

Trust Policy

Incident Management Policy

**Document Control**

<b>Author/Contact</b>	Kim Traynor – Risk Management Co-ordinator	
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## 1.0 Introduction

It is the responsibility of the Trust to ensure that all incidents and near misses are reported, investigated and actioned to prevent or minimise similar instances in the future. Any incident or near miss can be defined as:

“An unintended/ unexpected event which has the potential to cause harm”

The Trust promotes the use of an electronic reporting system for the notification of all types of incident. The aims of incident reporting are to:

- Identify any potential event or near miss that may cause harm
- Reduce the frequency of preventable incidents
- Prevent or reduce the potential impact of incidents
- Not to apportion blame
- Notify relevant external authorities, where appropriate
- Improve outcomes and effectiveness
- Analyse trends
- Seek learning and improvements
- Identify training needs
- Minimise the damage caused to patients, staff, contractors, volunteers, visitors and members of the public through early identification of risks
- Improve the safety and satisfaction of patients and staff
- Reduce litigation
- Improve efficiency

## 2.0 Objective

Incident reporting is a statutory requirement and the foundation of an effective risk management system and an organisation culture of learning and improving. It is the Trust's aim that incident reporting operates comprehensively in an open and fair environment throughout the hospital.

The Trust aspires for electronic Incident Reporting to be the resource of choice to easily, simply and quickly raise any concern or incident about how we look after our patients and the people who care for them.

This policy and supporting procedures aims to promote and enable the reporting of all categories of incidents and near and will support staff by providing a positive and non-punitive approach towards incident reporting in accordance with the NPSA *Being Open* policy and the Trust's Duty of Candour.

However, if anyone feels uncomfortable using this procedure then they may wish to consider reporting concerns under the Raising a Concern Policy which is located on the Policy Warehouse.

Security incidents can be reported in confidence on the Trust LUK (Let Us Know) line on 1111.

### **3.0 Scope of Policy**

The intention of this policy is so that any member of staff and contractor within the Trust whom identifies an incident can confidently and efficiently report an incident.

### **4.0 Incident Reporting Policy**

The following sections covers all aspects to guidance and advise staff on how to report an incident, the incident process and staff's roles and responsibilities.

#### **4.1 What is an incident?**

Any unplanned or unexpected event or omission that has, or could have, led to death, physical or psychological injury, ill-health, damage or other loss, and this includes the common understanding of accidents.

Included in the definition of incidents are any events which have failed to result in harm/loss on this occasion, but which have the potential for harm/loss should a similar event occur in the future. These are known as a 'Near Miss'.

#### **4.2 What to do when an incident occurs**

The responsibility for reporting an incident and completing the Datix incident report (DIF1) rests with the person involved with the incident or the person identifying an incident has occurred. If for any reason he/she is incapacitated or requires assistance, the senior person on duty in the area in which the incident took place should arrange for the reporting of the incident.

Any incident of potentially serious consequence must be reported *immediately* to their Line Manager or if in doubt the most senior member of staff on duty. All incidents must be reported without undue delay to the senior person on duty for the area concerned. An incident form (DIF1) must be completed as soon as reasonably possible where an SI has occurred (Please refer to the Management of Serious Incidents (SIs) Policy on the Polciy Warehouse). It is accepted that there may be instances for anonymity of the person reporting an incident. In such circumstances it is advisable to contact a Director or Manager who would also be available on call. Staff related incidents contact Occupational Health, Human Resources or the Non-Clinical Risk Adviser to arrange completion of the incident report and on-going management. Anonymity will be maintained.

Any member of staff involved in an incident has the right to contact their trade union or safety representative for support and to undertake investigations or participate with management investigation when it is practical to do so.

It is the responsibility of each individual clinician/nurse/health care worker to adhere to the policies and procedures for incident reporting within the Trust.

### **4.3 An Open and Fair Culture**

Barnsley Hospital NHS Foundation Trust promotes an open and fair approach to incident reporting, management and investigation for both staff and patients. The Trust wishes to represent an environment where staff are encouraged to report incidents and near misses that raise concern about the quality and safety of patient care and the safety of staff, visitors, contractors and the public.

The Trust also wishes to promote a culture of 'Openness' for patients where staff communicate in an open and honest manner therefore optimising trust and communication between staff and patients.

Incidents will be reviewed and analysed/investigated for the purposes of learning and change, not to attribute blame. Employees should be confident that the aim of the incident reporting system is not to apportion blame, but to learn from the experience.

**The Trust embraces the view that disciplinary action should not form part of the routine response to a report of an incident.** However, performance management processes may be used to ensure adherence to policy and verify competency as a consequence of an investigation. The main aim of our reporting system is to learn and improve from the events reported for the benefit of our patients and staff.

There will be some circumstances where the disciplinary process will be used which are likely to include:

- An intention to harm/malicious act
- A criminal act/breach of law
- Wilful negligence or professional misconduct/malpractice
- Acts of gross misconduct
- Acts that foreseeably put the safety of patients, staff or visitors at risk.
- Serial/repeated mistakes
- Deliberate contravention(s) of acceptable practice

In such cases, action will be taken in accordance with the Trust's Disciplinary policies/procedures but all factors will be taken into account when such decisions are made including any mitigation, system failures or staffing problems etc.

#### **4.4 Incident Reporting**

The Trust requires all incidents and near misses to be reported/documentated formally using the Trust's Incident Reporting System. The Datix incident form should be used for this purpose.

**The system is available through the Trust Intranet on the main page left hand menu titled 'Log an Incident (Datix)'.**

It is also available under the systems tab at the top of the page titled 'Report an Incident (Datix)'.

All staff have a duty to ensure that any incidents in which they are personally involved, aware of or witness are formally documented using the Trust's Incident Reporting system.

The Health & Safety and Risk Management Departments are responsible for verifying and analysing the data from reported incidents and preparing information/trends for dissemination to management and relevant committees within the Trust's risk management structure. They also provide an interface for the onward reporting of certain types and categories of incident to external organisations.

A user guide for reporting incidents is in the appendix 2.

#### **4.5 Actual level of harm for clinical incidents**

Clinical incidents should be graded using the National Patient Safety Agency's definition of harm; this is as follows

No harm – An unintended/ unexpected incident that resulted in no adverse outcome or further treatment occurred

Near miss – An unintended/ unexpected incident that had the potential to cause harm but was prevented; resulting in no harm

Low harm – Any unintended/ unexpected incident that required extra observation or minor treatment and caused minimal harm to one or more persons

Moderate harm – Any unintended/ unexpected incident that resulted in short term harm or harm that required a moderate increase in treatment to one or more persons.

