

Policy Type		Policy Name
Information Governance		CO18: Serious Incident and Management Policy
Corporate	X	
Standard Operating Procedure		
Human Resources		

Status	Final
Committee approved by	CCG Executive Committee
Date Approved	October 2016
Equality Impact Assessment undertaken	Completed (Section 10)
Distribution	All CCG staff
Planned Review Date	October 2018

Document History

Version	Date	Significant Changes
1	28/02/2013	<ul style="list-style-type: none"> First issue
2	December 2015	<ul style="list-style-type: none"> Revised SI Framework and Never Events April 2015
3	September 2016	<ul style="list-style-type: none"> Updated to reflect changes to screening guidance and to reflect the checklist guidance for information governance and cyber security serious incidents

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure that they are consulting the currently valid version of the documentation.

Approval

Role	Name	Date
Approval (1)	Policy Group	28/02/2013
Approval (2)	Executive Committee	December 2015
Approval (3)	Executive Committee	October 2016

Review

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Contents

1. Introduction.....	4
2. Definitions and Terms.....	5
3. Reporting and Management of Serious Incidents	9
4. Duties and Responsibilities.....	12
5. Implementation	15
6. Training Implications.....	15
7. Fair Blame	16
8. Documentation	16
9. Monitoring, Review and Archiving.....	17
10. Equality Analysis	18
Appendix 1: Serious Incident Framework 2015/16 & Frequently Asked Questions....	19
Appendix 2: Procedure for the reporting and management of Safeguarding Children / Adults Incidents	20
Appendix 3: Reporting and managing screening incidents	21
Appendix 4: Checklist for reporting, managing and investigating IG SIs	22
Appendix 5: Guidance on Serious Incident Report and Action Plan	23
Appendix 6: Procedure for the reporting and management of independent contractor / commissioned service SIs	24
Appendix 7: Procedure for the reporting and management of NHS Provider SIs Only	25
Appendix 8: Procedure for the reporting and management of Serious Incidents Independent Healthcare sector (HIS) Providers	26

1. Introduction

The Clinical Commissioning Groups (CCGs) aspire to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCGs will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The NHS treats over one million patients every single day. The vast majority of patients receive high standards of care however incidents do occur and it is important they are reported and managed effectively.

The CCGs as Commissioners, seek to assure that all services which may be commissioned meet nationally identified standards and this is managed through the local contracting process. Compliance with Serious Incident (SI) and Never Event (NE) reporting is a standard clause in all contracts and service level agreements as part of a quality schedule.

The role of the CCGs as Commissioners is to gain assurance that incidents are properly investigated, that action is taken to improve clinical quality, and that lessons are learnt in order to minimise the risk of similar incidents occurring in the future. It is intended that intelligence gained from SIs will be used to influence quality and patient safety standards for care pathway development, service specifications and contract monitoring.

The revised policy is intended to reflect the responsibilities and actions for dealing with SIs and NEs and the tools available.

It outlines the process and procedures to ensure that SIs and NEs are identified, investigated and learned from as set out in the Serious Incident Framework 2015/16 and Never Event Framework 2015/16. This revised Framework replaces the Serious Incident Framework and Never Event Framework published in 2013.

1.1 Status

This policy is a corporate policy and outlines the Serious Incident (SI) Policy for DDES CCG.

1.2 Purpose and Scope

1.2.1 The purpose of this policy is to identify what is meant by a SI or NE and to describe the role of the CCGs when a SI or NE occurs across a number of organisations.

This policy aims to ensure that the CCGs as Commissioners comply with current legislation as well as current national guidance, NHS England and requirements with regard to accident/incident reporting generally, but in particular reporting, notifying, managing and investigating SIs and NEs.

1.2.2 This policy applies to all employees of the CCGs and is recommended to independent contractors e.g. GPs, Dental Practitioners, Optometrists and Pharmacists.

1.2.3 All NHS providers including Independent Healthcare Sector providers, where NHS services are commissioned, need to comply with the CCGs' reporting requirements within this policy, which reflects the Serious Incident Framework 2015 & Never Events Framework 2015

1.3 **Policy Statement**

It is the duty of each NHS body to establish and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare provided by and for that body. The CCGs as commissioners of services are committed to this policy and the implementation of a consistent approach to the implementation of robust arrangements for the management of SIs and NEs.

2. **Definitions and Terms**

The following definitions and terms are used in this policy document:

2.1 **Definition of a Serious Incident & Never Event**

2.1.1 An incident is a single distinct event or circumstance that occurs within the organisation which leads to an outcome that was unintended, unplanned or unexpected.

2.1.2 NHS England has produced an information resource to support the reporting and management of serious incidents which can be found in The SI Framework and supporting appendices (Appendix 1).

2.1.3 Whilst the definition of a SI is quite broad, the following criteria outline the type of incidents which should be included:

1. Unexpected or avoidable death of one or more people. This includes:
 - Suicide/self-inflicted death
 - Homicide by a person in receipt of mental health care within the recent past
2. Unexpected or avoidable injury to one or more people that has resulted in serious harm.
3. Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:
 - The death of the service user
 - Serious harm
 - Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment or acts of omissions which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery.

