

# Incident Reporting Policy

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Responsible LECCG Committee	QPEC
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## Incident Reporting Policy Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	September 2015	Tracy Wilburn Patient Safety Manager
2	N/A	Reviewed no changes	January 2017	Tracy Wilburn Patient Safety Manager
3	Page 11/12 Reporting to External Agencies	Update to information governance to reflect current reporting practice.	November 2018	Kelly Huckvale Compliance Officer (Information Governance)
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## Lincolnshire Clinical Commissioning Groups

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## Lincolnshire Clinical Commissioning Groups – Incident Reporting Policy - Policy Statement

<b>Background</b>	<p>In June 2000 the Department of Health issued guidance entitled ‘An Organisation with a Memory’, which drew attention to the scale of potentially avoidable events within the NHS. The guidance recommended that organisations should develop a mandatory report scheme for adverse incidents and near misses. This policy is intended to support the CCG’s commitment to reducing all adverse incidents by promoting a culture in which staff feel able to report incidents and are actively involved in the investigation of incidents and identifying lessons learnt, and subsequently improving services.</p>
<b>Purpose</b>	<p>The CCG is committed to the commissioning of high quality care that puts the safety of patients and staff first. In addition the CCG is committed to reducing all adverse incidents involving those that may be affected by the Organisation’s activities. The intention is not to apportion blame but to create an environment that encourages staff to report incidents and near misses, the awareness of which may serve to alert management and other staff to areas of potential risk at an early stage and enable avoiding action to be taken. In this context, valuable learning from incidents and near misses can take place.</p>
<b>Statement</b>	<p>The CCG is committed to ensuring that all kinds of risks are minimised for the protection of patients, staff, visitors, contractors and services through the effective management of risk.</p>
<b>Scope</b>	<p>This policy applies to all staff directly employed by the CCG. The policy is designed to ensure that all CCG staff have a clear understanding of their responsibilities to effectively report and manage incidents.</p>
<b>Responsibilities</b>	<p>The <b>Accountable Officer</b> is ultimately responsible for ensuring compliance with the Health and Safety at Work Act 1974 and associated legislation, and that this policy is implemented and effective within the CCG. Operational oversight of the associated processes is delegated through the <b>Executive Lead Nurse</b> to the Head of Patient Safety within the Federated Clinical Risk Management Team.</p> <p>The <b>Executive Lead Nurse</b> has delegated strategic responsibility for Clinical Risk Management, including the reporting and management of adverse incidents pertaining to staff employed by the CCG. This responsibility is delegated to the <b>Head of Patient Safety</b> within the Federated Clinical Risk Management Team.</p>

**All Staff** have a responsibility to report near misses, adverse incidents and serious incidents, to ensure that the CCG effectively meets all statutory reporting requirements

**Training**

Executive Officers/Heads of Service are responsible for making policy authors aware of the development and management process of all policy documents to be adopted by the CCG. Incident reporting training will be provided as part of mandatory staff update training.

**Dissemination**

The policy will be disseminated to all staff via the extranet and will be available on the website.

**Resource implication**

It is expected that the policy will be delivered within existing resources.

## **INCIDENT REPORTING POLICY**

### **INTRODUCTION**

The CCG is committed to the commissioning of high quality care that puts the safety of patients and staff first. The CCG is committed to reducing all adverse incidents involving those that may be affected by the Organisation's activities. The intention is not to apportion blame but to create an environment that encourages staff to report incidents and near misses, the awareness of which may serve to alert management and other staff to areas of potential risk at an early stage and enable avoiding action to be taken. In this context, valuable learning from incidents and near misses can take place.

This policy should be read and used in conjunction with the Risk Management Strategy and the Serious Incident Policy.

