



Name: Incident Management Policy	Version: 02
Effective date: 12 January 2024	Reviewed by: Indra Sivalingam, Quality Lead
Review date: 12 January 2026	Approved by: Patient Safety Team
Page 1 of 5	First Published: March 2016

1.1. Scope:

The scope of this policy is to describe the process for reporting and management of major and minor adverse events. This policy is applicable to all employees across all services, NHS and Private.

1. Introduction:

It is a mandatory requirement for health care organisations to have in place incident reporting policies and procedures. This is an integral part of good risk and strategic management and is included in both the Controls Assurance Standard for Risk Management and the Patient Safety Incident Response Framework (PSIRF). This policy covers the incident management processes and reporting systems for the organisation.

Patient safety incidents within the organisation will also follow the guidance of the Patient Safety Incident Response Policy and the Patient Safety Incident Response Plan developed specifically for the organisation as set out in NHS England's National Framework for Patient Safety Incident Response (PSIRF). The organisation promotes a just culture, and therefore encourages all individuals directly or indirectly involved, to report incidents without fear of repercussions or disciplinary action.

2. Objectives:

To ensure all employees are aware of the reporting requirements in the event of an incident, the types of incidents to report, and how to report an incident. The policy ensures that employees are aware that incident investigations are conducted for the purposes of learning and identifying system improvements to reduce risk. The policy identifies key role players and makes them aware of their responsibilities in the management of incidents.

3. Linked strategies and policies

This policy is linked to the following policies and documents:

- Patient Safety Incident Response Policy
- Patient Safety Incident Response Plan
- Health & Safety Policy
- Records Management Policy
- Whistle Blowing Policy
- Infection Prevention & Control Policy
- Clinical risk assessments
- Induction presentation

5. Definitions:

5.1 **Incident:** Is any unfavourable or unplanned occurrence, including near misses, which may have an impact on patients, employees, members of the public and contractors, and can disrupt or cause a loss of operations, services, or functions, thereby posing a risk to the organisation.

5.2 **Patient incident:** is an event that affects the quality of the service provided to our patients. These adverse events can be major or minor and can include categories such as medication errors, slips and falls, wound complications, and infections.



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Page 2 of 5	First Published: March 2016

- 5.3 Employee incident: An event that has an impact on the health and safety of the employee at work and causes injury. Examples of these include falls, needlestick injuries, burns, injuries related to hazardous chemicals and exposure to hazardous biological agents.
- 5.4 Property incident: Loss or damage to company property or equipment.
- 5.5 Data Breach: “a breach of security leading to the unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed”
- 5.6 Major Incident: Any occurrence that is important or serious, that results or could result in significant effect on customer service and/or patient care and/or employee health, requiring additional prolonged medical treatment. Damage or loss of company property of substantial value. Incidents with a risk score greater than 9 as calculated on Radar risk matrix.
- 5.7 Minor incident: Not serious, lesser in size, extent and impact that does not result in any major consequences. Incidents with a risk score of 9 or less as calculated on Radar risk matrix.
- 5.8 Incident management: Steps taken by an organisation to analyse, identify, and correct adverse events while taking actions that can prevent future incidents.
- 5.9 Risk: The potential for danger, inherent in a situation or activity which may be anticipated to some extent. The likelihood of harm if exposed to a hazard.

6. Principles of Incident Management

- 6.1 To identify adverse events that can cause harm or loss and implement strategies to minimise these.
- 6.2 Ensure lessons are learned; provide opportunities to share lessons and take action to reduce the risk of similar events occurring.
- 6.3 Identify hazards before they cause patient harm, treat the hazard and review risks to enhance patient and employee safety.

7. Roles and Responsibilities:

7.1 Clinical Director:

- The Clinical Directors are responsible for pursuing the aims and objectives of risk management including incident reporting and is involved in investigation of serious incidents where appropriate.

7.2 Regional Operations/Service Manager:

- Ensures that risk management processes including incident reporting procedures are in place across the workplace.
- The relevant manager reports to and liaises with external agencies if deemed appropriate e.g. ICB, CQC, HSE, RIDDOR, DSPT.
- Takes responsibility for adverse event investigation of all Admin related incidents, gathers information, completes all reports on Radar and implements corrective actions.
- Reviews the risk assessment on completion of the investigation and implementation of the action plan.
- Reviews the actions implemented following an incident for effectiveness. Communicates learnings and trends to the team.
- Reassigns workflow of clinical incidents to the Clinical team, and IT incidents to the Head of IT.
- Investigation of clinical incidents, and completion on Radar will be the responsibility of the clinical supervising doctor/nurse, however the Regional Operation/Service Manager must



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Page 3 of 5	First Published: March 2016

have operational oversight of all events logged under their region/area of responsibility for the purposes of clinical governance reporting and may be required to complete these investigations on Radar *if* required, following consultation and written feedback from the Clinician.

7.3 Nurse Manager, Clinical Doctor Lead:

- Takes responsibility for reporting adverse event investigation of Clinical incidents, gathers information, completes reports on Radar and implements corrective actions within the required timeframes.
- Reviews the risk assessment on completion of the investigation and implementation of the action plan.
- Reviews the actions implemented following an incident for effectiveness.
- Communicates learnings to the team.

7.3 Individual staff:

- All staff (Permanent, Bank, Contracted, Self-employed and Volunteers) are responsible for reporting incidents and assisting in any incident investigations, when necessary.
- Informs the management team of the incident occurring.
- Every member of staff must be aware of the incident reporting policy and procedure and must ensure they are able to access the incident reporting platform on Radar Healthcare.

