



Aneurin Bevan University Health Board

Incident Reporting Policy

(This document includes guidance for users)



This health and safety policy demonstrates compliance against the Health and Care Standards Framework. It provides an assessment of the theme "Safe Care" and specifically Standard 2.1 Managing Risk and Promoting Health and Safety

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1 INTRODUCTION

All incidents, no matter how minor, are to be reported, recorded and where appropriate, investigated. Aneurin Bevan University Health Board (ABUHB) has a statutory responsibility to ensure risk management processes are in place.

A reportable incident is: "Any unintended or unexpected occurrence, which could have, or did, lead to harm, damage or loss for one or more patients or staff or Aneurin Bevan University Health Board property." Where such an occurrence arises, but harm, damage or loss is prevented by an intervention, this is still a reportable incident and is classified as a near miss.

The reporting system described within this policy will provide the information base upon which the ABUHB can target activities to reduce risk, thereby creating a safer environment for patients, staff and members of the public. It will also ensure that lessons can be shared across the primary care and secondary care arena.

Making an incident report does not constitute an admission of liability. The information is used to enable the Health Board to gather all the facts for investigation, analysis, learning and future risk reduction.

This policy and procedure identifies the responsibilities of all staff, describes the process of how to report an incident, what happens when an incident is reported and the actions that follow. The process outlined in this document will support the identification of risks, embrace a proactive approach and review issues retrospectively. Many lessons can be learnt from examining how and why an incident occurred and action taken to avoid a recurrence.

2 POLICY STATEMENT

Incident reporting is a key aspect of the process of identification of risks and is the responsibility of all staff. Diligent and conscientious completion of incident reports is essential to ensure the effectiveness of the system. Whilst some incidents may not individually be of a serious nature, several similar reports may indicate a growing trend and allow a possible serious incident to be foreseen and averted.

3 AIMS

The purpose of this policy is to:

- Fulfil the Health Board's legal and statutory obligations to record and report certain defined incidents.
- Alert the Management and Board of any incidents occurring.
- Enable early action to reduce the likelihood of recurrence and ensure that investigations are undertaken within a reasonable time.

4 OBJECTIVES

The objectives of this policy are to:

- Understand what constitutes a reportable incident;
- Identify a standardised mechanism for reporting and analysis when things did or could have (incidents or near misses) gone wrong;
- To outline the reporting system that supports and promotes safety for patients, staff and members of the public;
- To give staff a wider appreciation of a systems based approach in preventing, analysing and learning from safety incidents;
- To outline how the Health Board Integrates with the NHS Commissioning Board Special Health Authority National Reporting and Learning System (NRLS).
- To ensure that all staff are aware of their responsibility in relation to incident reporting.

5 SCOPE OF POLICY

This policy applies to all ABUHB employees.

6 RESPONSIBILITIES

6.1 Chief Executive / Executive Team Members / Divisional Director (or their nominated deputy)

As Accountable Officer, the Chief Executive is responsible for ensuring that ABUHB meets its mandatory reporting obligations to external bodies including Welsh Government, NRLS and Health and Safety Executive

(HSE). This is achieved through the development of robust incident reporting and investigation mechanisms.

The Chief Executive and the Executive Team are committed to improving patient outcomes and patient safety, and increasing patient satisfaction as well as workplace health and safety of staff. Timely and effective reporting, investigation and analysis of incidents are important constituent parts in achieving this commitment.

The Medical Director, Director of Nursing and Director of Therapies and Health Sciences have joint responsibility for quality and safety and will provide leadership and support in achieving the aims of this policy and procedure.

Within their area of control the Divisional Director, or their nominated deputy, has the following responsibilities:

- To ensure that appropriate mechanisms are in place to implement and monitor appropriate remedial actions to reduce risk.
- To ensure that a process of investigation and escalation is in place, including the development of protocols appropriate to their Division.
- To ensure that incidents are managed in a timely and accurate manner.
- To ensure that all investigations are completed to a satisfactory level, in a timely manner. To ensure that accurate reports reflecting the status of incidents are created and acted upon.
- To ensure that accurate trend reports are created and acted upon.
- To ensure that mechanisms are in place to maintain a list of Datix registered staff under their remit.
- To ensure that, when changes are made to service locations (e.g. ward moves), the DatixWeb administrators are informed of this in a timely manner.