'Moderate increase of treatment' means an unplanned return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment are (such as intensive care).

Severe harm – Any unintended/ unexpected incident that caused permanent or long term harm to one or more persons.

Permanent or long term harm must directly be related to the incident and not related to the natural causes of the patient's illness or underlying condition and is defined as permanent lessening of bodily function, sensory, motor, physiologic or intellectual, including the wrong limb or organ, or brain damage.

Death – Any unintended/ unexpected incident that directly resulted in the death of one or more persons (this must be directly related to the incident rather than to the natural cause of patient's illness or underlying condition).

#### **4.6 Internal process for the management and investigation of incidents**

Once an incident is reported; the system electronically notifies the leads of the area it occurred in, the specialist teams relevant to the incident and the person that it was reported to. The person that it was reported to automatically reverts to being the owner of the incident or the incident 'handler'. The handler is the person that is responsible for the investigation of the incident whether it is completed by themselves or is assigned to designated investigations. If the handler is not the relevant person to action the incident they should reassign the incident to the true person or inform Risk Management.

A user guide for investigating incidents is in the appendix 3.

#### **4.7 Investigation timeframes**

The timeframes for completing the investigation of an incident is dependant on the harm of the incident; this is as follows

No harm and low harm = 14 days

Moderate harm = 25 days

Severe harm = 60 days

Death = 60 days

#### **4.8 Communication and feedback from incidents**

When an incident is investigated and finally approved (by the Risk team or Health and Safety); an email containing the investigation details is automated to the reporter of the incident. However, this should not be the only means of communication and feedback; managers and investigators should ensure that learning and feedback from incidents is discussed in team meetings and on their Governance Agendas.

#### **4.9 Open and Honest/ Duty of Candour**

When an incident occurs involving a patient, openness about the incident and discussion with the patient/family/carers can help them understand and cope with the after effects of the incident (Being Open). This is also a requirement of the new Duty of Candour which was officially implemented in April 2016.

Duty of Candor is a legal duty to inform and apologies to patients if there have been mistakes in their care that have led to moderate harm, severe harm, death or prolonged psychological harm.

For more information regarding duty of candour please access the duty of candour SOP for guidance and advice.

The culture of being open and honest is fundamental to a continuing partnership between patients and staff to resolve problems highlighted by the occurrence of an incident.

#### **4.10 External process for the management of incidents**

There are legal requirements and best practice that require certain incidents to be reported to external authorities. This is preferably completed by a manager with the expert advice of relevant individuals within the Trust.

The procedure for reporting to external agencies provides guidance for routine reporting and signposts contact details for exceptional circumstances in the following areas.

- Health & Safety Executive (HSE) under *RIDDOR*
- Medicines and Healthcare products Regulatory Agency (MHRA)
- Serious Hazards of Transfusion (SHOT) via SABRE
- National Learning and Reporting System (NRLS)
- NHS Litigation Authority (NHSLA)
- Police
- HM Coroner or Coroner's Officers

#### **4.11 Analysing incidents and the reports produced**

Incident reporting helps us to understand where we have areas for improvement. Daily reviews of incidents are completed by the Risk Management Team and the Health and Safety Team.

A daily incident report is provided for all incidents reported the previous day to the directors, managers and specialists within the Trust.

Patient incidents resulting in harm and near misses are also reviewed weekly at the Patient Safety Panel to identify any concerns or avoidable incidents that have occurred.

The Risk Team and Health and Safety also provide analysis and monthly reports to the relevant groups and committees on a monthly basis to monitor activity and identify themes and concerns.

## 5.0 Roles and Responsibilities

This section is to provide an overview of the roles and responsibilities of staff when implementing this policy.

Chief Executive will:

- a) Have overall responsibility for ensuring that this policy is effectively implemented.
- b) Monitor the activity of Directors in implementing this policy and its procedures.
- c) Take control of and manage any incident at their discretion.

Director of Nursing and Quality is responsible for ensuring that the policy is implemented effectively as well as ensuring appropriate dissemination.

General Managers/Heads of Nursing will:

Ensure that this policy and associated procedures are implemented within their areas of responsibility.

- a) Report/escalate incidents in accordance with this Policy.
- b) Take responsibility for analysis and sharing the learning from incident investigations and ensure appropriate action is taken to implement any recommendations arising from investigations.
- c) Monitor the effectiveness of performance within their area of responsibility against this Policy.
- d) Ensure all employees receive adequate training and information to enable them to adhere to the policy and procedures.

Departmental Managers will:

- a) Implement the Policy and Procedures within their area of responsibility.
- b) Take control of and investigate any relevant incident or RIDDOR incident which is beyond the scope of the Responsible Person, in accordance with the relevant procedure and report on findings arising from the investigation at Incident Investigation Meetings.
- c) Report all incidents and RIDDOR incidents to their immediate manager. Ensure Datix incident forms (DIF1) are completed for all incidents that occur within their area of responsibility and ensure they are processed in accordance with procedures for reporting incidents.
- d) Ensure risk assessments are reviewed/undertaken and ensure feedback is disseminated to all parties who would benefit, as appropriate.
- e) Monitor the cost of incidents within their area of responsibility so as to target efforts at loss prevention.
- f) Liaise with and seek advice from specialist departments as appropriate, e.g. Risk Management, Health and Safety etc.
- g) Ensure the provision of appropriate support and treatment to those persons affected by any incident.

- h) Identify training needs and ensure all employees receive adequate training and guidance to enable them to adhere to the policy and associated procedures.

Specialists, for example in Risk Management, Occupational Health, Health and Safety, Security Management (not exhaustive list) will:

- a) Have responsibility for providing specialist advice to managers and employees as appropriate.
- b) Provide management information as appropriate in terms of incident statistics.
- c) Carry out Root Cause Analysis Investigations, within the scope of their ability, as determined by the Director of Nursing & Quality.

Director of Communications and Marketing, will

- a) Inform all internal and external stakeholders of incidents as appropriate.
- b) Inform media of incidents as appropriate

All Staff

It is a condition of employment that all Trust staff, which includes contract staff, temporary staff and individuals under training, and volunteers, comply with the requirements of this policy. Self-employed persons working on Trust premises also have duties under this policy.

## **6.0 Associated documentation and references**

For further guidance and information regarding the Serious Incident (SI) process and Duty of candour please refer to the Management of Serious Incident (SI) Policy held on the policy warehouse or the Duty of Candour (DoC) SOP located on the Risk Management SharePoint.

