



Document Number: IG05

## Serious Untoward Incident Policy

Document name:	Serious Untoward Incident policy
Document Classification:	Information Governance - Risk Management
Document No:	IG05
Version:	0.1
Name of originator/author:	Tom Beaufoy, IG Consultant
Policy Owner:	SIRO
Date created	Dec 2015
Date ratified:	16/12/2015
Ratified by:	Executive Board
Responsible committee:	Information Governance Steering Group
Superseded policy (if applicable):	
Next review date:	Aug 2017
Target audience:	Directors, Managers, Clinicians, Staff
Date published:	



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## SUMMARY

This policy applies only to those events, which have been categorized as a Serious Untoward Incident requiring full investigation. All other adverse events are managed as using the Incident and Significant Events Policy.

In general terms, a SUI is something unexpected or likely to attract public and media interest and may involve a large number of patients, poor clinical or managerial judgment, a serious service failure or an unexpected death of a patient in the care of Communitas Clinics Ltd (Communitas).

Communitas recognises that in an Industry as large and complex as healthcare SUIs will occur. When they do, Communitas holds the view that the response should not be one of blame and retribution but of organisational learning with the aim of encouraging participation in the overall process and supporting staff, rather than exposing them to recrimination.

Communitas is committed to a just and fair culture and encourages a willingness to admit mistakes without fear of punitive measures. In support of this, Communitas accepts that reporting a SUI does not constitute an admission of liability and will not result in automatic disciplinary action. There are occasions, of course, when it may be necessary to apportion blame: acts of maliciousness or criminal or gross/repeated professional misconduct

We have adopted the National Patient Safety Agency 'Seven Steps To Patient Safety' guidance into our incident and Serious Untoward Event policies.

- **Step 1** Build a safety culture Create a culture that is open and fair
- **Step 2** Lead and support your staff. Establish a clear and strong focus on patient safety throughout your organisation
- **Step 3** Integrate your risk management activity. Develop systems and processes to manage your risks and identify and assess things that could go wrong
- **Step 4** Promote reporting. Ensure your staff can easily report incidents locally and nationally
- **Step 5** Involve and communicate with patients and the public. Develop ways to communicate openly with and listen to patients
- **Step 6** Learn and share safety lessons. Encourage staff to use root cause analysis to learn how and why incidents happen
- **Step 7** Implement solutions to prevent harm. Embed lessons through changes to practice, processes or systems

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## **1 ASSOCIATED DOCUMENTS**

This document should be read in conjunction with the following documents:

- IG12 - Risk Management Strategy
- IG06 - Incident and Near Miss Event Reporting Policy

## **2 INTRODUCTION**

### **2.1 Background**

This policy applies only to those events which are categorised as a serious untoward incident (SUI): all other adverse events should be managed as per the Incident and Near Miss Event Reporting Policy

In general terms, a SUI is something unexpected or likely to attract public and media interest and may involve a large number of patients, poor clinical or managerial judgement, a serious service failure or an unexpected death of a patient in the care of Communitas.

Communitas recognises that in a service as large and complex as the NHS SUIs will occur. When they do, Communitas supports the view that the response should not be one of blame and retribution but of organisational learning with the aim of encouraging participation in the overall process and supporting staff, rather than exposing them to recrimination. Therefore, Communitas is committed to developing a just culture and to encouraging a willingness to admit mistakes without fear of punitive measures. In support of this, Communitas accepts that reporting a SUI does not constitute an admission of liability and will not result in automatic disciplinary action. There are occasions, of course, when it may be necessary to apportion blame: acts of maliciousness or criminal or gross/repeated professional misconduct.

### **2.2 Principles**

Staff are expected to operate according to specific standards specified in this policy.

### **2.3 Purpose**

This policy sets out the reporting arrangements and actions to be taken, and by whom, in the event of a SUI involving patients, staff, visitors or contractors and ensures that the lessons learned inform future practice.

It will ensure that there is a consistent approach to the management of SUIs and that staff at all levels are aware of their roles and responsibilities in the reporting and management of such events.