6.2 Departmental Managers / Senior Nurses

Department Managers and Senior Nurses must:

- Ensure that there are, at all times, responsible persons assigned in DatixWeb to cover the management of incidents at all locations/services under their remit.
- Become the Handler of any given incident when there is an absence of a local manager, or take responsibility for allocating this

responsibility to another, to enable timely response to incident notification (see handler section).

- Ensure that the Divisional process of incident investigation and escalation is followed in their area.
- Ensure that incidents are managed in a timely and accurate manner.
- Ensure that all investigations are completed to a satisfactory level, in a timely manner. Ensure that accurate reports reflecting the status of incidents within their area are created and acted upon.
- Ensure that incident details are reviewed and approved at a local level. Incidents should not be escalated to more senior staff / consultants for approval of the detail.
- Ensure that, where appropriate, investigations are escalated to more senior or corporate staff in a timely manner.
- Ensure that a list of DatixWeb registered staff is maintained and the DatixWeb administrators are updated of any changes which would impact on DatixWeb security access in a timely manner.
- Ensure that staff within their area of responsibility are able to access DatixWeb training as appropriate.

6.3 Local Managers / Incident Handlers

The local manager will be informed of the incident by automatic notification. The local manager, e.g. ward manager, must:

- Implement agreed remedial actions within their sphere of responsibility.
- Accept responsibility for incidents submitted within their area.
- Ensure that the most appropriate person is the named "Handler".
- Initially review the incident via DatixWeb and conduct a local investigation to establish early facts and context to the incident.
- Ensure that the detail of the incident is confirmed within 7 days.
- Ensure that incident details are accurate throughout the form and confirmed at a local level. Incidents should not be escalated to senior staff / consultants for confirmation of the detail.
- Dependant on the severity, or potential severity, escalate investigations, where appropriate, to a senior manager or corporate staff in a timely manner.
- Ensure that they and the staff under their remit are appropriately trained to initiate and respond to incident reports.
- Ensure that their respective staff are aware of reporting requirements and associated levels of documentation.

See appendix 1

6.4 All ABUHB staff

Staff do not need training to report incidents through DatixWeb all users are to ensure that documentation in relation to the incident is saved under the documents section on DatixWeb. A reference to the incident identification/reference number MUST also be recorded in the patient's case notes, and highlighted for ease of reference if a patient has been affected by the incident. As the information has been stored electronically a duplicate is not required in the patient's case notes.

An incident report does NOT constitute part of the Patient's clinical Record

Wherever they are employed, all staff:

- Have a responsibility to report incidents which occur in the Aneurin Bevan University Health Board as soon as possible after an incident.
- Those reporting a patient related incident must document the DATIX reference number within the patients Record. This must include an outline of the incident, remedial actions taken, including review and update of necessary risk assessments and care plans.
- Must inform their line manager verbally of the incident as soon as possible.
- Must escalate serious incidents to senior managers AND the Serious Incidents team (Phone 01633 62 51671 / 51668).
- Provide sufficient detail in an incident report to enable early incident grading and investigation.

6.5 All Registered Users

Registered users are those staff who have received training on use of the DatixWeb system and have been assigned login details. All DatixWeb users:

- Have an obligation to tell Datix Administration when they move or change roles and responsibilities.
- Have an obligation to comply with data protection requirements in relation to the use of DatixWeb.

- Have a responsibility to complete the actions assigned to them through DatixWeb in a timely manner, using the guidance documents provided.
- Have a responsibility to respond to DatixWeb communications from colleagues, in order to support timely incident investigation and sign-off.

6.6 Investigator

In assigning an investigator: Seniority of the Investigator should be relative to the severity, or, in some cases, the potential severity, of the Incident.

In most cases an initial Investigation should be conducted at a local level and are the responsibility of the local manager and their immediate senior manager (see appendix 2). Occasionally an investigation will be opened and / or led by a corporate team member. The investigator is responsible for:

- Undertaking an investigation to determine the causes of the incident and subsequent action taken.
- Using Investigation progress notes to keep everyone updated
- Updating the Actions taken and Lessons Learned and sharing these findings with the appropriate persons.
- To complete and close investigations in a timely manner

6.7 Corporate Reviewers

Where incident investigation requires specific knowledge and expertise, a Corporate Reviewer will support the incident investigation. Investigations will be led by the staff from the Division/department where the incident occurred.

- Corporate Reviewers will be notified of, and have access to, incidents based on specific criteria relevant to their expertise and team focus.
- The Corporate team should support Divisional staff to ensure that remedial actions are put in place to address the causes of the incident.
- Corporate teams will be responsible for identifying and escalating incident trends where these span different divisions and could not otherwise be identified on a divisional / departmental basis.

7 **EXTERNAL CONTRACTORS**

All contractors are encouraged to report incidents in order to learn lessons and target improvement strategies.

8 **PROCEDURE FOR THE REPORTING OF INCIDENTS**

Please see appendix 1 for flow chart.

All incidents should be recorded using the online incident reporting system, DatixWeb.

The online form can be found by following the Datix incident reporting links from the ABUHB Health Board's Intranet Homepage or the ABUHB Health Board applications icon on the ABUHB PC Desktop.

When reporting an incident, only fact and not opinion should be recorded. If an incident report is being submitted on behalf of another person (e.g. allegation made by patient against another patient, incident not witnessed by staff) this should be made clear in the incident description.

Incidents involving patients must be reported on DATIX and the DATIX reference number, outline of incident and the remedial action taken must be documented within the patient's health record.

If an incident occurs, deal with the immediate situation. All incidents must be reported at the earliest opportunity; however, certain incidents require that you make contact by telephone as a priority.

Any equipment (including disposable items), device or furniture that is involved in an incident may need to be kept as evidence or for assessment.

Where appropriate all devices / equipment should be photographed and the photograph included in the DATIX incident report.

An Incident Report **should not** be completed where staff wish to register a point of view or highlight that a situation is less than ideal. There are other, more appropriate, means of raising and dealing with

such situations, which would include risk assessment. The Health Board also has other policies that may be the more appropriate avenue for raising a concern or issue e.g. the Whistleblowing Policy, the Grievance Policy and Procedure.

Not everything that happens is a reportable Incident. For example, patients are admitted to hospital and despite every care, they may suffer a cardiac arrest due to their overall clinical condition. This is clearly an unwanted outcome but not preventable or unexpected. Such an occurrence is not a reportable Incident. However it would be reportable if there was some untoward contributory factor - for example, it might have been possible to resuscitate the patient following the arrest, but staff were unable to do so because the defibrillator was defective

Incidents should only be reported once unless both Staff and Patient are injured during the course of the incident; separate incidents must be reported for each person and the incidents linked together during review.

Example 1: Patient assaults a member of staff – Incident 1. Staff incident.

During the course of the assault the patient attempts to lift an object and hurt themselves – Incident 2. Patient incident

Example 2: A patient falls to the floor – incident 1. Patient incident
A member of staff attempts to lift the patient and they injure their back in the process of lifting - Incident 2. Staff incident

Not all incidents require a person affected

Example: If the incident affects a whole ward or patient group (e.g. Cancellation of an out patients clinic, or an environmental issue affecting several patients), the incident should be reported once. A full list of contacts is not required providing those affected can be identified elsewhere by an alternative means.

When reporting online you must complete mandatory fields but you should also complete as many relevant fields as possible and provide as much detail, as possible.

9 **SERIOUS ADVERSE INCIDENT**

A serious incident is defined as:

A situation which has resulted, or could have resulted, in significant harm or death in which one or more patients or staff are involved, ; is likely to produce significant legal, or media interest; could damage the Health Board's (HB) reputation or assets and may have significant HB wide implications for practice and delivery of care. For further information on serious incidents, see the [Management of Serious Concerns \(Level of Patient Harm Graded as Severe or Catastrophic\) Policy and Procedure](#)

10 **REPORTING INCIDENTS IF DATIXWEB IS OFFLINE**

In the event that DatixWeb is off-line, incidents should be reported at the earliest opportunity.