7.4 Quality Lead

- Oversees the incident management process.
- Ensures that persons involved in incident reporting and investigation understand their roles and responsibilities and have the capabilities to contribute effectively to the incident management.
- Reviews information logged on Radar for accuracy and relevance.
- Monitors outstanding events to maintain timeframes for incident investigation and close out.
- Extracts and analyses data from Radar for the purposes of identifying trends and areas for improvement.

7.5 Patient Safety Team

The Clinical Director is the appointed Patient Safety Manager, and together with the Service Management Team, Clinical Nurse Manager and Quality Lead, form the Patient Safety Team. The team is responsible to ensure overall compliance of the incident management policy as well as the PSIRF policy and PSIRF plan.

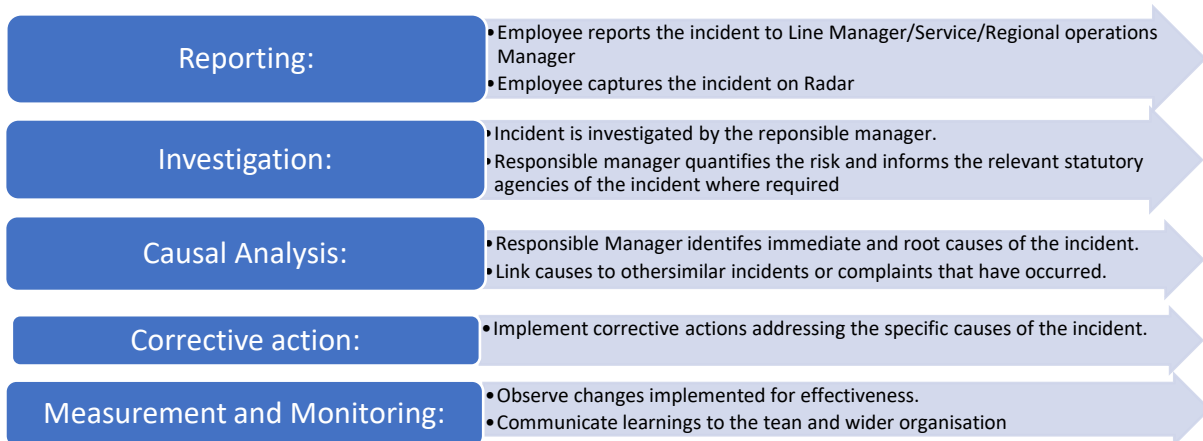
8. Procedure for incident reporting and investigation:

- The reporting and investigation of an incident is a legal requirement, and all documents can form part of a legal investigation. Incident investigation must commence within 24-hours of the event occurring. Investigators of adverse events must gather all the facts and complete the report.
- Employees must report all incidents immediately to their Line Manager. The immediate needs of persons involved in the incident are dealt with and the environment must be made safe to prevent further incidents and to safeguard others.
- The event must be captured electronically using the Radar Healthcare software, which is accessible to all staff via the Intranet, desktops and via SystemOne. Incidents must be captured within 3 working days of occurrence to ensure that the data is current, and numbers are allocated for identification and traceability.



- The manual incident report form will only be used in exceptional circumstances, where no IT access is available to the employee. The incident must be captured on Radar as soon as possible thereafter.
- All serious clinical incidents will be discussed by Senior Management and reported to the contract commissioner within 48 hours of the incident occurring. A subsequent 72-hour report will also be sent for reassurance.
- Managers must ensure that all incidents are investigated within sixty days, and an action plan implemented with appropriate timescales for completion.
- Incident investigators must include a risk assessment with a risk score derived using the risk assessment matrix on Radar.
- Incidents occurring out of hours must be reported following the above procedures.
- Incidents are investigated using the root cause analysis approach as defined by NHS England.
- Corrective action must address the root cause/s to prevent re-occurrence of similar events and must be set out using the SMART principles i.e. Specific, Measurable, Achievable, Realistic and Timely.
- Incident investigators must remember when determining action plans, the PSIRF guidelines relating to patient safety, with the focus of investigations being processes and not people.
- Managers are to report to the relevant external bodies e.g. CQC, HSE, RIDDOR, DSPT (including statutory agencies) in the timescales required when necessary.
- Where there is an agreement between The Organisation and a sub-contractor, the provider/sub-contractor will be responsible for responding to and reporting incidents and will notify the organisation immediately of any serious incidents occurring in respect of any services provided under the service level agreement.

Process flow: Reporting and Recording of an incident.



9 Measurement and Monitoring:

- Incident reports will be reviewed to ensure they have been completed in the correct manner.
- That the relevant timescales for both internal and external reporting are adhered to.
- Present data analysis and trends identified at the Quarterly Quality review meeting and identify areas for improvement.



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Page 5 of 5		First Published: March 2016	

10 Record Keeping Requirements:

Electronic records of all incident investigations and associated action plans will be stored on Radar for an indefinite period. All records are kept in line with the Records Management Policy.

11 References:

- NHS Patient Safety Strategy <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>
- NHS Commissioning Board Special Health Authority (replaced the National Patient Safety Agency)
- The Health & Safety at Work Act 1974
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Guidance from the NHS Counter Fraud Authority (NHSCFA) Management of Health & Safety at Work Regulations 1999

12 History:

Date:	Version	Reviewed by:	Changes Made:
1.0	25.03.2022	Grace Hancock	Due to changes suggested by Kent & Medway CCG, this policy has been re-written.
2.0	12.01.2024	Indra Sivalingam	Changes incorporating implementation of Radar Healthcare Quality Management Software and PSIRF requirements. New policy format