

Serious Incident and Incident Policy

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving Body	Approval Date	Date Published on Website
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Contents

1.0	Introduction	4
2.0	Purpose.....	4
3.0	Definition of a Serious Incident and Incident.....	4
4.0	Scope of the Policy.....	5
5.0	Duties / Accountabilities and Responsibilities.....	5
6.0	Policy Document Requirements Details	7
8.0	Consultation	7
9.0	Training	8
10.0	Monitoring Compliance	8
11.0	Arrangements for Review	8
13.0	Associated Documentation.....	8
15.0	Appendices Appendix 1: Place Arrangements.....	9
	Appendix 2: Equality Impact Assessment template	10

1.0 Introduction

Serious Incidents in healthcare are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great that a heightened level of response is required.

When Serious Incidents occur, the NHS has a responsibility to ensure there are systematic measures in place for safeguarding people, property, NHS resource and reputation.

2.0 Purpose

This policy is in place to articulate the requirements of NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) in discharging the NHS England (NHSE) Serious Incident Framework (2015)

The Serious Incident Framework seeks to support the NHS to ensure that robust systems are in place for reporting, investigating and responding to Serious Incidents for lessons to be learned and appropriate action taken to prevent further harm.

3.0 Definition of a Serious Incident

Serious Incidents (SIs) are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. Whilst there is no definitive list of incidents which constitute a Serious Incident, the following is the criteria as stated within the NHSE Serious Incident Framework 2015:

Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

- Unexpected or avoidable death of one or more people. This includes suicide/self-inflicted death and homicide by a person in receipt of mental health care within the recent past.
- Unexpected or avoidable injury to one or more people that has resulted in serious harm.
- 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; or serious harm.
- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse,

human trafficking and modern-day slavery where:

- healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or where abuse occurred during the provision of NHS-funded care. This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally led investigation, where delivery of NHS funded care caused/contributed towards the incident.
- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death.

Definition of an incident

- An incident is any event or circumstance that could or did lead to unintended or unexpected harm, loss or damage to one or more patients, members of staff, visitors, other persons or property, but does not always constitute a Serious Incident.
- Incidents should be reported using the Place based Incident Reporting systems as soon as possible following the incident and within 2 working days. Appendix 1 – (Link to email addresses/contact info and website details for each place to contact for SOP's).

4.0 Scope of the Policy

The policy applies to NHS Humber and North Yorkshire and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

5.0 Duties / Accountabilities and Responsibilities

5.1 Chief Executive

The Chief Executive is accountable for the ICB Serious Incident Policy.

5.2 Executive Director of Nursing and Quality

The Executive Director of Nursing and Quality is responsible for ensuring the organisation discharges its responsibilities in line with the NHS Serious Incident Framework (2015). The Executive Director of Nursing and Quality (EDoNQ) has Board level responsibility for the monitoring and quality assurance of all SIs reported to NHS HNY. The EDoNQ is responsible for this policy and monitoring its effectiveness.

5.3 Place Nurse Directors (PNDs)

The PNDs have delegated responsibility to ensure processes and procedures at place are robust and in line with the NHS Serious Incident Framework (2015). The PNDs are

responsible for overseeing place activity, and oversight and themes to the Executive Director of Nursing and Quality and Quality Committee.

The PNDs must have processes in place for working with providers that are agreed within their scope to identify support needs during the application of the Serious Incident Framework (2015). Arrangements must also be in place to enable supportive measures to be agreed at place.

The PNDs are responsible for ensuring providers that are agreed within their scope have oversight for their responses to serious incidents. This means that the PNDs have processes in place to quality assure the robustness of their providers' serious incident investigations and the action plan implementation undertaken by their providers. They will do this by evaluating investigations and gaining assurance that the processes and outcomes of investigations include identification and implementation of improvements that will prevent recurrence of serious incidents. A distributed leadership model will be established whereby one of the PNDs will take on a leadership role for patient safety in its widest sense across the ICS.

The PNDs are responsible for ensuring that there are robust place based arrangements for the monitoring and closure of SI's.

It is the responsibility of the PNDs at place to ensure place based learning is gleaned from SI's and incidents and mechanisms are in place to share this learning across NHS HNY.

5.4 Place based SI Teams

It is the responsibility of the Place based SI Teams to ensure a system is in place which enables providers and the place to report SI's in accordance with good Information Governance Principles. It is the responsibility of the place based SI teams to manage the oversight of SI's at place, ensuring SI's are monitored for themes and trends and action is proportionate and appropriate through the SI process. It is the responsibility of the SI Teams at place to liaise with partner agencies, including other places and NHSEI, when appropriate. The Place Based SI Team should ensure the Designated Nurses for Safeguarding Children and Adults are aware of any SIs where safeguarding concerns are explicitly identified in the notification, or where: a child or adult has died or has suffered harm where abuse or neglect is suspected (including as a result of healthcare provided or omitted).