### **AIM**

The aim of the policy is to outline the arrangements for identifying, reporting and investigating incidents and near misses within the Lincolnshire CCGs. The reporting of incidents and near misses enables:

- Prompt and accurate gathering of information to support the effective management of any immediate risks
- Prompt communication and support for staff involved in the incident, thereby minimising distress of those affected
- Identification of patterns and trends of incidents/near misses to support the CCG's management of broader risks as part of an early warning system
- Fulfilment of the CCG's legal duties under the statutory regulations including RIDDOR 1995; The Health and Safety at Work Act 1974; the Management of Health and Safety at work Regulations 1999 and the NHS Digital Guide to the Notification of Data Security and Protection Incidents
- A culture of openness in reporting of incidents/near misses

### **OPEN AND FAIR CULTURE**

It is accepted that during the day to day work of the CCG things may go wrong and incidents will occur. When things go wrong, the CCG will respond quickly and positively to mitigate the consequences and to demonstrate that its main concern is the best interests and wellbeing of patients, staff and the public. The CCG acknowledges that learning can be achieved through the reporting of incidents which will help to enhance and develop good practice and the quality of the services provided, thus promoting a safer environment for all.

All staff have a major role to play in the identification and management of all kinds of risk. This can only be achieved if there is a progressive, honest and open work environment where near misses and incidents are identified quickly and acted upon in a constructive way without unnecessary recourse to disciplinary procedures. The CCG is committed to promotion of an open and fair culture where staff feel able to report incidents and to learn from mistakes without fear of recrimination.

Encouraging openness and honesty about how and why things have gone wrong will help improve the safety of our services. However, exceptional cases may arise where there is clear evidence of wilful or gross neglect contravening the CCG policies and procedures and/or professional codes of conduct, or where there is repeated evidence of poor performance despite intervention/support. In these cases action through the appropriate channels will be taken.

## SCOPE

This policy applies to all staff directly employed by the CCG. The policy is designed to ensure that all CCG staff have a clear understanding of their responsibilities to effectively report and manage incidents/near misses. Incidents occurring in an NHS provider organisation (inclusive of independent contractors), commissioned by the CCG, should be reported and investigated in accordance with the provider's own incident reporting policy and procedures. Provider incidents should not be reported to the CCG with the exception of serious incidents, which should be reported in accordance with contract requirements, as referenced in the serious incident reporting policy.

The policy describes how incidents will be identified, managed and ultimately lessons learnt utilised to promote future best practices. Incident reporting is the foundation of an effective risk management system. The aim of the incident reporting system is not to apportion blame, but to learn from the experience and improve practice accordingly. Disciplinary action should not form part of the response to a report of an incident, except in cases where one of the following applies:

- Where there are repeated occurrences involving the same individual, despite retraining
- Where the incident results in a police investigation
- Where, in view of the CCG or any professional registration body, the action causing the incident is far removed from acceptable practice
- Where there is a failure to report an incident in which a member of staff was either involved or about which they were made aware

The incident decision tree, appendix 1 may be used to support this decision.

## DEFINITIONS

An **incident (adverse incident)** is an untoward or adverse event that gives rise to, or has the potential to produce, unexpected or unwanted effects which could be detrimental to the safety of service users, other persons, staff or the CCG.

Example of adverse incidents can include, however, are not limited to:

- Personal accident
- Fire
- Violence/abuse/harassment
- Security
- Vehicle
- Clinical
- Ill Health

A '**near miss**' means any incident which could have led to harm but did not, because intervention or evasive action was taken. 'Harm' means, 'injury, ill health, damage, theft or loss relating to persons, property, income or reputation'.

There are some incidents that meet the criteria for serious incident reporting, which require formal investigation and are reportable to the Department of Health. A **serious incident** is defined with the NHS England Serious Incident Reporting Framework, March 2015 as:

- Acts and/or omissions occurring as part of NHS funded healthcare (including in the community) that result in:
  - Unexpected or avoidable death of one or more people. This includes:
    - Suicide/self-inflicted death; and
    - Homicide by a person in receipt of mental health care within the recent past
  - Unexpected or avoidable injury to one or more people that has resulted in serious harm;
  - Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:-
    - The death of the service user; or
    - Serious harm
  - Actual or alleged abuse; sexual abuse; physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:
    - Healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or
    - Where abuse occurred during the provision of NHS-funded care.
- A Never Event – all never events are defined as serious incidents although not all never events necessarily result in serious harm or death. A list defined never events is listed in the DoH Never Events Policy and Framework.
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to):
  - Failures in the security, integrity, accuracy or available information often described as data loss and/or information governance related issues.
  - Property damage
  - Security breach/concern
  - Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population.
  - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards.
  - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/unit closure or supervision of services) or
  - Activation of major incident plan
- Major loss of confidence in the service, including prolonged mediate coverage or public concern about the quality of healthcare or an organisation.