Other references made can be clarified in the following documents

Being Open Framework – National Patient Safety Agency (NPSA)

Regulation 20: Duty of Candour – Care Quality Commission

7 Steps to Patient Safety – NRLS/NPSA

## **7.0 Training & Resource**

Corporate Induction

All staff will be made aware of the policy and procedures for incident reporting on the Trust's corporate induction programme, and local induction checklists.

Local Induction

On induction into their department all staff will receive a local induction to include incident reporting processes that may be encountered on that department and that

they may be required to undertake. This induction may be complemented by a preceptorship programme for nursing staff.

It is the responsibility of managers to ensure that staff are made aware of and comply with the policy and procedures for incident reporting within the Trust.

It is a condition of employment that all Trust staff, which includes contract staff, temporary staff, individuals under training and the self-employed, comply with the requirements of this policy.

The Corporate Curriculum identifies other training programmes that support this policy. These include:

- Health and Safety awareness e Learning package
- Security & Emergency Resilience e-learning & PBL packages
- Incident reporting e Learning package
- 3 Day Health and Safety Course

The Risk Management Team provides a training session during the Passport to Management cohorts on which discusses the incident process and investigation.

Ad-hoc training can also be provided by the Risk Management or Health and Safety Team upon request on a one to one basis or group session. This can be tailored to what is required i.e. incident reporting, incident investigation or incident report generation.

## **8.0 Monitoring and Audit**

The management of incidents is everyone's responsibility and should be monitored by the triumvirates of CBUs, departmental managers and leads in areas.

The Risk Management Team and the Health and Safety team oversee the reporting, investigation and analysis of incidents on a daily basis. They have a key responsibility in ensuring that training for incidents management is delivered, for ensuring that incidents are reported and that the information of the incident is correct.

## **9.0 Equality and Diversity**

Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary prior to consultation. The Trust will take

remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

### **9.1 Recording and Monitoring of Equality & Diversity**

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

### Glossary of Terms used within Policy

◆ BHNFT/the Trust	Barnsley Hospital NHS Foundation Trust
◆ RIDDOR	Reporting Injuries, Diseases and Dangerous Occurrences Regulations
◆ DIF1	Datix incident form 1 – where an incident is reported
◆ DIF2	Datix incident form 2 – manager’s investigation form
◆ CQC	Care Quality Commission
◆ DH	Department of Health
◆ HSE	Health and Safety Executive
◆ SI	Serious Incident
◆ DoC	Duty of Candour
◆ SOP	Standard Operating Procedure
◆ NRLS	National Reporting and Learning System
◆ NPSA	National Patient Safety Agency

#### Personal Accident

Any incident that is work related (excluding clinical incidents), no matter how small, which did or could have caused physical injury to any person. This may include slips, trips, falls, burns/scalds, sharps injury or moving & handling incident. This does not include any incident caused deliberately e.g. an act of violence, arson.

#### Patient Safety/Clinical Incident

Any unplanned or unexpected incident, which could have, or did lead to harm for one or more clients receiving NHS funded care. (National Patient Safety Agency 2004). This category includes any incident directly related to client treatment or care (e.g. pressure ulcers or a patient fall) or a client’s state (e.g. self-harm) which did, or could have resulted in an adverse outcome (e.g. treatment error, medical or other equipment failure, etc.). This category of incident includes absconded clients.

#### Violence, Abuse or Harassment

Incidents may be physical or verbal. Incidents of this nature should be reported in the same way as other incidents but will be dealt with in accordance with the Policy on Violence and Aggression or the Harassment Policy and Procedure and followed up by the Security and Emergency Resilience Team.

#### Ill Health (including any work related Injury/Disease not covered by RIDDOR)

Any case of known or suspected work or environmental related ill health e.g. infection, headaches, dermatitis, back injury.

**Security, Theft, Loss or Damage**

Any incident involving theft, loss or other damage to organisation or personal property, intrusions, false alarms (but not fire alarms), and other security incidents, excluding fire alarms. Includes vandalism or theft of vehicles.

**Information Security Incident**

Any incident involving breaches of IM&T security (e.g. discovery of a computer virus, unauthorised system access, sharing of passwords. This includes the reporting of any incidents involving the loss of paper health or social care records constituting a breach of confidentiality.

**Fire Incident**

Any incident, no matter how small, involving fire or fire warning systems (including false alarms).

**Vehicle incident**

Any incident involving a vehicle e.g. road traffic accident, excluding vandalism or theft which would be considered as a security incident (see above).

**Other Incidents**

Incidents that cannot be assigned to any of the above categories, e.g. accidental property damage or loss, environmental incidents, food safety/hygiene incidents etc. This category should be used sparingly and only after it is clear that a designated category cannot be used.

**Transparency**

Allowing information about the truth about performance and outcomes to be shared with staff, people who use the service, the public and regulators.

**Candour**

Any person who uses the service harmed by the provision of the service provider is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