11 **REPORTING TO EXTERNAL ORGANISATIONS**

The ABUHB have a legal / mandatory obligation to report certain incidents to external organisations:

- NHS Commissioning Board Special Health Authority National Reporting and Learning System (NRLS)
- Surgical Materials Testing Laboratory (SMTL)
- Committee on Safety of Medicines
- Health and Safety Executive (HSE) - Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)
- National Public Health Service
- Serious Hazards of Transfusion (SHOT)
- NHS Wales Shared Services Partnership - Facilities Services
- Police
- HM Coroner
- Safeguarding Partners (e.g. Local Authority)
- Medicines and Healthcare products Regulatory Agency (MRHA)
- Welsh Government (WG)
- Health Education and Improvement Wales
- Care Inspectorate Wales (CIW)

- South Wales Fire and Rescue Service
- Human Tissue Authority

N.B. Recording of an incident on DatixWeb does NOT automatically inform any external organisations. The actual notification to any external organisation will be undertaken as a separate process.

Never Events on DatixWeb

There is a duty to identify Never Events on DatixWeb post submission. Managers should familiarise themselves with the Never event list. On identifying a Never Event (as Yes) the actual Never Event must be chosen from the available list on DatixWeb. Never events are reportable to both the WG and the NRLS.

See the Never Events link in the References section.

12 MONITORING INCIDENTS AND ANALYSIS REPORTS

Divisions and Directorates are responsible for monitoring incidents and incident trends via their clinical governance mechanisms, taking action as appropriate. This will be reported via the local and organisational Safety and Clinical Governance committees to provide assurance to the ABUHB Board. Any trends and incident reports will be based on analysis reports created from within DatixWeb. Producing reports are the responsibility of Divisional and Directorate staff but will be fully supported by Datix Administrators.

Specific Corporate Reviewing teams will also produce reports to identify overarching issues which might otherwise be missed at divisional level, cascading the information via quality and safety mechanisms.

13 DATA PROTECTION

The incident reporting database DatixWeb holds information and contact details on the incident reporter and the persons involved in incidents, therefore the six principles of the GDPR (2018) and Data Protection Act (2018) will apply.

Security groups within DatixWeb ensure that information is shared only with the relevant personnel. It is essential that Datix users inform the Datix administration team of any changes to their role in order that their personal settings can be changed to reflect their specific role and data breaches avoided.

Datix users are subject to both GDPR and the Data Protection Act and should consider this before sharing information or allowing access to incidents to another Datix User. Any information received by a Datix user should be in direct relationship to their involvement with the incident and/or its investigation.

There are occurrences when incidents need to be reported to external bodies. Personal information is only provided when the Health Board has a legal obligation to provide it. Compliance with DatixWeb training and guidance notes, at both submission and approval stage, will ensure that personal identifiable information is not mistakenly shared with third parties.

Any enquiries from the media regarding specific incidents must be directed to the Chief Executive or, in his/her absence, the designated Executive Director, via the Communications Department.

14 INFORMATION GOVERNANCE

Access to the Datix system must comply with Information governance and is guided by the Information Governance Manager. Manager's access to the Datix system is not automatic and is governed by need. Any user access will be restricted, with access rights governed via a designated security group (or groups) being applied to their user account. Security groups are designed to restrict access by referencing only those incidents which reflect the user account settings (e.g. specific locations or incident types).

Security groups will be reviewed regularly to ensure that they comply with information Governance.

User Access will be reviewed on a regular basis. Any account which has not been used for a designated period may be removed and will only remain active dependant on need.

All users have an obligation to inform the Datix Administrators of a change of role or intention to leave the organisation.

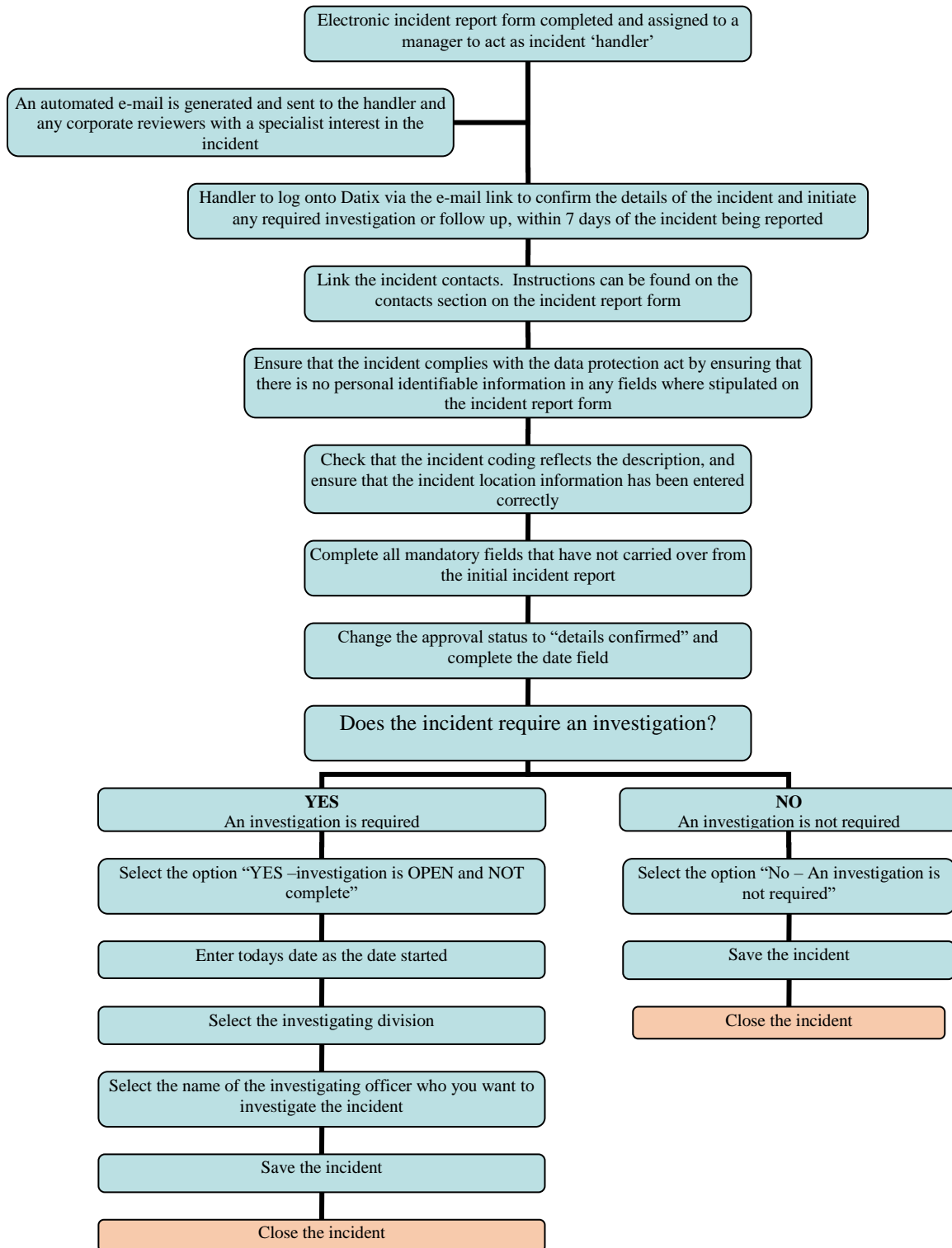
15 **AUDIT**

Compliance with this policy will be reviewed through the production of regular reports, to the Aneurin Bevan University Health Board Health & Safety Committee.

16 **SUPPORTING POLICIES & INFORMATION**

- [Occupational Health & Safety Policy](#)
- [Management of Serious Concerns \(Level of Patient Harm Graded as Severe or Catastrophic\) Policy and Procedure](#)
- [Management of Medical Equipment and Devices Policy](#)
- [Organisational Learning Toolkit](#)
- [Learning From Concerns](#)
- [DatixWeb training and guidance documents](#)
- [Patient Safety Wales 'Never Event' list](#)
- [Procedural Response to Unexpected Deaths in Childhood \(PRUDiC\)](#)
- [Information Governance & GDPR](#)

APPENDIX 1 INCIDENT REPORTING PROCESS FLOW CHART - HANDLER



APPENDIX 2 INCIDENT REPORTING PROCESS FLOW CHART – INVESTIGATOR