A **major incident** is any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority. It is 'any occurrence which presents a serious threat to the health of the community, disruption to the service, or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented.

Serious and major incidents should be reported and investigated in line with the CCG serious incident reporting policy.

## **RESPONSIBILITIES**

The **Governing Body** supports a fair and open culture in the reporting and management of incidents.

The **Quality and Patient Experience Committee** will formally receive a quarterly report describing incident reporting and learning.

The **Risk and Governance Committee** will monitor the implementation of the incident reporting policy through receipt of quarterly report describing incident reporting and learning.

The **Accountable Officer** is ultimately responsible for ensuring compliance with the Health and Safety at Work Act 1974 and associated legislation, and that this policy is implemented and effective within the CCG. Operational oversight of the associated processes is delegated through the **Executive Lead Nurse** to the Head of Patient Safety within the Federated Clinical Risk Management Team.

The **Executive Lead Nurse** has delegated strategic responsibility for Clinical Risk Management, including the reporting and management of adverse incidents pertaining to staff employed by the CCG. This responsibility is delegated to the **Head of Patient Safety** within the Federated Clinical Risk Management Team.

The **Executive Lead Nurse** will, through the **Head of Patient Safety** be responsible for receiving information and analysing trends in incident reporting. The **Head of Patient Safety** will identify and act on lessons learnt, reporting activity through the Patient Safety Report to the relevant CCG strategic committees.

The **Executive Lead Nurse** as **Caldicott Guardian** is responsible for ensuring the protection and use of patient identifiable information, which may be used during the incident reporting process.

**All Staff** have a responsibility to report near misses, adverse incidents and serious incidents, to ensure that the CCG effectively meets all statutory reporting requirements.

Any member of staff that is involved in an incident or near miss must complete an incident report form, via the online reporting system Datix accessible using the following link <https://incidentreporting.lincolnshire.nhs.uk>, within one working day of the incident occurring.

The staff member will be required to risk assess the incident, when entering the information on the Datix system. If the staff member suspects that the incident may fall under the criteria of a 'Serious Incident' they must report this immediately to their Line Manager and the Head of Patient Safety within the Federated Clinical Risk Management Team.

Staff working out of hours should report serious incident and RIDDOR incidents according to the requirements detailed within the Serious Incident Policy.

**Managers** have a responsibility to manage risk within their own department/service. Managers must ensure that they, and their staff for whom they are responsible, are fully aware of the CCG incident report policy and that staff have access to the online incident reporting system Datix.

Following every incident or near miss, managers must take immediate action to make the situation safe. This may include the wearing of protective clothing, removal of similar items of equipment, undertaking/reviewing risk assessments and/or change in procedure. This action should be documented within the Dif 2 form (investigation form) within the online Datix incident reporting system.

The manager will also assess whether the incident is likely to be a serious incident by assessing against the criteria detailed within the serious incident policy. If the incident is judged to be a serious incident, the manager is required to report this immediately to the Head of Patient Safety by telephone.

## **REPORTING TO EXTERNAL AGENCIES**

The line manager, supported by the Federated Clinical Risk Management Team, will be responsible for determining when there is a need to involve external agencies in the investigation. Examples of where this may be necessary could include:-

- Where the incident falls within the definitions and timeframes of an external agency e.g. RIDDOR reportable incidents to the Health and Safety Executive; information governance incidents to the Information Commissioner.
- Where an external agency is involved in the incident.
- Where there is a high probability of litigation i.e. involvement of the NHS Litigation Authority
- Where there is insufficient expertise to test equipment within the CCG
- Where there is a need to eliminate bias.

The external agencies for to incidents may include, but not limited to:

**RIDDOR (Health and Safety Executive)** The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 require that organisations must report deaths, major injuries and accidents resulting in over 7 day injury, diseases, dangerous occurrences and gas incidents.

Whilst there is no longer a requirement to report to RIDDOR occupational injuries resulting in three days of incapacitation, these should still be reported by CCG staff on the Datix incident reporting system.

The Federated Clinical Risk Management Team will support the appropriate line manager to carry out RIDDOR reporting to the HSE. When there is a suspicion that the incident may be RIDDOR reportable this should be identified on the incident reporting form; and direct contact made with the Federated Clinical Risk Management Team as soon as possible.