**Apology**

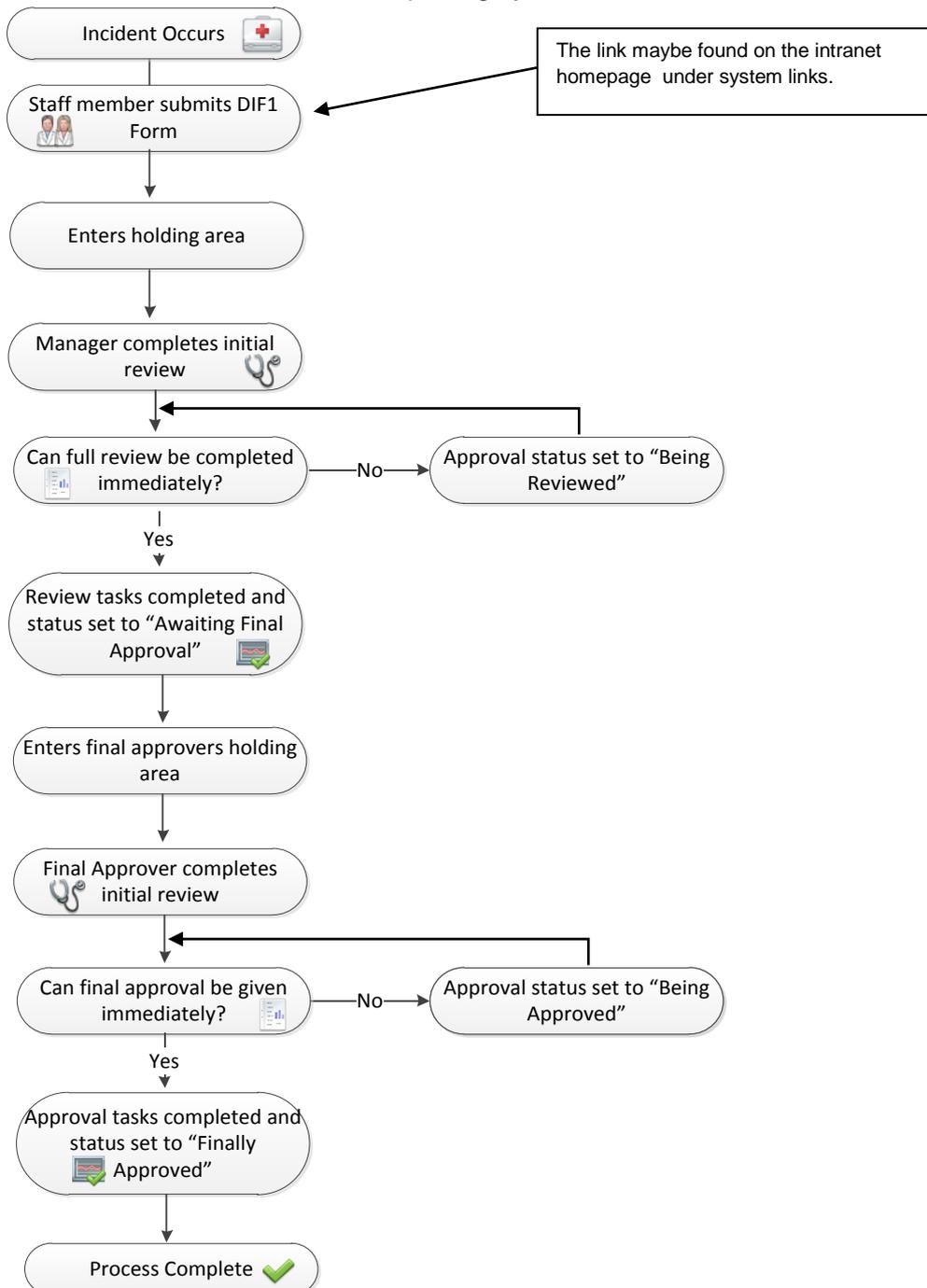
An 'apology' is an expression of sorrow or regret in respect of a notifiable safety incident; it is not an admission of guilt.

## How to report an incident user guide

### Userguide for DIF1 (Datix Incident Form) DATIX

This guide is here to help you complete a DIF 1 (Datix Incident Form) and show the process the incident follows after you submit it.

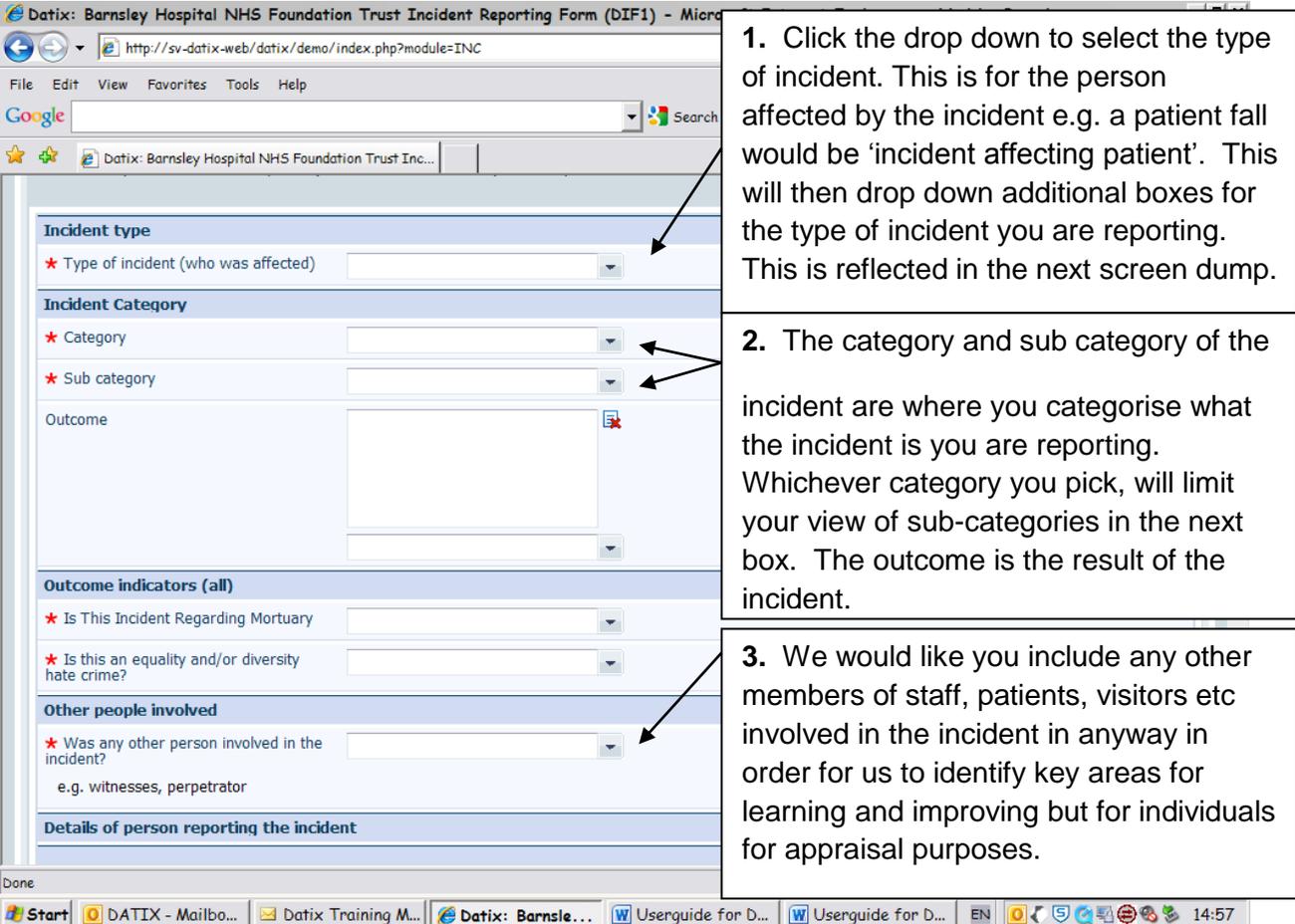
The following flow chart is the process of an incident occurring within the Trust and being entered on the DATIX Incident reporting system.