4. Never Events - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. Further information can be found at: <http://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf>
5. An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:

Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues (see Appendix 4 for further information);

- Property damage
 - Security breach/concern
 - Incidents in population-wide healthcare activities such as screening or immunisation programmes where the potential for harm may extend to a large population;
 - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
 - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/unit closure or suspension of services); or
 - Activation of Major Incident Plan (by provider, commissioner or relevant agency)
6. Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.

2.2 Working with other Organisations/Sectors

2.2.1 Deaths in Custody

- People in custody, including those detained under the Mental Health Act (1983) or those detained under the police and justice system, are owed a duty of care by relevant authorities. The obligation on the authorities to account for the treatment of an individual is particularly stringent when that individual dies.
- Any death in prison or police custody will be referred to the Prison and Probation Ombudsman (PPO) or the Independent Police Complaints Commission (IPCC) who are responsible for carrying out the relevant investigations. Healthcare providers must fully support these investigations where required to do so.
- In NHS Mental Health services, providers must ensure that any death of a patient detained under the Mental Health Act (1983) is reported to CQC without delay. However providers are responsible for ensuring that there is an appropriate investigation into the death of a patient detained under

the Mental Health Act (1983) or where the Mental Capacity Act (2005) applies. In circumstances where the cause of the death is unknown and/or where there is reason to believe the death may have been avoidable or unexpected then the death must be reported to the provider's commissioner(s) as an SI and investigated appropriately.

- Where the deceased is subject to a Deprivation of Liberty Safeguards (DoLS) authorisation, the coroner must always be informed, whether the death was expected or not, a coroners officer will attend.

2.2.2 *Serious Case Reviews and Safeguarding Adult Reviews*

- The Local Authority via the Local Safeguarding Children Board or Local Safeguarding Adult Board (LSCB, LSAB as applicable) has a statutory duty to investigate certain types of safeguarding incidents/concerns.
- Healthcare providers must contribute towards safeguarding reviews as required to do so by the Local Safeguarding Board. Where it is indicated that a serious incident within healthcare has occurred.
- The interface between the serious incident process and local safeguarding policies must therefore be articulated in the local multi-agency safeguarding policy and protocol.

2.2.3 *Domestic Homicide Reviews*

- Where a Domestic Homicide is identified by the police, the Community Safety Partnership (CSP) will consider the case meets criteria for Domestic Homicide Review (DHR)

2.2.4 *Homicide by patients in receipt of mental health care*

- Where patients in receipt of mental health services commit a homicide, NHS England will consider and, if appropriate, commission and investigation. This process is overseen by NHS England's Regional investigation teams.

2.2.5 *Serious Incidents in National Screening Programmes*

2.2.5.1 There are a number of immunisation or screening programmes which require a broader approach to handling incidents.

2.2.5.2 The Screening Quality Assurance Service is responsible for surveillance and trend analysis of all screening incidents. It will ensure that the lessons learned from incidents are collated and disseminated nationally.

2.2.5.3 Screening SIs are often very complex, multi-faceted incidents that require robust coordination and oversight by Screening and Immunisation Teams working within Sub-regions and specialist input from Public Health England's Screening Quality Assurance Service.

2.2.5.4 Further details on the management of incidents within the screening programme are available in “Managing Safety Incidents in NHS Screening Programme”

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472611/Managing_Safety_Incidents_in_National_Screening_Programmes_gateway_291015.pdf

2.2.5.5 For SIs linked to national screening programmes (e.g. ante natal and child health screening, retinal screening etc.) the Regional Screening Lead will provide advice to local organisations and will inform the national coordinating bodies as appropriate.

2.2.5.6 Flow chart for managing screening incidents can be found in Appendix 3

2.3 Information Governance and Cyber Security Serious Incidents requiring Investigation

2.3.1 There is no simple definition of an information governance serious incident. The scope of an Information Governance Serious Incident may include

- a breach of one of the principles of the Data Protection Act and/or the Common Law Duty of Confidentiality.
- unlawful disclosure or misuse of confidential data, recording or sharing of inaccurate data, information security breaches and inappropriate invasion of people’s privacy.
- Personal data breaches which could lead to identity fraud or have other significant impact on individuals.

2.3.2 There are many possible definitions of what a Cyber incident is, for the purposes of reporting the definition is anything that could (or has) compromised information assets within Cyberspace. “Cyberspace is an interactive domain made up of digital networks that is used to store, modify and communicate information. It includes the internet, but also the other information systems that support a businesses, infrastructure and services.” These types of incidents could include:

- Denial of Service attacks
- Phishing emails
- Social Media Disclosures
- Web site defacement
- Malicious Internal damage
- Spoof website
- Cyber Bullying

2.3.3 The Health and Social Care Centre (HSCIC) has provided additional guidance for how SIs relating to information governance and cyber security should be dealt with and a hyperlink to the guidance is included in Appendix 4.

2.4 Serious Incidents involving controlled drugs

- 2.4.1 SIs that involves controlled drugs must also be notified to the North of England Commissioning Support Medicines Optimisation Team.

3. Reporting and Management of Serious Incidents

3.1 Independent Healthcare sector

- 3.1.1 The Independent Healthcare Sector (IHS) should be subject to contractual obligations for the reporting of SIs. The CCG should ensure that appropriate reporting arrangements are in place with the IHS in relation to SIs (Appendix 8).
- 3.1.2 The commissioning CCG should ensure that IHS SIs are reported via STEIS and investigated appropriately.

3.2 Guidance for Commissioned Services/Providers

- 3.2.1 Each NHS Trust/organisation must nominate a single point of contact or lead officer for managing all SIs.
- 3.2.2 Organisations should ensure that mechanisms are in place to report all incidents meeting the criteria.
- 3.2.3 The SI lead officer must report a SI through STEIS within 2 working days of Identification of the SI, completing all relevant sections. At this stage it is important that any immediate learning is included in this report.
- 3.2.4 If appropriate, the SI lead officer must liaise with the organisations communications team who will liaise directly NHS England Communications team.
- 3.2.5 The organisation must then provide a 72hr report, which should be sent to NECS as the responsible delegate for CCGs. The report should include more information regarding the event, immediate learning and how the RCA will be conducted.
- 3.2.6 Under the Data Protection Act (1988) organisations need to be open and transparent with regards to investigation processes, unless there are specific exceptions. Arrangements may need to be put in place to support patients and family members through the investigation process and sharing of the outcomes of investigations. The appointment of a Family Liaison Officer may be appropriate.

- 3.2.7 If an incident spans organisational boundaries, **it is the responsibility of the organisation where the incident took place** to formally report it through STEIS. All other additional organisations involved must contribute and fully cooperate with the process in line with the agreed timescales. Where there is doubt about who should report the incident then clarity must be sought through the North of England Commissioning Support Clinical Quality Team.
- 3.2.8 If an incident involves more than one NHS organisation a decision will be made (mutually agreed) as to which is the lead investigating organisation. Where an incident involves the independent sector or contracted services, it is the role of the commissioning CCG to lead. The RASCI model should be completed in order to assign accountability.
- 3.2.9 This guidance must not interfere with existing lines of accountability and does not replace the duty to inform the police and/or other organisations or agencies where appropriate. Further guidance can be obtained from the Department of Health publication *Memorandum of Understanding: Investigating Patient Safety Incidents* June 2004 and accompanying NHS guidance of December 2006. The need to involve outside agencies should not impede the retrieval of immediate learning.
- 3.2.10 Incidents which have impacted or have had potential to impact on children and/or vulnerable adults must be investigated in conjunction with the identified safeguarding lead and in accordance with related guidance.
- 3.2.11 Where an incident is subject to the involvement of a coroner, an independent inquiry, serious case review or any safeguarding issues, this should be highlighted clearly within the STEIS report as this may affect closure date.
- 3.2.12 Organisations should undertake investigation procedures / root cause analysis (RCA) as per organisation policy and submit to the responsible body within the agreed timescales. An example for the contents of a report and action plan can be found in **Appendix 5**. To ensure confidentiality all reports submitted to the CCGs or North of England Commissioning Support Clinical Quality Team should be anonymous and sent via the agreed STEIS NHS-net account. NECS will conduct a quality assurance check on all RCAs on behalf of the relevant CCG in order to ensure the 20 day deadline is met.

3.3 Independent Contractors

- 3.3.1 Once an SI is identified, in a CCG commissioned service, the Independent Contractors Procedure for the Reporting and Management of Serious Incidents should be followed, or where applicable NHS England should be notified. This is explicit in Appendix 7.
- 3.3.2 Where an SI raises professional concerns about a GP CCG local arrangements for assuring high standards of professional performance should be invoked, where this is applicable or NHS England notified.
- 3.3.3 Independent Contractors should have systems in place to ensure that staff are supported appropriately following the identification of a SI.

3.4 NHS Providers

- 3.4.1 Once an SI is identified, the Providers' Procedure for the Reporting and Management of Serious Incidents should be followed (Appendix 7).
- 3.4.2 Providers should have systems in place to ensure that staff are supported appropriately following identification of a SI

3.5 Independent Healthcare Sector Providers

- 3.5.1 Once an SI is identified, the Procedure for the Reporting and Management of Independent Healthcare Sector Serious Incidents should be followed (Appendix 8).

3.6 Staff Involved in Serious Incidents

- 3.6.1 Serious incidents can be distressing for those involved.
- 3.6.2 The Director, Assistant Director or appropriate Manager should ensure that staff are supported at all stages of a SI with reference to CCG HR policies.
- 3.6.3 The Director, Assistant Director or appropriate Manager are responsible for ensuring that a de-briefing session occurs at an appropriate stage following a SI.
- 3.6.4 If, during the course of a SI investigation, it becomes apparent that a member of staff may be subject to a disciplinary hearing, appropriate advice and support should be taken via Human Resources and the relevant policy followed.

3.7 Information for Education and Training Organisations

- 3.7.1 In the event an incident involves a student or trainee, the relevant academic institution will be notified by the NHS Trust/CCG as appropriate.
- 3.7.2.1 Where a SI concerns the commissioning or provision of medical or dental education or training, or a medical or dental trainee or trainees, there will be appropriate communication between the CCG and NHSE.