## 2.4 Definitions

### **Serious Untoward Incident**

There is no single definition of a SUI but in general terms, it is any event which:

- a) Involves a patient, a service user, a member of the public, contractors, staff or other providers of healthcare involved in the process of treatment, care or consultation on Communitas premises and;
- b) Results in, or could have resulted in, one or more of the following:
  - Serious Injury
  - Unexpected death
  - Permanent harm
  - Significant public concern
  - Significant media concern
  - Significant disruption to health care services.
  - A serious situation which is associated with, or is a result of, an infection control / communicable disease.
  - Recordable as specified within the Health & Safety Act

If in doubt, it is better to report an incident as a potential SUI, as this can then be confirmed by the Information Governance Steering Group (IGSG).

### **Initial Management Report (IMR)**

The IMR gives a brief outline of the incident and immediate actions taken and is completed and forwarded to the IGSG within 24 hours of the SUI occurring. The IMR template can be found at Appendix B.

### **National Patient Safety Agency (NPSA)**

An arm's length body of the Department of Health which leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

### **Root Cause Analysis**

A formal, well recognised way of investigating incidents, claims and complaints, which offers a framework identifying what, how and why an event happened. Analysis can then be used to identify areas of change, develop recommendations and look for new solutions.

## 2.5 Scope

This policy applies to all permanent, locum, agency, bank and voluntary staff of Communitas, whilst acknowledging that for staff other than those directly employed by Communitas the appropriate line management or chain of command will be taken into account. Whilst the policy outlines how Communitas will report, manage, analyse and learn from all SUIs and serious untoward near misses, implementation does not replace

the personal responsibilities of staff with regard to issues of professional accountability for governance.

*'In the event of an infection outbreak, flu pandemic or major incident, Communitas recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety*

## **2.6 Roles and Responsibilities**

### **Chief Executive**

The Chief Executive has overall responsibility for ensuring there are appropriate processes in place for the management of any SUI but delegates this responsibility through the Clinical Director.

### **Clinical Director**

The CD has responsibility for ensuring that appropriate processes for the management of any SUI are in place.

### **SIRO**

The SIRO has management responsibility for delivering the Governance Agenda, including Risk Management. The SIRO also has responsibility for reporting all level 3 SUIs to the Information Commissioner via the IGTK SIRI submission tool.

### **All Managers**

Managers are responsible for ensuring there are operational systems in place within their teams to fulfil the requirements of this policy. Within that context, managers must ensure that their staff are released for training, are fully assisted and supported throughout the handling of an SUI and receive feedback on the outcome of any investigation. Where staff experience particular difficulties associated with an SUI, managers should consider referring the staff member or members to an Occupational Health Service. Managers should contact the Operations Lead to make the necessary arrangements.

### **All Staff**

It is mandatory for all staff to

- Be aware of what constitutes a SUI
- Report any SUI, which they witness or in which they are involved.

### **The Reporter must:**

- Ensure the immediate safety of those directly affected by the SUI
- Complete an adverse incident form
- Immediately inform the appropriate senior member of staff/line manager

### **Communitas Executive Board**

The Board has overall responsibility for ensuring appropriate SUI processes are in place and, as part of the Quality Exception Report, receives a monthly update prepared by the Clinical Director, on the status of any SUIs.

### **Information Governance Steering Group (IGSG)**

The IGSG provides a high level forum in which to oversee and monitor the reporting and review of serious untoward incidents, ensuring that recommendations arising from SUI investigations are implemented as required and that organisational learning has taken place. In addition the Group will escalate any appropriate risks for inclusion on the Risk Register.

### **Management Team**

The Management Team have a responsibility for ensuring that this policy is adhered to and to ensure actions to reduce error arising out of SUI investigations are implemented and monitored, as part of the monthly Performance Reviews. The Teams also have a responsibility to ensure that they foster an ethos of learning.

## **2.7 Care Quality Commission Outcomes**

Include Care Quality Commission Outcomes applicable and impact on policy.  
Outcome 17

## **3 PROCEDURE/COURSE OF ACTION REQUIRED**

### **3.1 Investigation of Serious Untoward Incidents**

We have adopted the NPSA 'Seven Steps To Patient Safety' guidance into our incident and Serious Untoward Event policies.

