will extend every facility to such agencies to enable them to complete their investigations.
- 1.8 The PCT will support practices and independent practitioners to develop and manage incident and near miss reporting as part of clinical governance and risk management processes in primary care.

2.0 **DEFINITIONS**

- 2.1 **Adverse Incident:** An unplanned event which causes injury or ill health to people, or damage or loss to property, equipment, materials or the environment, or a combination of any of these factors. **Note: This includes any unplanned event occurring to a patient during clinical treatment.**
- 2.2 It can also be defined as an event that is of sufficient magnitude or significance to warrant urgent action and/or has the possibility to involve the Trust in either litigation or adverse publicity.
- 2.3 **Near Miss:** An unplanned event, which did not cause injury, ill health, damage or loss, but had the potential to do so. Reporting a “near miss” event is just as important as reporting incidents that actually happened or caused harm. Although the “near miss” did not cause harm the potential for reoccurrence probably still exists and this needs to be managed effectively. A near miss may also be referred to as ‘outcome unknown’.
- 2.4 More detailed descriptions are of the different types of incidents are included in the procedure that supports this policy.

3.0 **RESPONSIBILITIES**

- 3.1 The responsibility for compliance with this policy is delegated to all directors, managers, supervisors and staff to an extent consistent with their position.

3.2 **Chief Executive**

The Chief Executive has overall responsibility for effective risk management within the Trust and is the accountable officer in respect of Corporate Governance.

3.3 Trust Board

As stated in the Trust Risk Management Strategy the Board have responsibility: -

- To oversee the effective management of risk
- To be consulted on all significant risks and associated risk treatment plans
- To make decisions on risk treatment options

Relating to the reporting of incidents and “near misses” this will include receiving information on the level of reporting, outcomes and action plans to prevent recurrence.

3.4 Executive Directors

Executive Directors and Directorate Managers are responsible for:

- ensuring that this policy, and its associated procedures and guidelines, are implemented within their areas of responsibility
- deciding the level of investigation required following an incident
- ensuring that where appropriate an Investigation Panel is convened as soon as possible after an incident to establish the root cause of the incident and to formulate a corrective action plan to prevent recurrence
- monitoring the progress of any corrective action plan, ensuring that agreed timescales are met
- ensuring that Corporate Services/Clinical Governance are notified in accordance with the identified procedures and timescales

3.3 Managers (including senior staff on duty)

Managers are responsible for:

- ensuring that this policy, and its associated procedures and guidelines, are implemented within their areas of responsibility
- grading the incident and deciding the level of investigation required following an untoward incident
- ensuring that all staff are made aware of this policy and its associated procedures and guidelines and are informed of the location of the incident report forms
- ensuring that incident report forms are readily available in all areas for which they are responsible
- monitoring the progress of any corrective action plan, ensuring that agreed timescales are met
- ensuring, following an incident that the appropriate sections of the incident report forms are accurately completed and forwarded to the Corporate Services team in designated timescales
- ensuring that any equipment involved in an incident is removed from use and clearly labelled

3.4 Individuals

All Trust employees, contracted staff, volunteers and students on work experience are responsible for:

- reporting any untoward incident or near miss to their supervisor, manager or person in charge as soon as possible
- ensuring that the details of the incident are accurately and fully recorded on the incident report form

3.5 Corporate Risk and Business Manager

The Corporate Risk and Business Manager is responsible for:

- developing and maintaining procedures and guidelines to facilitate the implementation of this policy throughout the Trust
- maintaining a database of all incidents
- producing reports for managers and the Trust Governance and Risk Management Committee to identify areas of risk and trends in incident occurrence
- reporting incidents to appropriate external agencies in accordance with procedure
- preparing an annual report on incident statistics for the Trust Board
- ensuring that managers receive training in the effective use of this policy and its associated procedures and guidelines

4.0 APPLICATION OF POLICY

- 4.1 Anyone who witnesses, discovers or is involved in an incident should complete an Incident Reporting Form (IR Form) and bring this to the attention of the departmental manager. Only one form per incident is required, supporting information can be attached separately if necessary e.g. witness statements however if more than one person is injured, or directly involved in an incident, a separate form should be completed for each person.
- 4.2 It is acceptable for staff to complete an IR Form on behalf of a patient or for any person who is unable to complete the form personally.
- 4.3 If staff are involved in an incident on other NHS premises, they must report and complete an incident form for that organisation. A photocopy of the form should be sent to West Gloucestershire PCT Corporate Services Department. If staff are involved in an incident in other premises e.g. a patient's home they should complete an IR Form as soon as they return to their place of work.
- 4.4 Contracted staff, volunteers and students on work experience will report and complete an IR Form for any incidents that occur during the course of their work for the Trust.

4.5 The Trust links Incident and Near Miss reporting to the Complaints and Legal Claims in the following way. This area is covered in more depth in the Adverse Incident and Near Miss Reporting Procedure: -

- All incidents are analysed by the Corporate Risk and Business Manager to ensure that those identified with potential for a possible complaint and/or legal claim are brought to the attention of the PCT Complaints Manager immediately.
- All complaints and legal claims are analysed by the Complaints Manager to identify those which may include an incident, so that they can be brought to the immediate attention of the Corporate Risk and Business Manager.
- All complaints and their investigations relating to services hosted by a neighboring PCT but which occur within the West Gloucestershire PCT locality should be copied to West Gloucestershire PCT Complaints Manager for appropriate action or cascade.

5.0 SERIOUS UNTOWARD INCIDENTS

5.1 The protocol for dealing with Serious Untoward Incidents (SUI) is incorporated within the procedure that supports this policy.

5.2 SUI's involve the unexpected death or significant harm to a patient, staff member, or other person or the potential to cause death or significant harm. SUI's should also be declared for any serious events that result in substantial damage, loss or risk to Trust assets such as its finances or to its reputation.

5.3 Any member of staff, or contractor can report SUI's and should do so by first notifying their line manager and/or the site manager, who will in turn inform a senior manager/director who will be responsible for putting the procedure into action and informing others who may need to be made aware of what has happened e.g. Directors, On-Call Manager, Corporate Risk and Business Manager etc. In the event of a SUI being suspected or declared, an IR Form is always completed as part of the immediate investigation process.

6.0 COMMUNICATIONS AND TRAINING

6.1 This policy, the organisation and arrangements for implementing the policy and all revisions to the policy and associated procedures and guidelines, will be communicated to all employees at induction.

6.2 A copy of this policy and associated procedures and guidelines is available in all Trust sites and departments.

6.3 A copy of this policy and associated procedures and guidelines will be made available on the Trust's Intranet.

- 6.4 Training in the management of adverse incidents will be provided to all Heads of Departments and Managers.
- 6.5 Managers and Department Heads are responsible for ensuring that all staff are trained in respect of those areas of this policy which are relevant to them.
- 6.6 The policy and supporting procedures will be made available to all independent contractor services within in the PCT.

7.0 MONITORING AND REVIEW ARRANGEMENTS

- 7.1 The Governance and Risk Management Committee will be responsible for the ongoing monitoring and review of the adverse incident and near miss reporting policy.
- 7.2 The Trust Board will review this policy annually (or wherever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessments) to ensure its continuing contribution to effective risk management throughout the Trust.
- 7.3 Information on the reporting of adverse incidents and “near misses” will be included as part of the risk management updates to the Trust Board and Professional Executive Committee.

8.0 DOCUMENT CONTROL

POLICY APPROVED BY:

REVIEW DATE: