

UNTOWARD EVENT REPORTING POLICY AND PROCEDURE

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DOCUMENT CONTROL

Reference Number MS/Nov12/UERP	Version 4	Status Final	Author Risk Manager
Amendments	Rewritten post acquisition to provide a uniform approach and guidance to Untoward Event Reporting.		
Document objectives: To promote and encourage an open and fair culture of reporting Untoward Events, to learn from experience and reduce future risks.			
Intended recipients: All staff whatever their grade, role or status., permanent, temporary, full-time, part-time staff including locums, bank staff, volunteers, trainees and students			
Committee/Group Consulted: Regulation Governance Group			
Monitoring arrangements and indicators: Reporting Trend Analysis to Clinical Governance Group on a quarterly basis and distributing to Senior Managers for Local /Team discussion			
Training/resource implications: General awareness (any Teams needing support regarding the reporting of untoward events should contact the Corporate Governance Manager)			
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1. INTRODUCTION

- 1.1 The Trust is committed to encouraging full reporting of untoward events to help the organisation and individuals learn from these experiences and reduce the risk of potential harm in the future. Somerset Partnership NHS Foundation Trust believes this procedure promotes a positive culture for the reporting of events and encourages an 'open and fair' approach to reporting.
- 1.2 Somerset Partnership NHS Foundation Trust reports Patient Safety untoward events to the NHS Commissioning Board Special Health Authority using the National Reporting Learning System (NRLS). To assist in this process, the Trust uses a computer software system called DATIX for recording untoward events. The benefit of this system is that it provides easy analysis of frequencies and incident trends to assist the Trust in identifying any gaps and learning points and ensures the sharing of learning experiences nationally via the NRLS.
- 1.3 The Trust will work with the NHS Protect Counter Fraud Service and the Trust Security Manager, in line with Department of Health guidance.
- 1.4 This Policy should be read in conjunction with the Being Open and Saying Sorry When Things Go Wrong Policy, Serious Incidents Requiring Investigation (SIRI) Policy, PALS/Complaints Policy and the Claims Handling Policy.

2. PURPOSE & SCOPE

- 2.1 It is essential that all untoward events and accidents are reported, including 'near misses' by all **staff** including bank, agency, contractors and visitors.
- 2.2 To ensure patient safety is embedded within the organisation, information generated by incident reporting, risk assessment and investigations will influence change within the Trust's systems, policies and procedures, clinical practice and inform staff training (not to apportion blame to individuals or teams).

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** provides ongoing support to the management of Untoward Events and the Trust Board accepts responsibility for the implementation of further development of systems and processes supported by the SIRI Review Group and other relevant governance groups.
- 3.2 **The Director of Governance and Corporate Development** has devolved responsibility and will oversee the monitoring and implementation of this policy in order to ensure that it is applied throughout the Trust.
- 3.3 The **Risk Manager** will be responsible for reporting all Patient Safety Incidents to the National Reporting Learning System (NRLS) managed by the NHS Commissioning Board Special Health Authority. The **Risk Manager** is the author of the policy who will ensure this policy is reviewed at least every three years.
- 3.4 The **Head of Risk** supported by the Risk Manager will be responsible for providing both quarter and annual trends analysis reports to Groups and Committees, as well as the Health, Safety and Security Management Group and the SIRI Review Group, Matron/Ward/Team Managers, Locality/Service

Managers, and Heads of Service (as described in this document and Appendix B of the Risk Management Policy and Procedure).