In the event of a serious incident resulting in major injury or death, staff are asked to refer to the CCG serious incident reporting policy. Immediate notification of the incident should be undertaken to the appropriate Line Manager, outside of normal working hours this should be the senior manager on call.

*Incident Reporting Policy*

*Lincolnshire East CCG*

*Review Date: November 2021*

For accidents connected to work (including an act of physical violence) resulting in an employee suffering an over 7 day injury must be reported to the HSE within 15 days. An over 7 day injury is one which is not 'major' but results in the injured person being away from work or unable to do their full range of normal duties for more than seven days.

**Security Incident Reporting System (SIRS)** is an electronic tool which allows NHS health bodies to report security incidents occurring on their premises to NHS Protect. Incidents reportable to SIRS include, but are not limited to:

- Any security incident involving physical assault of NHS staff
- Non physical assault of NHS staff (including verbal abuse, attempted assaults and harassment)
- Theft of or criminal damage (including burglary, arson and vandalism) to NHS property or equipment)

The Federated Clinical Risk Management Team will identify those incidents which are SIRS reportable and ensure appropriate reporting through to NHS Protect.

### **Personal Data Breaches (Data Security and Protection Incidents)**

Personal data is defined as;

*“any information relating to an identified or identifiable natural person (“data subject”); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person”.*

A Personal Data breach is defined as;

*“a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. It also means that a breach is more than just about losing personal data.*

*A personal data breach can be broadly defined as a security incident that has affected the confidentiality, integrity or availability of personal data. In short, there will be a personal data breach whenever any personal data is lost, destroyed, corrupted or disclosed; if someone accesses the data or passes it on without proper authorisation; or if the data is made unavailable, for example, when it has been encrypted by ransomware, or accidentally lost or destroyed.”*

GDPR places a mandatory requirement on the CCGs to report breaches of personal data. Any security breach that creates a risk to the rights and freedoms of the individual is a personal data breach and could be notifiable to the ICO if it reaches a certain threshold. Any personal data breach that could create a significant risk to the rights and freedoms of an individual must be notified to the Information Commissioner's Office.

## Reporting

The incident **must** be recorded on DATIX as soon as possible and within 24 hours of identification, recording all information known at that point. Further detail can be added as necessary. An electronic alert is automatically generated by the DATIX incident reporting system, to notify the Information Governance team of any incidents which include reference to a Data Security and Protection or information governance breach. The Information Governance Team are then able to provide appropriate support to the investigating manager to ensure all necessary action has been taken manage information governance risks identified.

### Grading the personal data breach (Assessing the severity)

All breaches of personal data should be assessed in line with NHS Digital's 'Guide to the Notification of Data Security and Protection Incidents'.

Any incident must be graded according to the significance of the breach and the likelihood of those serious consequences occurring. Incidents should be reviewed by the Data Protection Officer, Caldicott Guardian or Senior Information Risk Owner when determining what the significance and likelihood of a data breach will be.

If the incident scores anything other than 'grey' in the breach assessment grid, the DHSC & ICO must also be notified. The incident should be recorded on the Data Security and Protection Toolkit Incident Reporting Tool, and the DHSC and ICO will be automatically notified once submitted.

In addition,

**Estates and Facilities** incidents should be notified by the reporter to PROPCO Property Services on immediate identification of any areas of risk. Immediate action taken should subsequently be documented on the Datix incident reporting form by the reporter.

**National Reporting and Learning System (NRLS)** requires that all patient safety incidents that occur within the CCG are reported electronically to the NRLS. The anonymised information contributes to national learning about patient safety. The upload to the National Reporting and Learning System (NRLS) will be undertaken by the Federated Clinical Risk Management Team on behalf of the Lincolnshire CCGs, as required.

**Medicines and Healthcare Products Regulatory Agency (MHRA)** requires that any incident involving medical devices should be reported as soon as possible. Electronic reporting using the online form on the MHRA website [www.mhra.gov.uk](http://www.mhra.gov.uk) is the preferred method. The Federated Clinical Risk Management Team will advise the reporting CCG in the external reporting of incidents relating to equipment.