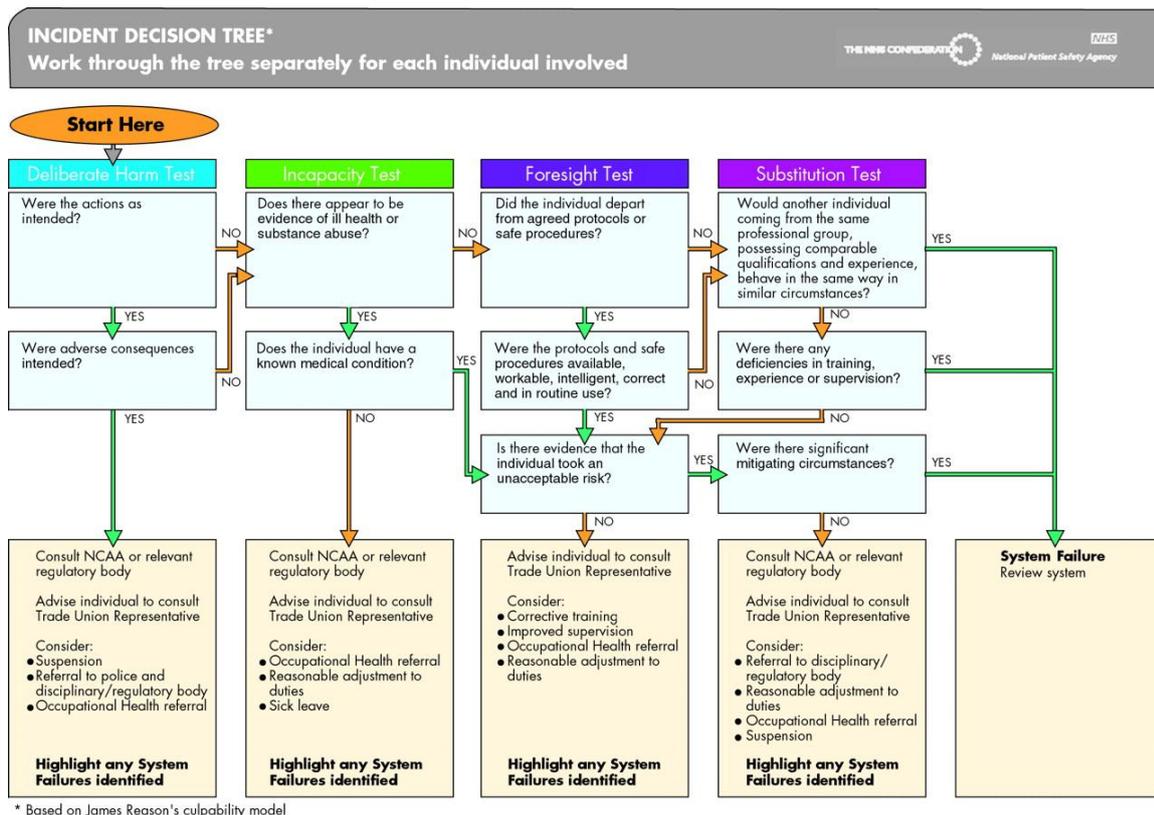
- **Step 1** Build a safety culture Create a culture that is open and fair
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- **Step 7** Implement solutions to prevent harm. Embed lessons through changes to practice, processes or systems

Once a reported incident is confirmed as a SUI, by the IGSG, the IG Lead will immediately report it via the IGTK Serious Incident Requiring Investigation (SIRI) reporting tool.

The person delegated to manage the incident should appoint an investigation team and ensure that an investigation is undertaken as soon as possible. The investigation should be documented.

In the case of SUIs that are clinical incidents, the investigation will take the form of a full root cause analysis. The root cause analysis must be undertaken by an individual who has undertaken appropriate training.

For individuals involved the Incident Decision Tree can be used to identify issues and understand the nature of the problem and actions required.



An investigation into a SUI is entirely separate from Communitas' Disciplinary procedures. The investigation will be carried out under the requirements of the Fair Blame culture. However, if matters come to light during an internal enquiry which necessitate disciplinary action in respect of members of Communitas' staff, then these matters will be dealt with separately under Communitas' Disciplinary Procedures.

If a SUI is likely to give rise to a legal claim against Communitas legal advice should be sought via an **Executive Director**.

Statements should be obtained from all relevant staff as soon as possible after an incident, and also from patients and members of the public if required.

In exceptional circumstances a formal enquiry may be conducted by one or more Senior Manager/ consultant of Communitas. An enquiry of this nature might be considered if

Communitas had received a very serious complaint and it was considered that an investigation by one or more Senior Manager/ consultant was the most appropriate way to investigate the matter.

In very exceptional circumstances the Communitas Executive Board may consider it advisable to ask an independent person or panel to investigate a SUI. The circumstances where this may be applicable are:

- when there have been a series of problems of a very serious nature or a number of problems that cause suspicion of something very serious not yet uncovered
- extremely serious and rare circumstances
- when there are problems at a very senior level in the organisation.

### **3.2 Internal Reporting**

All adverse incidents and near misses and the outcome of any investigations are inputted onto the electronic forms and included in the service Risk Register. Incidents and the Risk Management Register Risk with any action plans will be reviewed at service Clinical Governance and IGSG Meetings. The Risk Register and action plans are reviewed by IGSG to analyse and feed back key themes and organisational learning to local services and the Board.

Following the investigation phase, all incidents deemed to be critical are reported as follows:

- Internally to the lead clinician and senior management
- Externally to the IGTK SRI reporting tool and to the Commissioner
- Externally via the eForm NPSA website
- Externally to the Medicines and Healthcare products Regulatory Agency (MHRA)
- Externally to the HSE through RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

Within each service and at organisational level we aim to track the following KPIs:

- Number of incidents reported per annum: reviewed monthly and target for numbers to increase as this shares a culture of patient safety
- Number of incidents reported per employee: reviewed monthly and target to reduce numbers per employee with appropriate, targeted staff training
- Number of Serious Untoward Incidents (SUIs) reported per annum: reviewed monthly
- SUIs will have a root cause analysis review: reviewed annually and a target of 100%
- Root Cause Analysis will be undertaken within 10 working days of the incident being reported: reviewed annually and a target of 100%
- SUIs should have action plans with associated delivery dates and be followed up via a Root Cause Analysis (RCA) register: reviewed annually and a target of 100%

- Number of RIDDOR reportable incidents: reviewed quarterly and annually with a target for numbers of decrease
- Completion and submission of incident reports within 7 days: reviewed annually and a target of 100%
- Incidents are reported to external agencies when required by a nominated Lead: reviewed annually
- Root Cause Analysis is recorded in the appropriate documentation: reviewed annually and a target of 100%
- RCA pro-forma record support offered: reviewed annually and a target of 100%
- Records of Occupational Health support given to staff involved in stressful incidents: reviewed annually
- RCAs are communicated and to internal and external stakeholders and agencies in accordance with the organisation's policy and all communication is documented: reviewed annually and a target of 100%

SUIs are communicated to the patient when applicable in accordance with the organisation's policy and all communication including additional support offered is documented, in line with the NPSA Being Open Framework

No near miss event policy will be effective unless there is organisational learning and feedback on the lessons learned and any required changes in practice implemented.

### **3.3 Communication**

Where staff, patients or the members of the public are involved in the serious incident it is essential that the staff, patient(s), the members of the public and/or relatives are informed as quickly as possible by an appropriate person. In clinical incidents this will normally be the lead health professional. This is particularly important if there is potential media interest where every possible effort will be made to inform the staff, patient/s and/or relatives prior to the media. This should also include the appropriate clinician(s). The designated individual will determine who to inform.

Communitas has procedures in place to establish an “incident hotline” at short notice to provide information to patients, their carers and the general public in the event of a serious incident. Arrangements are detailed in Procedure. It is the responsibility of the Chief Executive, to decide if a hotline needs to be established for the incident concerned.

The service commissioner will be informed by telephone and in writing, either by the IG Lead or the individual designated to manage the incident.

The senior manager on duty at the time of the incident will determine whether any external agencies need to be informed of the SUI immediately. Responsibility for informing other organisations will then become the responsibility of the designated individual managing the incident.

The individual managing the incident will determine, in conjunction with the Chief Executive and others as appropriate, what information should be provided to staff, patients, and the public. A record of the decision to provide information and the details provided must be retained.

All contact with the media will be made through an Executive Director who with the approval of the Chief Executive will also ensure that an appropriate person is designated to act as a media spokesperson for any incident which has potential /actual wider public interest.

After the investigation into the incident has been concluded the lessons learned will be considered and disseminated to others in Communitas as appropriate.