4. Duties and Responsibilities

Clinical Council of Members	Have delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	<p>The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.</p> <p>The Chief Officer has responsibility for ensuring that the CCG has the necessary management systems in place to enable the effective management and implementation of all risk management and governance policies and delegates the responsibility for the management of SIs to the Executive Lead for Patient Safety and Safeguarding.</p>
Chief Finance Officer	<p>The Chief Finance Officer has overall responsibility for ensuring:</p> <ul style="list-style-type: none"> • The incident management process is robust and adhered to. • Incidents are maintained and managed in timely manner. • Staff have the necessary training required to implement the policy. • Mechanisms are in place within the organisation for regular reporting and monitoring of incident themes and lesson learned. • Confirm to NECS Senior Governance Officer that incidents can be marked as fully completed.
Executive Nurse / Board Nurse	The Executive Nurse / Board Nurse has overall responsibility for ensuring the necessary management systems are in place for the effective implementation of serious incident reporting for the CCG and delegates management of SIs and reporting to the NECS Clinical Quality Manager.

<p>Line Managers</p>	<p>The service leads have the responsibility:</p> <ul style="list-style-type: none"> • To support their directors and staff to maintain the incident policy and to manage individual incidents in accordance with policy. • To work closely with the Director of Operations to ensure a transparent and consistent approach to incident management across the CCG in partnership with key stakeholders. <p>All line managers and supervisory staff are responsible for the adherence and monitoring compliance within this policy.</p> <p>Managers have responsibility for promoting the policy directly with their staff and, where appropriate, taking Directorate responsibility for the co-ordination of investigations in support of the Executive Lead for Patient Safety and Safeguarding</p>
<p>All staff</p>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities. • Identify the need for a change in policy or procedure as a result of becoming aware of changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager. • Attending training/awareness sessions when provided.
<p>North of England Commissioning Support (NECS) Clinical Quality Manager</p>	<p>The NECS Clinical Quality Manager will</p> <ul style="list-style-type: none"> • Consider if a serious incident falls into the category of a STEIS reportable SI and report accordingly. • Review clinical quality incidents reported by the CCG. • Provide clinical quality incident reports as requested.
<p>North of England Commissioning Support (NECS) Senior Medicines Optimisation Pharmacist</p>	<p>The NECS Senior Medicines Optimisation Pharmacist has Responsibility for ensuring that all SIs in relation to controlled drugs are investigated appropriately and liaison with the Controlled Drugs Local Intelligence Network (LIN).</p>

<p>North of England Commissioning Support (NECS) Senior Governance Officer</p>	<p>NECS Senior Governance Officer will:</p> <ul style="list-style-type: none"> • Provide incident management support and advice. • Produce CCG reported incident reports as requested. • Identify trends, lessons learned and themes in incident reporting in order to identify any issues of concern for the CCG. • Provide training and assistance to the CCG in incident reporting and management in the SIRMS system. • Manage the administration of the SIRMS database. • Undertake an incident investigation in conjunction with CCG managers if required e.g. health and safety and IG incidents.
<p>North of England Commissioning Support (NECS) Information Governance Lead</p>	<p>NECS Information Governance Lead has the responsibility to:</p> <ul style="list-style-type: none"> • Provide information governance support to staff in the organisation. • Co-ordinate different areas of information governance and to ensure progress against key standards and requirements. • In collaboration with IT, develop, implement and monitor information security across the organisation. • Support the CCG in evidence collation, upload and publicise the IG Toolkit.
<p>All Independent Contractors (e.g. GPs, Dental Practitioners, Optometrists and Pharmacists)</p>	<p>This policy is recommended to all independent contractors, where NHS services are commissioned by the CCG, for implementation appropriately and working across the health economy in learning and improving care for our patients and services.</p>
<p>All NHS provider organisations and Independent Healthcare Sector (IHS) providers</p>	<p>All NHS provider organisations and Independent Healthcare Sector providers providing NHS commissioned services are responsible for ensuring that their own SI policy reflects the reporting arrangements for NHS provider organisations and Independent Healthcare Sector organisations within this policy.</p>

5. Implementation

- 5.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 5.2 CCG directors and managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
- 5.3 The implementation of the detail of this policy is aligned into the full roll-out, development and implementation of the incident module of the SIRMS across the CCG, NECS and their Council Members.
- 5.4 This policy is reviewed at regular intervals to ensure that the implementation of the processes contained in the policy are in line with the practical experience of users of the SIRMS.

6. Training Implications

- 6.1 The Sponsoring Director will ensure that the necessary training or education needs and methods required to implement the policy are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.
- 6.2 The level of training required in incident reporting and management varies depending on the level and responsibility of the individual employee.
- 6.3 The training required to comply with this policy is key to the successful implementation of the policy and embedding a culture of incident reporting and management in the organisation. Through a training and education programme, staff will have the opportunity to develop more detailed knowledge and appreciation of the role of incident reporting and management. Training and education will be offered through a rolling programme of incident reporting and management training.

7. Fair Blame

The CCG is committed to a policy of 'fair blame'. In particular formal disciplinary procedures will only be invoked following an incident where:

- there are repeat occurrences involving the same person where their actions are considered to contribute towards the incident
- there has been a failure to report an incident in which a member of staff was either involved or about which they were aware (failure to comply with organisation's policy and procedure)
- in line with the organisation and/or professional regulatory body, the action causing the incident is removed from acceptable practice or standards, or where
- there is proven malice or intent

Fair blame means that the organisation:

- operates its incident reporting policy in a culture of openness and transparency which fulfils the requirements for integrated governance
- adopts a systematic approach to an incident when it is reported and does not rush to judge or 'blame' without understanding the facts surrounding it
- encourages incident reporting in the spirit of wanting to learn from things that go wrong and improve services as a result

7.1 Support for staff, and others

When an incident is reported it can be a stressful time for anyone involved, whether they are members of staff, a patient directly involved or a witness to the incident. They all need to know that they are going to be treated fairly and that lessons will be learned and action taken to prevent the incident happening again.