## PROCEDURE FOR REPORTING AN INCIDENT

The immediate priority for all staff in the case of an incident is to take the necessary steps to ensure the safety of those involved i.e. staff, members of the public etc. In addition, prompt action must also be initiated to prevent a reoccurrence of any further incidents or a near miss graduating into an incident.

The level of action required will be dependent on the type of incident reported, however, as referenced earlier in the policy could include the removal of a faulty item of equipment; a change within a work protocol/procedure.

The incident should be reported onto the CCG electronic incident reporting system (Datix), within one day of the incident occurring. The Datix system can be accessed via a link on the CCG intranet or via <https://incidentreporting.lincolnshire.nhs.uk>. The staff member should also inform their line manager that the incident has occurred and been reported on Datix.

The incident form should be completed by the individual staff member involved in the incident, or someone who notices the incident. It is important that only the facts of the incident are recorded, providing as much detail as possible to support further investigation of the incident. There should be no judgement statements or opinions identified within the completed incident report.

In addition, it is important that the reporter record any immediate remedial action has been taken, following the identification of the incident to manage the risks identified.

Guidance notes on completing an incident form on the Datix system are included as appendix 2.

As referenced earlier in the policy, serious incidents must be reported in accordance with the CCG's Serious Incident Policy

## **PROCEDURE FOR INVESTIGATING AN INCIDENT**

On identification of an incident an electronic alert will be received within the Federated Clinical Risk Management Team. The Federated Clinical Risk Management Team will allocate an appropriate lead (investigating manager) to investigate the incident reported. In the majority of cases this will be the line manager of the individual involved in the incident or head of service where the incident occurred.

Investigation managers will be required to risk grade the incident according to the severity of the actual or potential outcome. The risk grading matrix and guidance notes on completion are available within the Datix system Dif 2 investigation reporting form. Further advice on risk grading an incident is available from the Federated Clinical Risk Management Team on request.

The investigation manager will be required to undertake an investigation within 10 working days of the initial incident report, and upload the outcome onto the Datix investigation form (Dif 2). The investigation should include identification of analysis of the incident events, action taken and lessons learnt. The Datix investigation form (Dif 2) provides full detail of the fields that require completion as part of an incident investigation.

As a general principle, the level of investigation required is directly proportionate to the level of risk posed by a potential recurrence of the incident and the potential of the investigation identifying new lessons to learn. A good investigation will include:

- Timely and appropriate follow up
- Identification and analysis of the incident facts (inclusive of contributory factors)
- Action to be taken to remedy any deficiency identified

- Meet any national, regional or local reporting requirements

The investigating manager will be required to:

- Collect evidence of what has occurred i.e. correspondence, witness statements (evidence should be uploaded into the appropriate incident file within the Datix incident reporting system)
- Consider the evidence collected against protocols/procedures in place
- Formulate a conclusion, recommendation actions to minimise risk based upon the facts of the incident that have been established.
- Implement action plan and identify mechanism for monitoring its completion.
- Identify how lessons learnt will be shared within the team, department, organisation etc.

If the incident investigation has not been completed within this timescale the investigating manager is to identify to the Federated Clinical Risk Management Team the progress of the investigation, and the anticipated date of completion. This information will be included within the electronic Datix file for the appropriate investigation as part of the investigation audit trail.

## **REPORTING AND LEARNING**

Learning will be identified through the investigation of incidents. Where appropriate, incident outcomes will be shared with the CCG team members through team meetings.

Action plans will be developed in response to incidents and loaded onto the Datix incident reporting system. The action plans developed will be monitored in the first instance by the Head of Department/Line Manager where the incident was first reported.

Incident trends, actions and lessons learnt from incidents reported will be collated into a quarterly report by the Federated Clinical Risk Management Team on behalf of the CCG. The reports will be submitted to the CCG Risk and Governance Committee for monitoring and development of further action.

Further lessons learnt will be disseminated through relevant CCG committees and staff forums as identified appropriate.

## **MONITORING**

The Federated Clinical Risk Management Team may request further clarification, investigation or action as result of an incident being reported; and will advise the reporter/line manager of the incident accordingly.

The **Quality and Patient Experience Committee** will formally receive a quarterly report describing incident reporting and learning.

The **Risk and Governance Committee** will monitor the implementation of the incident reporting policy through receipt of quarterly report describing incident reporting and learning.