The following visual clues will help you navigate the form, and enter the information quickly and accurately.

Icon	Description
	This icon indicates that a field is mandatory, and you are required to complete it before saving or submitting the form.
	This icon indicates that the field you are completing is a dropdown list. Clicking this icon will allow you to select on (or more!) option(s).
	This icon indicates a date field. Clicking the icon will allow you to select a date from a calendar, or you can simply type the date in using the dd/mm/yyyy format.
	Any field that shows this icon next to it indicates that there is additional information available to help you complete it correctly. Click the icon to view the additional guidance.
	In a multi-select field, where you can choose more than one option from a dropdown, clicking this icon will remove the currently selected value(s)
	Clicking this icon will perform a spell check on the current field. Once it has been clicked, a  icon will show to indicate all is spelt correctly. You must click the  icon to resume editing.

Now we will show you how to input a incident on the DIF 1. The following screen dumps with text boxes will take you through the incident form.



**1.** Click the drop down to select the type of incident. This is for the person affected by the incident e.g. a patient fall would be 'incident affecting patient'. This will then drop down additional boxes for the type of incident you are reporting. This is reflected in the next screen dump.

**2.** The category and sub category of the incident are where you categorise what the incident is you are reporting. Whichever category you pick, will limit your view of sub-categories in the next box. The outcome is the result of the incident.

**3.** We would like you include any other members of staff, patients, visitors etc involved in the incident in anyway in order for us to identify key areas for learning and improving but for individuals for appraisal purposes.

Datix: Barnsley Hospital NHS Foundation Trust Incident Reporting Form (DIF1) - Microsoft Internet Explorer provided by Barnsley

http://sv-datix-web/datix/demo/index.php?module=INC

File Edit View Favorites Tools Help

Google Search Share More >> Sign In

Datix: Barnsley Hospital NHS Foundation Trust Inc...

**Incident type**

\* Type of incident (who was affected) Incident affecting Patient

**Incident location**

Organisation Barnsley Hospital NHS Foundation Trust

\* Service Unit

\* Specialty

\* Location (type)

Location Exact (free text)

**Description**

\* Incident date (dd/MM/yyyy) 26/03/2013

\* Time of incident (hh:mm)

\* Description

Enter facts, not opinions.

**Please anonymise e.g. please do not enter any identifiable information.**

To use the spell check click on any errors will be underlined in red, click on the incorrect word to choose the correct spelling; once you are finished with the spell check please click the icon to continue filling in

4. Once you have selected the type of incident, drop down fields for the location, time, date and description will need to be filled in.

If you start typing within these fields. The system will then recognise the area in which you require. This saves you strolling through a big long list of locations (this is apparent in any of the

5. The description box should be anonymised with personal identifiable information.

Start | Inbox - Mailbox - G... | Datix: Barnsley H... | Usorguide for DAT... | Usorguide for DIF ... | EN | 16:01

\* Action taken

Enter action taken at the time of the incident

Is this incident serious/does it require immediate escalation to a senior manager?

Is this incident RIDDOR reportable?  
Please click here for more information on RIDDOR

**People affected or potentially affected**

\* Forenames

\* Surname

\* Type

Date of birth (dd/MM/yyyy)

Address

Postcode

6. You will then need to complete the action taken and the person details of the person affected by the incident. If you are unsure at the RIDDOR section you may click on the link for help.

7. When a patient is selected in the type box, this will bring up the unit number and nhs number to help us identify the patient.

Datix: Barnsley Hospital NHS Foundation Trust Incident Reporting Form (DIF1) - Microsoft Internet Explorer provided by Barnsley

http://sv-datix-web/datix/demo/index.php?module=INC

File Edit View Favorites Tools Help

Google Search Share More Sign In

Datix: Barnsley Hospital NHS Foundation Trust Inc...

Is this a potential learning opportunity incident?

Is this a safeguarding adult issue?

**Risk grading**

Initial risk grading

Likelihood of recurrence (Initial)	Consequence (Initial)				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost certain	●	●	●	●	●
Likely	●	●	●	●	●
Possible	●	●	●	●	●
Unlikely	●	●	●	●	●
Rare	●	●	●	●	●

Grade (Initial):

Was any other person involved in the incident?  
e.g. witnesses, perpetrator

**Documents**

Are there any documents to be attached to this record?

**Details of person reporting the incident**

Clear Section

8. The risk grading should be completed by the person reporting the incident and then the manager has the opportunity to give a residual rating to the incident within their section on the DIF2.

Done Local intranet 100%

Start Inbox - Mailbox - G... Datix: Barnsley H... Usorguide for DAT... Usorguide for DIF ... EN 16:02

Datix: Barnsley Hospital NHS Foundation Trust Incident Reporting Form (DIF1) - Microsoft Internet Explorer provided by Barnsley

http://sv-datix-web/datix/demo/index.php?module=INC

File Edit View Favorites Tools Help

Google Search Share More Sign In

Datix: Barnsley Hospital NHS Foundation Trust Inc...

**Details of person reporting the incident**

Forenames

Surname

Type Employee/Member of Staff

Subtype

Job title

Email address

Telephone number

**Person reported to**

Person reported to

Submit Cancel

9. Please complete all your details for completing the form and pick from the list for the person reported to.

10. You may then submit the form. You will receive email confirmation that the incident has been recorded along with a DATIX reference number. The incident will then trigger to the person reported to, along with any other triggers set up within location/departments that may