8 Documentation

8.1 Other related policy documents

8.1.1 Legislation and statutory requirements:

- Serious Incident Framework (March 2015)
- Revised Never Events Policy and Framework (March 2015)

8.2 Best practice recommendations

- Managing Safety Incidents in National Screening Programmes (October 2015)
- Health and Social Care Information Centre; Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation

9. Monitoring, Review and Archiving

9.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

The Governing Body will ensure that each policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

9.2 Review

9.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

9.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

9.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

9.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

10. Equality Analysis

Equality Analysis Screening Template

Title of Policy:	CCG CO18: Serious Incidents (SIs) Management Policy
Short description of Policy (e.g. aims and objectives):	The purpose of this policy is to identify what is meant by a SI or NE and to describe the role of the CCGs when a SI or NE occurs across a number of provider organisations.
Directorate Lead:	CCG Executive Nurse / Board Nurse
Is this a new or existing policy?	Existing Policy

Equality Group	Does this policy have a positive, neutral or negative impact on any of the equality groups? Please state which for each group.
Age	Neutral
Disability	Neutral
Gender Reassignment	Neutral
Marriage And Civil Partnership	Neutral
Pregnancy And Maternity	Neutral
Race	Neutral
Religion or Belief	Neutral
Sex	Neutral
Sexual Orientation	Neutral
Carers	Neutral

Screening Completed By	Job Title and Directorate	Organisation	Date completed
Daniel Webber	Clinical Quality Project Officer, Clinical Quality	NECS	December 2015

Directors Name	Directors Signature	Organisation	Date
Gill Findlay		DDES CCG	October 2016

Appendix 1

SERIOUS INCIDENT FRAMEWORK 2015/16 AND FREQUENTLY ASKED QUESTIONS

<http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2015/03/serious-incident-framwrk-15-16-faqs-fin.pdf>

Revised Never Event Policy & Framework 2015/16, Never Events list & Frequently asked questions

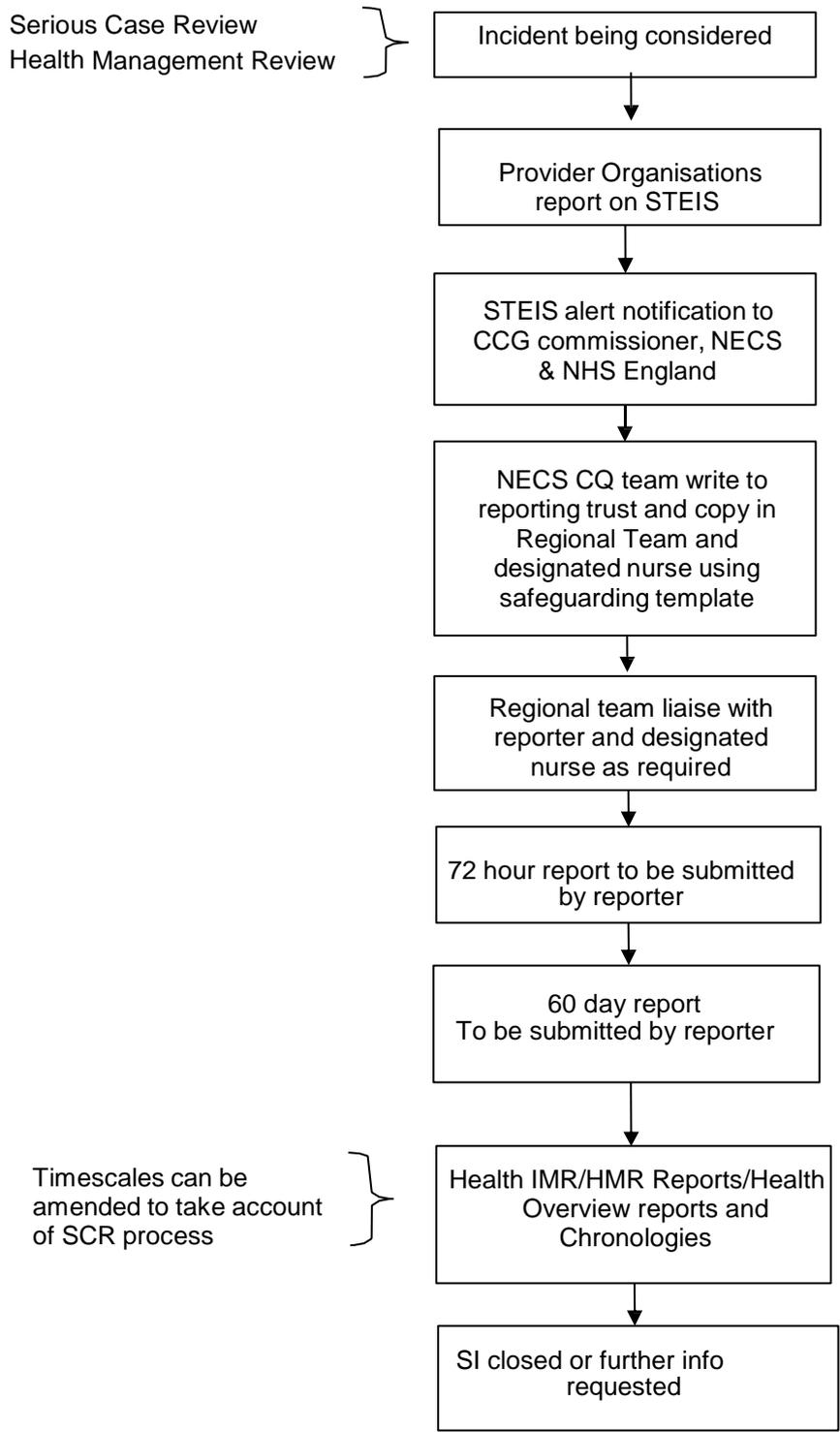
<http://www.england.nhs.uk/wp-content/uploads/2015/04/never-evnts-pol-framwrk-apr.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2015/03/nepf-faqs.pdf>