5.5 Place based Safeguarding Team's

It is the responsibility of the Designated Nurses for Safeguarding Children and Adults to ensure oversight of safeguarding themes emerging from SIs, and where a statutory safeguarding notification or response is required, this is actioned. The Designated Nurses for Safeguarding will act as the conduit between the SI processes/meetings and statutory/learning lessons review processes undertaken by the relevant Local Safeguarding Children's Partnership or Safeguarding Adult Boards (LSCP/SAB). Where an SI is a Safeguarding Serious Incident i.e. a child or adult has died or has suffered serious/life threatening harm where abuse or neglect is suspected, and has been logged

by the place and/or a Serious Case Review/Safeguarding Adult Review is being undertaken, the Designated Nurse will act in accordance with the latest NHS England guidance on management of Safeguarding SIs, and as the lead for the place, liaising with NHS England, and (where necessary) the relevant LSCB/SAB.

5.6 Everyone's responsibility

It is everyone's responsibility to comply with the Serious Incident and Incidents policy and procedure. Essentially, it is the responsibility of all staff to identify and report Serious Incidents in accordance with the NHS England Serious Incident Framework (2015).

5.7 Provider Collaboratives

Provider collaboratives may take on the responsibility of Quality assurance and oversight of Serious incidents and incidents. They must still report through the local place based structures and the ICB Quality Committee. All providers within provider collaboratives are responsible for their own internal organisational processes but should work towards sharing investigations and learning across their respective collaboratives.

5.8 Responsibilities for Approval

This Policy will be approved by the Integrated Care Board as recommended by the ICB Quality Committee.

6.0 Policy Document Requirements Details

The delegated responsibilities and operational 'Place Arrangements' for the procedures for the management of Serious Incidents and incidents including methods for investigation processes and learning from incidents are detailed in Appendix 1 – (Link to email addresses/contact info and website details for each place to contact for SOP's

7.0 Public Sector Equality Duty

NHS Humber and North Yorkshire aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that an Quality & Equality Impact Assessment (QEIA) is carried out on a new policy that is likely to impact on patients, carers, communities or staff. The QEIA toolkit is attached at Appendix A/can be found at [\(and insert link\)](#).

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

8.0 Consultation

This Policy will be consulted with all internal stakeholders across the ICB.

9.0 Training

A copy of this policy will be available on the HNY ICB intranet. Training will be provided on an individual or team basis subject to working requirements and any identified training needs.

10.0 Monitoring Compliance

The Executive Director of Nursing and Quality will be responsible for ensuring the processes outlined in this policy and any other associated documents are followed within the HNY ICB.

11.0 Arrangements for Review

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance

12.0 Dissemination

A copy of this policy will be available on the HNY ICB intranet.

13.0 Associated Documentation

- NHS England Serious Incident Framework (2015).
- NHS England Revised Never Events Policy and Framework (2021).
- Care Quality Commission (CQC) Regulation 20: Duty of candour (2015).

14.0 References

Department of Health (2013) Information: To Share or not to Share Government Response to the Caldicott Review

Department of Health (2012) Compassion in Practice DOH

Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections (April 2013)

National Health Services Act 1977.

Health and Social Care Information Centre (hscic) (February 2015) Checklist

Guidance for the Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.

<https://www.dsptoolkit.nhs.uk/Help/29>

NHS Improvement Never Events Policy and Framework (Updated February 2018)

<https://www.england.nhs.uk/patient-safety/revised-never-events-policy-and-framework/>

NHS England and Improvement (Sept 2014) Twelve Hour Breach of the AE Standard Guide

NHS England and Improvement (November 2014) Safer Staffing Guide Care Contact Time

NHS Commissioning Board (March 2015) Serious Incident Framework
NICE Quality Guideline Q589 (June 2015)
Putting Patients First: The NHS England and Improvement Business Plan for 2013/14 – 2015/16
Recommendations and Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Feb 2013)
Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (2019)
<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>
Working Together to Safeguard Children (2019)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
Managing Safety Incidents in NHS Screening Programmes (2015) Public Health England
Department of Health Digital Information Policy January 2009: Checklist for reporting, managing and Investigating Information Governance Serious Untoward Incidents.