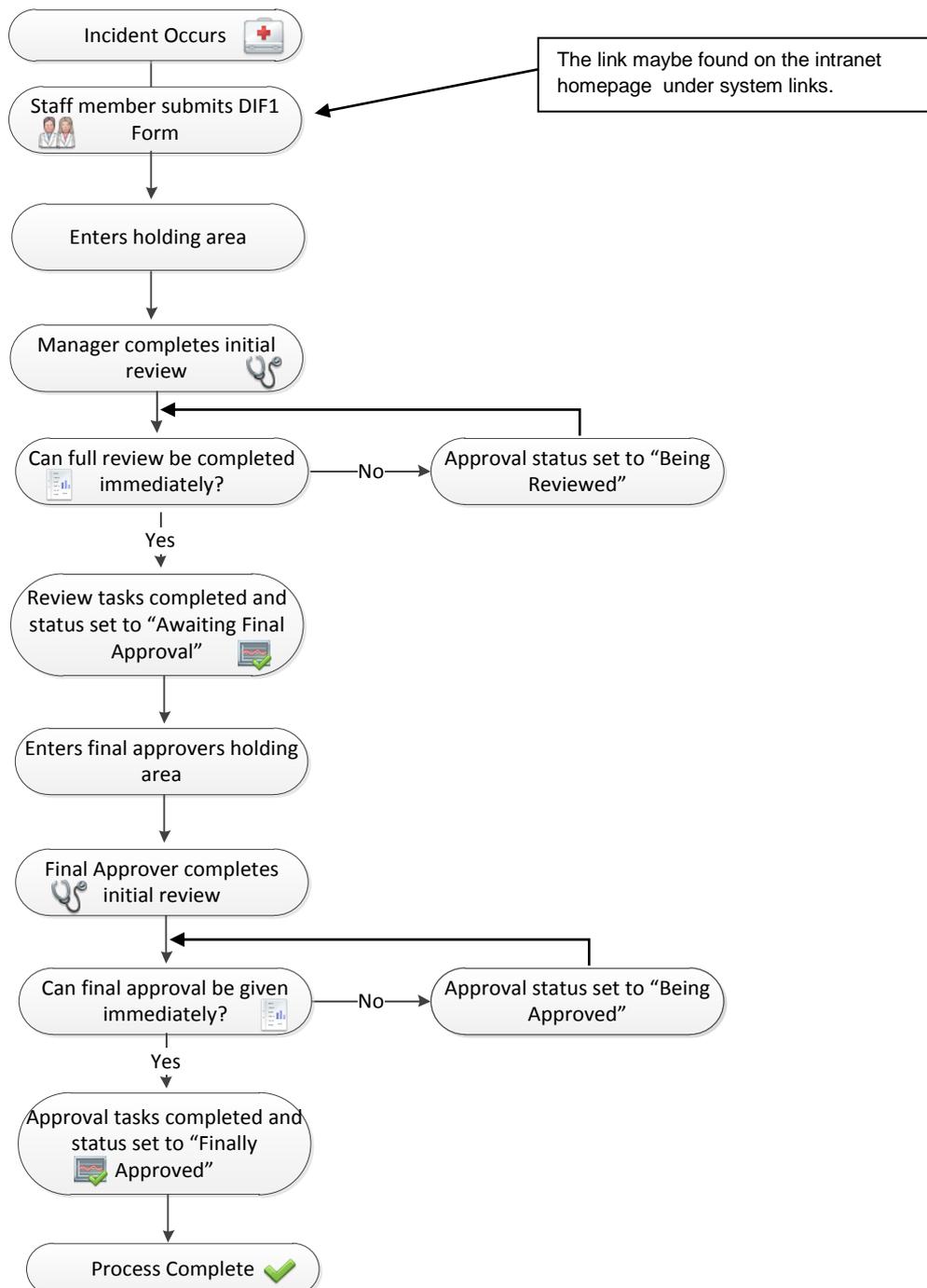
You have now completed the DIF1, if you have any queries then please don't hesitate to contact the Risk Management Team on ext 4572, for Non Clinical Incidents please contact Health and Safety on ext 2136.

How to investigate an incident user guide

Userguide for DIF 2 (Datix Incident Investigation Form) DATIX

This guide is here to help you complete a DIF 2 (Investigation Incident Form).

The following flow chart is the process of an incident occurring within the Trust and being entered on the DATIX Incident reporting system.



## Working with the DIF2 Manager's form

This form is intended for the reviewers, managers and investigators to update the record as the investigation progresses, until the incident is closed. Not all incidents require an investigation and you might be able to close such records almost immediately. It is still suggested that you indicate that no investigation was required rather than just leaving the relevant sections empty.

On entering the system you will be presented with a screen that shows all the incidents within your area and the stages at which they are at with the incident reporting process.

The screenshot shows the Datix Incidents management system. The top section displays a summary of incidents by status:

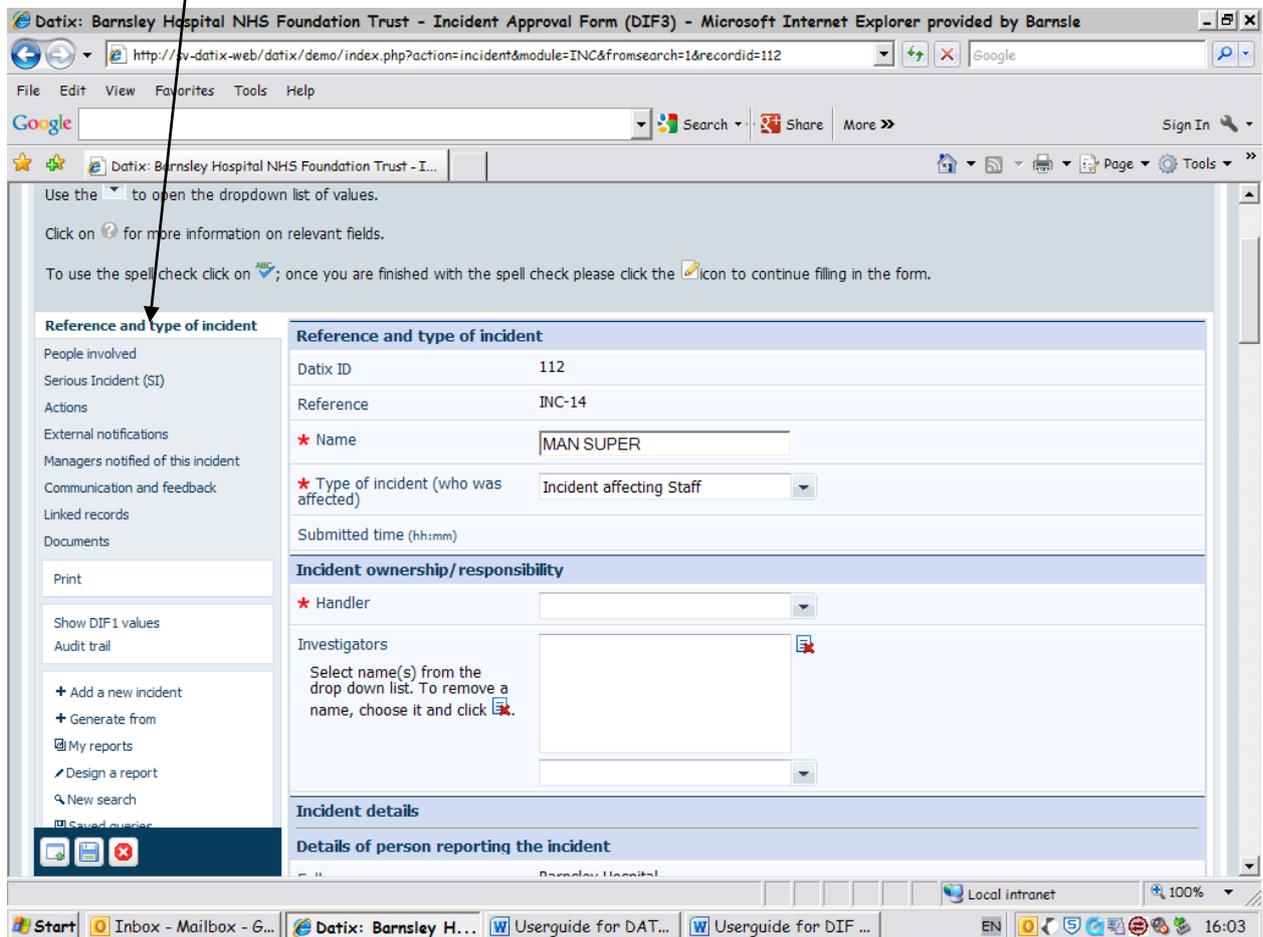
Status	Records	Overdue
In holding area, awaiting review	20 records	6 Overdue
Being reviewed	4 records	4 Overdue
Awaiting final approval	1 records	1 Overdue
Being approved	0 records	0 Overdue
Final approval	108 records	
Rejected	0 records	