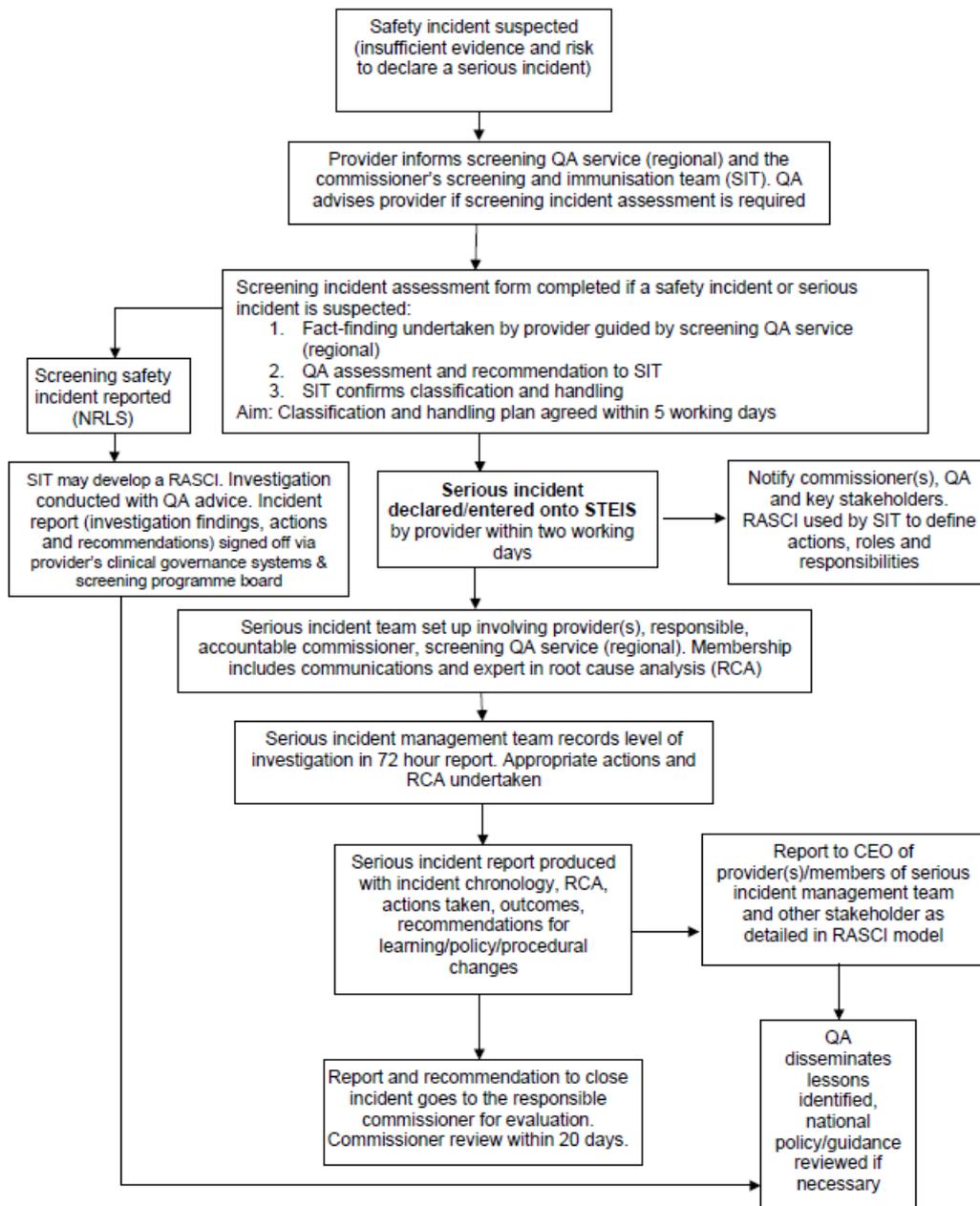
Appendix 2

PROCEDURE FOR THE REPORTING AND MANAGEMENT OF SAFEGUARDING CHILDREN/ADULTS INCIDENTS



Appendix 3

REPORTING AND MANAGING SCREENING INCIDENTS



Appendix 4

CHECKLIST GUIDANCE FOR REPORTING, MANAGING AND INVESTIGATING INFORMATION GOVERNANCE AND CYBER SECURITY SERIOUS INCIDENTS REQUIRING INVESTIGATION

It is essential that all Information Governance Serious Incidents Requiring Investigation (IG SIRIs) which occur in Health, Public Health and Adult Social Care services are reported appropriately and handled effectively.