## **TRAINING**

All new members of CCG staff will be introduced to the principles of risk management, including incident reporting procedures and serious incident reporting as part of their induction.

Incident reporting and serious incident reporting will also be included as an annual update as part of mandatory staff training.

It is the responsibility of every staff member supported by their line manager, to ensure that they are familiar with the CCG incident reporting and serious incident policies; and to identify training needs in relation to these policies. Such training needs should be reported through staff members' line management to the CCG Executive Nurse. Bespoke training session may be available from the Federated Clinical Risk Management Team to support specific staff needs, on request.

## **FOLLOW UP/SUPPORT**

Staff involved in incidents may require additional support. This can be obtained from the following sources:

- Occupational Health Service
- Staff member's own GP
- Staff Side Representatives (available on Health and Safety Law Posters on all Health and Safety notice boards)

Staff may wish to access these directly or seek support in accessing further support from their line managers.

## **INVOLVING AND COMMUNICATING WITH PATIENTS AND THE PUBLIC**

Consistent with 'Being Open' guidance and CCG Being Open Policy, patients, staff, members of the public should be informed when things have gone wrong and they have been harmed as a result.

Staff should liaise with the appropriate Executive Nurse and Federated Clinical Risk Management Team and adhere to the Caldicott principles before the transfer of person identifiable information from the CCG. Where disclosure of information is essential within the CCG or to the partner agencies, staff shall follow the local protocols governing the protection of and use of patient identifiable information.

The CCG will acknowledge, provide appropriate support and apologise for failings in the service it delivers, reassuring patients, staff and their families that the right lessons have been learnt from incidents reported.

## **EQUALITY IMPACT ASSESSMENT**

The CCG is committed to promoting equality in all of its responsibilities – as commissioner of services, as a partner in the local economy and as an employer. This policy and procedure will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

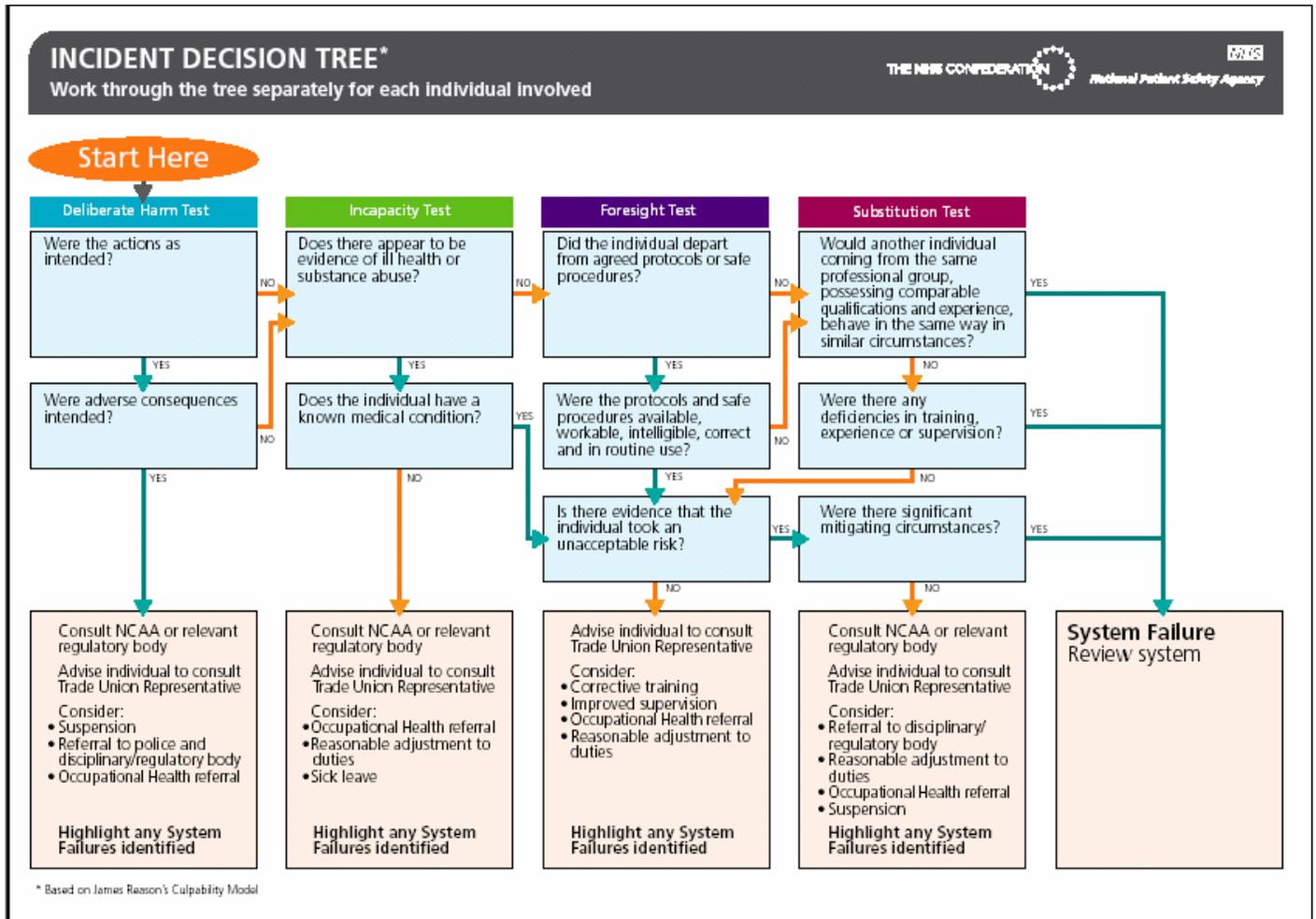
All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010.