- 3.5 The **Security Manager** will have direct access to all untoward events including violence and aggression, theft, damage to property/equipment and all other security incidents and may result in prosecution (please familiarise yourself with the Security Policy).
- 3.6 The **Patient Advice and Liaison Officer (PALS)** may be contacted for advice to both service users, carers and the general public.
- 3.7 The **Risk Team** will offer appropriate advice to staff experiencing difficulty completing the on-line untoward event report form.
- 3.8 The **Head of Corporate Governance** will monitor untoward events in relation to external regulation agencies.
- 3.9 **Line Managers** are responsible for monitoring, advising on and co-ordinating the management of untoward events within their area of responsibility and to ensure where necessary an appropriate local governance or clinical risk assessment has taken place.
- 3.10 **All staff** have a duty to report untoward events and near misses which occur within Trust premises or Community during the course of their work which have potential harmful consequences for others and should familiarise themselves with this and other Risk Management Policies.
- 3.11 The **Working Groups** (see Appendix D) who are accountable to one of the three Governance Groups will monitor incidents relevant to their specialty and report to the accountable **Governance Group** each quarter.

4. **EXPLANATIONS OF TERMS USED**

Untoward Events – any incident or accident with the potential to cause harm to patients, staff or visitors.

Near Miss – an Untoward Event that did not lead to harm, loss or damage, but had the potential to do so and where lessons can be learnt.

Untoward Event Report form – Incident or Accident report form, this is an electronic system called Datix, available to all staff on the Trust Intranet.

DATIX – the electronic system used within the Trust to record all untoward events, corporate and local risks (not client specific risk assessment which should be recorded within the patient's healthcare record (RiO within the Mental Health Directorate), complaints and PALS enquiries.

RiO – the Electronic Patient Records system used within the Trust for recording client healthcare (including the Management and Risk Assessment of harm to self and others.

SIRI – Serious Incidents Requiring Investigations

5. **PROCEDURES**

5.1 **Internal Reporting of Incidents**

- 5.1.1 All untoward events must be reported using the Trust's on-line electronic (DATIX) Untoward Event Report Form as soon as is reasonably practical. This form is accessible from the Somerset Partnership Intranet front page. If

any member of staff experiences difficulty in completing the form, they should ask for assistance from a colleague or Ward/Team Manager, in the first instance, if unavailable please contact a member of the Risk Team. Please note, if you have been asked to complete an untoward event report form on behalf of an absent colleague or visitor, please ensure you record known facts and ensure you record any witness/es present at the time of the incident. It is also important to be clear within the description of the incident to record when and who provided the information you are recording. This is extremely important for the purpose of investigating incidents, complaints and claims.

- 5.1.2 If, in extraordinary circumstances, a member of staff feels unable to complete the Untoward Event Reporting Form, then other avenues exist. Staff may wish to discuss an event with their staff side representative or in some cases feel the need to use such policies as Whistle-blowing, Grievance/Disputes or Anti-Bullying and Harassment Policy.
- 5.1.3 For the completion of the DATIX Electronic Untoward Event Report Form please refer to the guidance, Appendix B. Please note when referring to this guidance untoward event/s is referred to as Incident/s.
- 5.1.4 When the DATIX Electronic Untoward Event Report form has been completed, it will automatically be sent by email to line management and relevant specialist managers. Please see Appendix A for further detail of Managers/Specialists with direct access.
- 5.1.5 Each person submitting an Untoward Event Report form will receive an email acknowledgment containing a reference number. The reporter may be contacted by the Risk Team or other relevant managers for further information.
- 5.1.6 A DATIX untoward event report **form must be completed for all unexpected deaths and initially recorded as a Serious Incident**, if/when the cause of death is confirmed to be natural causes then the Risk Team will down grade the report form appropriately.
When reporting Serious Incidents the Trust's Serious Incidents Requiring Investigation (SIRI) must be followed.
- 5.1.7 Managers will be issued with a 'Username' and 'Password' and will have access to Untoward Events recorded on DATIX within their area of responsibility.
- 5.1.8 Managers (the handler of the incident investigation) will record follow-up action within the Investigation section of the form, particularly where there has been harm during the incident. This should include a discussion with all staff involved in the incident to ensure the accuracy of the incident recorded. Managers may be asked at a later date whether the incident form is a true and accurate record of the event.
- 5.1.9 New Managers should contact the Risk Team at riskteam@sompar.nhs.uk regarding appropriate access or any support or training on DATIX.
- 5.1.10 Quarterly trend analysis reports are produced, in conjunction with services, by the Risk Manager and submitted to the Health, Safety & Security Management Group, the Clinical Governance Group, the Regulation Governance Group, the Integrated Governance Committee and the Trust

Board. These reports include the following quantitative and qualitative information:

- Frequency of each Ward/Team for each quarter over the past two years highlighting the last quarter compared with the same quarter the previous year.
- Frequency of each Type of incidents for each quarter over the past two years highlighting the last quarter compared with the same quarter the previous year.
- A quarterly analysis of all clinical incidents will be provided by the Risk Team as part of the Clinical Governance process. This will include incident rate, type and trend data as required.
- Copies of the quarterly reports are sent to Ward/Team/Department Managers for dissemination and discussion at local team meetings.
- Each Matron/Ward/Team/Department Manager has direct access to DATIX and the facility to produce reports to ensure local trends are considered and implement lessons learned at the earliest opportunity. This will be achieved by updating clinical risk assessments, care plans and local risk assessments.
- Narrative Risk Management Report provided by the Risk Manager reporting on the last quarter Untoward Events, comparing data with the same quarter last year, frequency by Directorate and a breakdown of Violence and Aggression to include: Abuse of Staff by Patients, Abuse of Others, Abuse of Patient by Patients, Abuse of Staff by Staff, Abuse of Patient by Staff.
- Quarterly Report on Slips, Trips and Falls including frequency by: Unit/ward, Type, Time, Adverse Event, Severity, Result and Consequence, Likelihood, Gender, Person Type, Status, Role, Injury and frequency by Unit and Patient. Detailed reports will be provided to the Clinical Governance Group as well as the Older Persons Inpatient Wards to support Managers with the review of the clinical falls risk assessments within RiO.

5.1.11 Each of the Working Groups who are accountable to one of the three Governance Groups will monitor incidents relevant to their specialty and report to the accountable Governance Group each quarter. These reports will highlight areas of concern and provide assurance where action plans have been developed and implemented

5.2 Reporting to External Agencies

5.2.1 **NRLS:** The Risk Manager will report all patient safety incidents recorded on DATIX to the NHS Commissioning Board Special Health Authority using the National Reporting Learning System (NRLS) on a monthly basis.

5.2.2 **RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Change 6 April 2012**

From the 6 April 2012, RIDDOR's over three day injury reporting requirements changed from over three days to over seven days incapacitation (not counting the day on which the incident happened).

Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work. The Manager must still keep a record (within the appropriate UER form on DATIX) of all staff absent from work over three days.

If RIDDOR reportable Managers will ensure the RIDDOR form is completed and forwarded to the Head of Corporate Services no later than 10 days after the date of the incident. This will be required following:

- Accidents at work resulting in sick leave for 7 days or more.
- Accident at work resulting in major injury (needed taking to hospital for treatment).
- Accident at work resulting in death.
- Disease contracted at work.
- Suspected Suicide of an Inpatient

For further guidance on this please contact the Head of Corporate Services.

When the Head of Corporate Services receives the completed RIDDOR form a copy will be retained within the Governance Directorate and a copy forwarded to the Health and Safety Executive no later than 15 days after the incident date.

5.2.3 **Other External Agencies:** for example, Police, STEIS, CQC, MHRA, Information Commissioners Officer etc please refer to the Trust's SIRI Policy for further detail.

5.3 **Staff support and guidance** please see Appenix A.

5.3.1 On completion of a DATIX Untoward Event Report form, (in real-time) as well as the Manager with responsibility of the location the incident occurred, key Managers within specialist areas for example Pharmacy, Infection Control, Medical Devices etc depending on the nature of the incident, receive an automated email to ensure they are aware that an incident has occurred. These Managers have been issued with a username and passwords to access these incidents on DATIX. Further information identifying staff support is detailed within Appendix A.

5.3.2 Where an incident results in a complaint the Complaints and Records Manager will provide support and guidance, see PALS/Complaints Policy for further detail.

5.3.3 Where an incident results in a claim staff should contact the Claims and Litigation Manager for advice and support, please see further detail within the Claims Handling Policy.

5.4 **Reporting Inaccurate or incorrect information**

5.4.1 Where personal information held in either a Trust health record or other clinical system (e.g. PAS) or within a staff record and is believed to be inaccurate or incorrect and this was entered by someone other than the

person reviewing the record this requires reporting via a Datix Incident form (electronic). The record must not be amended until approved by either a Trust Senior Manager or the Complaints and Records Manager. The amendments will be either: strike-through of the incorrect information with a comment on why this has taken place or an addition to the record the information has been reviewed and found accurate or, there is a difference of opinion on the information and both views are required to be taken into account.

- 5.4.2 For Corporate records where there are genuine concerns (but not typing or other minor errors), please contact the originator if the record/document has been approved and complete a DATIX Incident report.

6. TRAINING REQUIREMENTS

- 6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff on the Trust Intranet.
- 6.2 All new staff will receive appropriate awareness training within the Corporate and Local Induction to include:
- Risk Management Policy and Procedures
 - Untoward Event Report Policy and Procedures
 - SIRI Policy and Procedures
- 6.3 DATIX and Untoward Event report training (1:1 or group) is available through the Risk Team on request.
- 6.4 Root Cause Analysis Training will be provided to Managers/Doctors expected to review/investigate Serious Incidents.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by this policy please contact the person responsible as set out within the policy. The Trust will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring arrangements for compliance and effectiveness

- 8.1 Overall monitoring will be the responsibility of the appropriate Governance Group (Regulation Governance, Clinical Governance or Caldicott and Information Governance Group).
- 8.2 Each of the Working Groups who are accountable to one of the three Governance Groups will monitor incidents relevant to their specialty and report to the accountable Governance Group each quarter. These reports will highlight areas of concern and provide assurance where action plans have been developed and implemented. The Governance Groups will consider recommendations by the Working Groups and ensure lessons are

shared within appropriate Teams, Specialties and Trust wide. A summary of reporting groups is provided at Appendix D.

- 8.3 Lessons following clinical incidents will be highlighted within the Somerset Partnership Improving Clinical Effectiveness (SPICE) Newsletter, produced by the Clinical Effectiveness Team monthly.

9. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

<u>Section</u>	<u>Outcome</u>
Safeguarding and safety	7 Safeguarding people who use services from abuse
	8 Cleanliness and infection control
	10 Safety and suitability of premises
	11 Safety, availability and suitability of equipment
Suitability of staffing	14 Supporting workers
Quality and management	15 Statement of purpose
	16 Assessing and monitoring the quality of service provision
	17 Complaints
	18 Notification of death of a person who uses services
	19 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the MHA 1983
	20 Notification of other incidents
	21 Records

Relevant National Requirements

Care Quality Commission Regulations and Outcomes,

National Reporting Learning System and the NHS Commissioning Board
Special Health Authority

NHSLA Risk Management Standards 2012-2013 for NHS Trusts providing Acute, Community, or Mental Health and Learning Disability Services and Non-NHS Providers of NHS Care

10. COUNTER FRAUD

- 10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

NHS Commissioning Board Special Health Authority

National Reporting Learning System (NRLS)

Counter Fraud and Security Management Service

Seven Steps to Patient Safety April 2004

11.2 Cross reference to other procedural documents (available to all staff via the Trust Intranet)

Anti-bullying and Harassment Policy

Being Open and Saying Sorry When Things go Wrong Policy

Claims Handling Policy and Procedure

Communications Policy (incl. Media Relations)

Detained Patients AWOL Policy (including Missing Persons Guidance)

External Recommendations and Best Practice Guidance Procedure

Health & Safety Policy

Infections Control Policy

Major Incident Policy

Managing Absence Policy

Medicines Policy

Needlestick and Contamination Injury Policy

PALS and Complaints Policy

Prevention and Management of Violence and Aggression (PMVA)

Risk Management Policy and Procedure

Risk Management Strategy

Security Policy

Serious Incidents Requiring Investigation (SIRI) Policy

Whistle-blowing Policy

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

12. APPENDICES

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

- Appendix A Access to DATIX Untoward Event Reports, Reporting and Monitoring arrangements
- Appendix B Guidance for completion of Electronic Untoward Event Reporting Form
- Appendix C Risk Categorising Matrix (for UER)
- Appendix D Learning from incidents

A

Access to DATIX Untoward Event Reports, Reporting and Monitoring arrangements

All Ward/Team and Service Managers have direct access to monitor and manage untoward events reported within their own area of responsibility. An Untoward Event Report is a record of the event and where appropriate either a local (governance-DATIX) or clinical (client-Rio) risk assessments should be undertaken or updated.

Staff Support following a Serious incident – flowchart see Appendix E of the SIRI Policy

Type	Detail	Direct Access to DATIX	Reporting/Monitoring	Staff Support
Serious	Major or Catastrophic incident (see Serious Incident Requiring Investigation Policy)	The Head of Risk will monitor all Unexpected Deaths and Serious Incidents and provide a report for the Medical Director for the Trust Board (monthly).	The Serious incident Requiring Investigation Review Group, who meet Monthly to discuss review reports, identify and monitor action plans and learning points to change systems and practice and reduce the risk of future occurrences.	Service Manager (on-call Manager out of hours) will provide immediate support. The Head of Risk will provide support to staff during the post incident period. The Head of Corporate Services will provide advice and guidance to staff required to provide Reports/Witness Statements to HM Coroner.

Type	Detail	Direct Access to DATIX	Reporting/Monitoring	Staff Support
Incident	slips / trips / falls / vehicle / minor injury / clinical needlestick (<i>please follow Needlestick and Contamination Injury Policy - may apply to bites, scratches and lacerations</i>)/ pressure ulcers	<p>The Lead Nurse for Slips / Trips and Falls as well as the Falls and Bone Health Coordinator will have direct access to all Slips, Trips and Falls reported Trust wide and will review all incidents reported.</p> <p>Tissue Viability Lead/ team will have direct access to all pressure ulcers and will review all incidents reported.</p>	<p>The Slips, Trips and Falls lead nurse will provide Ward/Team Managers with a Quarter Report of STF's. The Older Persons Ward Managers will receive further detail where multiple incidents have occurred in respect of individual patients.</p> <p>Quarter STF's reports to the Health and Safety Group and Clinical Governance Group</p> <p>Annual report of Needlestick injuries are reported to the Health and Safety Group</p> <p>All grade 3 pressure ulcers are reviewed and monitored monthly at the Pressure Ulcer Best Practice Group. Grade 4 pressure ulcers are reviewed and monitored at the SIRI review group on a monthly basis.</p>	<p>Lead Nurse for Slips / Trips and Falls</p> <p>Falls and Bone Health Coordinator</p> <p>Staff Occupational Health.</p> <p>Staff should following the Needlestick and Contamination Injury Policy (Blood-borne Viruses Policy which will also apply for bites, scratches and lacerations) and staff should contact Health and Wellbeing.</p> <p>Tissue Viability Lead/ Team</p>
Drug Error / Medication Incident	prescribing / dispensing / administering	The Chief Pharmacist (and the Nurse Consultant) and Senior Nurse for Clinical Practice will have direct access to all Datix reports relating to Drug	The Head of Medicines Management (with support from the Risk Team) will provide quarter trends analysis reports of Medication Errors to the Chief Pharmacist, which are discussed at the Medicines Management	<p>Chief Pharmacist (and the Nurse Consultant) will offer appropriate advice.</p> <p>Senior Nurse for Clinical Practice</p>

Type	Detail	Direct Access to DATIX	Reporting/Monitoring	Staff Support
		Errors which are followed up by the Nurse Consultant and reported to the Safe Medicines Practice Group, quarterly.	Group. Staff will provide reflective practice accounts which are discussed at the Safe Medicines Practice Group.	
Abuse, violent, disruptive behaviour	violence and aggression (physical & non- physical) deliberate self-harm, , hazardous chemicals, equipment failure (furniture, wheelchair, hoist, other medical device)	The Security Manager will have access to all incidents relating to violence and aggression. The Head of Risk will have access to all incidents relating to Medical Devices.	The Health, Safety and Security Management Group will receive a quarter reports on Violence and Aggression. Medical Device incidents are reported quarterly to the Clinical Governance Group	Security Manager and PMVA Team. Head of Risk.
Missing Person	detained patient, informal patient, staff member	Head of Corporate Governance will provide a communication link to the Dorset and Somerset Specialist Communications Dept.	The Risk Manager will provide the Chair of the MHA Group with a Quarter report of incidents relating to Detained patients AWOL and Missing Persons Detained patient AWOL will be reported and discussed by the Mental Health Act Group The MHA Administrator will forward the Detained Patients AWOL notification form to the CQC (see Detained Patient AWOL including Missing Persons Policy)	Support will be available through the Risk Team
Moving and Handling	Moving and handling of object or person	The Risk Team will inform Learning & Development to ensure	Reports to the Health, Safety and Security Management Group	Advice and support will be offered by the Risk Team

Type	Detail	Direct Access to DATIX	Reporting/Monitoring	Staff Support
		any Training issues are being addressed		
Security	fire event, intruder, burglary / theft (Trust property or personal), missing equipment (eg Trust mobile phone/ laptop/ or personal items)	The Security Manager will have access to all incident relating to Security (including fire, theft and damage)	Quarter report to Health, Safety and Security Management Group. All Fire Incidents will be reported directly to Inventures on a weekly basis by the Risk Manager.	The Security Manager will provide advice and guidance. Inventures will provide advice to the Trust regarding Fire Incidents.
Near Miss	an untoward event which has the potential to cause harm which has been prevented by intervention	Risk Team	Reports to the Health, Safety and Security Management Group and Relevant Governance Groups	Risk Team
Any Other Event	event which cannot be categorised with any of the above	Risk Team	Reports to the Health, Safety and Security Management Group and Relevant Governance Groups and their sub groups.	Risk Team
Staff Concerns	Insufficient trained staff for specific shift/ward Unavailability of Doctor	Risk Team Heads of Services HR representative	Reports to the Health, Safety and Security Management Group and relevant Governance Groups.	Staff Side Representatives
EPR Risk	Electronic Patient Record unavailability/ problem accessing a client's healthcare record	Clinical Systems Lead and the Head of Information	Reports to the Health, Safety and Security Management	Initially the IT Help Desk. The Clinical Systems Manager will provide appropriate advice.
Health Record	Inaccurate or incorrect entry made in a health record by another healthcare professional	Risk Team Head of service Information Governance	Reports to the Health and Safety Group Reports to the Information Governance Steering Group	Risk Team Information Governance

GUIDANCE

For the completion of the Electronic Untoward Event Reporting Form

1 Accessing the Untoward Event Report Form

1.1 This form can be accessed from the Somerset Partnership Intranet front page by clicking on the blue E (Internet explorer) icon on your computer desktop. The system involves a series of 'pull down' screens offering options to choose. Many of the questions are mandatory and the form will not be able to be submitted without completion. A reminder will pop up if not completed in full.

If there is no option available when reaching a mandatory field, you have previously chosen an incorrect option.

1.2 The form can be found by clicking on Untoward Event and Risk Reporting,

1.3 In this folder the following four files appear:

- report form itself
- copy of this guidance
- copy of a Physical Restraint form (required if physical restraint techniques are used)
- copy of the Risk Categorising Matrix (5X5 colour coded matrix Appendix C).

Click on the On-Line Untoward Event Report form heading and the e-form will appear shortly. There is no need to click the Log in tab at the top of the form (This is for Managers and administrative use only, when reviewing and updating progress of follow-up action).