### **Memorandum of Understanding**

The Memorandum of Understanding protocol has been agreed between the Department of Health on behalf of the National Health Service, the Association of Chief Police Officers and the Health & Safety Executive. It will apply to patients receiving care and treatment from the NHS in England. It will also apply, with modifications, to Wales, where a separate memorandum will be issued. While the protocol does not apply in Scotland and Northern Ireland, the relevant bodies have been consulted informally about it.

Communitas holds a copy available on-line and this will be used in discussions with local Commissioner arrangements in our handling of reporting SUIs to local organisations

### **Reporting to Police or Coroner's Office**

Communitas will use the Memorandum of Understanding as the basis of communication with the police.

Staff who come across deaths that are sudden and unexpected or, caused by violence, including self harm, and which are suspicious and unexplained must report them to the Police where it is clearly appropriate. The IG Lead should be contacted immediately if there is any doubt.

The Police will inform the Coroner's Office if the death is a matter for their consideration.

### **Reporting to CCG/Commissioner**

The SIRO will be responsible for notifying the commissioners of all SUIs. The IGSG will act as the liaison link between Communitas and the CCG/Commissioners during all stages of the incident investigation process. Communitas will keep the CCG informed of any significant developments in internal/external investigations, as appropriate.

If employee is unsure whether an issue should be reported they must phone the IG Lead or the Senior Manager on call.

Access to on line incident reporting will be provided through IGTK. The incident will be reported via the on line incident reporting form.



IG Incident Reporting  
Tool User Guide.pdf

## How to access IGTK SIRI reporting tool.

### Reporting to RIDDOR

The Reporting of Injuries, Dangerous Occurrence and Diseases (RIDDOR) 1995 requires certain categories of injury, disease or dangerous occurrence to be reported to the Health and Safety Executive (HSE) within specified times of their occurrence. In addition, the Genetically Modified Organisms (Contained Use) Regulations 2000 require the separate reporting to HSE of any incident involving a significant and unintended release of genetically modified organisms (including micro-organisms) that presents an immediate or delayed hazard to human health or to the environment.

It is Communitas' policy to ensure that incidents at work are recorded, investigated and reported in order to meet the Communitas' legal obligations for Health and Safety at work, including RIDDOR. Communitas will aim, through its reporting and monitoring procedures, to assist the development of a proactive and positive response to incidents at work. Responsibility for implementing this Policy rests with the Chief Executive. Day-to-day responsibility for implementation lies with Directors and Managers.

### 3.4 Reporting timescales

It is critical the completed incident form reaches the next in line manager by the next working day. So it can be forwarded to the SIRO with the management actions section completed as soon as possible. All incident forms should be with the SIRO within 3 days of the incident.

If the form was completed on line as soon as the form is submitted a copy will go the next in line manager and the SIRO, after investigation the management actions should be entered on the management section of the form and submitted as soon as possible (maximum 3 days)

[Sections A to J of the paper form must be completed by the person in charge or the member of staff as appropriate at the time of the incident. \(\*Completion Guidelines see appendix 2b\*\).](#)

In addition to the accident/incident form, where appropriate, all medical and nursing records must be completed. The facts of an incident should be recorded in the case notes / communication sheet by the clinician or care provider involved.

Subjective material should not be included (*record facts only*).

Record equipment failure and any notification of such to appropriate persons.

If any of the above cannot be reported on the present form paper form due to lack of space, please continue on a separate sheet (numbered e.g. 1 of 3, *signed and dated*) and record the fact one is included on the form.

Investigate the incident bearing in mind the following points, particularly if the incident is serious

- Visit the scene of the incident
- Consider and implement action needed to prevent recurrence
- Establish the facts
- Take statements from any witnesses
- Make appropriate arrangements to withdraw from service any piece of equipment where necessary, and arrange for its inspection.
- Make a sketch or arrange for photographs to be taken
- If a Patient or member of the Public is involved in the incident it is important they are kept informed on the progress of the investigation and any finding or outcome if appropriate
- Should any enquires be received from the Media they should be referred to an Executive Director or outside normal office hours to the Operations Lead on Call.

### **3.5 Whistleblowing**

All staff are encouraged to raise concerns and to report all incidents. Communitas has a separate whistle blowing policy (HR 20) which is intended to help employees who have concerns about wrongdoing in the organisation, which they have not been able to address through normal management reporting routes.