## **RELATED POLICES/PROCEDURES**

Other related policies to which reference should be made include:

- The Risk Management Strategy
- The Serious Incident Reporting Policy
- Information Governance Policy

**Incident Decision Tree**



## HOW TO FILL THE INCIDENT REPORTING FORM (DIFI)

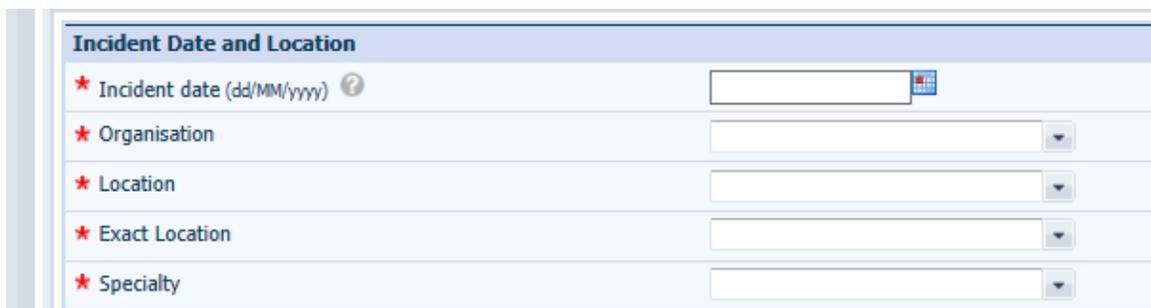
### Accessing the IRI Form

1. Navigate to the following page by opening your browser (e.g. Internet Explorer) or click the link:  
<https://incidentreporting.lincolnshire.nhs.uk>
2. You can also access DATIX from within GP Team Net under:
  - Announcements
  - Useful links
  - Topics

### Incident Date and Location

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3. Enter the incident date or click the calendar icon next to the 'Incident Date' to select the date.
4. Select the organisation where the incident took place from the drop-down menu next to 'Organisation' (e.g. ULHT, LCHS, GP Surgery etc.).
5. Select the Location where the incident took place from the drop-down menu next to 'Location' (e.g. Grantham & District Hospital, John Coupland Hospital etc.).
6. Select the Exact Location where the incident took place from the drop-down menu next to 'Exact Location' (e.g. Ward 12, Ward 1 etc.).
7. Select the speciality where the incident took place from the drop-down menu next to 'Speciality' (e.g. Audiology, Cardiology etc.).



The screenshot shows a form titled "Incident Date and Location" with five fields, each marked with a red asterisk. The fields are: "Incident date (dd/MM/yyyy)" with a calendar icon, "Organisation", "Location", "Exact Location", and "Speciality", all of which are drop-down menus.

### Incident Details

8. Type a description of the incident in the box next to 'Description'. Please *do not enter opinions or the names of people involved and keep this as concise as possible*.
9. Enter the action taken after the event in the box next to 'Immediate action taken'. *If no action was taken enter 'None'*.