2. Completing the Untoward Event Form

2.1 This form is to be used for all untoward events. There will be a wide range of events and 'near misses' that should be recorded. It may be that an intervention halted the development. This is a crucial area of potential learning. The form may not appear perfectly applicable to all situations so staff will need to use judgement as to how to complete some of the sections.

2.2 These guidance notes are to assist all staff Trust wide. The form should be completed as soon as possible but no later than the end of the span of duty. For further information or advice, please contact the Corporate Governance Team.

2.3 The person (be it the staff member, patient or visitor) affected (Injured Person) will be the Incident Name and their detail will be recorded first then detail of Perpetrator and any Witnesses, this is due to the need to record victim injuries as this will not be possible for other contact persons. Below is an explanation of the boxes that appear on the form.

Incident Type:

This defines the incident as either a patient incident or a staff/visitor incident, if unsure please refer to Appendix A

Incident Date:

Please type in the date in the format dd/mm/yyyy or use the calendar option to the right of the box.

Time:

Please enter the time of the event in the 24-hour clock in the format of hh:mm

Service:

Use the drop down box to choose the appropriate service you are working within.

Locality:___

Use the drop down box to select which side of the county you are working.

Service Type:

Choose the type of service provided by your Team.

Speciality:

Use the drop down box to select your team.

Unit:

Use the drop down box to select the unit/ ward/ place of work.

Location (type):

Pick a location from the list.

Location (exact):

Select the exact location from the drop down box.

Description of Incident:

In this open text box, please enter the **facts of the incident, not opinions**. Due to Confidentiality/Data Protection issues when producing anonymised reports for analysis of frequency and trends, **DO NOT USE CLIENT NAMES IN THIS SECTION**. Included in this section should be circumstances leading up to the event, if known.

Immediate action taken:

Please enter details of the action taken at the time of the untoward event. Due to Confidentiality/Data Protection issues when producing anonymised reports for analysis of frequency and trends, **DO NOT USE CLIENT NAMES IN THIS SECTION.**

Category

Sub-Category

Adverse Event:

Choose from the pull down boxes the most appropriate descriptions. The information from these boxes are the details required for the Trust to report to external sources such as the National Patient Safety Agency and the Counter Fraud and Security Management Service.

Result:

Please choose from the list, what the result of the event was e.g. burn, injury, death

Severity:

Please choose the most appropriate description from the list (ranging from no harm to catastrophic)

Risk Grading:

Please choose the appropriate consequence (impact) and likelihood. This will automatically fill the Risk Grading box with the appropriate score/ colour.

RISK CATEGORISING MATRIX (FOR GRADING UNTOWARD EVENTS) Appendix C

- The Trust currently uses a wholly numeric score based on the 5 x 5 risk matrix, the Consequence e.g. 1 = None and 5 = Catastrophic and the Likelihood e.g. 1 = Rare and 5 = Certain.
 - When analysing the risk, the higher the score the greater the risk.
 - To assist in ascertaining the appropriate Risk Grading using the Consequence and Likelihood please refer to the Risk Matrix (Table Appendix C) (Table 1: Likelihood Descriptors). The impact is then also described on a scale from insignificant to catastrophic (Table 2: Consequence Descriptors).
-

In the persons affected boxes:

Where asked, please ensure the ethnicity box is completed. If there is any doubt, it is possible to use the 'not stated' option.

Please ensure that **staff provide detail of workplace, not home address** and there is no need for staff to complete date of birth box.

If a patient, please ensure the patient ID number box is completed.

In the Equipment boxes:

Please choose the appropriate type and where possible serial numbers and manufacturer.

In the Medication boxes:

Please choose the appropriate responses to the pull down menus.

In the Witnesses boxes:

The form gives the opportunity to complete details of witnesses (more than one, if required).

Untoward Incidents:

Please pick **Yes** or **No** in each of the boxes.

Details of person reporting the incident:

Please complete this section as the person reporting the event. Ensure your Trust email address is added. You will receive an acknowledgement of submitting this event form.