A callout box points to this summary section with the text: "If you click within any of the records in any of the status areas, you will then be taken to a screen with a breakdown the incidents that are within that section."

The bottom section shows a detailed view of incidents with the status "In holding area, awaiting review". A callout box points to this section with the text: "Within this section you can then select an individual incident to review and action."

ID	Ref	Name	Incident date	Location (type)	Handler	Description
110	INC-12	CURTAINS ANNETTE	30/01/2013	Breast Surgery	Natalie Grain	Iskjfdlfdkj sdfokjsdfl: Iskjf lskdj flskdj flskj f
112	INC-14	MAN SUPER	30/01/2013	Catering ISS		security incident
113	INC-15	BOOTH DAVID	30/01/2013	Theatres - Main	Lynsey Butterworth	XXX had an acute attack of bottom pain when asked to assist with patient transfer to table
131	INC-33	SANDERSON SARAH JANE	01/03/2013	Orthoptics OPD	Michelle Frid	injury to back during the transfer of the patient to the operating table
120	INC-22		07/03/2013	Community Midwifery		community midwife blown up meant for HR
121	INC-23	DAVIS BEETY	07/03/2013	Antenatal Clinic		Patient had hypo in waiting area.
122	INC-24	SMITH JOHN	12/03/2013	A&E (Emergency Department)	Julie Rearbarton	Patient was walking through the corridor and came to a section which was wet without a wet floor sign, did not see it and slipped

The form is essentially a 'copy' of the DIF1 (Incident reporting form), and includes all the information submitted from it. Unlike the reporters form, the DIF2 will have a menu to the left of the form itself. This menu details all the sub-forms that complement the main form and will usually include sub-sections relating to medication, equipment, security etc. The DIF2 will also include fields that were not relevant to the DIF1 stage, such as residual risk grading, investigation and security information.



As you scroll through the form, or any of the sub-forms, you may notice that the menu on the left hand side of the screen eventually disappears from view. Rather than scrolling back to the top of the form, a small floating palette containing several items will always be visible in the bottom left hand corner of the screen. Clicking the  icon will open a section list, allowing you to navigate to other sections of the form without having to scroll all the way back to the top. The other two icons shown in the palette allow you to save, and cancel, respectively.

Now that you have indicated that you are reviewing this record, some further steps need consideration:

1. Review the information submitted on the DIF1. Does it need to be amended? Can anything be added?

2. Look at each sub-form on the left hand menu. Does anything need to be added or amended here?
3. Are there any people involved that need to be approved or added?
4. Do any additional investigators need to be assigned to this record? Does anyone else need access to this record (and currently does not have this access)?
5. Is any feedback or communication required?
6. Are there documents to attach?
7. Is an action plan required?



Remember that not every incident will require you to address each of these points. Indeed, some incidents may need even further detail than is mentioned here. The point is to ensure you fully understand the incident before deciding on further courses of action.

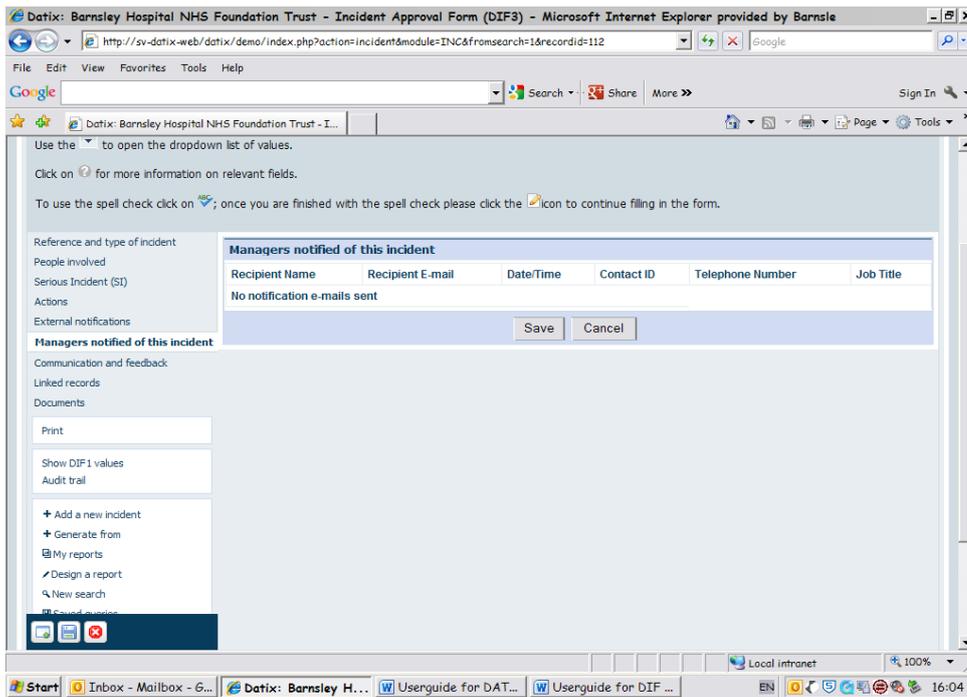
Now that we have an understanding of what we'll need to do, let's look at each of these points in detail to provide some context. Your trainer will walk through these with you, and some points have an activity for you to complete, so make sure you read them carefully:

1. **Reviewing the form:** As manager/reviewer/investigator it is your responsibility to make sure that the data is of adequate quality. If the data is inaccurate, unclear, or contains errors, then it is your responsibility to amend that data to ensure it conforms with your organisations requirements and policies.
2. **Sub-forms:** Each sub-form needs to be viewed and completed as appropriate. Note that in some cases a sub-form might appear on the menu but can be left empty as it will not apply.