15.0 Appendices

Appendix 1 (Place Arrangements link to individual place websites/SoPs and contact details)

Appendix 2: Equality Impact Assessment and Quality Equality Impact Assessment

Equality Impact Assessment

1. Equality Impact Assessment		
Policy / Project / Function:	NHS Humber and North Yorkshire Serious Incident Policy	
Date of Analysis:	1 st June 2022	
This Equality Impact Assessment was completed by: (Name and Department)	Ursula Farrington Patient Safety Lead Vale of York CCG	
What are the aims and intended effects of this policy, project or function?	<ul style="list-style-type: none"> Reporting and Management of Serious Incidents in NHS commissioned services for the population of NHS HNY in line with the of NHS England (NHSE) Serious Incident Framework (2015). 	
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> None 	
Who does the policy, project or function affect? Please Tick ✓	Type	Tick those affected
	Employees	✓
	Service Users	✓
	Members of the Public	✓
	Other (List Below)	

2. Equality Impact Assessment: Screening

	Could this policy have a positive impact on _____		Could this policy have a negative impact on _____		Is there any evidence which already exists from previous (eg from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race		✓		✓	
Age		✓		✓	
Sexual Orientation		✓		✓	
Disability		✓		✓	
Sex		✓		✓	
Gender Reassignment		✓		✓	
Pregnancy and Maternity		✓		✓	
Marriage and Civil Partnership		✓		✓	
Religion or Belief		✓		✓	
Reasoning	<p>Serious Incidents are reported in line with the Serious Incident Framework (2015) and are managed anonymously by the commissioner. The benefits of reporting serious incidents are the learning which is shared to help prevent future occurrences and grow knowledge and understanding of patient safety, as well as the individual resolution which may be achieved for a patient or their family, and also the wider learning which can be shared across one or many organisations</p> <p>As a result of performing this analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.</p> <p>NHS HNY promotes a culture of Equality and Diversity within its organisation and actively monitors themes arising from incidents for any potential discriminatory activity.</p>				
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings					

Equality Data	
Race	<p>NY CCG Population equality data is available at Y:\North Yorkshire CCGs\0 ALL STAFF\Quality & Equality Impact Assessment</p> <p>NY CCG Staff Equality data contains Personal Information – This information available on request from Corporate Services nyccg.corporate@nhs.net</p>
Age	
Sexual Orientation	
Disability	
Sex	
Gender Reassignment	
Pregnancy and Maternity	
Marriage and Civil Partnership	
Religion or Belief	
Race	

3. Equality Impact Analysis: Equality Data Available

Is any Equality Data available relating to the use or implementation of this policy, project or function?

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as ‘*Equality Groups*’.

Examples of *Equality Data* include: (this list is not definitive)

1. Application success rates
Equality Groups
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*

Yes	<p style="color: red;">Include any additional relevant information available</p> <p style="color: red;">Staff profile information / CCG Demographic Information is available at Y:\North Yorkshire CCGs\0 ALL STAFF\Equality and Impact Assessment</p>
No	

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function

- Where approved by the ICB, members of the ICB Quality Committee have considered this policy before approval at the ICB

**Promoting Inclusivity
How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**

EXAMPLE WHERE NO DIRECT PROMOTION OF INCLUSIVITY:
This Policy does not directly promote inclusivity but is designed to assist all employees to produce policies, procedures and guidance.

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Race				
Age				
Sexual Orientation				
Disability				
Sex				
Gender Reassignment				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Religion or Belief				

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Identified Potential Issue	Recommended Actions	Responsible Lead	Completion Date	Review Date

7. Equality Impact Analysis Findings

Analysis Rating:	Red		Red / Amber		Amber		Green	✓
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		Actions	Wording for Policy / Project / Function
Red Stop and remove the policy / stop the project / stop the function	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Stop the project Stop the function Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy / project / function stopped
Red / Amber Continue the policy / Continue the project / Continue the function	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	The policy / project / function can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help reduce the risk]</i>

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy / adjust the project / adjust the function</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy / project / function can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy / project / function can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Quality Equality Impact Assessment

The ICS QEIA tool has been utilised to undertake a Quality Equality Impact Assessment. Summary outcome from the assessment below:

Development of this policy has not identified any changes in impact upon Patient Experience, Patient Safety, Effectiveness, Equality or Workforce. All CCGs currently have processes in place to ensure compliance with the National Serious Incident Framework. This new policy consolidates this responsibility into one unified policy with no changes anticipated to how the CCG employees currently act as they transfer to the ICS. CCG responsibilities will transfer to the ICS from 1st July 2022 with no material change in Serious Incident management function. Key change anticipated but not described in this policy will be implementation of PSIRF - however the policy will be reviewed in line with PSIRF as appropriate.