Your Manager:

When you choose the appropriate Line Manager from the list, they will receive notification of this untoward event. They will have the opportunity to view the details of the untoward event. Your Line Managers will also be able to run DATIX incident reports for their particular areas of responsibility. If your Line Manager cannot be found please contact the Risk Team

Please direct any queries or difficulties to the

Risk Team at Mallard Court, Bridgwater 01278 432000,
RiskTeam@sompar.nhs.uk

RISK CATEGORISING MATRIX (FOR GRADING UNTOWARD EVENT)

Table 1. Risk Categorising Matrix

Likelihood	Consequence				
	1 None	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 – Will undoubtedly recur, possibly frequently	Yellow	Yellow	Orange	Red	Red
4 – Will probably recur, but is not a persistent issues	Yellow	Yellow	Orange	Red	Red
3 - May recur occasionally	Green	Yellow	Orange	Red	Red
2 – Do not expect it to happen again but it is possible	Green	Green	Yellow	Orange	Red
1 – Cannot believe that this will ever happen again	Green	Green	Yellow	Orange	Red



To assist in categorising the risk and likelihood, refer to Tables 2 and 3 below:

Table 2. Definitions of likelihood

Descriptor	Description
5 –Certain	Likely to recur on many occasions, a persistent issues
4 - Likely	Will probably recur, but not a persistent issues.
3 – Possible	May occur occasionally.
2 – Unlikely	Do not expect it to happen again, but it is possible.
1 - Rare	Cannot predict that it will ever happen again.

Table 3. Definitions for consequences (guidelines only)

Descriptor	Description
5 - Catastrophic	Unexpected death, suspected suicide of in-patient, homicide, abduction, road traffic accident resulting in death, fire/explosion in which building becomes unusable etc.
4 – Major	Suspected suicide in community, possible permanent injury/ill health/damage/loss of function, serious breach of security, serious damage to property, medical device failure, serious assaults, attempted suicide etc.
3 – Moderate	Possible semi-permanent injury/ill health/damage/loss of function, breaches of security, violence and aggression, high degree of self-harm, para -suicide, etc.
2 – Minor	Non-permanent injury, buildings left unsecured, self-harm, manual handling, slip/trip/fall with no severe damage.
1 - None	No obvious injury or adverse outcome / death confirmed as natural causes.

Learning from Incidents

Various Managers with key roles and responsibilities (from specialist areas, eg Pharmacy, Infection Control, Medical Devices) have been set up within DATIX under appropriate security groups. On completion of a DATIX Untoward Event Report form (in real-time) as well as the Manager with responsibility of the location the incident occurred, these key Managers depending on the nature of the incident, receive an automated email to ensure they are aware that an incident has occurred. These Managers have been set up in DATIX by the Risk Team and issued with a username and passwords to ensure they have access to the incident detail on DATIX at the earliest opportunity.

Quarter reports for each type are provided to the following Groups for trend analysis. Where deficiencies are identified this will be recorded in the minutes of the meeting and actions developed to reduce the risk of similar incidents reoccurring.

Needlestick	- Health, Safety & Security Management Group
Slips, Trips and Falls	- Slips, Trips and Falls to the Lead Nurse for STFs / Clinical Governance Group
Breaches of Confidentiality and information security issues	- Caldicott & Information Governance Group
Drug Errors	- Medicines Management Group
EPR	- Clinical Systems Lead
Incident – (including V&A)	- Health, Safety & Security Management Group / Clinical Governance Group
Infection Control	- Infection, Prevention and Control Group
Missing Persons	- Mental Health Act Group / Regulation Governance Group
Manual Handling	- Health, Safety & Security Management Group
Medical Devices	- Medical Devices Group
Safeguarding	- Safeguarding Vulnerable Adults and Children (Lead)/Clinical Governance Group
Security	- Health, Safety & Security Management Group
Serious Incidents Requiring Investigation (SIRI)	- SIRI Group and Trust Board (Monthly)
Staff Concerns	- Workforce Governance Group/Regulation Governance Group
Control & Restraint, Rapid Tranquilisation and Seclusion	- Clinical Governance Group
Resuscitation	- Resuscitation Group