Incident details	
* Description Enter facts, not opinions. Do not enter names of people	<input type="text"/>
* Action taken Enter action taken at the time of the incident	<input type="text"/>

### Incident Coding

10. Choose who was affected by the incident from the 'Incident affecting' drop-down list.
11. Choose what was affected by the incident from the 'Incident Type' drop-down list
12. Choose the type of incident from the 'Category' drop-down list.
13. Choose the details of the incident from the 'Sub category' drop-down list.

Incident Coding	
Incident affecting	<input type="text"/>
Incident Type	<input type="text"/>
Category	<input type="text"/>
Subcategory	<input type="text"/>

### Safeguarding Incidents

*For safeguarding incident:*

14. Choose 'Yes/No' from the field "Do you think this is a safeguarding issue?"
15. Choose the safeguarding concerns from the "safeguarding concern(S)" dropdown list. (i.e. Children Safeguarding, Adult Safeguarding etc.).
16. Type the safeguarding referral details in the box next to 'safeguarding referral details:' please do not enter opinions or the names of people involved and keep this as concise as possible.
17. Choose the nature of concern from the "Nature of concern" drop-down list (i.e. Adult – Domestic Abuse, Adult - Emotional).
18. Choose 'Yes/No' from the field "Has safeguarding referral been made to the Local Authority?"

Safeguarding Details	
★ Do you think this is a Safeguarding Issue	Yes
Safeguarding Concern	
Safeguarding referral details:	
Nature of concern:	
Has safeguarding referral been made to the Local Authority?	

### Pressure Ulcers Incidents

For pressure ulcer incidents,

19. For pressure ulcer incidents, specify the pressure ulcer grade by selecting grade from dropdown list next to “Grade of Pressure Ulcer?” (Note: *Grade 2 Pressure Ulcers are not managed by this site*)

Pressure Ulcers	
Grade of Pressure Ulcer?	
<b>Incident Severity and Result</b>	Pressure Ulcer Grade 3 Pressure Ulcer Grade 4
Result	

### Infection Control Incident

In the Incident Type drop-down, if “Healthcare Associated Infections (infection control incident)” is selected,

20. Choose Yes/No from the ‘Was the patient at risk of infection?’ drop-down list.
21. If yes is selected then type the details in the ‘Please detail the risk of infection’
22. Choose Yes/No from the ‘Did the patient acquire the infection?’ drop-down list.
23. If yes is selected then type the details in the ‘Please detail how they acquired the infection’

**Infection Control**

Was the patient at risk of infection? Yes

Please detail the risk of infection

Did the patient acquire the infection? Yes

Please detail how they acquired the infection

### Incident Severity and Result

24. Choose the results of the incident from the 'Result' drop-down list.
25. Choose the severity of the incident from the 'Severity' drop-down list.
26. Select the initial risk grading from the risk matrix

**Incident Severity and Result**

Result

Severity

Initial risk grading

Likelihood of recurrence (Initial)	Consequence (Initial)				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	<input type="radio"/>				
Likely	<input type="radio"/>				
Possible	<input type="radio"/>				
Unlikely	<input type="radio"/>				
Rare	<input type="radio"/>				

Grade (Initial):

### Additional Information

27. Was any person injured or affected by the incident? Please select Yes/No and enter their details
28. Was any other contact involved in the incident? Please select Yes/No and enter their details
29. Any documents to attach. Please select Yes/No then
  - Select the Link as type from the dropdown
  - Provide a description
  - Browse to attach the document.
  - You can add more documents by clicking on "Add Another" Button

### **Details of Person Reporting the Incident**

30. Enter your details in this section

- Full name *(This is a required field)*
- Professional Area *(This is a required field)*
- Telephone Number *(This is a required field)*
- Email Address *(This is a required field). Please this should be you NHS.Net email address.*

### **Reporters' CCG**

31. Which CCG are you a member of? *(This is a required field)*

32. Which Organisation are you reporting from? – You can start typing your organisation and then select when it shows up or scroll through the list to select.

### **Submitting form**

33. Click Submit to submit the form (You will only have a reference number for your records)

34. However, if you need a copy of the incident you are reporting on file, Click Submit and Print to submit and print a copy of the form!

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