The purpose of this guidance is to support Health, Public Health and Adult Social Care service commissioners, providers, suppliers and staff in ensuring that

- the management of SIRIs conforms to the processes and procedures set out for managing all Serious Incidents Requiring Investigation;
- there is a consistent approach to evaluating IG SIRIs and Cyber SIRIs;
- early reports of SIRIs are sufficient to decide appropriate escalation, notification and communication to interested parties;
- appropriate action is taken to prevent damage to patients, staff and the reputation of Healthcare, Public Health or Adult Social Care;
- all aspects of an SIRI are fully explored and 'lessons learned' are identified and communicated; and
- appropriate corrective action is taken to prevent recurrence in line with the open data transparency strategy.
- Caldicott 2 recommendations (accepted by the Government) are addressed.
- Transparent reporting of incidents
- Contractual obligations are adhered to with regards to managing, investigating and reporting SIRIs in a standardised and consistent manner, including reporting to Commissioners.

The checklist guidance should be embedded within local processes and procedures and the full guidance can be accessed at

<https://www.igt.hscic.gov.uk/resources/HSCIC-SIRIReportingandchecklistGuidance.pdf>

Appendix 5

EXAMPLE TEMPLATE

Guidance on Serious Incident Report and Action Plan

The report into Serious Incidents and the associated action plan should cover the following minimum information. Further work is under way with local organisations to develop and agree a common template

Report

- Introduction
- Constitution and investigation procedure
- Membership of the investigation team
- Terms of reference
- Background information
- Chronology
- Findings – to be identified against each of the terms of reference
- Conclusions
- Root cause(s)
- Lessons learnt
- Recommendations

Action Plan

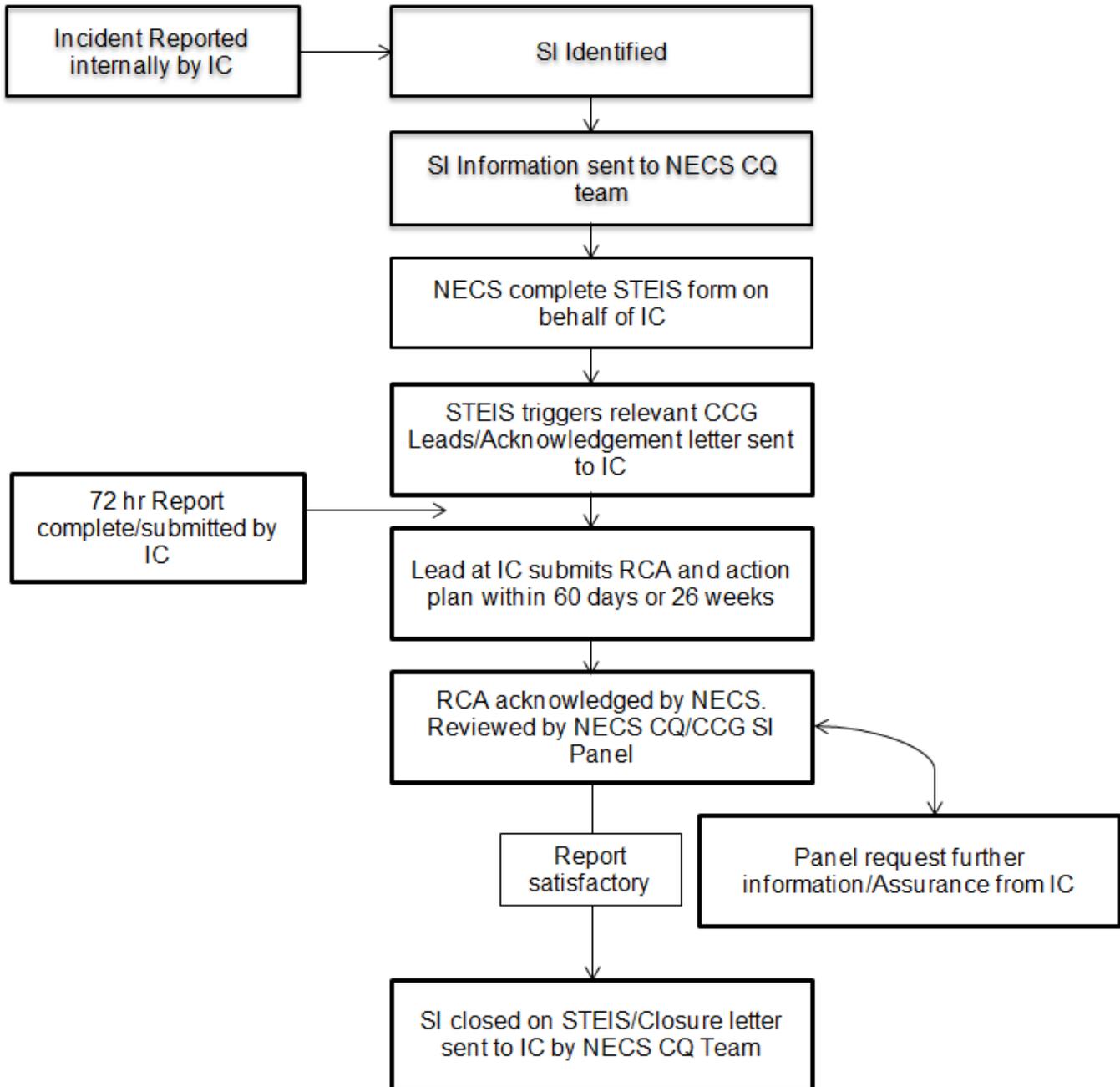
- Clearly set out which fall from the recommendations
- What needs to happen to achieve the outcome
- Identified title of who is responsible for the action
- Specific timescales on-going except where incorporated in to the Trust's everyday business for example the organisation's annual programme of audit.