### **3.6 Examples of Serious Untoward Incidents**

The following examples should be considered when determining whether an incident is serious:

- Where there is suspicion that a patient was potentially at risk of serious harm as the result of possible negligence or error by a member of staff or service.
- Where a death or serious injury to a child has occurred which results in a Part 8 review under the Children's Act 1989.
- Where death or serious injury to a vulnerable adult has occurred which may result in an inquiry
- Where there is suspicion that a patient may have suffered injury as the result of a deliberate act by a member of staff, another patient or member of the public.
- Where there is suspicion that a patient may have suffered serious harm as the result of faulty procedures, a lack of proper procedures, or failure to follow proper procedures.
- Where there is suspicion of serious harm to a patient, member of staff, or member of the public, resulting from faulty equipment, drugs or unsafe environment.
- Where a patient or member of staff attempts serious harm to themselves on Communitas premises.
- Where there has been a violent attack or serious injury or death of a member of staff or contractor in the course of their duties

- A fire, where damage has occurred and where patients and staff have been put at risk and / or the circumstances are suspicious.
- Where incidents involve infectious diseases that cause profound difficulties.
- Incidents that would be coded “RED” in line with the National Patient Safety Agency guidance
- Where an incident poses or may pose a significant threat to public health and / or safety including microbiological and chemical contamination incidents or releases into the environment
- Where an incident is likely to lead to public concern and / or significant media attention.
- Inadvertent circulation of confidential information
- Thefts of computers, laptops or tablet computers that contain patient sensitive material.
- Suspension of clinical or managerial staff in highly unusual circumstances.
- Where an incident may seriously prevent Communitas from meeting its objectives or compromise the provision of services
- Any other serious untoward incident which would not be included within any of the above categories

### **3.7 Supporting Staff**

Communitas values its staff and will support them following traumatic or stressful incidents. Communitas recognises that the counselling support that is normally available to staff may need to be augmented following a major traumatic incident and will utilise appropriate external agencies in such cases. It is Communitas’ aim to reduce untoward incidents to staff and to minimise these through risk assessment and appropriate actions.

This applies to all employees and sub-contractors of Communitas who may have to deal with a traumatic or stressful incident. This also applies to employers from external agencies who in the course of their duties may be may be involved in traumatic or stressful incidents which require further support.

The Human Resources Designate will be responsible for ensuring that a counselling service is available to staff and for authorising the use of external agencies to meet demand following a traumatic or stressful incident.

The Human Resources Designate will be responsible for monitoring the use and the effectiveness of the counselling service and also for quality assuring any external agencies used. The Human Resources Designate will be responsible for identifying in a timely manner of the need for external support.

Service Managers must:

- Undertake risk assessments
- Promote good practice and refer their staff on to the Human Resources Designate as necessary
- Arrange for the de-briefing of staff following traumatic incidents and deal with any consequent absence in a compassionate manner
- Complete or ensure timely completion of the relevant forms:  
Appendix A for further advice on supporting staff involved in SUIs.

## **4 IMPLEMENTATION PLAN**

### **4.1 Consultation**

Stakeholders and sub-contractors have been made aware of this policy and offered the opportunity to comment or advise on content.

### **4.2 Ratification**

Board ratification has been sought and given for this policy.

### **4.3 Dissemination**

The policy will be made available on the Intranet and will be available to all staff.

### **4.4 Training/Awareness**

The policy will be introduced to all staff at induction and reviewed at annual appraisal or supervisory session.

### **4.5 Audit and/or Monitoring**

The policy will be monitored, assessed and reviewed through incident reporting and supervisory sessions. The Board is responsible for review and the frequency that this review will be carried out.

Directors are responsible for ensuring that this procedure is followed throughout their directorate and that adequate arrangements are in place for recording and managing SUIs and learning and disseminating lessons from those incidents.

The Board monitors this procedure through monthly reports on the number of SUIs reported and performance against reporting and investigating targets.

The SIRO and IGSG oversee the arrangements for reporting and managing SUIs and report non-compliance or concerns to the Board.

**5 VERSION HISTORY TABLE**

<b>VERSION</b>	<b>DATE UPDATED</b>	<b>UPDATED BY</b>	<b>REASONS</b>