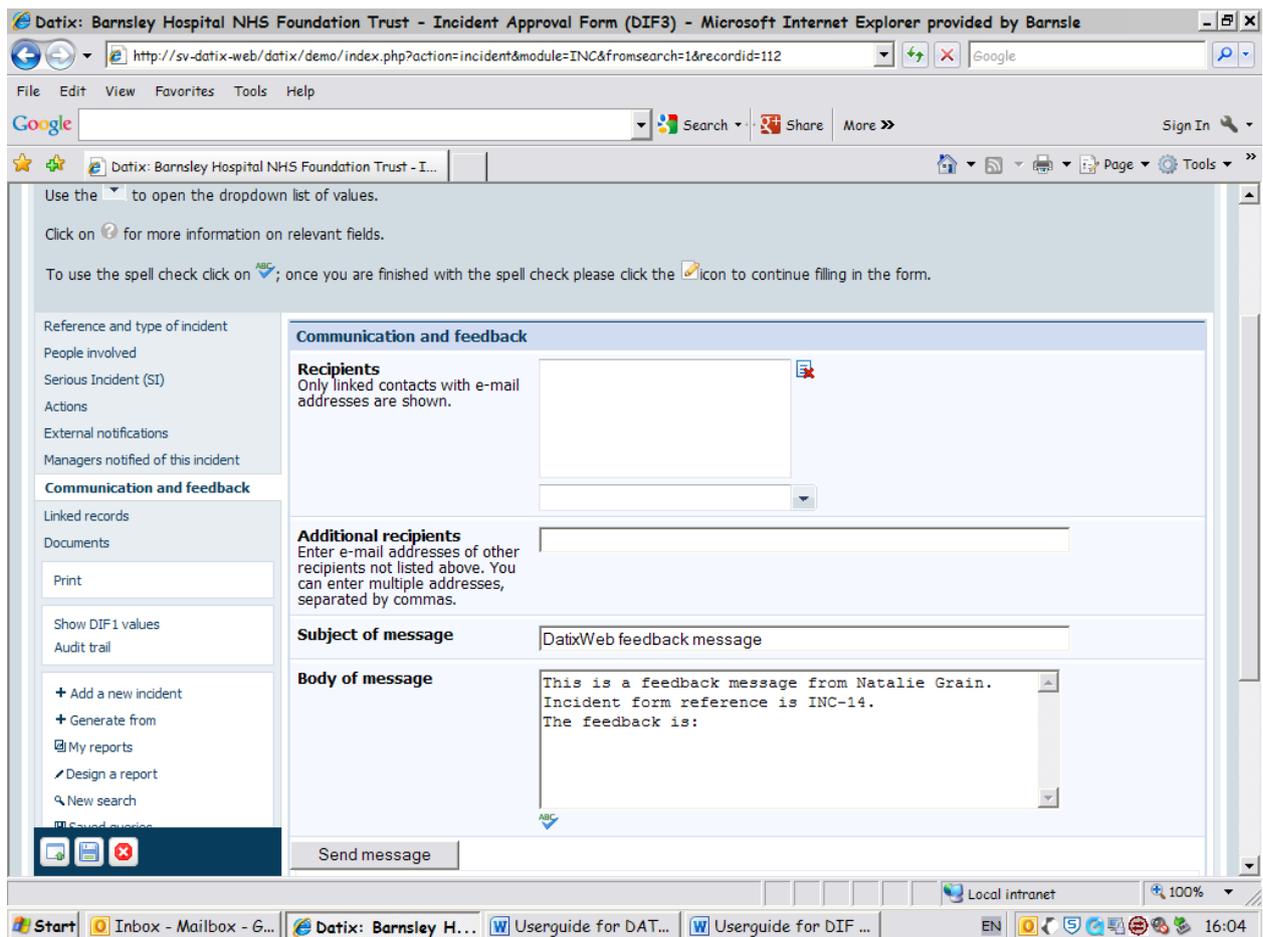


If a name is found you must check very carefully that it is the same person; more than one individual can have the same name. Unique identifiers, such as hospital and NHS numbers are helpful in such cases, as are dates of birth and addresses.

4. **Investigators and details of the investigation:** You can nominate as many additional investigators as may be required to deal with an incident. Each investigator you add to the list will receive an email advising them that they are an investigator for this record. Adding them to the list can be a way of granting them access to the record if they do not have such access.



- 5. Communication and feedback:** This sub-form allows you to send e-mails directly within the incident form. Simply choose a name from the list of names that are linked to this record or type in the email address in the additional recipient field, amend the title and body of message and send. This will log the email against this record, providing an audit of all out-going e-mail messages that are related to the record in question.



Although the e-mail message will be sent directly from Datix, the recipient will be unaware of this as it will appear to have been sent directly from you. Any replies or out of office messages will be delivered directly to your in-box.

- 6. Documents:** This section will allow you to attach any form of electronic document to an incident record. This could be anything from witness statements to photographs, scanned letters, or even digital CCTV footage. Choose an appropriate document type, give it a description (for example "Witness statement from Mrs Smith"), and choose the file to attach. You can attach as many documents as you need, and existing documents can be viewed by clicking the appropriate document in the list.



When you attach a document in Datix, a copy of it is taken and stored on the server. This means that if the document is updated with a newer version later in the process, you will need to re-attach the revised copy.

## Appendix 4

### Appendix

<b>Version</b>	<b>Date</b>	<b>Comments</b>	<b>Author</b>
2	13/7/16	For review at the Patient Safety Group	K Traynor R Maginnis

### Review Process Prior to Ratification:

<b>Name of Group/Department/Committee</b>	<b>Date</b>
Patient Safety Group	July 2016