Root cause analysis tools to assist organisations in their investigation can be found at:

<http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/>

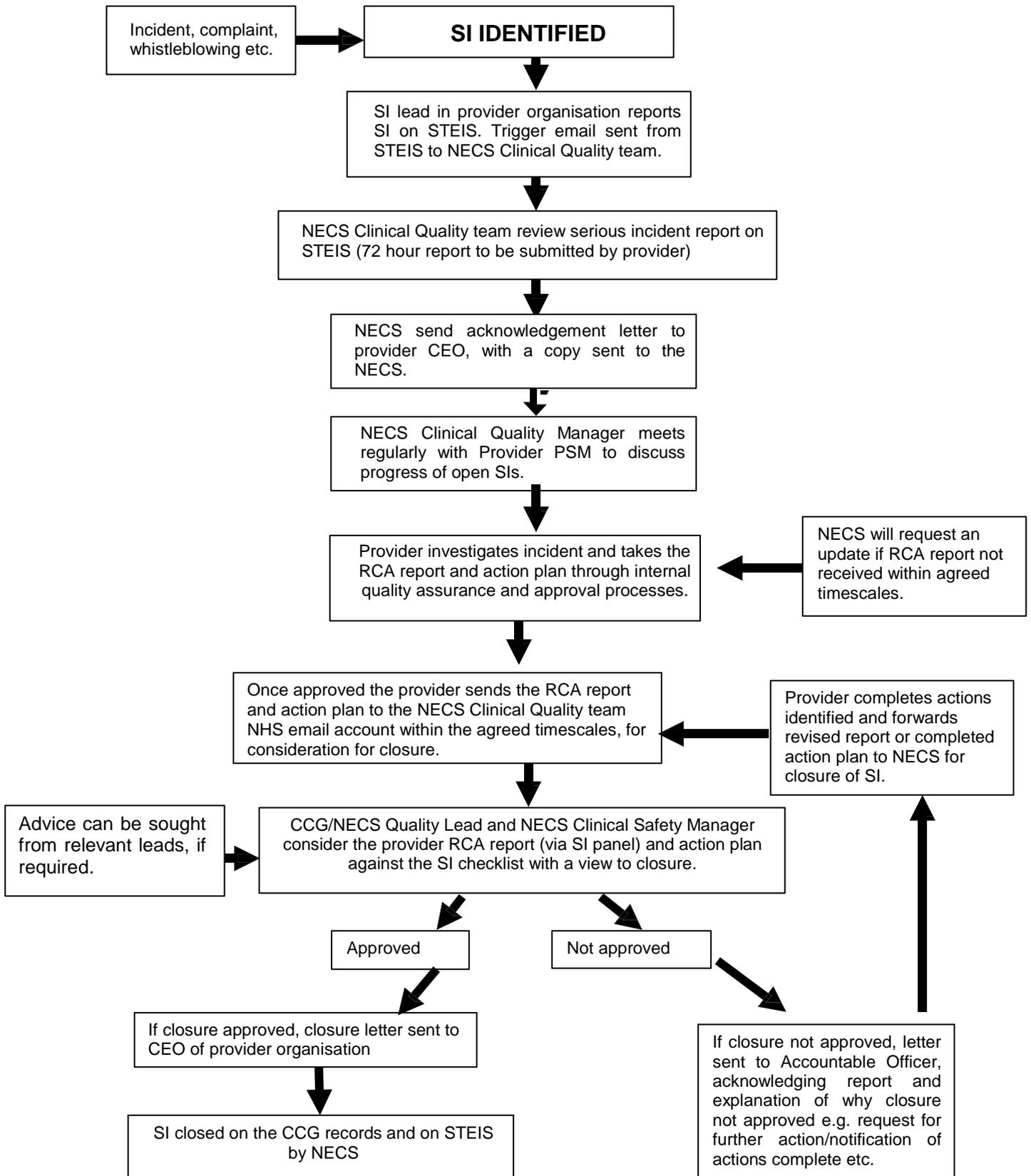
Appendix 6

PROCEDURE FOR THE REPORTING AND MANAGEMENT OF INDEPENDENT CONTACTOR/COMMISSIONED SERVICE SIs ONLY



Appendix 7

PROCEDURE FOR THE REPORTING AND MANAGEMENT OF NHS PROVIDER SIs ONLY



Appendix 8

PROCEDURE FOR THE REPORTING AND MANAGEMENT OF SERIOUS INCIDENTS INDEPENDENT HEALTHCARE SECTOR (IHS) PROVIDERS

